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# THE PINBOARD AND THE PARADOX OF PAIN: AN EXPERIMENT OF POST-EPISTEMOLOGICAL METHOD IN REPRESENTING THE LIVED EXPERIENCE OF PERSISTENT PAIN

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LEIGH ROONEY

## ABSTRACT

This thesis is about the crisis in representation that accompanies the attempt to account for lived experience, with particular reference to *bodily pain* in social science. The diagnosis of this *problem of experience* identifies *epistemology* as an inappropriate means of knowing that initiates a *translational paradox* unable to satisfy the simultaneous demands of making lived experience familiar in representational form yet retaining the foreignness of the original experience at the same time. This *problem of simultaneity* is not a problem, however, if it is built into a way of knowing, something that escapes epistemological conditions of possibility with its either/or of singularities. To know in such 'double vision', or *fractionally*, characterises post-epistemological thinking. This thesis draws on a relatively underdeveloped method for practicing a fractional means of knowing from post-actor-network theory, that of the *pinboard*, and explores how it might be usefully applied to the problem of experience. The thesis constitutes an experiment in producing a social science account of the lived experience of chronic pain using this method as an alternative to conventional epistemological techniques that initiate the problem of experience.

Through initial theoretical discussion, followed by reflection on its practical application involving the construction of fractional accounts of lived experience for five participants experiencing chronic pain (interviewed individually over several sessions), the pinboard is developed as a technique that seeks to maintain 'double vision' whilst inherently resisting attempts to resolve the juxtaposition it makes visible, enacting and engaging in an *ontological politics* with conventional methods of social analysis. This includes discussion of how the method might be transported from methodological *knowledge spaces* to effectively intervene on such conventional methods.

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THE PINBOARD AND THE PARADOX OF  
PAIN

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AN EXPERIMENT OF POST-EPISTEMOLOGICAL METHOD IN REPRESENTING  
THE LIVED EXPERIENCE OF PERSISTENT PAIN

Leigh Rooney

Submitted in fulfilment of the requirements for the degree of

Doctor of Philosophy

Department of Sociology

Durham University

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## LIST OF ABBREVIATIONS

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ANT: actor-network theory

CBT: cognitive behavioural therapy

ESRC: Economic and Social Research Council

FNS: functional neurological symptoms

GP: general practitioner

IPA: interpretative phenomenological analysis

MPQ: McGill Pain Questionnaire

MS: multiple sclerosis

NEDTC: North East Doctoral Training Centre

NHS: National Health Service

NRS: numerical rating scale

OPP: obligatory passage point

PPI: patient-public involvement

RA: rheumatoid arthritis

STS: science and technology studies

TNF: tumour necrosis factor

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---

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---

<sup>1</sup> Which has now been succeeded by the *Northern Ireland and North East Doctoral Training Partnership*.

Dedicated to Vienna and Jim.

If there was ever a clearer expression of the 'wicked problems' of the world and our forlorn attempts at making them benign, it is in the death of those we would wish to live forever.

## INTRODUCTION

---

What does it mean to know or be a 'self'? For Moreira and Palladino (2005) the self is the *effect* of the interaction between multiple contradictory "organizational logics" that structure the material and semiotic world (p. 57). Indeed, it might be seen as a *necessary* space that permits negotiations between these different regimes, a common reference point "to which it is possible to return or from which it is possible to depart and differ" (p. 74). However, for one of the authors (Moreira) there is the potential that the intersection of contradictory logics does not have to rely on effecting a self. This can be found, for example, in the interview participant who refuses to participate in methods that enact them as a definable subject, which in turn serves to highlight the work such methods do to achieve the interview subject and the possibility that it *might be otherwise* (Callon & Rabeharisoa, 2004). This raises the possibility of a "move towards obscurity and indeterminate ways of being", where "the ability to position and recognize oneself in action is progressively lost" (Moreira & Palladino, 2005, p. 75).

Yet the enactment of this self-less state very much involves the constitution of the self, since it involves moving *from* a self, to " 'slip through' the tightly fitted links between our environments and ourselves and not find ourselves any more" (p. 76, emphasis in original). Most significantly, we might say that "this erasure is [...] never complete", and that what Moreira and Palladino describe is *subjectivity as loss* (Wylie, 2010, p. 108). Indeed, across human thinking there remains a "persistence of an undisturbed humanism", that is, a "persistence of beliefs in the inviolate, coherent and given existence of a free-standing 'creative' subject – an undisturbed 'I' who feels, speaks, expresses" (p. 102). We may even be aware, following Julia Kristeva, of a *horror* involved at the loss of the self (Felluga, 2011a). If the message that a material-semiotic conception of the self offers is that "we are *not* always, already" (Moreira & Palladino, 2005, p. 76, emphasis in original), then it is a message that has not been well received.

But more precisely, *subjectivity as loss* captures the tension that is involved in giving definition (such as in a 'self') to lived experience, a "tension between making the experience visible and the obscurities it produces in the very process of representation" (p. 76).<sup>1</sup> Indeed, to know or be a self means to somehow apprehend the relationship involved in this tension. To explore this *problem of experience* is to perhaps explore the history of philosophy itself, which might be regarded as a collective attempt to come to terms with such tension. This thesis does not add anything novel to such wisdom, but is rather

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<sup>1</sup> Kristeva's concept of the *abject* captures an associated tension between horror and fascination with the points at which the (incomplete) breakdown of the self is made visible. See Chapters 7 and 10.

concerned about its *influence*. For it contends that contemporary methods of knowing, constituted as they are with *epistemological* conditions of possibility, are unable to deal with the problem of experience, enacting it, instead, as a paradox that is barely yet relentlessly papered over. This thesis can be understood as engaging in a sort of political activism that seeks to find an alternative method better equipped to deal with knowing lived experience. It experiments with one particular method, that of the *pinboard*, in the specific context of how social science might come to account for the lived experience of pain.

Part I of the thesis constitutes a theoretical exploration of the problem of experience in this specific context and how it might be approached methodologically. Chapters 1 to 3 outline the nature of the problem, including the representation of the lived experience of pain by medical sociology and related fields (Chapter 1), a common paradoxical ontology of pain experience (Chapter 2), and a wider crisis in representing lived experience in social science (Chapter 3). Chapter 4 considers how the problem of experience might be addressed. Starting from techniques that have tried to represent pain as a non-object, the thesis settles on a theoretical approach that claims to be able to hold both sides of the tension in the problem of experience (*presence* and *absence*) in a 'knowing in tension' described as *fractionality*. Chapters 5 to 7 discuss how fractionality might be practiced. This is regarded as making visible a 'decentring' movement arising from an attention to the practices of social analysis (Chapter 5), something that is examined in the particular context of interview research (Chapter 6). This practice is formalised into the more technical instrument of the *pinboard*, a relatively underdeveloped concept that is significantly elaborated upon in Chapter 7. Chapter 8 completes Part I by operationalising the pinboard into a method that was then carried out to test its viability in producing fractional accounts of the lived experience of pain. This consisted of repeat one-on-one interviews with 5 participants experiencing chronic pain.

Part II concerns the practice of the method developed in Part I. Chapters 9 to 13 each present a pinboard of an individual participant and their narrative of chronic pain experience (though in Chapter 12 it is suggested that a pinboard cannot be readily produced). Following the elaboration of the pinboard method in Part I, these each consist of two 'movements' where juxtaposition is captured as part of a process of a narrative encountering that which does not fit. This is an approach to the pinboard that combines its use as a surface of juxtaposition with the ongoing nature of the processes of analysis, as well as a committed empiricism from a 'naive' observer. Throughout Chapters 9 to 13, and more extensively in Chapter 14, there is a reflection on the execution of this method. In particular, Chapter 14 focuses on how the pinboard manages *time*, suggesting that fractionality can only be enacted when the resolution to the juxtaposition cannot be readily projected as a possibility. Having used this reflection to suggest how the method might be refined, the

second half of Chapter 14 considers what would be involved in transporting it from the methodological space of the thesis to the institutional spaces that this thesis wishes to intervene on. Finally, Chapter 15 draws together the main themes of the thesis into a conclusion. It does so through introducing a particular way of considering the functioning of fractionality, that of *syncretism*, and suggesting that conventional syncretic accounts are politically inert insofar as their enactment of fractional subjectivity does not have any effect on the epistemological methods they observe. By contrast, the pinboard method developed in this thesis permits the *shift* from perspectives necessary for effective intervention.

Whilst this method is offered as a means to address a methodological problem of representation in accounting for the lived experience of pain within a particular section of social science, it is relevant to the same problem in wider research into lived experience, and as part of an even wider post-epistemological project. But perhaps most fundamentally it offers a very modest contribution towards highlighting, and tentatively coming to terms with, an existential problem of what it means to *be*.

## PART I: THEORY

# CHAPTER 1: A NARRATIVE OF SUCCESSION – BIOMEDICAL AND INTEGRATIVE PARADIGMS

---

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## INTRODUCTION

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This opening chapter outlines two ways that pain has been conventionally represented in academic literature in social science: the 'biomedical' and 'integrative' paradigms. Social science has tended to promote a narrative of succession between these, where a failed biomedical project is replaced with an integrative one. As part of this narrative, a picture of biomedicine is constructed where its perceived flaws come to represent the centrality of what a biomedical representation of pain is. Even biomedicine's historical development becomes constructed from the perspective of this narrative of succession, with its (integratively-perceived) maladies charted from their historically distant origins to become central tenets in its oppressively modern present.

From these flaws arise the structure of the integrative paradigm, which might be broadly characterised as a post-modern reaction to the biomedical 'exclusion' of patient experience, or more simply 'mind', due to the latter's mechanistic focus on 'body'. However, the chapter argues that the inclusive goals of the integrative paradigm instigate a representational paradox that the biomedical model had actually avoided. In trying to represent experience, it paradoxically makes the attempt to represent what it simultaneously defines as unrepresentable. The chapter thus ends by flipping the narrative of succession on its head, and sets the scene for a more detailed examination of this paradox of representation.

## BIOMEDICAL PAIN: ENLIGHTENMENT AND DESPAIR IN BIOMEDICINE

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The biomedical paradigm has probably been the most influential means of representing pain in both this century and the last, reflecting a wider dominance in defining health and illness. Nevertheless, what has increasingly given the biomedical model its definition in contemporary thought is criticism of the way it functions. Indeed, Nettleton (2013) notes how the field of sociology of health and illness is largely constituted as a reaction against the biomedical model. Here the model is understood as an insensitive, mechanistic, and often oppressive way of doing health and illness, at odds with later 20<sup>th</sup> century notions of social justice and inclusion. This framing contrasts with the way in which medical science was imbued with hope in 18<sup>th</sup> Century Europe, containing as it did the Enlightenment promise of progress through reason (Porter, 1999). Notably, this was itself a reaction to the "ogres of error and blind authority" that had (in this view) theretofore constituted man's approach to medicine (p. 246).

But even histories of medicine must necessarily be informed by contemporary interpretations of health and illness. Thus, Joanna Bourke's (2014) history of pain charts how increasingly since the 18<sup>th</sup> Century the patient's personal account was "stripped of any significance beyond the rudimentary information imparted by the cry 'It hurts *here!*' " (p. 132, emphasis in original). This is a gradual muting (or by-passing) of the unreliable patient voice, making way for increasing methodological rigour and technological advancement in diagnosing a specific source of pain. This reflects the contemporary concern with biomedicine's traditional subjugation of the patient voice, where the patient surrenders their body to physicians and other medical experts (Frank, 2013).

Emerging from the social science critique of biomedical approaches to pain is a defining set of assumptions of what biomedicine is, re-constructed in histories of their emergence that also define what it *was*. Nettleton (2013) defines five of these assumptions: mind-body dualism, a mechanical metaphor, the "merits of technological interventions", biological reductionism, and the "*doctrine of specific aetiology*" (the idea that disease can be causally attributed to an identifiable object) (p. 2, emphasis in original). The centrality of these assumptions in the narrative of succession derives from their contextualisation within three major criticisms of biomedicine, which are now discussed in turn.

---

#### THE NARROWNESS OF BIOMEDICAL DEFINITION (PART 1)

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Insofar as we can outline the contours of a 'biomedical model of pain', Bendelow (2006) suggests that its central feature can be traced back to Descartes, who considered pain in terms of pain receptors that transmit signals to the brain – akin to a bell that rings when a chord is pulled (Williams & Bendelow, 1998). This has provided a template that has persisted as the skeleton of a biomedical approach to representing pain, and forms the basis of *specificity theory*, the most popular biomedical conception of pain taught to medical students today (Bendelow, 2006). In an updated version of Descartes' bell-pull, specificity theory posits that pain is detected by pain receptors (*nociception*), triggering electrochemical impulses that are propagated to a pain centre.

For Bendelow (2006, 2010; Williams & Bendelow, 1998), what is inherent in this model of pain is a mind-body dualism (echoing Descartes) that focuses exclusively on the 'body', which is understood as a purely physical entity separate from the 'mind' (understood to incorporate the psychological, social, and cultural). This "naturalistic" understanding of the body assumes it "is a real biological entity, which exists as a universal phenomenon *irrespective of the social context* in which it resides" (Nettleton, 2013, p. 97, my emphasis). Put differently, that 'nature' has a privilege or autonomy over culture is a fundamental assumption of Western Medicine (Gordon, 1988). Bendelow (2006) suggests that even Melzack and Wall's (1967) influential *Gate Control Theory*, which introduced a psychological

element through positing that the strength of the impulse travelling from a pain receptor can be reduced before reaching the central nervous system through the action of cognitive inputs,<sup>1</sup> has failed to change “the traditional biomedical paradigm which divorces mental from physical states” (Bendelow, 2006, p. 61). This ignorance of the psycho-socio-cultural in the biomedical definition constitutes the first criticism of biomedicine highlighted here.

The biomedical attempt to account for pain is given meaning through this sociological critique of the absence of ‘mind’ in these accounts. In other words, the biomedical model becomes to be understood as much by what is absent as what is present. Thus, Nettleton’s (2013) five assumptions of biomedicine (noted above) all derive at least part of their meaning from the absence of the psychological, social, and/or cultural.

The mechanical metaphor is critical to the way in which biomedicine is understood: the human body is a machine to be repaired. In this metaphor, pain is an expression of a fault with the machine, to be repaired via technological interventions, which might be pharmacological (such as injections of steroids and/or local anaesthetics) or non-pharmacological (such as using heat or radio waves to destroy nerves) (Hegarty & Murphy, 2012). Lorimer Moseley’s (2007) book *Painful Yarns* provides explicit illustration of the mechanical metaphor. A collection of short stories that provide metaphors to “explain to [pain patients...] what we now know about the biology of pain” (p. 4), in three of these stories the painful body is presented as a broken vehicle. As *Painful Yarns* suggests via the complex metaphors with which it uses to ‘explain’ pain, identification of the fault of the body-as-machine requires the seeking of specific biological entities as the cause of pain (specific aetiology). These are to be “located within the anatomical frame” (Nettleton, 2013, p. 75) – locating pain within “the interior space of the body” (p. 76). The soul, the spirit, the mind, the consciousness of the patient plays no role in this technical exercise, and simply acts as spectator as the clinician works on charting and then fixing the lifeless machine (and who may then explain the mechanics to the spectator). ‘Mechanical’ is read through an understanding of its absent opposites: ‘consciousness’ and ‘feelings’, a *lack* that nevertheless yearns to be fulfilled in a restoration of humanity.<sup>2</sup>

Notably, the charting of the (mechanical) body has largely privileged the *visual*. For pain, there is a search for “an object with an interior space knowable through [primarily] visual means” (Rhodes, McPhillips-Tangum, Markham & Klenk, 1999, p. 1192, square brackets in original), with its ultimate contemporary expression in x-rays and brain scanning. Even as

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<sup>1</sup> This proposes that cognitive inputs can excite cells that inhibit neurons transmitting impulses from pain receptors, reducing the intensity of pain. The ‘gate’ is thus closed.

<sup>2</sup> As the Tin Man noted: “Just because I’m presumin’ / That I could be kind of human / If I only had a heart” (Arlen & Harburg, 1939/1995).

the patient-as-spectator devolves responsibility for their body to the expert clinician to chart, their role in simply *helping* to define the clinician's mechanics has been gradually degraded throughout the evolution of modern medicine. Bourke (2014) suggests that technological interventions like x-rays that can visually show some pain aetiology have emerged as ways to by-pass the 'mind' of the patient altogether, which biomedicine regards as an unreliable way of charting the mechanics of the body. The 'mind' of the patient becomes increasingly separate from its 'body', ignored and isolated even in the process of helping to chart its own alienated mechanical body.

This is evident in Keefe and Smith's (2002) review of pain behaviour observation protocols, which are designed to diagnose pain pathology based upon the observation of patient behaviours. The authors thus highlight how some studies "have found that chronic pain patients are *inaccurate* in reporting on their own behavior" (p. 123, my emphasis). This notion of the unreliable mind is even given a technical term: "reactivity" (p. 123). Reactivity is the tendency of a patient to change their behaviour in the presence of an observer, and is something that Keefe and Smith posit as a problem to be avoided. Indeed, they recommend "providing the patient with little information about the specific pain behaviors being coded" (p. 123).

Implicit in the narrative of succession is that privileging body over mind is bad: it is unethical to understand (and thus treat) people as heartless machines. Yet this has also been made explicit. Such literature can be placed into two categories: moral and epistemological.

Arthur Frank's (2013) *The Wounded Storyteller* epitomises the former category. Frank discusses the switch from a premodern to modern experience of illness where the technical expertise of modern medicine comes to subjugate the patient's experience. Following the argument made thus far about the bypassing of the (unreliable) mind of the patient in favour of a technical mapping of the patient body, Frank suggests that the narrative of a patient's illness becomes devolved to the physician. This "*narrative surrender*" of the construction of a patient's illness is a "central moment in modernist illness experience" (p. 6, emphasis in original). Frank identifies this as an *oppression* of the patient, albeit deriving from a drive towards helping patients through scientific and technical progress. Indeed, Western modern medicine has thus developed as a "benevolent form of colonialism" (p. 11), where the cost of scientific progress is only later shown in the moral despair of the social systems that this progress has established (see also Kleinman, 1988). And just like post-colonialism, Frank (2013) argues that the colonised have finally begun to assert their right to their assets: a right for the patient to have a say in the construction of their illness experience.

Health care practitioners working within a biomedical paradigm are framed as “insensitive to the patient’s needs and disaffirming of the illness experience” (Kleinman, Brodwin, Good & DelVecchio Good, 1992, p. 6). Hydén and Peolsson (2002) highlight how the patient’s expressions are valued only insofar as they are “reports of objective physical conditions” (p. 327). The meaning of the illness to the patient is “diagnostically irrelevant” (Steen & Haugli, 2000, p. 583). Leone et al.’s (2012) exploration of the experience of physicians treating pain in cancer patients suggests they experienced patients’ pain as “a wall that moves away the patient”, constructing pain as “a non-human subject to care [for] or even to cure” (p. 104).

Whilst this argument shoots the scientific rationalism of biomedicine through with an unforeseen moral failure, the narrative of succession also suggests that biomedicine is simply not good science: that it fails on its own terms. This position is set out most prominently in a paper by George Engel (1977). Similar to the argument thus far, Engel characterises biomedicine as preoccupied with a biological reductionism constructed in terms of a mind-body dualism where ‘mind’ is entirely absent. Indeed, for Engel, a psychiatrist, the dominance of biomedicine within his discipline had created a crisis over what to do about mind given psychiatry’s historical preoccupation with it. Engel agrees with the principle that models of illness inherently (naturally) arise to designate the sick, understand them, and attempt to help them. This is a kind of scientific rationalist approach to illness that is sometimes positioned as central to the subjugation of the patient voice: a rationalism that has no room for humanity. Yet Engel argues that the issue with the biomedical model is that it *does not go far enough* in the rationalism that is applied. In focussing exclusively on the body, shorn of mind, the biomedical model fails to take into account the “behavioral and psychosocial data” required to properly understand and react to disease (p. 132). The “social, psychological, and behavioral dimensions of illness” (p. 129) are *compliments* to the biological. All require consideration in order to “account for the reality” of a particular disease (p. 131). In this sense, biomedicine provides an inadequate model of illness because the reality of illness encompasses more than just the biological.

Engel’s article is best known for proposing an alternative medical model: the *biopsychosocial model*. Deriving from both moral and scientific critiques of biomedicine, the biopsychosocial model was proposed as the next stage in the evolution of medicine. But it did not quite provide the restitution of mind that was desired.

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#### THE NARROWNESS OF BIOMEDICAL DEFINITION (PART 2)

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Bendelow (2010) points out that whilst the naturalistic body shorn of ‘mind’ is a defining characteristic of biomedicine, it is not simply that biomedicine excludes the psychological, social, and cultural aspects of pain that is problematic. For Bendelow, the more fundamental issue is that the mind-body dualism that biomedicine expresses fractures the experience of

illness into distinct realms, when it is actually lived as a single whole. Even a physician working within a biopsychosocial framework may refer the biomedically unexplained chronic pain patient to a psychologist or psychiatrist whilst simultaneously maintaining the purity of a biological 'domain' where mind is just as separate from the body as it is in a biomedical model. In so allowing pain to become compartmentalised in this way, the fracturing of lived experience along the mind-body dualism continues to be propagated within medicine. Indeed, Kleinman et al. (1992) suggest that whilst psychology challenges biomedical reductionism, it continues to partition pain through "focusing exclusively on the psychological sources of pain" (p. 10), on only 'mind' rather than mind *and* body together. Moreover, Harding, Campbell, Parsons, Rahman, and Underwood (2010) highlight how clinicians using a biopsychosocial framework often ended up focussing on a psychological explanation, and Dansie and Turk (2013) point to the continuing duality within pain assessment where "the report of symptoms is attributed to *either* somatic or psychogenic mechanisms" (p. 19, emphasis in original).

Instead, the notion of the *lived experience* of pain becomes an important term in the narrative of succession. This is because "the patient's experience of pain is lived *as a whole*" rather than the "fragmented [...] series of dichotomies that represent the deep cultural logic of biomedicine" (Kleinman et al., 1992 p. 8, my emphasis).<sup>1</sup> In short, the biomedical model, and even a 'biopsychosocial' model premised on compartmentalisation, is identified as problematic because it lacks the *holism* inherent in lived experience.<sup>2</sup>

Reflecting this, a common narrative of qualitative health research on pain has been to explore patient perceptions of a biomedical diagnostic procedure and find that the procedure fails to appreciate the way that pain is a 'lived experience'. Thus, one study into the perceptions of a numerical rating scale (NRS) for pain in postoperative pain assessment found that patients "described that a number did not tell enough about how they experienced their pain" (Eriksson, Wikström, Årestedt, Fridlund & Broström, 2014, p. 44). In another study the "general view expressed by the majority" of its participants (patients with chronic back pain) was that the NRS "did not adequately capture the complexity of their personal experience of pain" (Hush, Refshauge, Sullivan, De Souza & McAuley, 2010, p. 650). Ong, Hooper, Jinks, Dunn, and Croft (2006) found that back and knee pain participants who filled out structured questionnaires standardly used to clinically assess pain experience faced a "restricted format" (p. 86) that resulted in the spontaneous inclusion of annotations

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<sup>1</sup> Kleinman et al. (1992) explicitly note these dichotomies, all of which can be observed as some variation of mind-body dualism: "[p]hysiological, psychological; body, soul; mind, body; subjective, objective; real, unreal; natural, artificial" (p. 8).

<sup>2</sup> Note that Engel (1977) used the words 'holistic' and 'integrated' in reference to his biopsychosocial model, but less in the sense of creating a seamless whole than proposing the addition of social, psychological, and behavioural determinants of the construction of illness alongside the biological.

on the questionnaire as well as supplementary letters. This spontaneity is presented as a spilling over of lived experience into a medical model that is not designed to recognise it. For Ong et al., their study reveals the need to establish “assessment tools more relevant to the experience of people suffering from musculoskeletal pain”, as part of developing “patient-centred” health care (p. 87).

These understandings are more than Engel’s (1977) demand for the incorporation of “behavioral and psychosocial data” (p. 132) as compliments to biological data in a scientifically rational medical model. They are calls for the appreciation of illness, and of pain specifically, to be understood as a holistic lived experience.

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#### BIOMEDICAL INEFFECTIVENESS

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Despite Engel’s (1977) call for a new medical model, he was careful to highlight the positive impact of biomedicine. Indeed, his proposed biopsychosocial model can be seen not so much as a replacement to a biomedical model, but as an extension through the addition of social, psychological, behavioural, and cultural dimensions. Thus, Engel writes of biomedicine’s “record of astonishing achievement in elucidating mechanisms of disease and devising new treatments” (p. 129) despite his fervent criticism of it. Yet just as his biopsychosocial critique later morphed into a deeper issue about the fracturing of lived experience, this triumphant view of biomedicine has also come to be viewed increasingly critically. Nettleton (2013) discusses how the positive advances of biomedicine have been associated with negative consequences that were either not realised or were underplayed within the biomedical narrative. A common example cited is the development of antibiotics in the mid-20<sup>th</sup> Century. Against the biomedical triumphalist narrative of an antibiotic ‘revolution’ is set the increasingly limited nature of their effectiveness following the development of bacterial resistance. Moreover, Nettleton also argues that advances in health have come more from social changes rather than medical interventions. These critiques challenge the traditional narrative of the effectiveness of biomedicine as an organised response to illness.

In particular, the persistent pain patient has become expressive of biomedical ineffectiveness. ‘Chronic pain’ is medically defined as pain that persists for a minimum period of time, such as 3 to 6 months (Merskey & Bogduk, 1994). In terms of prevalence, a survey by Breivik, Collett, Ventafridda, Cohen, and Gallacher (2006) of over 46,000 adults from 15 European countries and Israel suggested 19% had experienced persistent pain for at least 6 months. The ineffectiveness of the biomedical model in chronic pain is twofold. First, chronic pain in patients can remain “medically unexplained” (Ciaramella et al., 2004, p. 13). Quite simply, biomedical models of pain cannot account for why pain exists in such patients. Second (and often reflecting the first failure), attempts at repairing the chronically pained body-as-machine often fail, or are only temporarily effective. Thus, Turk (2002)

found that none of the medical interventions for chronic pain that he examined eliminated pain for the majority of patients, and Breivik et al. (2006) found that 40% of a sample of adults experiencing chronic pain were dissatisfied with their treatment.

Even amongst the remaining 60% in the Breivik sample, pain is not cured, but “adequately controlled” (p. 305). The fact that chronic pain is ‘managed’ is insufficient for a biomedical narrative: the desire to *fix* the body remains. Corrigan, Desnick, Marshall, Bentov, and Rosenblatt’s (2011) exploration of first-year medical students’ encounters with chronic pain patients stressed that in addition to a difficulty students felt in dealing with the uncertainty of the cause of the pain, they experienced similar discomfort in realising that “they could not cure” (p. 1218). Similarly, Patel, Peacock, McKinley, Carter, and Watson (2008) found that general practitioners’ (GPs’) inability to treat and manage a patient’s chronic pain became “progressively more frustrating” for them, causing some to “question their medical training and value to the community” (p. 74). The inability to provide a cure has been suggested to produce stress, lack of satisfaction, and guilt in health care professionals (Matthias et al., 2010), and might develop into a sense of failure (Kristiansson, Brorsson, Wachtler & Troein, 2011; Lindberg & Engström, 2011). Here biomedical ineffectiveness leads to fundamental doubt in the value of the biomedical model by those most invested in it.

#### CORRECTING BIOMEDICAL FAILURE: THE INTEGRATIVE PARADIGM

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It is from these criticisms that the contemporary biomedical model has become re-constructed in sociology, wrested from a triumphalist biomedical narrative of modernist medicine. And as part of this re-construction, a new model of illness has taken shape in its place, one based upon Engel’s embryonic biopsychosocial model. Reflecting the shift from the critique of biomedicine as the exclusion of ‘mind’ to its fracturing of lived experience, Engel’s (1977) ‘biopsychosocial model’ has increasingly been defined as promoting a ‘holistic’ approach to the lived experience of illness rather than simply the inclusion of the social, behavioural, psychological, and cultural elements of disease alongside the biological. In this vein, Bendelow (2010) suggests an “integrated” (p. 22) or “integrative model” as a more appropriate medical model of pain to replace the flawed biomedical one (p. 23).

Bendelow defines the basic assumptions of the integrative model as the corrective opposites of the flawed assumptions that have come to define the failed (or failing) biomedical model in the *narrative of succession*. Thus “Mechanistic” becomes “Holistic”, “Body-mind dualism/reductionism” becomes “Interaction between body/mind”, “Single fundamental cause of illness” becomes “Multicausality”, and so on (p. 23). Just as each of Nettleton’s (2013) assumptions of the biomedical model can be characterised as lacking the lived

experience of the pain sufferer, a unifying principle of the assumptions of the integrative model is that they are integrated into the lived experience of pain.

In this regard, the concept of *embodiment* has come to form the central feature of the integrative model (Williams & Bendelow, 1998). A phenomenological term deriving from Merleau-Ponty, embodiment is a state where the “self and the body are not separate” (Nettleton, 2013, p. 102). For Williams and Bendelow (1998) embodiment provides a way of “unifying” the divisions of mind-body dualism, which they regard as abstract reifications (alien from lived experience) that “sets in train a series of [...] unfortunate consequences, including the ideological separation of nature from culture, reason from emotion, public from private, and so on” (p. 208). Nevertheless, they suggest that there is an inevitability of having to engage with the categories thrown up by dualism, which (following the traditional phenomenological argument) are proposed to arise once conscious reflection on a phenomenon occurs. Embodiment, on the other hand, represents “the transcendence of duality at the pre-objective level of lived ongoing experience” (p. 209) (note the explicit link to ‘lived experience’, which becomes synonymous with ‘embodiment’<sup>1</sup>).

Williams and Bendelow thus discuss embodiment as an idealised end state. The “analytical potential” of the categories of dualism “must be acknowledged and engaged with” so that the alienating power of the dualistic categories is reduced and (finally) eliminated (p. 3). Indeed, the authors talk in terms of a development trajectory towards embodiment:

Rather than dispense with these analytical categories [of dualism] altogether, however, they must be engaged with in order to move ‘forward’, so to speak, to a ‘third’ stage of development; one ‘prepared for’, as it were, by these previous stages of conceptual distinction and analytical elaboration. (p. 208)

Williams and Bendelow write of ‘duality’ as distinct from ‘dualism’. Duality is an intermediate stage between dualism and embodiment. It has the same linguistic divisions of dualism but without more fundamental ontological divisions. In this regard, it is considered an “analytically important” stage in “the ‘development’ of human consciousness” (p. 208). Duality is where the “ ‘inflection’ of mind into body and body into mind can be grasped and the binary divide effectively overcome (without abandoning it altogether)” (p. 3). The concept of what the higher stage of human consciousness (embodiment) might properly look like without dualistic divisions is not entirely made clear, but Williams and Bendelow seem to express a form of pragmatism in arguing that a “negotiated settlement” occurs

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<sup>1</sup> Many of the ‘embodied’ studies that Williams and Bendelow (1998) called for at the end of their book, *The Lived Body*, have included representations of the physical body as an implicit definition of what embodiment is (see, for example, Tarr & Thomas, 2011). I here use embodiment in the sense that I suggest Williams and Bendelow (1998) meant it, which is as a lived experience. As they noted: theory should not be “*about* bodies” but “*from* bodies as *lived* entities” (p. 209, emphasis in original).

between embodiment and the dualistic categories of conscious reflection (p. 162). This is a settlement that is “never quite able to return the individual to their former embodied state [of pre-reflective experience], [but] none the less attempts an approximation to it” (p. 162).

Considering that the integrative model suggests that pain is best accounted for through the concept of embodiment (or a ‘negotiated settlement’ approximating it), we might then ask what an embodied account of pain might look like. This has been one of the major questions that the integrative paradigm has had to answer, particularly in terms of how in practical terms an integrative model of illness differs from a biomedical model or a biopsychosocial model defined in the spirit of Engel (1977). The answer has been provided from a turn in the social sciences in the later 20<sup>th</sup> Century: the turn to *narrative*.

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#### PROVIDING AN EMBODIED ACCOUNT: NARRATIVE

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‘Narrative’ is a term that social science has been opening up since the late 20<sup>th</sup> Century. Narrative, put in the vague sense, is “someone telling something to someone about something” (Kearney, 2002, cited in Morris, 2012, p. 734). It has become synonymous with ‘story’: something with a beginning, middle, and an end. A patient’s story has become particularly important in the integrative reaction to biomedicine because of the relationship that narratives are purported to have with lived experience: that the lives of patients are *performed* through the stories they tell. From this perspective, the question of interest is not simply “[h]ow do people talk about their lives?”, but “[h]ow do people perform their lives in storied form?” (Ochberg, 1994, p. 117). An important assumption arises from this position: that “the performative activity of storytelling *constitutes* the self. We are stories, stories are us” (Morris, 2012, p. 734, emphasis in original).

Williams and Bendelow (1998) suggest that an embodied account of pain can be provided in a patient’s narrative, arguing that narrative creates what Kleinman (1988) describes as a “felt world [that] combines feeling, thought, and bodily process into a single vital structure underlying continuity and change in illness” (p. 55). Indeed, for Williams and Bendelow (1998), narrative “combines the physical, affective and cultural dimensions of human suffering in a seamless web of lived experience” (p. 168). Put more succinctly, “narratives are fundamentally embodied” (p. 164), providing a “more holistic understanding of pain” (p. 169). Within sociology, narrative accounts have become a way of accessing the holism of the lived experience of illness as a panacea against a fracturing and dehumanising biomedicine. As Woods (2011a) writes:

Narrative is seen as salvation from the biomedical reductionism; it is a humanizing force, a vehicle through which to recover those qualities (empathy, care, attentiveness to the whole person) deemed to be most sorely lacking from contemporary healthcare [...]. (p. 4)

Reflecting this understanding of narrative, there has been an increasing emphasis on the importance of patient narratives in the response to illness. This is reflected, for example, in Rita Charon's (2001) concept of *narrative medicine*, which attempts to train doctors to listen, interpret, and respond to patient stories in order to enhance the health care of the patient within an integrative framework. The act of listening, of "authentic engagement" (p. 1899), becomes important in the response to the illness through recognising the particularity of the patient's embodied position in the world as opposed to their generic mechanical structure. Similarly, Arthur Frank (2013) urges a thoroughly embodied form of medical knowledge through his emphasis on listening to a patient's story in his "ethics of listening" (p. 25). Frank, like other theorists discussed in this section, equates the performance of a narrative about experience with experience itself: the "truth of stories is not only what *was* experienced, but equally what *becomes* experience in the telling and its reception" (p. 22, emphasis in original). Indeed, the stories "become our experience of those lives" (p. 22). Frank's ideas take on a moral dimension through his assertion that without being able to perform a narrative of one's experience there is a *diminishing* of the self. Illness disrupts narratives that a sufferer needs to experience the world, and therefore the act of listening to a patient's narrative takes on particular significance as a necessary act for the (re-)constitution of the self in light of an illness that threatens to eliminate it.<sup>1</sup>

Narrative representation of illness is generally proposed as a way to overcome the fearful chaos imposed on a person's life by illness (Biro, 2011; Charmaz, 1991; Charon, 2001, 2005; Frank, 2013; Kleinman, 1988). To represent in narrative means "to find the words to contain the disorder and its attendant worries", something that "gives shape to and control over the chaos of illness" (Charon, 2001, p. 1898). For Frank (2013) this involves drawing upon a socially shared repertoire of storytelling. In particular, he contends that narrating illness draws from three generic narrative structures: *restitution*, *quest*, and *chaos*. The first two of these involve the construction of a coherent narrative in time. A restitution narrative involves the storyline: "Yesterday I was healthy, today I'm sick, but tomorrow I'll be healthy again" (p. 77). The quest narrative "is defined by the ill person's belief that something is to be gained through the experience" of illness, of illness as "the occasion of a journey that becomes a quest" (p. 115). By contrast, the chaos narrative involves the "lack of any coherent sequence", summed up as a plot that "imagines life never getting better" (p. 97). It is a narrative that is, in its lack of a coherent temporal sequence, "*anti-narrative*" (p. 98, emphasis in original). Indeed, it can only be told as a narrative when distance is obtained from the noncoherence of its subject matter, such as retrospectively or by an external observer. "Lived chaos makes reflection, and consequently storytelling, impossible" (p. 98).

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<sup>1</sup> Frank (2013) describes this fear of the diminishing of self because of the threat illness poses on the ability to perform narratives as "the core issue of [his book,] *The Wounded Storyteller*" (xvi).

But whilst the plot of a chaos narrative involves the “voice of the teller [...being] lost as a result of the chaos” (p. 115), the *act of its telling* constitutes the sufferer’s entry into a system of storytelling in which the promise of a coherent self is offered: “[c]haos is never transcended but must be accepted before new lives can be built and new stories told” (p. 110).

Like Frank, Charmaz (1991) discusses how people experiencing chronic illness actively work to maintain the coherence of a narrative of the self in face of an illness that threatens to undo such coherence. For Charmaz, illness threatens to *interrupt* the narrative self-concept developed by the sufferer, and may progress through to *intrusion* and finally an *immersion* in illness where, at its most extreme, attempts to find any coherent self-concept are limited to a moment-by-moment struggle for coherent self-definition. Each of these three stages of self-concept disruption is negotiated by the sufferer in an attempt to produce a new coherence of self-concept, which is either achieved or else the sufferer struggles in an existence defined by its *lack*. Indeed, such is the coterminous nature of the act of constructing a narrative self-concept with embodied experience that for Charmaz illness experience is defined by this struggle for coherence.

Yet the representational act in producing such narratives constitutes a moment where the division between lived experience and the narrative account of that lived experience has threatened to challenge the synonymous relationship between ‘narrative’ and ‘embodiment’ that proponents of the integrative model have suggested. As qualitative health research has gradually collected and represented patient ‘narratives’, the distinction between the narrative account held on a library journal shelf and the lived experience it represents becomes obviously marked. But even when the distinction between account and experience is made explicit, the narrative account is typically positioned as a conduit for understanding lived experience. Thus, Woods (2011b) suggests that the “foremost” role of narrative accounts across medical academic and clinical disciplines that employ it is “to provide privileged access to the subjective experience of illness” (p. 73).

Bendelow (2010) suggests that narrative and phenomenological accounts of illness act in a similar way in accessing the holism of embodied experience. Within anthropology, Kleinman et al. (1992) also argue for “*an ethnography of experience* of persons afflicted by chronic pain” (p. 14, emphasis in original) as a means to counter the fracturing of lived experience brought about by mind-body dualism. This involves attempting “to provide an authentic representation of the experiences” of sufferers through ethnographic accounts (p. 16).

However, in making salient the process of producing narrative accounts *about* lived experience, a traditional representational problem is raised. Merleau-Ponty’s understanding of embodiment reminds us that “while we can observe and experience empathy for another,

ultimately we can never share entirely the other's experience, because their experience belongs to their own embodied position in the world" (Smith, Flowers & Larkin, 2009, p. 19). For phenomenologists like Merleau-Ponty, narrative accounts are what happen when we begin to reflect on experience, to make meaning of it, to objectify it. Here experience has a "pre-objective" form that "has yet to be reflected upon, thought about, analyzed or conceptualized" (Throop, 2009, p. 538). Objects such as narrative accounts about that experience "are secondary products of reflective thought and conceptualization" (p. 538). They are distinct from lived experience, and cannot be used to 'access' that pre-objective experience. Yet in regarding these concepts *as* the lived experience, or as the conduit to attaining them, these secondary products threaten to become the very alienating dualistic concepts that the appeal to narrative attempted to avoid.

Each narrative account provided of lived experience thus necessarily means "betraying it" (Jackson, 1994, p. 221) because "representation is not coterminous with experience itself" (p. 222). There is thus a paradox – to be able to begin to understand lived experience means to represent it, yet this representation is inherently alien from the lived experience itself. The integrative paradigm faces the challenge of how it can define embodied experiences without creating the very same alienating concepts that it tries to overcome.

## CHAPTER CONCLUSION

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The cultural constructionist's icon can be as inhumanely artifactual a characterization of experience, then, as is the pathologist's histological slide. (Kleinman, 1992, p. 190)

This chapter has outlined two conventional ways of accounting for pain: in biomedical and integrative models. It has suggested that sociology understands these medical models within a narrative of succession, which firstly involves constructing biomedicine as a failed healthcare paradigm. Here flawed assumptions are understood as central to defining biomedicine, and histories created of the rise of these assumptions like slowly-growing malignant tumours. The chapter categorises these flaws into three historically-specific criticisms. First, Engel (1977) highlighted that the biomedical obsession with body over mind has resulted in the exclusion of the behavioural, cultural, social, and psychological aspects of illness. This has posed both ethical problems in the perceived 'coldness' of biomedicine, as well as epistemological ones because of the exclusion of a whole host of additional variables that can be used to designate, understand, and respond to illness. With time, however, this criticism has evolved to be about the fracturing of the lived experience of illness into distinct domains along a mind-body dualism. These domains are removed from the wholeness, the "single vital structure" (Kleinman, 1988, p. 55) of lived experienced, and are alienating in their necessary disconnect from this holism. The dualistic concept of 'body'

cannot simply be absolved by an inclusion of 'mind' within healthcare as a distinct domain, since this conceptual category is just as alien from lived experience as the biomedical preoccupation with the mechanics of 'body'. Finally, more recently biomedicine's effectiveness at producing technological solutions to disease has been challenged, with the technological 'revolutions' of a triumphalist biomedical narrative becoming re-defined as containing unforeseen negative consequences. This is particularly the case in the context of pain, with 'chronic pain' being constructed as an often-irresolvable condition serving as a personal and paradigmatic expression of the failure of biomedicine.

As biomedicine fails, the narrative of succession proposes an alternative model of illness. This is a model in which its central assumptions are defined according to a corrective contrast to the flaws characterising biomedicine. Originally a 'biopsychosocial' model based upon the inclusion of the psychosocial into biomedicine, this new model has increasingly become defined by its holistic integration of the lived (embodied) experience of illness as a single whole, without splitting that lived experience into a set of alienating dualistic concepts. Proponents of such an 'integrative' model suggest that whilst the dualistic categories of reflective meaning-making are inevitable, they are part of an analytically important stage in the gradual development of thinking towards a holistic, embodied understanding of illness. As a practical means to accessing these embodied experiences, proponents of an integrative model have suggested that narrative accounts of lived experience provide this. Narratives of illness are characterised as holistic and embodied examples of, or conduits to accessing, the lived experience of illness.

This is the standard story of the narrative of succession that has become the staple of sociology, the medical humanities, and much 'alternative' medicine. However, what has been less visible in this story is the representational problem initiated in seeking patient narratives: the act of representing lived experience as a narrative account involves creating an entity (the account) that is necessarily removed from that experience. The narrative account threatens to become yet another alienating concept, as alien as the dualistic categories of biomedicine that it tried to replace. A paradox is initiated where the start of understanding illness requires the objectification of the pre-objective, the representation of that which is un-representable. Ironically, this is a problem that biomedicine's mechanistic focus on the body avoided: it never claimed to capture 'lived experience'.

This representational paradox is not new, but one that is by-passed in the narrative of succession. Yet it becomes uniquely exposed in knowing pain experience. As a 'thing' that escapes definition, as 'beyond words', pain experience poses a problem for an integrative account seeking to find words for its narratives of embodied experience. It is to this philosophical consideration of the ontology of pain experience that the next chapter turns.

## CHAPTER 2: THE PARADOX OF PAIN EXPERIENCE

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### INTRODUCTION

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The representational problem of accounting for experience discussed in the previous chapter is most starkly revealed when we consider the nature of what it means to be in pain, of the ontology of its experience. This account of pain is more foundational than the narrative of succession discussed in the last chapter, existing more in the realm of metaphysics than the transitory narratives of history. This chapter outlines three assumptions that underpin contemporary understandings of pain experience and how they are *ontologised*: made fundamental, natural, and universal to the experience of pain.

The first is that pain is experienced as a 'something' that can be represented, an object that can be accounted for. Yet this assumption is peculiar because a second key ontological assumption about the experience of pain is that it cannot be represented, that it is pre-objective. Accounts of the experience of pain paradoxically contain both assumptions despite their contradictory nature: pain is both present as an object to be contemplated and absent as pre-objective experience. This paradox becomes masked, however, through characterising pain as a something that *eludes* definition. When pain is elusive it seems to reconcile the two disparate aspects of pain because pain is present in the form of a *promise* of a something-to-come, an entity yet-to-be-defined, but always currently absent. Embodied experiences of pain thus transform from an impossible concept (an objectless object) to a promise of a present-to-come. Crucially, characterising pain as elusive provides the possibility for an embodied experience of pain to be captured in a narrative account. It thus offers the hope to the integrative paradigm that narrative accounts of pain can and will successfully represent its experience.

The third and final ontological assumption of the experience of pain is the most important: its inherent negativity. It is this negativity – pain's sheer 'againstness' – that is simultaneously pre-objectively experienced and where the pain object is born. Moreover, it is pain's negativity that works most to ontologise the structure of the absent-present pain object because of the undeniability of pain's againstness. The chapter closes by suggesting that integrative accounts of pain cannot rely on narrative accounts of pain experience to generate an embodied understanding of it because of the paradox inherent in the ontology of pain experience. Instead, more fundamental questions regarding the contradictory ontological nature of pain experience need to be made visible before an integrative model can adequately respond to biomedicine.

Let me introduce myself to you,  
I am pain.  
Not just pain, but Chronic Pain.  
Sometimes I am a hot searing pain,  
other times I am a sharp shooting pain,  
cutting through you like a knife.  
And yet at other times I am like a root canal or toothache, that  
never goes away.  
If left uncontrolled, I will rob you of your humor,  
I will rob you of your friends and rob you of your dignity.  
I will rob you of your job and make your family miserable.  
I will take away from you everything that is dear to you  
including your very soul.  
You can not see me,  
As I am invisible to the human eye.  
[...]  
No one wants me as a friend;  
Because I Am The Enemy!  
Many doctors fear me  
for they don't or won't treat me!  
[...]  
I hide and I lurk in somebody's body.  
(Paula Baier, n.d., lines 1-14, 27-30, 33)

The above poem about the experience of pain personifies pain. It is a conscious entity, a 'thing' that has taken on sentience (it is a monster, even). The personification is an extension of a more fundamental tenet: that pain as it is experienced is an object, an entity, a 'thing'. The reason why this tendency to objectify stands out so prominently is because, as is argued later in the chapter, it exists hand-in-hand with another definition of pain experience as *unable* to take objectifiable form. This is not novel to regard the objectification of pain as such a curiosity. Joanna Bourke's (2014) history of pain makes reference to Peter Mere Latham, a physician writing on pain in the 19<sup>th</sup> Century, who asserted (with some degree of puzzlement) that "I have known many a philosopher [...] take to rating and chiding *his Pain*, as if it were an entity or quiddity of itself" (cited in Bourke, 2014, p. 4, emphasis in original).

Yet it would seem that the process of pain objectification has become so naturalised that it has become an ontological given. Indeed, Bourke argues that if a history of pain involves describing how pain has been 'done' by people, then "the most dominant 'doing' of pain is to objectify it as an entity" (p. 8). The tendency towards making pain objectification an ontological fact is perhaps most apparent in modern medicine, with its focus on a (particularly visible) specific aetiology (see previous chapter). Even Engel's (1977) biopsychosocial model involves reducing pain to a number of distinct realms, each with its own set of objects constituting the biopsychosocial 'data' of pain (and illness more widely).

However, pain objectification is not some peculiarity of a biomedical (or biopsychosocial) paradigm that can be historically situated and where alternatives can be thought and practiced. It is far more ontologised than that in the universality of its personal experience.

In this regard, Leder (1990) claims that pain exerts a “*telic demand* upon us” (p. 77, emphasis in original), something consisting of a “hermeneutical moment” where the suffering of pain “gives rise to a search for interpretation and understanding” (p. 78). In this search “the body becomes the object of an ongoing interpretive quest” (p. 78). For Leder, objectifying the “body” as an attempt to interpret pain is a fundamental reality, an ontological given: “our very effort to understand the nature of pain is natural” (Bakan, 1971, cited in Leder, 1990, p. 78).

## THE PARADOX OF PAIN: ABSENT PRESENCE

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In her influential book, *The Body in Pain*, Elaine Scarry (1985) draws on Husserl’s concept of *intentionality* to explain the process of pain objectification, suggesting that states of mind are always about some object. She argues that bodily sensation becomes objectified, first in symbolisation, and ultimately in physical objects. In this understanding, pain is unobjectified bodily sensation, and intentional acts produce objects that serve to disembody us from that pain. Scarry considers this to be “a framing identity of man-as-creator within which all other intimate perceptual, psychological, emotional, and somatic events occur” (p. 169). But here, whilst pain is integral to the process of objectification, pain itself is defined as the *antithesis* of objectified content. Indeed, Scarry defines pain as “an intentional state without an intentional object” (p. 164). Here pain is a state where the symbolic structures constituting the personal world of lived experience become destroyed, where it is *unmade*. When we are left with pure pain there is only the “mute facts of sentience” (p. 256). Scarry here identifies a second crucial ontological assumption of pain as experienced: that it is pre-objective, and is defined only by the absence of objects with which to characterise it. In this understanding pain presents itself as “inaccessible” to linguistic categorisation (p. 6).

This second ontological assumption of pain experience contradicts the first (that this pain can be named). But what are two opposing assumptions regarding the nature of pain experience are actually intimately entwined with one another. Thus, although *The Body in Pain* defines pain as the absence of objectified content, Scarry goes on to characterise pain as an object in and of itself, an object the sufferer seeks definition for in the attempt to get rid of it. This sets up an impossible situation: there is an attempt to define pain as an object, even though its very definition is the *lack* of objectified content. To attempt to define what the pain object is inevitably leads to a distinct lack of objects with which to define it.

Somehow pain is a ‘something’ that we experience where the contours of that something escape definition, a *presence* that is at the same time *absent*. Yet in the accounts that enact the ontology of pain being outlined here, an interesting manoeuvre is made that transforms the assumptions from incompatible opposites to a single, resolvable problem. This occurs

through a subtle morphing of pain from being defined as the lack of objectified content, to being an object that is simply *resistant* to objectification. Pain becomes an *elusive* object in experience, a “blur” (Biro, 2011, p. 38), whose presence as a thing that we experience is undoubted, but with the charting of its contours resisted, thrown off, and even actively destroyed. The morphing of absent-presence into such *elusivity* sets up the possibility that definition is possible: it offers the *promise of definition*, the promise of future presence in the face of current absence. Yet because the elusive nature of pain is underpinned by its necessary absence, this is a promise that is never fulfilled. Elusivity remains a mask hiding the epistemological gap between presence and absence in the ontology of pain experience.<sup>1</sup>

David Biro’s (2011) book, *Listening to Pain*, contains the same basic blueprint of an absent-present ontology that becomes subtly masked by the concept of elusivity. *Listening to Pain* is a book designed to provide a theoretical justification for seeking the ‘right words’ to capture the experience of pain for the sufferer. It first sets out its ontological foundation and, like Scarry’s work, it too recognises both sides of the paradox of pain. On the one hand Biro acknowledges the feeling that pain is an ‘inner experience’ that lies outside of language (it is defined by its lack of objectified content), but on the other points to the fact that there is already a “working language of pain”, something that “implies some degree of mutual understanding” (p. 50) (it can be expressed as an object, in language). The contradiction is expressive of the wider philosophical problem of relating personal experience to public language, and in this light Biro invokes Wittgenstein as a solution. For Wittgenstein, language is constituted by pre-linguistic behaviours accompanying subjective experience rather than the subjective experience itself. Language comes to replace these behaviours but does not capture the experience. Indeed, using an example of a beetle in a box that cannot be observed from the outside, Wittgenstein emphasises the pre-objective nature of subjective experience by asserting that the “thing in the box has no place in the language game at all; not even as a *something*: for the box might even be empty” (Wittgenstein, 1958, cited in Biro, 2011, p. 74, emphasis in original). There is a fundamental separation of experience from objectification (from making experience even into a *something*). As Wittgenstein sums up in a quote identified by Bourke (2014): “mental language is rendered significant not by virtue of its capacity to reveal, mark, or describe mental states, but by its function in social interaction” (Wittgenstein, 1953., cited in Bourke, 2014, p. 7).

However, despite invoking Wittgenstein’s notion of the beetle in the box as being indefinable, *even as a ‘something’*, Biro (2011) then goes on to suggest pain (the beetle) is

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<sup>1</sup> In philosophy of mind, this ‘epistemological gap’ also takes the form of the ‘mind-body gap’ or the ‘hard problem of consciousness’, which centres on the problem of how the present body (defined according to biology) can be theoretically reconciled with the absent mind (of whose *qualia*, or lived experience, escape definition) assuming that both are integral parts of being human.

indeed a 'something' by defining the pain as a "void" (p. 73). A void might not seem like a *something* (a crucial subtlety), but even a 'void' is an object with definition. It is an empty object, a "world that is barren and wordless" (p. 213). It is an empty canvass that is waiting for definition, offering the promise of future definition in the face of current absence. Here again we observe the absent presence of pain transformed into the promise of definition. Biro's void is waiting to be filled with words: "to find external objects that can stand in for and refer to how we feel inside" (p. 217). As with Scarry's use of *intentionality*, and Leder's concept of the *telic demand*, the process of filling the void with words is presented as an ontological process: one that happens naturally. Indeed, according to Biro (2011), for people in pain their "primary motivation" is to fill the void with language (p. 73).

Continuing to parallel Scarry, Biro's void of pain also fundamentally resists objectification, as he makes clear in opening his first chapter:

Pain is difficult to express. Language and pain seem as far apart as the opposite poles of an electric current. While language can capture much of the diverse range of human experience, it fails us in the case of pain. (p. 11)

In framing pain as a void that lacks but simultaneously invites (as a 'primary motivation') language into the void through a difficult (resisted) process of objective definition, Biro forms the basis of Part I of his book ("THE CRISIS"). As with Scarry, the crisis emerges from the absent-present paradox but morphs into a promise of definition when the absent-present ontology becomes masked by the concept of elusivity. This provides the platform for an exploration of the content and process involved in the provision of the right words to give definition, forming the basis of Part II ("THE SOLUTION"). This structure, it is suggested, captures the essential thinking that has framed, and continues to frame, much of the ontology present in accounts of the experience of pain.

Indeed, the works of Leder, Scarry, and Biro might be seen as reflective of a wider cultural narrative that forms the ontological basis for accounting for pain experience. One final ingredient in the ontological construction of pain is what constitutes the essential nature of intentionality, the telic demand, and the filling of voids, as well as the motivation driving the promise of definition: the inherent negativity of pain experience.

### PAIN AS 'ONTOLOGICALLY NEGATIVE'

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It goes without saying that, standardly, pain is something we would rather be without. (van Hooft, 2003, p. 255)

The third and final ontological assumption of the experience of pain is the intrinsically aversive nature of pain. Deborah Padfield's photo exhibitions *Perceptions of Pain* and *face2face* typify this aversiveness. Both exhibitions were intended to enhance the

communication about pain between chronic pain patient and doctor, and consisted of photographs patients co-created with an artist that aimed to express their pain (Padfield, 2011). There are images of rotting food, knives piercing objects, rocks that have been knawed at, ants crawling over the skin, swords and knives lying upon flesh, constriction devices, rotten wastelands filled with drugs, cages, smashed glass, and dark hallways (amongst others) (2003, 2011). Much of these mirror what Scarry (1985) considered as one of the most basic and universal languages for pain: the metaphor of a weapon inflicting a wound (e.g. a 'stabbing pain'), what she termed the *language of agency*. The negativity of the pain object can also emerge in its personification as a malevolent being, as is evident in the poem presented at the start of the chapter (see also Rooney, 2015). Social science researchers have observed similar personifications in pain participants, with descriptions of pain such as a "little man jumping on my lower abdomen" (Berna et al., 2011, p. 1090).

However, the negativity of pain goes far deeper (is more ontological) than the language used to describe it. We recognise a photo of a knife piercing a piece of fruit as a constructed entity, and Scarry (1985) points out how the language of agency is in fact metaphorical (and thereby seems somehow detached from what pain *really* 'is'). However, Scarry makes it clear that the "first", and "most essential" aspect of pain is "its sheer aversiveness":

Pain is a pure physical experience of negation, an immediate sensory rendering of "against," of something being against one, and of something one must be against. Even though it occurs within oneself, it is at once identified as "not oneself," "not me," as something so alien that it must right now be gotten rid of. (p. 52)

For Scarry, the *againstness* of pain occurs before objectified content such as the language of agency can attempt to define what pain is. But it is at the same time crucial to the process of objectification that creates pain as an object (intentionality) because, in being *against* in the first instance, 'pain' instantaneously positions itself as an object separate from (and against) the self. The first moment of the objectifying process is the againstness, and it is here where the (absent-present) pain object is born, even whilst the experience of againstness is characterised by pure pre-objective sensation.

One could argue that the againstness of pain is the most ontologised aspect of the process of pain objectification. Thus, Newmahr (2010) makes the distinction between what are considered "socially constructed" (p. 391) ideas of pain (such as athletes' romanticised notions of pain representing the sacrifice required for success, or even the types of historically-specific constructions such as those in Bourke's, 2014, history of pain or in the *narrative of succession* discussed in the previous chapter), and what is considered "the reality of pain" (Newmahr, 2010, p. 391). This 'reality' of pain is the "hurt and the aversion to it" (p. 391). It is this undeniable *isness* of pain's negativity that she defines as "the understanding of pain as ontologically negative" (p. 408). As the absent-present ontology of

pain is born in againstness, in negativity, it too shares this undeniable quality that cements it as an *ontological given*.<sup>1</sup>

Additionally, the negativity of pain adds a dynamic to the absent-present structure when it is expressed in the form of elusivity. If the elusive twist serves to give the possibility that (future) presence can be made to fill (current) absence, the sheer negativity of pain gives the *existential drive* to achieve this. After all, pain “must right now be gotten rid of” (Scarry, 1985, p. 52), and through the schema of man-as-creator this drive to remove pain through giving it explanation is fuelled by its sheer aversive nature. Such is the urgency of pain’s againstness that the telic demand produces an incessant energy to define it. As Biro (2011) poetically puts it:

[...] no matter how extreme the ordeal, it’s almost impossible to extinguish the desire to break down the pain wall. Inexhaustible, our voice, no matter how puny it may seem to us, will continue to sound as long as we live. (p. 61)

#### *THE CHRONIC PAIN PATIENT: ON PAIN’S CAUSE AND EXPERIENCE*

The previous chapter argued that the biomedical model was able to avoid the paradox of representing the experience of pain because of its narrow focus on seeking to establish the cause of pain (so that it might be cured). In this sense a distinction is made between the cause of pain and its experience. However, Jackson (1994) notes how this distinction between the “presumed origin” of pain and its experience are frequently conflated “for both professionals and sufferers” alike (p. 207). More than this, the “mind-body” dualism constituting this distinction “break[s] down in accounts of lived painful pain experience” (p. 208). Indeed, Leder’s (1990) *telic demand*, Biro’s (2011) *void*, and Scarry’s (1985) *againstness* all constitute an ontology of pain experience where the search for its presumed origin and its lived experience are conflated at the most ontological level. To experience pain is to experience the need to find “an image with the power to heal” (Good, 1992, p. 47). Unpicking cause from experience means challenging the intractably *negative* status of pain (Newmahr, 2010).

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<sup>1</sup> Newmahr (2010) argues that her ethnography of a sadomasochistic (SM) community identified a minority viewpoint that disrupted the ontological status of pain as ‘negative’, highlighting what is a taken-for-granted aspect of pain ontology. She argues that most SM play accepts pain as ontologically negative, but which may then be acted upon to achieve a certain goal (using it to generate desirable power relations, as an act of endurance, or simply *transform* the negativity into a pleasurable feeling). However, she identified one form of play that valued the hurting of pain as a goal in-and-of-itself, where pain is never negative even in the first instance. She argues this is a horrifying position for most within the SM community, and is tabooed. Whether or not such ‘autotelic’ pain actually diverges from Scarry’s (1985) ontology of *againstness* is debatable, but for the present argument it at least serves to highlight how integral (how *ontologised*) the negativity of pain is conventionally conceived.

Whilst it is important to note that this thesis is concerned with the paradox initiated by the integrative paradigm's attempt to represent lived experience rather than directly examine what this means for people experiencing pain, Jackson (1994) discusses the curious implications of this conflation of cause and experience for patients in a society where a biomedical model of illness continues to exert dominance in the practice of disease and illness. Because of the "legacy of Cartesian dualism" (p. 208) and the hegemony of body over mind in biomedicine, the conflation of pain's cause and experience means that biomedical explanations of pain's cause have come to define the range of possibilities within which pain is *experienced* by patients.<sup>1</sup> Thus, Jackson argues that chronic pain sufferers "have been socialized to see pain as a sensation, as basically a physical feeling" (p. 211). Even when mind as the necessary 'other' to body is inferred, "any mention of emotional or cognitive solutions threatens the legitimacy of a given pain by diminishing its physical quality" (p. 215). Sufferers are 'reluctant to see pain as something complex because this diminishes its "real pain" quality' in physical sensation (p. 212). And where a biomedical explanation cannot offer the cure it desperately seeks, such chronic pain patients experience not simply the frustration felt by clinicians discussed in the previous chapter, but a desperate search for a biomedical pain object that could be regarded as a form of suffering in itself. Good (1992) captures a sense of this urgency in a chronic pain patient he interviewed who was seeking a medical cure:

To name the origin of the pain is to seize power to alleviate it, and the intensity of the pain demands urgency. To name the origin of the pain is also a critical step in the remaking of the world. [...] And because of this hope, he keeps looking for answers. There is a surgeon recommended by a member of the support group. There is someone involved in a study at a pain centre. [...] The hope remains. (pp. 45-46)

Perhaps more fundamental is the general representational paradox that both chronic pain sufferer and integrative paradigm must deal with when enacting the ontology of pain experience outlined in this chapter. But for the chronic pain sufferer there is more at stake than simply a methodological problem. Each time pain sufferers "speak, or groan, or remain silent, and are disappointed (at times a disappointment

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<sup>1</sup> For example, Crawford (2009) contends that the creation of the *McGill Pain Questionnaire* (MPQ) (Melzack, 1975), a popular quantitative rating scale for pain used in medical settings and based on common single-word descriptors (e.g. 'burning') divided into three categories (sensory, affective, and evaluative), served to significantly influence the "discursive practices available to people in pain" to define "the properties of pain, the pained subject, and pain relations" (Crawford, 2009, p. 655). With specific reference to phantom limb pain, the descriptions of the condition became "overwhelmingly consonant with the set of descriptors advanced by the MPQ" after it was introduced (p. 659). Moreover, she argues that the MPQ "accentuated pain" because of the increase in painful phantoms associated with its introduction, as well as its re-categorisation of 'pleasant' phantom sensation as "pre-pain sensation" (p. 659).

approximating despair) at the results of their choice of action, they compellingly illustrate the incommensurability between embodiment-as-lived and embodiment-as-represented” (Jackson, 1994, p. 222). They enact an ontology of pain experience that involves a fundamental separation of experience into distinct entities that simultaneously betrays the very nature of that experience as a holistic, pre-objective form in the very process that tries to offer it.<sup>1</sup> An unavoidable “trap” of representation, complete with “bait, trigger, and a loop of wire attached to a kill pole”, it is a *way of being* rigged to lose from the outset (Harrison, 2015, p. 293).

## CHAPTER CONCLUSION

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The chapter closes by returning to the poem (Baier, n.d.) with which it opened, for it captures all of the elements constituting the ontology of pain experience outlined in this chapter. In it pain is a ‘thing’, an object. More than this, it is a personified entity. It is also clearly an entity that is very much present as it “never goes away” (line 7) and is “in somebody’s body” (line 33), but is simultaneously absent since it is “invisible” (line 14) and “you can not see [it]” (line 13). Defining pain is frustrated by its elusivity as it “hide[s]” and “lurk[s]” (line 33), its form constantly transmogrifying: “I am [...] other times I am [...] yet at other times I am” (lines 4, 5, 7). And finally, it is ontologically negative in its againstness: “I Am The Enemy” (line 28).

This chapter has argued that accounts of the experience of pain contain a paradoxical ontology consisting of three key assumptions. First, pain is experienced as an object that can be represented. This simultaneously clashes with the second assumption that pain is experienced as a state of anti-objective sensation, making pain both present (as a definable object) and absent (as pre-objective sensation). Crucially, there is then a subtle morphing of this absent-present ontology into one of *elusivity*, a move positing the possibility of definition, but (due to its absent nature) is a promise that never reaches closure. Third, the *againstness* of pain is the most fundamental aspect of this ontology, for in simultaneously producing the pain object that is so against the self, it also demands its eradication through objective definition. It is within this moment that the dual nature of absent-presence is birthed, and bathed with an undeniable *isness* in what it means to experience pain.

The conversion of an absent-present ontology to one of elusiveness poses a problem for addressing the paradox in the representation of the lived experience of pain, for what

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<sup>1</sup> Or even *ontologically demands* such a separation. Echoing Scarry’s (1985) *againstness*, Jackson (1994) argues that pain sufferers “long for an adequate everyday-world explanation, provided in a language that promises distance, control, abstraction precisely *because* representation is not coterminous with experience itself” (p. 222, emphasis in original).

elusiveness offers is little more than an opaque mask, one that falls off in the process of representing or when the ontology is examined more closely, where the incompatibility between representation and lived experience is revealed. If the problem of experience is to be properly addressed then this absent-present ontology must be made fully visible rather than passing by in opacity. But this is testament to the persistence of the subtle conversion. Indeed, the process of masking of an absent-present ontology can be detected in a crisis of representation that extends far more widely than its relevance to the experience of pain, revealed in instances that have emerged at various points throughout human thinking, perhaps most notably for the social sciences in the 'rhetorical turn' of the later 20<sup>th</sup> Century, persisting in the concept of *epistemology* that has been extensively problematised but which has nevertheless endured. To better understand how to unpick this mask and make visible the absent-present nature of accounting for experience, the wider crisis of representation in the social sciences requires exploration. The following chapter starts from here.

## CHAPTER 3: REPRESENTATION AND THE RHETORICAL TURN

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### INTRODUCTION

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The previous two chapters highlighted the problem involved in representing the lived experience of pain. The current chapter clarifies this problem through an exploration of the wider theoretical debates regarding the representation of lived experience that arose most prominently in the 1980s' 'rhetorical turn' in the social sciences. In re-focussing attention on the author of knowledge, it raises fundamental questions about the relationship between representation and lived experience, or between presence and absence.

Specifically, Chapter 2 argued that an absent-present ontology of pain experience becomes opaquely masked in the concept of *elusivity*, preventing a proper accounting of experience. In this regard, the current chapter seeks to explicitly differentiate these two closely-intertwined ontologies (absent-presence and elusivity), arguing that the insight of the rhetorical turn (a renewed focus on the role of the author in producing representations of experience) has been 'read' in two main ways. The first suggests that the insight complicates the process of *translation*<sup>1</sup> of lived experience into its representation. Whilst translation has traditionally been regarded as occurring transparently, now we must appreciate that those involved in the translational process exert their own influence on the resulting representation. In this reading the insight of rhetoric allows for a more accurate (but infinitely more contextualised) means of translating lived experience into representation, generating a new paradigm for doing research based upon reflexivity and positionality.

However, a second and more radical reading suggests the insight of rhetoric reveals representations as entirely produced, and that translation (from experience to an account of that experience) is impossible. It rejects the translational link between experience and representation, just as the previous chapter rejected the possibility of resolution to the *elusive* promise that what is absent in pain experience might be brought into presence in the future. Having explicitly unpicked the two readings from an intimate intertwining that permits a subtle conversion of an absent-present ontology to one of an (elusive) translation, the chapter sets the scene for a consideration of what an account of the absence and presence of lived experience beyond a translational understanding might involve.

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<sup>1</sup> 'Translation' is an important concept for this thesis and is introduced in this chapter as the conversion of lived experience into representation, deriving from the linguistic concept. It should not be confused with the term as it is specifically used in *science and technology studies* (STS). To avoid confusion, throughout the thesis the term 'translation' is used in the former sense until Chapter 14, where its STS usage is specifically highlighted.

The problematising of representations of lived experience emerged prominently in the ‘rhetorical turn’ in the social sciences, a trend that began to find its fullest expression in the 1980s through texts such as *Writing Culture* (Clifford & Marcus, 1986). This turn has focussed on the idea that any account must be *produced* by an author for others.

Thus, specifically with regard to accounting for pain in an interview, Buchbinder (2010) draws upon Judith Butler’s concept of performance, suggesting that interviewees “not only represent events in the world (a referential function), but also *perform* a set of social relations and *persuade* people to view the world from a particular moral stance” (Buchbinder, 2010, p. 115, emphasis in original). Buchbinder applies this understanding to an interview of a mother in relation to her son, discussing the “moral accounting practices” that serve to constitute the account provided to the interviewer (p. 119). The referential function is ‘pulled’ at by a rhetorical function, something Butler refers to as an ‘interruption’. Buchbinder (2010) suggests that “many different social forces may tug and pull at narratives” in this way, but suggests the “the structural dynamics of the interview encounter invoke a more explicit form of interruption” (p. 125). In a similar way, Werner and Malterud (2003) found that women with chronic muscular pain “invested much work, time, and energy before or during” medical encounters “in order to be perceived as a credible patient” (p. 1412). Indeed, by ‘trying out various strategies such as appropriate assertiveness, surrendering, and appearance, they attempted to fit in with normative, biomedical expectations of what was “just right” ’ (p. 1412).

These types of studies are expressive of a renewed recognition of rhetorical processes involved in producing social scientific knowledge. They draw attention to how accounts of lived experience are (at least in part) rhetorical rather than (entirely) referential. As Radley and Billig (1996) suggest, “accounts that are given of health and illness are more than a disclosing of a supposed internal attitude”, they “are also making claims about themselves as worthy individuals, as more or less ‘fit’ participants in the activities of the social world” (p. 221). The account is not some (transparent) translation of embodiment-as-lived to embodiment-as-represented, but is constructed on the basis of conforming to the moral demands of the encounter with the other. Since all stories are necessarily social – all stories are told to someone, even a message in a bottle (Frank, 2013) – all stories must therefore have this rhetorical aspect.

The wording of the above paragraph has been carefully constructed, as it is suggested that the insight of the rhetorical turn (that accounts are constructed) has been interpreted in two main ways. Reading the above paragraph with the bracketed words included, the first (and more hegemonic) reading suggests that lived experience can be *translated* into an account,

but not transparently. According to this reading, if we are to properly understand how lived experience is translated into an account, we must also understand an additional complication of what happens during the process of accounting for that experience, including the moral demands placed on both participants and researchers. However, reading the above paragraph without brackets provides a more radical second reading, one which suggests translation is simply an illusion. In this reading there can be no translation from lived experience to an account of it because the account is entirely produced. Here the rhetorical processes do not simply complicate the referential function of representation, but entirely constitute its nature. The following sections draw upon the wider discussions associated with the rhetorical turn to explore this further.

### RHETORIC AND THE TRANSPARENCY OF TRANSLATION

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Both the first (translational) and second (non-translational) readings of rhetoric emerge from a critique of “an ideology claiming transparency of representation and immediacy of experience” (Clifford, 1986, p. 2). Put simply, it criticised the idea that experience can be unproblematically translated into an account. This critique came to the fore in the edited collection of essays, *Writing Culture* (Clifford & Marcus, 1986), and its simple insight that ethnographies (and other social scientific texts) are constructed by an author. An apparently obvious concept, it is its taken-for-granted nature that makes it so insightful: when the author is forgotten so are the rhetorical processes involved in the creation of an account.

Thus, within *Writing Culture*, Renato Rosaldo (1986) examines both Evans-Pritchard’s (1940) ethnography, *The Nuer*, and Le Roy Ladurie’s (1975) study of a fourteenth century French village via an Inquisitor’s register (*Montaillou*). In both of these, Rosaldo (1986) suggests that the authors position themselves within the texts in such a way as to establish an authority that what is being presented is an objective account. In *The Nuer*, this involves Evans-Pritchard (funded by the colonial government) constructing himself as “lone heroic victim”, something that “establishes his innocence from colonial domination and validates his credentials as a disinterested scientist” (Rosaldo, 1986, p. 93). This is a “narrative logic that fixes the ethnographer as the heroic scientist and authorized bearer of objective knowledge” (Clough, 1998, p. 5). Indeed, through the establishment of such *ethnographic authority* (Clifford, 1983) Le Roy Ladurie and Evans-Prichard are presented to the reader as having managed to bracket “the purity of their data [...] from the contaminating contexts through which they were extracted” (Rosaldo, 1986, p. 88). Yet in highlighting such rhetorical techniques, Rosaldo attempts to undermine this bracketing process, suggesting that structural forces do indeed ‘tug and pull’ at their accounts: ‘contamination’ or ‘interruption’ necessarily occur, and are only *masked* by ethnographic authority.

A clarifying metaphor for this criticism, one which epitomises what I have called the 'first reading' of the insight of rhetoric, is outlined by James Clifford (1986) in the introduction to *Writing Culture*. Using an optical analogy, he argues that we can no longer assume that the lens through which we view original experience is transparent. Instead, the lens distorts the light of original experience and the distortion can no longer be masked through ethnographic authority. The specific nature of the lens is the specific nature of the rhetorical process that has the distorting effect. Knowledge becomes situated within the particular perspective (the particular lens) that the author is viewing through.

This metaphor expresses the way that accounts of lived experience are translated, passing from source (embodiment-as-lived) to destination (embodiment-as-represented). As Law (2004) notes, this model "hopes to act as a set of short-circuits that link us in the best possible way with reality" (p. 10). This first reading of rhetoric introduces the idea that the nature of those short-circuits (the rhetorical processes involved in the translation) have an effect on the signal as it passes from reality to the representations that constitute our knowledge about that reality.

Whilst critiquing transparent modes of representing experience, what remains the same is that the light of original experience (in Clifford's metaphor) or the electrical signal (in Law's) still passes from source to destination: translation remains. That is, there is still a link with original experience, but now this experience is distorted by the lens through which it passes. An account still has a 'truth' to tell about the original lived experience because of this link, but it now must be understood within the context of rhetorical processes of the particular contextual lens. Whilst we can no longer claim an account can produce a universal truth about the experience it represents, it can nevertheless reveal a context-dependent truth, which is what Clifford (1986) refers to as "partial truths" (p. 1).

Clifford suggests that we understand the nature of the rhetorical processes by understanding the context in which the account was produced, allowing the production of a *more perfect version* of translation than one assuming a transparent lens because now we can understand the role of subtle refractive nuances producing the resulting representation. Unlike the seemingly inevitable consequence of a second reading of rhetoric (discussed in the next section), we need not abandon the translational project. Indeed, we can actually refine our translational abilities in representing lived experience. As Clifford asks (rhetorically, of course), "may not the vision of a complex, problematic, partial ethnography lead, not to its abandonment, but to more subtle, concrete ways of writing and reading?" (p. 25).

Thus, the first reading of rhetoric maintains the assumption that lived experience can be translated to representation through converting it into the search for the *contextually*

*produced* experience. In this understanding pain experience can still be translated, but only if the potentially infinite number of permutations generated by the rhetorical circumstances of its production are recognised. However, the following section shows that a second reading of rhetoric necessarily precludes the possibility of translation entirely, let alone allowing for a more nuanced version of it. Indeed, echoing the previous chapter it argues that the first reading provides a subtle (but erroneous) ontological shift where an absent-present ontology of experience instead simply becomes elusive. Central to this argument is the unacknowledged re-cycling of the very processes for generating authority that it so prominently criticises.

## A SECOND READING OF RHETORIC: ON THE IMPOSSIBILITY OF TRANSLATION

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To represent means to have a kind of magical power over appearances, to be able to bring into presence what is absent.  
(Tyler, 1986, p. 131)

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### THE PROBLEM OF FOREIGNNESS

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Vincent Crapanzano (1986) explicitly considers what the metaphor of translation entails for providing accounts of lived experience. As with a first reading of rhetoric, for Crapanzano the insight of rhetoric draws attention to the translator and their role in translating. A translator, he surmises, is faced with a paradox relating to the feeling of “foreignness” of one person’s experience to another. On the one hand, the translator “aims at a solution to the problem of foreignness” (p. 52), of putting experience into terms comprehensible to the reader receiving the translation. On the other, the translator “must also communicate the very foreignness that his interpretations (the translator’s translations) deny” (p. 52), for it is that very foreignness that makes it another’s experience and not simply their own. Thus, the translator “must render the foreign familiar and preserve its foreignness at one and the same time” (p. 52).

This is, of course, a version of the absent-present ontology outlined in the previous chapter. The translator’s translations deny the essential foreignness of the lived experience it tries to capture just as the objectification of pain experience denies its essential *non-objective* nature. For Crapanzano the paradox reveals the fallacy of trying to understand the representation of experience through a translational metaphor. Instead, the insight of rhetoric shows that the “ethnographer does not [...] translate texts the way the translator does. He must first produce them” (p. 51). As Tyler (1986) notes in his discussion of ethnography, there can be no translation from a source of lived experience to a destination

in concepts, since all aspects of the ethnography are concepts *produced* by the author. Indeed, ethnography “begins and ends in concepts” (p. 137).

In clarifying this assertion, Crapanzano (1986) criticises ethnographies attempting to capture the experience of others. In his discussion of Clifford Geertz’s (1973/1975) essay *Deep Play: Notes on a Balinese Cockfight*, he suggests that Geertz’s description of a cockfight on the Indonesian island of Bali (constructed from a first person perspective of his own fieldwork experience) is erroneously accepted as the experience of a cockfight for the Balinese attending. For Crapanzano (1986) there is in fact “no understanding of the native from the native’s point of view [...but] only the constructed understanding of the constructed native’s constructed point of view” (p. 74). “Cockfights are surely cockfights for the Balinese”, he asserts, “and not images, fictions, models, and metaphors” (p. 73) that make up Geertz’s account. Indeed, what Geertz produced is neither a native’s experience of the fight nor even his own experience. It is instead a collection of organised conceptualisations produced entirely by Geertz independently of the experience itself.

Yet this was not lost on Geertz. He grappled with the issue of the necessary absence (or foreignness) of experience in the (present) accounts of that experience, asserting elsewhere within *The Interpretation of Cultures* (the collection of essays containing *Deep Play*) that ‘[d]oing ethnography is like trying to read (in the sense of “construct a reading of”) a manuscript’ (1973/1975, p. 10). For Geertz, there is recognition that the first movement is not to read (in a translational manner) experience, but to construct the reading itself. Whilst it is notable that Geertz quite literally brackets knowledge about the constructed nature of the reading (reflecting the inherent tendency for this knowledge to disappear from awareness – what the rhetorical turn was a reaction against), it is nevertheless clear that he agrees exactly with Crapanzano that the ethnographer does not translate texts, but produces them. For both, translation is *not* what happens when experience is represented. For both, the insight of rhetoric draws attention to the inherent contradiction of a translational model, and thus to its central flaw. This viewpoint is what I refer to as the ‘second reading’ of rhetoric.

However, this reading is more complex. Specifically, much work has been done exploring how a translational understanding emerges in the process of producing knowledge. Central to this is the generation of *authority* and how this reconstitutes the relationship between absence and presence. Indeed, the act of comprehending the dynamics of this process unravels the foundation upon which a translational understanding of knowledge is premised, pointing to the generation of translation from a subtle but erroneous reconstitution of the absent-present relationship.

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THE SIGNIFIER-SIGNIFIED RELATIONSHIP AND THE PRODUCTION OF AUTHORITATIVE  
KNOWLEDGE

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The critique of translation provided in the previous section suggested that contrary to the claims of a translational understanding, the translator does not translate texts, but entirely produces them. Thus, if knowledge is conceived in terms of a representation that is a translation of some fundamental reality (such as lived experience) then a second reading contends that *both* aspects of a Saussurean sign (the signifier and signified) are the product of rhetoric and not just the signifier – *both* the representation (presence) and what that representation refers to (which is absent) (Law, 2004). However, Law notes how the generation of *authority* of knowledge involves the bracketing or hiding of its entirely constructed nature. He argues that once this becomes hidden, this allows knowledge's reconceptualisation from an entirely constructed entity to one where an 'in-here' representation is *caused by* (is *translated from*) an 'out-there' reality.

Law highlights this process through drawing on Latour and Woolgar's (1986) ethnography of the production of scientific knowledge in a laboratory. Specifically, this demonstrates how the drive to create authoritative knowledge leads to the deletion of markers that reveal the "inscription devices and practices" that created such knowledge, and thus of the constructed nature of the knowledge (Law, 2004, p. 32).<sup>1</sup> Latour and Woolgar note how the production of scientific statements (expressed in forms such as academic journal articles) involves the attempt to produce statements that are as authoritative as possible. Many statements are accepted as 'fact', whilst others might be disputed and require qualification to enhance their claim to acceptability, much as Clifford (1983) describes of the techniques that establish ethnographic authority. Such qualifications might involve referencing the statement with respected work by other researchers, and are referred to as "modalities" (Latour & Woolgar, 1986, cited in Law, 2004, p. 28). The aim of scientists is to "create unqualified statements" (Law, 2004, p. 28), this constituting the highest form of authority of knowledge. Thus, if "all goes well" for the scientist "it may become possible to make statements that assert unqualified claims about substances and realities, pin these down, fix them, and make them definite" (p. 28). In this sense, the conferring of authority can be observed to be a gradual shedding of qualifications that results in increasing solidification of knowledge as a definite (representation of) reality.

This "process of artful deletion" (p. 88) has an interesting effect on the relationship between presence and manifest absence. Whilst inscription practices "simultaneously produce

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<sup>1</sup> In Law's terminology the constructed nature of knowledge in this situation is neither manifestly present or manifestly absent, but in the realm of "*absence as Otherness*" (2004, p. 84, emphasis in original).

statements about realities *and* the realities they describe”, when “the modalities disappear the realities are suddenly turned into the causes of those statements” (p. 59, my emphasis). Thus, the manifest absence of a participant’s embodied experience is constructed as the cause of a narrative account about that experience. This invites an understanding where there is a translation from absence to presence that belies the constructed nature of *both* elements of knowledge.

#### *TRANSLATION AND EPISTEMOLOGY*

The notion that an ‘out-there’ reality can be translated into an ‘in-here’ representation expresses the functioning of *epistemology*, which can be regarded as the preeminent expression of a translational model (and the terms are used essentially interchangeably throughout the rest of this thesis). It is a “powerful tradition” of “ordering, of consistent explanation, of foundations, of origins” (Law, 2002, p. 188) that informs “many, perhaps most, parts of Euro-American culture” (p. 189). Drawing upon Richard Rorty, Paul Rabinow (1986) traces the development of epistemology to 17<sup>th</sup> Century Europe. More specifically, he draws attention to a Cartesian division between internal representations of the mind and the external reality that they represent, which is striking when contrasted to ancient Greece where “there was no sharp division between external reality and internal representations” (p. 235). The “modern notion of epistemology” (p. 235) became defined as making an assessment of how accurately ‘reality’ is translated into knowledge of that reality, based upon an assumption that “[t]o know is to represent accurately what is outside the mind” (Rorty, 1979, cited in Rabinow, 1986, p. 235). Epistemology thus embodies a translational understanding of knowledge, a project forever tasked with “the problem of correct representations” (Rabinow, 1986, p. 239).

In (re-)establishing the role of the author in the production of knowledge, a second reading of rhetoric unravels the authority of knowledge, revealing the entirely constructed nature of both signifier and signified. Whilst both readings serve to highlight rhetorical practices, this chapter has sought to pick them apart from one another and reveal the fundamental ontological differences between each reading in terms of the relationship between presence and absence in knowing lived experience. As a final act of making this distinction visible and of revealing the flawed nature of a first reading of rhetoric, the following section argues that the founding of a new form of (reflexive) authority in a first reading permits the very same bracketing of inscription processes that it purports to be a reaction against.

A first reading of rhetoric criticises the authority with which rhetorical processes become masked in transparently translational accounts by techniques that generate the authority of knowledge. However, this authority is replaced by a new authority based on an author's ability to recognise and disclose the role of rhetorical processes in the production of their account. An authoritative translation now depends upon the ability to explicitly recognise the rhetorical practices governing an account rather than its ability to show detachment from them. Despite the difference, we are left with the curiosity that a critique of transparency that revealed how authority masks the role of the author (leading to unwarranted conclusions about the nature of that knowledge) has itself given birth to a reliance on a new form of authority. As George Marcus, writing about a decade after publishing *Writing Culture*, noted:

Even as the traditional conventions for asserting ethnographic authority in texts have been powerfully critiqued, a new authority for a more critical version of the same conventions – concerned with the politics of fieldwork, the nature of identity, subjectivity, reflexivity, and difference in the fieldwork encounter – has been instantiated. (Marcus, 1998, p. 10)

Following Clifford's (1986) optical analogy, this might be described as a new ethnographic authority based upon full disclosure of the optics of the contextual lens through which an account is produced. However, like the traditional forms of authority, this new authority serves to mask rhetorical processes, leading to unwarranted claims regarding the status of knowledge it produces.

In particular, it is suggested that this new authority has been associated with the rise of what has been termed 'reflexivity' in social research. Whilst the term has been regarded as lacking precision over both its definition and practical application (Bryman, 2004; Corbin & Strauss, 2008; Lynch, 2000), it is here meant in the broad sense of an awareness of the impact of rhetorical processes of agents (particularly the researcher) in producing social scientific knowledge. In particular, it is often used to mean that "social researchers should be reflective about the implications of their methods, values, biases, and decisions for the knowledge of the social world they generate" (Bryman, 2004, p. 500). Whilst Bryman suggests the trend towards reflexivity in social science began before the "postmodernism" that the rhetorical turn can be regarded as a constituent of,<sup>1</sup> he also argues that reflexivity has taken on a particular significance in light of the types of arguments concerning representation that arose during this period (p. 500). Indeed, there has been a "growing

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<sup>1</sup> 'Postmodernism' is a notoriously nebulous term that Bryman (2004) characterises as being "sensitive to the different ways social reality can be constructed" (p. 267). As the emphasis is on the process of *constructing* social reality, the link to the rhetorical turn is particularly apparent.

reflexivity in social research” (p. 500) such that reflexivity is “now considered essential to the research process” (Corbin & Strauss, 2008, p. 31). This has also been reflected in the kinds of rhetorical accounts of pain experience highlighted at the start of this chapter. Going further, it might be argued that this ‘reflexive paradigm’ embodies a first reading of rhetoric insofar as it uses reflexivity to perfect translation according to the means discussed earlier in the chapter. Echoing Clifford’s (1986) introduction to *Writing Culture*, reflexivity is regarded as a tool that enables the production of *more accurate* (partial) truths.

Reflexivity confers authority on these partial truths: they have power to recount a contextually-specific account of lived experience. And just as the ethnographic authority in transparently translational texts arose through the elimination of the rhetorical processes from those texts, the same process occurs in reflexive accounts. The researcher must *produce* their account of the rhetorical processes, and this is something that gets lost in the generation of reflexive authority. The researcher (as author) must *create* the subject positions that constitute the reflexive account of lived experience. The author and the author-as-subject-position (in the account) are two entirely different things. However, the greater the attentional detail to the subject positions involved in the account, the more the author of that rhetorical account actually disappears from view. The reader is instead satisfied with the author-as-subject-position, granting authority to the account as an accurate translation of the reality of the rhetorical landscape this account of lived experience is situated within, whilst its actual author vanishes from sight.

The account thus takes on an authority at the expense of the elimination of the author. Reflexivity acts as a rhetorical device allowing the researcher to be positioned as a genuine and authentic social scientist and authorised bearer of (partially) objective knowledge (to paraphrase Clough’s, 1998, description of transparently translational ethnographic accounts cited earlier in the chapter). Reflexive authors manage to convince their postmodern readers (conscious of the tension between rhetoric and authority) of their attentiveness to rhetoric so well that they themselves as authors disappear.

It seems an absurd proposition that a reader sensitive to rhetoric might be so uncritical as to allow the author to be eliminated in this way. However, this elimination is relatively subtle. The constructed nature of the rhetorical account is in fact acknowledged, but only in a *conventional* sense that renders it insignificant. Hence in the quote from Geertz (1973/1975) highlighted earlier in the chapter, the constructed nature of a reading of lived experience is acknowledged but is quite literally bracketed in that very acknowledgement.<sup>1</sup> A conventional acknowledgement that the author produced the reading sufficiently brackets

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<sup>1</sup> The quote again: ‘Doing ethnography is like trying to read (in the sense of “construct a reading of”) a manuscript’ (Geertz, 1973/1975, p. 10).

its constructed nature so as to render an authoritative definitiveness. Crapanzano (1986) highlights this within ethnography, noting that while the “ethnographer conventionally acknowledges the provisional nature of his interpretations [...] he assumes a final interpretation – a definitive reading” (p. 51).

*UNPICKING READINGS OF RHETORIC: THE EXPERIENCE OF A  
NARRATIVE RESEARCHER*

There are moments of realisation where the authoritative definitiveness of a reflexive account contradicts its (conventionally acknowledged) constructed nature, where rhetoric is fully unbracketed rather than re-bracketed under a new authority of the same conventions. Recounting her career in narrative research, Hendry (2007) discusses a realisation of the fallacy of “an ontological position that maintains a view of narrative as having explanatory power to recount original experience” (p. 489). Whilst a narrative is conventionally acknowledged as a constructed account of lived experience, it is nevertheless practically regarded as a translation of a situation-specific lived experience. The ontological position she problematises is readily visible in the early “positivist” phase of her career, which was concerned with capturing experiences through a range of personal narratives of her participants (p. 490). This was designed to “add” to a stock of knowledge about the experience of women in education, serving to counter a more generic (and possibly oppressive) ‘“grand” narrative’ (p. 490).

However, it became apparent that she could not simply expect to “capture” a person’s experience within the narrative account (p. 490). Indeed, reflecting the rhetorical turn, she became “increasingly informed by a post-structuralist perspective in which I become less concerned with what stories are told, but why we tell a particular story at a particular time” (p. 490). In other words, the referential function of her narrative accounts gave way to an attention to the moral demands of storytelling. However, she came to feel that this ‘post-structuralist’ perspective repeated the very problem it was supposed to be a response to. Thus, she found that:

[...] even my poststructural understandings of narratives as discursive practices produced in relations of power embedded my analysis in methods of interpretation that reified narrative as having a distinct agency or power that it does not inherently have but that I as an inte[r]preter subscribe to [...]. (p. 490)

The post-structuralist narrative accounts that she produced still claimed an authority to recount (to *translate*) in a partial way some truth about lived experience, defying the fact that they are entirely her construction. The knowledge that the researcher instead actually *constructs* these narratives (entirely removed from ‘original experience’) is bracketed, reifying them with a power to recount original experience that they do not

have. This applies as much to the 'positivist' narrative accounts she collected in her youth as to her later rhetorically-focussed narratives. Both attempt to assert an impossible authority to recount lived experience, and (for Hendry) constitute an artificial imposition on lived experience.<sup>1</sup> Indeed, "[t]he common denominator of a positivist and poststructuralist view of narrative is that narrative is still at work, still imposing itself on our lives" (p. 490). The bracketing of the fact that her post-structuralist narrative accounts were constructed by her allowed a reconstitution of the relationship between absence and presence where an *out-there* reality of lived experience can now be translated into an *in-here* contextualised (partial) narrative about it, of the maintenance of the 'illusion that "a" story was out there to be captured' (p. 490).

## CHAPTER CONCLUSION

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What happens to narrative when we relieve it of the impossible burden of explaining lives? (Hendry, 2007, p. 489)

Building on Chapter 2, the current chapter has sought to make visible the absent-present ontology of the lived experience of pain, unpicking the subtleties that transform it into an ontology of elusiveness. It has done this through engaging with a wider crisis in the representation of lived experience within social science: the rhetorical turn. This turn involved the insight that texts are constructed, by an author, for others. This chapter has provided two readings of this insight. The first arose from a criticism of the transparency with which experience has traditionally been represented. In seeming to recognise the rhetorical processes (the inscription devices) that are involved in the production of an account of experience, a first reading of rhetoric discredits a transparently translational model (where the light of original experience passes unproblematically straight into the representational account) and offers the possibility of a *more perfect* translation. Indeed, this *reflexivity* effectively allows a precise understanding of the optics governing the (inevitable) distorting effect of the lens, resulting in the production of 'partial truths' that constitute a more accurate (but infinitely more nuanced) accounting of lived experience.<sup>2</sup> It allows a reconstituting of the integrative paradigm as the search for *contextually situated* accounts of the lived experience of pain.

However, this reading fails to properly appreciate the implications of the insight of rhetoric. A second reading accepts that the translation of experience into an account, even one

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<sup>1</sup> Whether or not representational forms act as 'imposters' to some authentic reality outside of representation is an important line of thought that forms the basis of the next chapter. However, it is not relevant to the current argument and so such discussion is left until then.

<sup>2</sup> Mol (2002) refers to this as *perspectivalism*.

defining the rhetorical processes influencing the capturing of that experience, cannot occur because to bring what is absent into presence takes away the essential absence in that experience. What is presented as the referent of the account, which is the original experience that the account is about (and which is absent), is as much a construct of the author as is the account itself. Both are the product of rhetoric. There is no 'out-there' reality *causing* an 'in-here' representation: both are constructed, and there can thus be no translation of experience into an account. A second reading suggests rhetoric reveals a problem of simultaneity of absence and presence when accounting for the lived experience of pain, something more fundamental than the problem of transparency of translation that concerns a first reading.

Nevertheless, a first reading of rhetoric has spawned a new methodological paradigm within the social sciences based upon reflexivity and positionality, yet one that reinforces (tries to perfect) translation rather than rejecting it. However, whilst a well-defined and popular paradigm for accounting for lived experience has arisen based upon a first reading of rhetoric, the same cannot be said of the second. Instead, those advocating a second reading seem defined by the problem of the failure of translation, of the simultaneity of absence and presence, rather than offering a response to managing it. Yet if we are to reject the reflexive paradigm as repeating the sins that the insight of rhetoric attempted to highlight in transparently translational accounts, we might ask what a possible replacement would look like. Turning explicitly back to the paradox of pain inherent in an integrative model we can ask: what would an account of pain experience look like that didn't rely on a translational model of knowledge? How can the simultaneity of absence and presence in lived experience be accounted for once it is made fully visible?

#### *ACCOUNTING FOR PAIN EXPERIENCE: BEYOND TRANSLATION*

Arthur Kleinman edited and contributed to *Pain as Human Experience* (DelVecchio Good, Brodwin, Good & Kleinman, 1992), which might be regarded as one of the most influential texts in the development of an integrative model of pain experience (and indeed, the accounting of experience more generally). A book that was reacting to the anatomisation of lived experience into distinct realms associated with both a biomedical and a biopsychosocial conception of medicine (see Chapter 1), it was also inevitably influenced by the rhetorical turn. In many ways the contributions of the book can be positioned as enacting a translational model. Kleinman and his fellow editors note in the opening chapter (Kleinman et al., 1992) of their hope for the "authentic representation of the experiences [of ] sufferers" (p. 16), of "faithful attention to the lived experience of those with whom we work" (p. 18). Here the roots of some 'out there' reality of embodied experience are hoped to be captured within accounts, if only

the researcher can pay *faithful enough attention* to patients' stories, including the moral demands associated with the performance of the story.<sup>1</sup>

Yet in the final chapter of the book (before the *epilogue*), Kleinman (1992) seems to break somewhat with this interpretation, and to question whether there really can be a link between embodied experience and the ('faithful') accounts of it. Whilst the volume criticises biomedical accounts that substitute lived experience with an 'artificial' set of constructions along a mind-body dualism, the danger is that these new accounts provide similar artificial substitutions. Thus, the suffering generated by a failure of these substitutions to capture/embody/be a portal for the holism of embodied experience threatens to result in "a type of social scientific transmogrification of suffering" where the new *ethnography of experience* repeats the mistakes of the biomedical (and biopsychosocial) paradigm that it intends to replace (p. 189). Indeed, the "cultural constructionist's icon can be as inhumanely artifactual a characterization of experience [...] as is the pathologist's histological slide" (p. 190).

Commenting on this pessimistic conception of an inherent problem in trying to create representations of experience, Kleinman ends his chapter by suggesting that there "probably can never be [an] entirely satisfying [...] explanatory account of human suffering" (p. 190). Seeming to recognise the volume's attempt to bridge the unbridgeable, a second reading emerges where Kleinman appears to reject the hope (the promise) that representation can ever capture something of the experience it represents. Seeming to recognise the fundamental separation between an extra-representational reality of original experience and the accounts produced about experience, Kleinman suggests that "there may come a time" (p. 191) when we need to admit that "There are no words!" (Mintz, 1984, cited in Kleinman, 1992, p. 191). This end to the final chapter of *Pain as Human Experience* is in stark contrast to the 'faithful attention' of an ethnography of experience discussed in the book's introductory chapter, and testament to the intimacy of first and second readings and the subtlety of interpretation between the two. In his closing remarks we are implicitly invited by Kleinman to take the next logical step to a second reading of rhetoric, to consider an alternative to translation that asks not "how to make a better representation, but how to *avoid* representation" (Tyler, 1986, p. 128, my emphasis): the creation of an anti-representational account of pain. It is from here that the next chapter begins.

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<sup>1</sup> Brodwin's (1992) chapter is particularly notable in this sense for his emphasis on "metaphor, rhetoric, and performance" (p. 77).

## CHAPTER 4: AFTER TRANSLATION

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### INTRODUCTION

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Having deconstructed a translational model and made visible the absent-present ontology of what it means to know the lived experience of pain, the current chapter explores what an alternative account of lived experience could look like that maintains this visibility. The chapter begins by exploring different ways in which pain experience has been constructed as *non-object* within social science, as beyond words. It suggests that *pain as non-object* can be read in two ways, constituting two different responses to the failure of translation. The specific reading is important because just as a *first reading of rhetoric* (see previous chapter) repeated a flawed translational logic, so too does one type of ‘non-translational’ response.

A ‘first response’ maintains the division between ‘out-there’ reality and ‘in-here’ representation characteristic of translation. Whilst acknowledging the critique from a second reading of rhetoric that translational accounts could never hope to capture the out-there reality, it nevertheless maintains that there is some extra-representational domain, but one that is completely unknowable to the realm of representation. Any attempts to represent this domain are actively resisted by those positing this response since to represent means the colonisation by alien entities that betray the absent nature of the extra-representational domain. However, the very attempt to define the boundary that maintains the purity of absence and presence unwittingly produces a definition of the extra-representational in the process of trying to avoid it.

A ‘second response’ suggests that the problem of translational accounts (including a ‘first-response’) is that they posit an ‘out-there’ reality that is absolute and beyond the reach of rhetoric. When this absolutism becomes translated into presence, presence takes on a *presumption of closure*, an absolutism that assumes that reality really has (once and for all) been captured in this privileged moment of presence, bestowing the enormous (and impossible) burden on the representational form to make present that which is absent. By contrast, a second-response posits that *both* the out-there reality and in-here representation are the product of rhetoric, disarming the notion that anything like absolutism is possible in the ongoing processes of rhetorical practice. In this understanding the closure offered by presence always makes visible a ‘second movement’ of something more than can be offered by that presence alone, an absence that is made manifest rather than bracketed. This *fractional* understanding of what it means to know is presented as an adequate theoretical position to know the lived experience of pain where the visibility of its absent-present ontology is maintained rather than masked as elusivity.

Faced with the failure of the translational project of accounting for lived experience, social scientists embracing a second reading of rhetoric in the rhetorical turn were required to confront the representational processes that defined what they did as producers of knowledge. For these theorists, the process of providing a representation of experience was so ingrained with translation that the only proper response seemed to be, to paraphrase the quote from Tyler (1986) used at the end of the last chapter, to avoid representation entirely. As noted in Chapter 2, pain as experienced has traditionally been objectified as a representational entity, as a *thing*. To ask how we might account for pain as something other than a representational entity seems counter-intuitive when viewed through the familiar lens of translation, where the point is to try to *give it* accurate representational form. Yet many social scientists have attempted to do exactly this with pain as it is experienced: to make it a non-object.

This re-imagining of pain experience extends to its underlying ontology. Chapter 2 outlines an ontology of pain experience where the sheer *againstness* of pain constitutes a first movement in an objectification process (as a *something* to be against) (Scarry, 1985), a *telic demand* for representational definition (Leder, 1990). Specifically, Scarry's (1985) schema of 'man-as-creator' is based upon an interpretation of the Husserlian concept of *intentionality*, and it is in a re-interpretation of intentionality that a non-translational re-imagining of the ontology of pain experience has occurred.

Scarry understood intentionality to mean that states of mind such as anger and love are about some object, such that 'pain' is understood as a pain object (albeit perhaps an elusive one). Indeed, in this understanding intentional acts "shape the amorphous pre-objective experience, the flow of sensations or perceptions into objectified experiences, into an experience *of something*" (Honkasalo, 2000, p. 200, emphasis in original). By contrast, Honkasalo argues that intentionality should be understood as a *human act*, as "the ground for human action" (p. 201) rather than as the production of representational forms that apprehend an intentional state. Here intentionality has the basic structure of "I can", not "I think that" (Merleau-Ponty, 1962, cited in Honkasalo, 2000, p. 200): on action rather than representational objects.

Explaining this further with reference to chronic pain, Honkasalo (2000) asks us to consider chronic pain as an emotion. Deriving from the Latin *emovere*, which means "to move outward toward the world, away from oneself", in emotion the "*movement* is its essential trait" (p. 200, emphasis in original). In reflecting on her interviews with participants experiencing chronic pain, she suggests that pain constitutes "an intensive passionate movement" between a current (pained) world and a lost (non-pained) world (p. 203).

Within these interviews, the intentional act forms past and present worlds as intentional objects, but it is the movement between them that is the important feature of Honkasalo's understanding of pain experience. It is the yearning for the lost world, the frustration, the disappointment, the depression, that point towards (but never 'capture' as a *something*) the movement connecting pre- and post- pain worlds. In this sense, Honkasalo suggests, drawing on Merleau-Ponty, that pain as experienced should be understood as a *hinge*, a "somatic reference point that makes our passage possible between different modes of experience" (Honkasalo, 2000, p. 205). Ralph (2013) makes a similar argument in suggesting that the "qualitative experience" (p. 104) of pain inflicted by a Chicago police department on black residents as part of an oppressive campaign of torture "offers a way for black urban residents to conjure the past while seeking to understand the present" (p. 115). To see pain as an object formed from intentionality misses the point. For Honkasalo (2000), the phenomenological body (embodiment) "is never an object between other objects" (p. 199). Indeed, "a phenomenological level of analysis demands [an] understanding of one's own body as a genuine *source* of experience, not as an object" (p. 204, emphasis in original). Thus reconceptualised, pain becomes a non-object of emotionally-driven movement, an intangibility that escapes the perils of translational representation.<sup>1</sup>

Kugelmann (2003) applies C.S. Peirce's (1960) understanding of the *sign* to consider pain in a similar sense. He asks us to consider a sign in three ways: as an object ("a sign is a something"), a meaning attached to the sign (*representamen*), and the interpretation of the sign (*interpretant*) (Kugelman, 2003, p. 33). Kugelmann suggests pain can be understood in these three ways: as an object (e.g. "I feel pain *there*"), as representamen (e.g. "pain *means* danger"), and as interpretant (p. 38, emphasis in original). Pain as interpretant is where pain itself is the interpretation. Thus, Kugelmann suggests an example in which a woman's stomach pain recedes after receiving a negative pregnancy test result. "The change in pain, its lessening, interprets the test result" (p. 39). Honkasalo (2000) might suggest that pain as interpretant is the 'somatic hinge' that connects the different modes of experience, namely between the woman's world with and without children. Both sets of analysis are a way of accounting for the experience of pain without making pain into an object of representation, albeit one "less familiar because pain is usually taken as *what* we feel" (Kugelmann, 2003, p. 39, emphasis in original), where the imperative is to translate pain experience into a representational object.

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<sup>1</sup> Bissell (2010) makes a similar argument to Honkasalo in suggesting how pain experience can be understood in terms of *affect* as a movement connecting intentional objects. Specifically, Bissell writes of the "different movements of affect" (p. 81), which are understood to be "generated and quiesced through entanglements with people, physical locations, material objects, at different times and in different spaces" (p. 83). Like Honkasalo, the emphasis "is not about what the body in pain *is*, but about what the body in pain has the *capacity to do*" (Bissell, 2010, p. 83, emphasis in original).

This understanding of pain experience as a non-objectified interpretation echoes psychotherapeutic work exploring the role of pain within social relationships. Shapiro (2006) discusses how pain can be understood as a “physical language” (p. 115, after Bucci, 1997) within the context of two mother-daughter relationships she examined (where at least one in each pair experienced chronic pain). She suggests that in these relationships there is an unbounded connection between mother and daughter, something that in normal development would have resulted in separation once the daughter grew older. In this context pain mediates between the contradictory demands of separation and closeness. Thus, in one of the relationships, the daughter (who experienced chronic pain) “hated and envied her mother while longing for her approval” (p. 114). Pain as illness created a dependency of care between mother and daughter (the former of whom did not experience chronic pain), and was “the glue for the dyad” (p. 114). On the other hand, the diagnosis of a chronic pain illness managed the hate and envy because it served as “a vehicle throughout [the daughter’s...] life for [...daughter]-and-her-mother, as a merged unit, to displace and project inner, undefined badness into a less-threatening, external, medicalized entity” (p. 105). Pain “kept mother and daughter close but not merged” (p. 114). In a similar sense, Smith and Friedemann (1999) suggest that chronic pain can act as a “stabilizer” mediating between the contradictory desires for connectedness and personal autonomy within a family context (p. 548).

However, there is a danger that reading pain experience as non-object in a somatic hinge, physical language, or interpretation results in its objectification as part of a narrative account of patient suffering. Thus, whilst the emphasis is placed by Honkasalo (2000) on pain as *human action* mediating between different forms of experience (something avoiding representation), emphasising this action as encapsulated within the representational confines of a narrative account of a patient’s experience is to objectify it, and thus re-initiate the problem of trying to make absence present. This arises because of a shift in emphasis back to the representational forms of these accounts of pain rather than pain as a human act.

Emad’s (2006) study of an internet forum for women with endometriosis stresses the need to maintain the emphasis on pain-as-human-action (as opposed to narrative objects of experience) when decolonising lived experiences from those constituted by biomedical representation. Emad suggests that within the forum pain is transformed from the conventional biomedical objects of pain that the women had acquired from medical encounters “not *into* something *else*, but translated as engagement” (p. 198, emphasis in original). She suggests the forum provides an alternative (and non-objectified) way of conceiving of pain to the “frustrating [biomedical] reifications of pain experience that move to contain and essentialize pain rather than accounting for patients’ real pain experiences” (p. 202). In this sense, pain is released from its representational container, coming (in its

*engagement* form) to establish a “communal body” (p. 198). As Emad notes, the biomedical object is not replaced with another *something*: ‘engagement’ (like *emovere*) is not meant to be regarded as an object. The breaking of the (biomedical) representational objects is part of pain-as-engagement, since it is “[t]hrough storytelling as an exchange of information” that “the respondents begin to formulate critiques of biomedical authority that they experience as empowering” (p. 203). In “translating pain as communal engagement” there is the breakdown of (biomedical) object into non-object (‘engagement’) (p. 198).

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### RE-READING PAIN AS NON-OBJECT: TWO RESPONSES

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Thus far the chapter has highlighted means by which the lived experience of pain has been accounted for in ways that seem to avoid that lived experience entering representational definition.<sup>1</sup> It will now explicitly frame the ideas presented in the previous section (*pain as non-object*) in two slightly different ways, reflecting two ways in which theorists have responded to the failure of translation. Just as the previous chapter argued that the rhetorical turn has been read in two similar but crucially different ways, it is argued that the non-translational response can be characterised by two similar readings of pain as non-object that contain a crucial difference. The first, whilst more intuitive, actually repeats the very flaws of the translational model it critiques, whilst only the second response offers the possibility of a non-translational account of pain experience.

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### AFTER TRANSLATION: A FIRST RESPONSE

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#### AN UNBRIDGEABLE DUALISM

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What might be termed a ‘first response’ to the problem of simultaneity of absence and presence takes as its starting point what remains of the collapse of the translational bridge between ‘out-there’ reality and ‘in-here’ representation of lived experience. Here both aspects of the dualism remain, but they are now necessarily cut-off from one another. The problem of simultaneity is resolved by means of a respect for the necessary partition between both aspects of the dualism: presence and absence remain strictly separated into representational and extra-representational domains.

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<sup>1</sup> As noted in Chapter 2, much of the literature makes no explicit distinction between pain’s lived experience and its cause, often simply referring to ‘pain’. Even though this distinction is important (only making lived experience present instigates an absent-present paradox), it is often conflated (Jackson, 1994). For the purposes of the current argument, I refer specifically to the lived experience of pain even if this is actually conflated with the cause of pain in the literature discussed.

Within the influential book on rhetoric, *Writing Culture* (discussed in Chapter 3), Stephen Tyler's (1986) contribution might be most easily read as expressing a first-response.<sup>1</sup> He provides a vision for re-structuring the way that ethnographic knowledge is understood: what he terms "post-modern ethnography" (p. 125). In this, he makes a division between representational forms and "objective reality" (p. 135), and suggests that the former cannot be used as a route to access the latter. Rather, this objective reality "is already established by common sense" (p. 135). What is left for the representational form (presence) once it is freed from the burden of (translationally) representing objective reality is, for Tyler, in what it can *evoke*. Post-modern ethnography is "intended to evoke in the minds of both reader and writer an emergent fantasy of a possible world of commonsense reality" (p. 125). That is, whilst the representational form could never hope to *represent* (translate) an objective reality established by 'common sense', it can nevertheless *evoke* an experience constituting objective reality (but one that could never be represented). An ethnography "evokes what can never be put into a text by any writer, and that is the commonsense understanding of the reader" (p. 138).

Tyler's chapter is very similar to the argument outlined by Bourdieu (1972/1977) in *Outline of a Theory of Practice*. Bourdieu makes the distinction between *theory* and *practice*. Theory might be understood as representation, and practice as "a mode of practical knowledge not comprising knowledge of its own principles" (p. 19), something outside of representation. For Bourdieu, anthropologists attempt to create theory about practice yet, because of the bracketing of the rhetorical nature of theory (see Chapter 3), the (theory of) practice comes to constitute the practice itself. Practice thus comes to be understood "as mere *execution* of the model" of that practice (p. 29, emphasis in original), creating an "imaginary anthropology" (pp. 29-30). Tyler (1986) agrees that these are "only imitations of reality" that can be contrasted with the "realism of the commonsense world" (p. 137). For Bourdieu (1972/1977) this problem arises because the theorist "constitutes practical activity as an *object of observation and analysis, a representation*" (p. 2, emphasis in original), meaning they are "condemned to adopt unwittingly for [their...] own use the representation of action which is [then] forced on agents or groups" (p. 2). Somewhat ironically, understanding practice in this way "takes away understanding of the logic of practice in the very movement in which it tries to offer it" (p. 19). Like Tyler (1986), the problem is identified as the attempt to represent the extra-representational. This is the mistaken notion that one can refer to an out-there reality via a representational domain, enacting a distorting representational colonisation that leads to the execution of the model as reality itself, or

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<sup>1</sup> Or at least part of it, since his chapter is a deliberate exploration of the problems raised by the rejection of translation as opposed to providing a coherent 'solution' to them.

(put differently) the instigation of the artificial constructions of biomedicine or medical anthropology in the experience of illness (Kleinman, 1992).

It is important to note that proponents of a first-response would seem to suggest that there is no conflict between, on the one hand, the belief in distinct representational and extra-representational domains, and on the other, a second-reading of rhetoric that posits that *both* representation and the represented experience (as referred to in the account) are produced by an author.<sup>1</sup> Indeed, the experience referred to in an account might be regarded as an imposter to a genuine (authentic) extra-representational domain (i.e. an execution of the model as reality), as *masquerading* as some extra-representational ‘out-there’ reality through the bracketing of rhetorical processes in the establishment of authority (see previous chapter).

This approach might be understood as the decolonisation of representational objects from an extra-representational domain. It is suspicious of the reach of representational knowledge, and concerned with maintaining the purity of an extra-representational realm, which comes to be regarded as “a desert island circled by hungry sharks” (Latour, 2005, p. 215). Certainly, we can see this suspicion in Honkasalo’s (2000) assertion that lived experience should never be treated as an object, and in Emad’s (2006) belief that the decolonisation of biomedical signifiers should not simply be replaced with more colonising representational objects.

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#### DEFINING THE INDEFINABLE: THE RETURN OF THE PROBLEM OF SIMULTANEITY

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This preoccupation with defining the nature of a pure extra-representational realm, be it as ‘common sense’ (Tyler, 1986), ‘practical knowledge’ (Bourdieu, 1972/1977) or ‘genuine source of experience’ (Honkasalo, 2000), ironically threatens to give it representational objectification. In defining the boundary between representational and extra-representational domains (to guard against the colonisation of the latter by the former), this boundary demarcation actually gives the extra-representational the very definition that it is proposed to circumvent. It means saying something about that which is beyond words, of representing the extra-representational.<sup>2</sup>

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<sup>1</sup> Thus, whilst Tyler (1986) argues that all parts of an ethnography (the account of experience as well as the original experience that is referred to by the account) are constructed, he still nevertheless posits the existence of some extra-representational reality beyond the realm of representation that is evoked by the account.

<sup>2</sup> Law (2004) makes the same point when he argues that there is no need to make a judgment about whether coherence or noncoherence is a good or bad thing since such a judgment already presupposes the nature of what is not known, and thus “limits the realities that can be known, and forms by which we can know them” (p. 103).

By contrast, Throop's (2008, 2009) ethnography of pain can be seen as an attitudinal shift away from a preoccupation with the boundaries of an extra-representational domain towards an exclusive interest in the representational. Instead of focussing on a domain that we cannot make meaning about in our accounts (the extra-representational domain of lived experience) his ethnography accounts for what we *can* make meaning of: the representational objects that come to pattern the experience of pain.

Throop notes how William James drew attention "to fringe or vague [...] experiences in which meaningful articulations of objects of experience are yet to crystallize" (Throop, 2009, p. 536), making an explicit link to Merleau-Ponty's notion of experience as existing in a "pre-objective form" that has "yet to be reflected upon, thought about, analyzed or conceptualized" (Throop, 2009, p. 538). Throop suggests that the intentional objects of experience – the "more clearly defined thoughts, ideas, images, feelings, and sensations" – are connected by the ineffable moments of experience – the "transitions, margins, and fringes", the "barely graspable" (p. 536). Indeed, these latter moments of experience constitute the "connective tissue" between the intentional objects of experience (p. 536). Throop calls these 'barely graspable' moments "intermediary varieties of experience" (p. 536), and recognises that they become objectified when we begin to reflect on them. This process occurs through "culturally and historically informed practices of perceiving, imagining, feeling, and judging" (p. 540), which serve to "parse an otherwise yet to be differentiated field into a differentiated one" (p. 541). For Throop, the ethnographer can only ever be concerned with this parsed field of representations, since reflection inevitably results in parsing the extra-representational with the representational. The researcher only ever has the representational to hand, and so should be concerned with it exclusively.

As a consequence, with regard to the experience of pain he focuses on how "the moral and cultural frameworks serving as the semiotic, existential, and practical materials" serve as "the background against which individual sufferers tend to interpret their dysphoric sensory experiences" (2008, p. 255). Drawing on Thomas Csordas (2009), Throop calls for a "cultural phenomenology" interested in how the extra-representational domain of intermediary varieties of experience become (upon reflection) incorporated as representations constituting experience (Throop, 2009, p. 553).

Unlike Bourdieu (1972/1977), Tyler (1986), and Kleinman (1992), Throop's (2008, 2009) analysis does not suggest that the representational forms that come to constitute the experience of pain are imposters to some authentic extra-representational reality. To do so presupposes an ability to represent the nature of the extra-representational domain, when of course its very nature means this is impossible. Throop's analysis thus highlights an inherent flaw in a first response distinction between a representational and extra-

representational domain: a boundary is defined, and in doing so the extra-representational must enter representational form.

Throop's exclusive focus on the representational might be regarded as coming closest to respecting the unbridgeable gap between representational and extra-representational domains. Yet whilst he seems to escape the need to define the border between them, he nevertheless does exactly this in distinguishing between a reflected (representational) and unreflected (extra-representational) realm. He is forced to define the indefinable as a "yet to be differentiated field" (2009, p. 541), "dysphoric sensory experiences" (2008, p. 255), and the "connective tissue" between the representational objects of conscious reflection (2009, p. 536). Whilst these may seem to be a *nothing*, to be a void outside of representation, they still must take representational form. As discussed in Chapter 2, Biro's (2011) interpretation of Wittgenstein's *beetle box* as a 'void' still involves the invocation of a *something*. Yet the "thing in the box has no place in the language game at all; not even as a *something*" (Wittgenstein, 1958, cited in Biro, 2011, p. 74, emphasis in original).

Even in Throop's (2008, 2009) ethnographic work, the contradiction between positing a domain outside of representational definition and the need to represent this domain through demarcating a boundary is apparent in his reference to the "*barely* graspable" nature of unreflected experience (2009, p. 536, my emphasis). This interesting phrase captures Throop's attempt to respect the necessary absence of unreflected experience on the one hand, and his need to acknowledge its presence in the world of representational meaning. What is simultaneously both graspable (presence) and ungraspable (absence) transforms into the *barely* graspable. Here the translational bridge is not totally collapsed (despite claims to the contrary), and it is indeed possible to *eff the ineffable*, but 'barely'. This is, of course, the familiar transformation of a contradictory absent-present ontology (where the translational bridge is impossible) into one of elusiveness (where translation is possible, but difficult – *barely* possible). A first-response thus ends up attempting to translate absence into presence: the very model it seeks to be a reaction against.

#### AFTER TRANSLATION: A SECOND RESPONSE (OR, ACCEPTING RHETORIC IN FULL)

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A 'first response' to the problem of simultaneity of absence and presence does not fully accept the rhetorical nature of accounts of lived experience. The previous chapter highlighted how a flawed translational understanding of knowledge arose once its full rhetorical nature becomes bracketed, allowing the conception to arise that an unconstructed 'out-there' reality *causes* constructed 'in-here' representations (Law, 2004). However, whilst a first response to the problem of simultaneity rejects a translational bridge

between the two domains, it maintains the translational assumption that the out-there reality is not the product of rhetoric. Indeed, there is even an inversion of the translational bridge, where a rhetorical domain of representation threatens to colonise a pure, non-rhetorical external reality. Here the same translational principles are assumed, but rather than trying to enhance translation a first response tries, in vain, to suppress it. By contrast, a 'second response' to the problem of simultaneity is characterised by an acceptance that *both* the representational and extra-representational domains are the product of rhetoric.

This distinction is important because a translational understanding privileges an *attitude of closure*: an epistemological promise that the absolutism of 'out-there' reality can be successfully translated into an absolutism in its representation. However, in so ignoring the full rhetorical nature of knowledge it ignores the perpetual nature of practices of knowledge production, something that makes absolutes impossible. But as will be made clear, *a second response does not simply dismiss an attitude of closure*. It instead introduces the additional and complicating factor that closure is never possible in a world where the practices of inscription are always ongoing. Rather than a single movement towards closure, a second response recognises that *alongside* this movement there is a simultaneous second movement (introduced by the unbracketing of the rhetorical nature of knowledge) that denies closure. In this way the absent-present ontology of lived experience is properly embraced, with the definite closure of the narrative account of lived experience (presence) existing alongside a simultaneous second movement where the perpetually growing and open nature of embodied experience resides (absence). To be clear, a second response to the problem of simultaneity does not reject the movement towards closure, but rejects the translational assumption of the anteriority of an a priori 'out-there' reality independent of rhetoric. A complicated argument, to be sure, and so to clarify we begin at the first movement: the establishment of closure in both translational (first response) and non-translational (second response) approaches.

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#### ON CLOSURE: THE DEFINITIVE ATTITUDE OF TRANSLATIONAL REPRESENTATION

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In the previous chapter it was noted how the generation of *authority* can be regarded as the increasing solidification of knowledge in definite form, achieved once recognition of the inscription processes involved in its production become eliminated. In such a method, presence is presumed to have 'captured', 'mirrored', or 'translated' the absence it refers to in some definite, final, or absolute sense, even whilst it is conventionally acknowledged as temporary, partial, and inherently fluid.

Law (2004) identifies such an attitude in "Euro-American" metaphysics in general, noting an "assumption that the world is properly to be understood as *a set of fairly specific, determinate, and more or less identifiable processes*" (p. 5, emphasis in original). Indeed,

these are “methodological habits” that centre around “the desire for certainty” (p. 9). This conception “assumes that there is a reality out-there of a definite form waiting to be discovered, if only we can get it right” (p. 22). Whilst there are many forms of presence that could be (and are) crafted about a particular phenomenon, such multiplicity is denied in Euro-American metaphysics. Instead, this thinking “prefers to represent manifest reality as singular” (p. 92): any particular presence is expected to apprehend absence definitively by itself. Indeed, the methodologies of Euro-American metaphysics “demand singularity, and singularity demands experts, a single point of view” (p. 98). These are “completed and closed accounts of method”, of “smooth Euro-American metaphysical certainties” (p. 143). The philosopher Alfred Whitehead termed this “the principle of *simple location*” (Cooper, 1998, p. 108, emphasis in original), where “clear-cut, definite things occupy clear-cut, definite places in space and time” (p. 108).

Therefore, as Crapanzano (1986) notes (specifically, on ethnography): the “ethnographer must make use of all the persuasive devices at his disposal to convince his readers of *the* truth of his message” (p. 52, emphasis in original). Also discussing ethnography, Bryman (2004) notes how “the author rarely presents possible alternative interpretations” (p. 503). This is where “the phenomenon in question is presented as having a single meaning or significance, which the fieldworker alone has cracked,” where we are “presented with an inevitability” (p. 503). Bryman references Van Maanen (1988), who terms this *interpretive omnipotence*.

As discussed in the previous chapter, the generation of authority in the production of such interpretive omnipotence is expressed even in the most contemporary of methodologies that purport to acknowledge and respect the fluidity and fragility of constructions of reality. Thus, methodologies forming part of the ‘reflexive paradigm’ that was supposed to acknowledge the inherently indefinite nature of presence through the concept of rhetoric also embody the attitude of closure. In this regard, Hendry (2007) discusses the tendency of narrative method to assume that there is ‘“a” story [...] out there to be captured’ (p. 490) (see previous chapter). In similar vein, Reissman (2012) notes that:

We get drawn into compelling stories and the power of narrative to persuade and justify a particular course of action – this is how it “really” happened. An effective storyteller in a conversation sets up a situation where there’s no way to “read” the text in another way.  
(p. 377)

Law (2004) identifies this form of representation as “direct” or “literal” (p. 89). This makes the claim that “their statements are literal depictions of a reality thereby made manifest. ‘Reality is that way’, they tell us, at least within technical restrictions” (p. 89). “‘It really is that way’, they tell us” (p. 89). Implicit in this understanding is that there is an ‘out-there’ reality of absence that is definite and absolute which is then translated into presence. This

is, of course, a translational model, and the absolutism of absence is translated into an absolutism within presence, despite conventional claims to the contrary. Presence takes on the definitiveness of the 'out-there' reality, which is transferred into presence via the translational bridge. Thus, the processes "that work to produce singularity out there" (p. 75), the processes generating the authority of knowledge (and that eliminate the inscription processes for producing that 'out-there' reality), generate a definitiveness in absence that is then translated into the presence of 'in-here' representation. Crucially for a second-response, the attitude of closure is at the root of the paradox of absence and presence. Each moment of presence takes on the "pretensions" (Vannini, 2015, p. 1) of finally equating, capturing, closing, mirroring, or translating absence. Yet this is the attempt to merge two inherently contradictory entities into a *singularity*, creating the absent-present paradox.

But a second response does not simply reject the movement towards closure. Instead, it suggests this movement goes alongside a simultaneous and destabilising movement that serves to introduce the openness of multiplicity (the *something else* other than the singular) *alongside* the singularity of closure, where there is "*more than one, but less than many*" (Law, 2002, p. 3, emphasis in original). The problem with a first response, like all forms of translational knowing, is that it *privileges* the singularity of closure and simply brackets the concurrent multiplicity in its bracketing of the full rhetorical nature of knowledge. A means of beginning to make sense of this is to think of knowing in terms of the philosophical concept of *the event*.

#### *CLOSURE AND 'THE EVENT'*

Understanding closure in terms of *the event* means to apprehend that within closure there is always a "simmering potentiality within the name or the state of affairs" (Caputo, 2007, p. 51), of "something astir in a thing" (p. 48). The event "resists contraction into some finite form or other" (p. 51) and is "ever restless, on the move, seeking new forms to assume, seeking to get expressed in still unexpressed ways" (p. 47). Where the event threatens to be closed within a definite presence generated by a translational attitude, it will shock the rigid fixity, seeking to "twist free from the finite containers in which it finds itself deposited" (pp. 51-2). It is "what destabilizes all such relatively stable structures as attempt to house it" (p. 55), what "jolts the world, disturbs, disrupts, and skews the sedimented course of things" (p. 59). In this sense it is "not something present but something seeking to make itself felt in what is present" (p. 47).

And yet the very shocking and shaking of the finite containers that would presume closure are themselves dependent on the promise of a new closure in a *something else*.

The event is “always already ahead of us, always provoking and soliciting us, eternally luring us on with its promise” (p. 55). But this is not the simple faith in the promise of definition outlined in the previous two chapters, where the *elusive* presence of pain experience is deferred to a future time in the face of current absence. For just as in Chapters 2 and 3, this is a realisation that the elusive promise is a mask for an absent-present ontology where that promise can never be fulfilled. Indeed, an event “solicits and invites, calls and signals us, but is never finally named” (p. 54). “Events make promises that are never kept by any actual occasion” (p. 55). That is, the necessary absence of the event means that it is “never finished or formed, realized or constructed” (p. 48). But at the same time this does not nullify the promise of closure, which remains as an eternal lure, such that “the work of burning off the old metaphysics of omnipotence [...] can never cease” (p. 67). The event constitutes the tension between the two, or what Law (2004) refers to as “knowing in tension” (p. 98), something that requires making two things visible at the same time.

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#### ‘DOUBLE VISION’: ON ALLEGORY

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A second-response to the ‘problem’ or ‘paradox’ of simultaneity of absence and presence normalises the paradoxical nature of the problem of simultaneity. Instead, the simultaneity of absence and presence are only regarded as interminable problems when viewed from the perspective of an attitude of closure that always assumes the resolution of the promise in presence *without the acknowledgement that this resolution is always denied*. By contrast, a second-response assumes an attitude where presence is always *becoming* (a Deleuzian term), “always an ongoing that never arrives anywhere, never completes itself” (Cooper, 1998, p. 112). However, as noted, an eventful attitude, of becoming, is not simply about a rejection of an attitude of closure, not simply a rejection of the ‘direct’ or ‘literal’ form of representation. If there is no attempt to hold presence firm against the background of flux and indeterminacy, there can be no promise of *something else* astir within it.

This can be more clearly described if we understand the production of knowledge in terms of how Cooper considers an *assemblage*. This is the “continuous movement of parts in a restless flux in which the separate identities of the parts give way to a mutual coming *and* going, uniting *and* separating” (p. 110, emphasis in original). For Cooper, the parts are definite forms of presence, but through their *relationship* with each other they always express something else. Indeed, “in establishing relations between differences, the assemblage asserts its intrinsic incompleteness, opens up new worlds, and shows *becoming* as a process of renewal” (p. 112, emphasis in original). In this sense, the parts are always unfinished. Yet it is only through understanding the parts as definite, fixed, and finished elements that the relationship (and the expression of *something else*) can be materialised.

Thus, parts are “always *part of and apart from*; they are separate *and joined at the same time*” (p. 118, emphasis in original). This is what Derrida termed *iterability*, which “*splits an element while constituting it*” (Cooper, 1998, p. 115, emphasis in original). Deleuze termed this point of iterability *the middle*, and becoming can be considered as “the movement of assemblage around the middle” (Cooper, 1998, p. 114). Thus, the discrete and fixed binary parts of “[b]efore and after, original and copy, cause and effect now have to be seen as becomings that gyrate around a mute, mutable and motile middle” (p. 116).

Yet “since we’ve been so conditioned by the logic of *simple location*, it’s difficult for us to think becoming” in this way (p. 112, emphasis in original). An eventful attitude therefore requires a “double vision” (p. 118) or “split vision” (Law, 2004, p. 98). It must apprehend the absolute claims of translational forms of presence in order to apprehend the promise of something more, through a process of iterability. This double vision or “double movement” (Cooper, 1998, p. 123) is what Law (2004) proposes in an *allegorical attitude*. Allegory is where “statements come out (or are telling) of something other or more than the reality they describe” (p. 89). To be allegorical is “to hold two or more things together that do not necessarily cohere” (p. 90), to “see and to make several realities at once” (p. 98).

Law (2002, 2004) expresses this allegorical attitude in his understanding of reality as *fractional*<sup>1</sup> (see also Lee and Brown’s, 1994, *fractal strategies*). This uses the metaphor of the fractal, a line that, when magnified, is itself composed of several lines. The ‘double’ or ‘split’ vision is here seen between the two levels of perspective. Crucially, this is a double vision of iterability which breaks the either/or thinking of “centers or dislocated fragments” characteristic of an attitude of closure through reconceiving it as “[b]oth/and” (2002, p. 4). Cooper (1998) similarly discusses how double vision is expressed in cubist art. He argues that cubism addresses “the problem of simultaneity” (p. 117) through representing definite forms that *at the same time* express something more than those forms can contain. It is only through an apprehension of the multiple forms of the elements in the paintings that the relationship between the parts reveals a singular unity that is more than those elements can contain alone as multiple elements. Thus, in addressing Picasso’s *Portrait of Vollard*, the elements constituting Vollard’s face “*seam/seem*<sup>2</sup> to make up a visual unity but which reveal the body as a multiplicity of aspects and parts” (p. 117, emphasis in original). Using Law’s (2002, 2004) fractal analogy, the elements constituting Vollard’s face express a ‘visual unity’ that show that they are in fact “*less than [the] many*” that they appear, whilst *at the same time* this visual unity can only be apprehended by appreciating that it is made up of these discrete elements, that it is in fact “*more than one*” (Law, 2002, p. 3, emphasis in original).

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<sup>1</sup> Law (2002) cites Strathern (1991, 1992) and Wagner (1991) as containing an earlier discussion.

<sup>2</sup> ‘Seam’ is here used as a synonym for *the middle* and alludes to a ‘seam’ that connects two or more separate elements to constitute a whole (such as in garments of clothing).

For Moreira (2012), double vision is expressed in what he terms “humour”, which he uses within the context of health care transformation (p. 154). As above, Moreira argues that it is only through a “robust understanding of the fabric of present institutions” that the “innovation” and “imagination” constitutive of the event can be realised (p. 155). That is, it is only through apprehending the absolute claims of presence that reveal the “possibilities enclosed in the present” (p. 148), of “the fragile underpinnings of established regimes of action” (p. 149). But this realisation does not simply imply an attempt “to replace one frame of meaning with another” as in an attitude of closure (p. 150). Indeed, the “power of humour and laughter” lies in “inhabiting multiple conventions at once and enjoying the strain this provokes” (p. 150). It is a knowing in tension between absence and presence that *enjoys the strain*, as opposed to an attitude of closure that finds the tension paradoxical.

Double vision can also be observed through another metaphor: that of the *hinge*. The hinge can be considered another synonym for *the middle*, the point “around which things revolve or articulate” (Cooper, 1998, p. 121). Cooper argues that this is the sense that Merleau-Ponty meant when he described the body as a hinge. This chapter earlier noted how Honkasalo (2000) conceptualised pain as a hinge that acted as a seam between pre- and post- painful worlds. Whilst discrete, finished elements, they nevertheless express in relationship to one another *something more* than those discrete elements can contain. Apprehending each world and the relationship between them instigates a “passionate movement” (p. 203) connecting them in a way neither one can account for alone. Indeed, there is a sense of a ‘whole’ constituted by the individual elements or ‘parts’. But neither can the concept of the ‘whole’ (the uniting of the two worlds through ‘passionate movement’) encapsulate the meaning of pain because it can only be understood through apprehending the discrete forms of presence that come to constitute those worlds. In other words, this is neither part nor whole, but what Cooper (1998) calls the “part-whole” (p. 123).

Whilst a first-response might read Honkasalo’s (2000) analysis as expressing an extra-representational domain of pain as a ‘passionate movement’ that eludes being expressed in presence, a second-response reads it as enacting a double-vision where its expression in the part-whole is always iterable, and thus never enacts an absolutism of representational closure that initiates the paradox of absence and presence. These are two ways of reading *pain as non-object*.

Double vision/movement, allegory, the event, iterability, becoming, the middle, humour, seam, fractionality, cubism, and the somatic hinge are different ways to describe a ‘second-response’ to the ‘problem’ of simultaneity of absence and presence, but all express the same concern with accepting an absent-present ontology in the process of knowing, something necessary in approaching the *problem of experience* that this thesis is concerned with.

## CHAPTER CONCLUSION

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How can anything reliably stand for a messy mass of constituents?  
A strange kind of double vision seems required. You have to see  
each member of the group in its own right. At the same time, you  
have to see the group itself as a singular thing. (Schaffer, 2005, p.  
196)

Faced with the failure of a translational model, this chapter has explored how lived experience might be accounted for without translation. The chapter began by taking the position that if translation is so embedded within the concept of *representing*, then the next logical step is to ask how we can avoid it. Different ways that pain experience has been accounted for were examined where it could be re-imagined as a *non-object*. Here pain is a form of movement that connects two worlds of experience, as an interpretation, as a physical language mediating social relationships, and as an act of engagement between sufferers. In each of these the common thread is that pain is always an intangibility that avoids definition whilst providing the *movement* that connects representational objects.

Reflecting the emphasis in the thesis on the way texts can be read and re-read in different ways, the chapter suggests *pain as non-object* can be read according to two different responses to the failure of translation. The 'first-response' is a post-translational world where the dualism between an 'out-there' reality (absence) and 'in-here' representation (presence) exists, but where the translational bridge between them has collapsed. A first-response is concerned with maintaining the separation between representational and extra-representational domains. However, such guardians of extra-representational purity inevitably end up defining boundaries between the two domains, a process that ends up representing the extra-representational. A first response thus repeats the same problem of translation it attempts to avoid: trying to make present that which is necessarily absent. A 'second-response' suggests the problem continues to re-emerge because of a failure to fully extend the rhetorical nature of knowledge to both aspects of the sign, with a first response continuing to posit an a priori external reality outside of the realm of rhetoric.

A second-response extends the rhetorical nature of knowledge to both external reality and in-here representation, and in so doing evaporates the absolutism that is translated through to presence. It does this not through abandoning closure but making a second movement alongside it. This double movement, or *double vision*, has many different names, but involves *knowing in tension* between the interpretive omnipotence inherent in the presumption of closure, and a simultaneous realisation of a promise of something else that shocks and shakes any notion of such omnipotence. It is posited as a means by which we might know lived experience where an absent-present ontology is made fully visible, thus offering an alternative to conventional epistemological methods. The question remains, however, of exactly how this alternative can be *practiced*.

## CHAPTER 5: THE PRACTICE OF (CENTRING AND) DECENTRING

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### INTRODUCTION

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Having established a second response as an adequate theoretical reaction to the problem of simultaneity of absence and presence in accounts of lived experience, this chapter considers how it can be *practiced* as a viable way of knowing lived experience such that it might replace the integrative paradigm's insufficient epistemological accounting for pain experience. It starts by clarifying that if the 'first movement' of the 'double movement' or 'double vision' of fractionality constitutes a process of *centring* in the closure of presence, then the second movement involves making visible the processes that puncture the boundaries set up by that centring. This decentring is posited to occur through an attention to the practices of centring, with decentring being made visible in either the *distribution* of multiplicity into singularities of space and time or the *coordination* of multiplicity into singularity. In highlighting this, the chapter draws on a particular example of an ethnographic study of disease as it is enacted in a hospital to reveal how multiple centring practices produce a multiplicity of objects for the disease, but which nevertheless 'hang' together within a singular notion of 'the body'.

Whilst the enactment of disease in a hospital relies predominantly on distributive processes for achieving singularity, the practices in producing academic texts like accounts of lived experience rely predominantly on coordination, namely through conflict. And whilst unbracketing distributive practices is effective in revealing the multiplicity of decentring, the practices of coordination are more complicated. For here fractional tension is not actually bracketed in an epistemological reading but readily attended to, yet conceived as a *means-to-an-end* of a singularity. An attention to practice where there is a conflict requires a more complex understanding of how the fractional tension made visible by the attention to practice can be converted from means-to-an-end to an end-in-itself.

### DECENTRING AND ATTENDING TO PRACTICE

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Thinking in terms of *the event* (see previous chapter), Caputo (2007) considers what it means to react to the first movement of closure when pursuing an eventful attitude. With regard to his specific interest in pursuing an eventful attitude to theology, he writes that "my intention is to avail the event of the most flexible form available to safeguard its irreducibility" (p. 53). For Caputo the "name of God shelters an event, and the task of thinking about or meditating upon this name is to safeguard that event and release what is

stirring there” (p. 53). In this sense, a “postmodern theology” (p. 49) aims “to feel about for the event that has so disturbed the surface of” sacred Christian texts (p. 60). In particular he refers to a “loosening up” of the solidifying tendency we earlier saw associated with the *authority* of knowledge (and the bracketing of its full rhetorical nature):

I am always interested in loosening up the events that stir within beliefs and practices that have gained too much grip on us, whose prestige threatens to intimidate us, which have grown into big theories and big stories, big deals and big pains, which bring along with themselves a history of intimidation, oppression, and violence. (p. 67)

Put differently, the active seeking of the event within presence is another way “not to foreclose on the realities that might be made too soon” (Law, 2004, pp. 117-18). This is the sense with which Law refers to the “quiet”, “slow”, and “modest” methods that he proposes would replace those that establish interpretive omnipotence (p. 15). If Caputo’s (2007) reaction to the attitude of closure is to seek the event astir within presence, to ‘loosen up’ the presumption of closure, then Law (2004) agrees that the problem with conventional methods is their production of an epistemological object that “isn’t sufficiently fluid” (p. 81).

This second movement (or vision) alongside the first can be thought of as what Law (2002) refers to as *decentring* the object. Decentring<sup>1</sup> the object is not about wholly fragmenting it because it occurs alongside the *centring* movement of closure. It is instead about unbracketing the messy and porous nature of the object’s boundaries, to recognise that *alongside* its centring as a coherent, distinct structure there is a simultaneous decentring at its boundaries. Or put differently, that the interpretive omnipotence of the act of closure, which emerges as a singularity, exists alongside an act that reveals the multiplicity of the object. The introduction of decentring alongside centring is thus to know objects as the simultaneity of both these movements as opposed to the fixations of objects as only centred entities (as in epistemological accounts). Lee and Brown (1994) can be regarded as particularly influential in drawing attention to the importance of complementing centring with decentring and the concomitant development of *fractionality* as an approach within *science and technology studies*,<sup>2</sup> of a “deterritorializing, rhizomatic movement of irrevocably splintered entities in their half-realized fractal strategies” (p. 787).<sup>3</sup>

Paying attention to inscription processes is what constitutes the decentring movement because in revealing *what is* as a product of an endless process of practice, as opposed to the absolutism of an ‘out-there’ reality to be translated into presence, an object is realised to be

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<sup>1</sup> For consistency I use the British English extension of the words ‘centre’ and ‘decentre’ (centr-ing and decentr-ing), even though Law (2002) uses American English (center-ing and decenter-ing).

<sup>2</sup> Much of the theory and thinkers this thesis draws upon are associated with this discipline, although the author would not seek to specifically place himself or this thesis within it.

<sup>3</sup> This drawing on the work of Giles Deleuze and Félix Guattari, like much of the theory in this thesis.

gifted with the promise that it might always be something else. More than this, attending to practice can reveal that an object *always already is* something else.<sup>1</sup> Put differently, the singularity of an object is revealed to co-exist with an inherent multiplicity of the object as it is produced (multiply) in a number of different practices.

Annemarie Mol's (2002) ethnography of how the object of atherosclerosis is fractionally enacted in a hospital thus highlights how there are various different ways of inscribing the reality of atherosclerosis throughout the hospital, creating *multiple* objects of atherosclerosis even whilst it is enacted as a single atherosclerosis relevant to the particular body of a patient. In paying attention to the practices producing atherosclerosis the multiplicity of the object is revealed alongside its singularity: decentring alongside centring. Similarly, Law (2002) reveals the multiplicity of objects of a planned fighter plane (the TSR2) that are produced in the planning for the aircraft, but which are nevertheless assumed to pertain to a single object (the planned aircraft).<sup>2</sup> This attention to practice reveals the "double move" involved in knowing an object, which is (in Mol's, 2002, ethnography) "the multiplication of a single disease *and* [...its] singularity" (p. 82, emphasis in original).

Thus, Mol argues for what she terms a *praxiography*, which is a charting of how knowledge of an object is practiced (or *enacted*). Referring in particular to the enactment of atherosclerosis (but which applies to the practices producing objects in general), she notes that a praxiography "requires that we keep the practicalities of doing disease unbracketed – in the forefront of our attention" (p. 119). Mol emphasises how if "the practicalities of enacting disease are bracketed" then "disease [becomes] located inside the body" (p. 48). This is a specific version of the more general effect (discussed in Chapter 3) of bracketing inscription processes: that whilst signifier and signified are produced in a particular enactment, the signified becomes transposed to an 'out-there' reality independent of the rhetorical act that produces it, and comes to be regarded as the *cause* of representations (Law, 2004). That is, the bracketing of rhetoric serves to produce an epistemological (translational) form of knowing. In arguing for a "shift from an epistemological to a praxiographic appreciation of reality", Mol (2002) argues that the attention to how knowledge is produced locates *knowing* to the tension between the centring and decentring practices of rhetoric (p. 53).

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<sup>1</sup> The important distinction between rhetoric as revealing something that *could be* otherwise versus revealing something that *is* otherwise is discussed in later chapters.

<sup>2</sup> An assumption that, in Law's (2002) analysis, led to the cancellation of the TSR2 project since the differences between the multiple objects of the TSR2 could not be *coordinated* (see next section) into such a singularity.

## WIDER LITERATURE ON PRACTICE: NON-REPRESENTATIONAL THEORY

An attention to the practice of knowledge production that is not simply subsumed within a translational reading (as with a ‘first reading’ of the insight of rhetoric or the ‘first response’ to the failure of translation – see Chapters 3 and 4, respectively) can be observed beyond the praxiographic or fractional methodology offered by Mol and Law. A related (and relatively new) strand of academic thought termed *non-representational theory* has emerged within Geography. Thrift (2009) defines non-representational theory as a “style of engagement with the world that aims to attend to and intervene in the taking-place of practices” (p. 503). Indeed, it attempts to attend to life as a “process of becoming”, and is also interested in producing “description or presentation” that attempts “to co-produce new events by engaging with and intervening in the practices that compose life” (p. 503). Moreover, Thrift also recognises the danger inherent in seeking an anti-representational account that maintains the dualistic categories of representational and extra-representational domains as a reflex to the inadequacy of representation (discussed in terms of a ‘first response’ in Chapter 4), stressing that “non-representational theories are not anti-representation” (p. 504).

Anderson and Harrison (2010) also link non-representational theory to the concept of *the event*, noting that it “has been such an important concept and empirical concern for non-representational theories because it opens up the question of how to think about change” (p. 19). Indeed, non-representational theories “are marked by an attention to events and the new potentialities for being, doing, and thinking” (p. 19, emphasis in original).

Non-representational theory is a much broader theoretical movement than the fractional and praxiographic methodologies the thesis has discussed thus far. Thus, Vannini (2015) points out how non-representational theory actually represents a diverse range of approaches that are captured by a particular spirit, and Anderson and Harrison (2010) write of non-representational *theories*. Vannini (2015) notes how there is no particular method of ‘doing’ non-representational theory. Indeed, following Thrift, he suggests that rather than following set procedures, “non-representational theory is meant to be experimental” (p. 5).

Whilst this thesis will continue to follow the theoretical strand related to Law and Mol’s work, in particular Law’s (2002, 2004) pursuit of *fractionality*, it is notable that the spirit of a ‘second response’ to the problem of the simultaneity of absence and presence can be recognised more widely, and that the production of ways of knowing in double-vision is a project with seeds of growth elsewhere.

Mol's (2002) ethnography of atherosclerosis achieves a fractional way of knowing the disease because she manages to unbracket the process of *distribution* of the multiple objects of atherosclerosis enacted throughout the hospital. The epistemological impossibility that would otherwise exist in trying to place multiplicity within singularity is resolved through distributing the multiple objects to separate sites across the hospital where they do not 'clash' in a singularity. They do not have to confront the inherent multiplicity of something that is (at the same time) a singular object. Indeed, the "possible tensions between different variants of a disease disappear into the background when these variants are distributed over different sites" (p. 115). Whilst we may conventionally understand that disease is done differently (and thus *multiply*) in different sites of the hospital, practically the multiplicity of atherosclerosis is not enacted. It disappears as a distributional effect. However, in attending to this process of distribution, Mol makes the multiplicity of atherosclerosis visible alongside the (centred) sense of singularity (in *the body*) by which it is conventionally known. Through attending to practice we are forced to view atherosclerosis fractionally.

However, as Mol makes clear, distribution is not the only mechanism that a fractional way of knowing an object is made palatable to an epistemological one that can only comprehend singularities. She also draws attention to the act of *coordination*. Like distribution, this resolves differences between multiple enactments of an object so that an entirely singular object emerges. She argues that this occurs in three ways. First, one multiple is made to 'win' over the others. From a translational perspective, when presented with multiple signifiers a decision is made (using particular epistemological rules) about which one of the multiples best represents the singularity of the 'out-there' reality. Second, the multiples become fused as a "composite object" (p. 71), where they become "balanced, added up, subtracted" (p. 70), forming a "patchwork singularity" (p. 72). The parts of the composite are regarded as separate objects in their own right, such as a collection of distinct "indicators of success" in the evaluation of a particular treatment technique, but the only thing that matters is the overall tallying up of the indicators into a singular measurement outcome rather than how the multiple objects "hang together inside the body" as a singularity (p. 68). "Don't bother about whether they're *really* similar or different. [...] Forget about the body. Just add up your findings" (p. 68, emphasis in original). Thirdly, the multiples are made to *correlate* with one another through a common variable, such as when two particular diagnostic techniques are made to enact atherosclerosis in terms of the same dependent variable.

Mol's ethnography reveals that within a coordinating system that uses the first technique (of one multiple 'winning' over the other), attention to practice is actually used to resolve the multiplicity of the objects of atherosclerosis into singularity. Here the *validity* of a diagnostic

test result (its ability to translate out-there reality) that shows no thickening (reduction in the lumen) within the artery may be questioned when it clashes with, for example, a patient's clinical diagnosis (the diagnosis received when talking to the patient in the clinic). Crucially, this questioning involves *reflecting on how the result was obtained*, that is, attending to the practice through which the particular object of atherosclerosis is produced. Thus, the validity of the clinical diagnosis may be questioned when it clashes with a diagnostic test: the patient might be poor in language skills, or they have a related condition (such as diabetes) that means that they don't feel the pain of atherosclerosis in their legs so severely, and so would not communicate significant pain in the clinical consultation. Alternatively, physicians may question how the method of a particular diagnostic test may have provided a false reading. In each case there is reflection on the practice through which a particular object of atherosclerosis is enacted in an attempt to detect deviation from the 'good practice' that constitutes the epistemological rules determining how to achieve successful translations. Based upon these deviations one representation of atherosclerosis is selected as being a more accurate translation of the 'out-there' reality of the disease (which is located 'in the body'), and the other(s) discarded. Echoing previous chapters, this can be thought of as failing to fully accept the insight of rhetoric: to acknowledge that both aspects of a Saussurean sign (signifier and signified) are produced in rhetorical processes.

This thesis is concerned with how the lived experience of pain is enacted within an integrative paradigm of academic social analysis. As the next chapter will discuss, this is largely achieved as narrative accounts produced in *interview research*. Unlike a hospital with its combination of distributed and coordinated objects of disease, a narrative is a theoretical text, and the epistemological problem of multiplicity within texts has typically been dealt with by means of coordination rather than distribution, namely as competing realities where one is chosen over the other. Indeed, as Mol notes: "*distribution* is a rare way of solving, or rather dissolving, theoretical tensions inside the texts of theorists, whereas it is a common and routine way of doing so in more practical settings such as the hospital" (p. 99, emphasis in original). And just as Mol highlighted how attention to practice can be used as a means to centre (rather than decentre) in a coordinating system through using it to select one particular enactment as a better translation than others, so too does interview research have a well-established tradition of examining interview practices as a means of determining which produce better translations of an interviewee's experience.

But then it is in the contrast established during coordination by the conflict of multiples that multiplicity is made visible alongside singularity, establishing a knowing in tension of fractionality. The challenge is to understand how this practice can be understood not as a *means-to-an-end* (the end being the singularity that results from the resolution of multiplicity) but as an end-in-itself (Law, 2004).

## ON THE IMPORTANCE OF FRACTIONAL PRACTICE

Law (2002) draws on Deleuze and Guattari (1988) to define an epistemological way of knowing as an *arborescence*. An arborescence is “a form of storytelling that is treelike in structure” (Law, 2002, p. 173), where “[t]hings, events, and considerations are made to stand in relation to one another, asymmetrically, within a structure of branching points” (p. 174). Branches “come together to form a story and make a conclusion”, forming a hierarchical structure that “also reflects and maps the passage of time” (p. 174). This conforms to the standard understanding of narrative as a story with a beginning, middle, and end.

But an arborescence is not made epistemological simply by this arrangement of parts into a time-dependent hierarchical structure. Instead, it is because the “arborescent narrative grows in, presupposes and creates, [a...] kind of three- or four-dimensional Euclidean time/space container” (p. 174). An arborescence “reenacts conditions of possibility that assume the objects in the world are contained in a singular Euclidean space-time box” (p. 185). It “defines and performs the conditions of possibility for particular stories” (p. 185). Here the notions of “*space, time, and scale are made together*” as “arborescent effects” (p. 184, emphasis in original). If, as proponents of a ‘second response’ to the failure of translation, we only produce knowledge *about* a second response as an arborescence (like this thesis has so far), then it serves to reenact the very epistemological conditions of possibility that it criticises. We “collude”, in Law’s language (p. 185). If a second response is to avoid colluding with epistemology and make its critique meaningful then it needs to *practice* fractionality.

But as Cooper (1998) noted, our conditioning to the *logic of simple location* makes understanding double vision difficult, and a collusion with a translational way of knowing is readily established (as the previous chapters have suggested). Law (2002) argues that “*we have not yet recognized and allowed the difficult subjectivities that are needed for fractional knowing*” (p. 4, emphasis in original). He asserts that “Euro-American culture doesn’t really have the language that it needs to imagine possibilities of this kind. Its conditions of possibility more or less preclude the fractional” (p. 3). It is here that the practice of fractionality takes on a political nature, as part of a project for replacing epistemological conditions of possibility with fractional ones. And this is a relatively novel political activity, as Mol (2002) notes:

However much “writing” has become a topic that is theoretically discussed, there still aren’t many books that do something to enrich, complexify, and change academic writing practices. (p. 162, emphasis in original)

It is in this vein of instigating change in academic writing practices that Law (2002)

intends his book (*Aircraft Stories*) to be “an intervention”, a “performance of fractional ways of knowing” about the planned aircraft (the TSR2) that is its topic (p. 5), and not only a claim to authoritative closure regarding the fractional ontology he outlines within his text. In establishing fractionality as a viable replacement to epistemological ways of knowing lived experience its *practice* is thus crucial. The important implications of the *fractional practice* of fractionality, as both promoting and being *engaged in* fractional conditions of possibility (or an ‘ontological politics’), is discussed in more detail in Chapter 7.

## CHAPTER CONCLUSION

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In seeking to define a method of practicing fractionality, this chapter has suggested that this requires attending to the *centring* processes seeking to establish closure, something that makes visible techniques that resolve multiplicity into singularity and thus reveal the multiplicity of an object in these processes. This supplementary act of *decentring* is achieved by making visible one of two different processes. The first is where the multiplicity of an object is *distributed* into singularities, such as the distinct departments of a hospital in the enactment of a disease. Unbracketing distributive processes through an attention to practice collapses the distributive effect, forcing the differences of the multiple enactments of the object to be confronted with the simultaneous assumption that there is only a singular object (such as that of a particular patient’s body).

The second is where the multiplicity of an object is *coordinated* into singularity, which can work on the basis of competition between multiples, their compositing, or correlation with additional variables. Unlike the enactment of a disease in a hospital, knowing lived experience through the generation of narratives in social science research predominantly relies on coordination through competition between variables. This is more complicated than distribution because in this technique the coordinating effect *requires* an attention to practice rather than its bracketing. Differences between multiples become effaced on the basis that the different practices producing the multiples of the object are deemed more or less epistemologically reliable than others. But it is nevertheless within this coordinating process that multiplicity is revealed alongside singularity in a knowing in tension constitutive of fractionality, and the possibility that this attention to such practice might regard it as an end-in-itself rather than a means of resolving multiplicity into singularity is suggested. This examination of attention to practice with regard to a *controversy* is examined in the next chapter, which focuses specifically on a core method for producing narrative accounts of the lived experience of pain: that of *interview research*.

## CHAPTER 6: INTERVIEW RESEARCH AND THE LIVED EXPERIENCE OF PAIN

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### INTRODUCTION

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The previous chapter identified that a 'second response' can be practiced (rather than simply theorised about) through a *decentring* movement consisting of an attention to the centring practices enacting a particular object. However, it also identified that the relationship between decentring and attention to practice was complicated by the type of epistemological strategy used to manage the 'problem of multiplicity'. It is argued that whilst attention to practice offers the possibility of revealing multiplicity within singularity (i.e. the fractionality of a 'second response'), it can also be used to resolve multiplicity into singularity, such as in the typical processes used to produce narrative accounts of pain experience. The current chapter explores how attention to such practice might constitute decentring, making it relevant to knowing pain experience through focussing on a key method used to produce accounts of the lived experience of pain: interview research.

The first part of the chapter examines the contemporary methodological understanding of interview research, which folds within it the 'narrative of succession' outlined in Chapter 1 and the 'rhetorical turn' discussed in Chapter 3. Understanding the contemporary methodological trend in interview research as attention to the practice of doing research, it is argued that attention to practice is appropriated by an epistemological understanding that serves to position interview research as a translational exercise. The second part of the chapter examines in more detail what is involved in the centring practices of interview research in social science, where the messy 'noise' of the interview becomes 'repaired' into coherent 'speech'. An attention to such processes makes visible the constructed nature of narrative accounts of experience, and most importantly the fact that the account *could have been otherwise*. Whilst seeming to introduce multiplicity as a complement to the singularity of the centred product, it is argued that the concept of *could have been otherwise* constitutes another epistemological understanding where it distributes multiplicity into singularities of *time*. Instead, it is only in making visible the *controversies* involved in the practice of centring in interview research that multiplicity is made present at the *same time*. But this needs to avoid a *dialectical* understanding of the controversy since this involves isolated temporal singularities rather than a fractional *knowing in tension*. Having developed an understanding of the importance of the controversy in enacting fractional accounts in interview research, the scene is set for introducing a method for making controversies visible without their epistemological appropriation.

PAIN AND THE INTERVIEW

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There are countless numbers of studies investigating pain experience that involve interviewing sufferers<sup>1</sup> (as well as experiences of health professionals and carers involved in their treatment and care<sup>2</sup>). Understanding how pain and interview research relate so closely involves returning to the *narrative of succession* discussed in Chapter 1. This is a historical narrative produced by contemporary social science of a succession from flawed biomedical paradigm to integrative paradigm seeking to make-good biomedicine's failings. It outlines how the patient voice was seen as an unreliable source of knowledge about pain from the 19th Century onwards, and how biomedicine sought to limit this unreliability by excluding it from methods of knowing pain. As a reaction (in the late 20th Century), first as an objection against the exclusion of psychosocial variables (Engel, 1977), and later against a mind-body fragmentation of the holistic experience of the patient, emphasis was placed on the patient's voice as expressing the theretofore-excluded elements. The "narrative surrender" of modern patient experience could now be reversed by decolonisation of the patient's body from medical authorities, and a 'patient voice' could re-claim it (Frank, 2013, p. 6). The project of this reclamation, expressed in the *integrative paradigm of pain*, could be achieved by translating embodied patient experience into narrative accounts. The interview is key to this project, with its construction of the sufferer as a valuable source of experience that can be methodically drawn out into a publically shareable narrative.

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<sup>1</sup> See, for example, Appleyard & Clarke (2018); Arman & Hök (2016); Barkwell (2005); Becker (1999); Bergh, Jakobsson, Sjöström & Steen (2005); Berna et al. (2011); Bernhofer, Masina, Sorrell & Modic (2017); Blomqvist & Hallberg (2001); Buchbinder (2010); Burton, Hissey & Milgate (2019); Chan & Spencer (2005); Chandler (2013); Clarke et al. (2012); Closs & Briggs (2002); Corbett, Foster & Ong (2007); Crowe et al. (2010); De Souza & Frank (2011); Dow, Roche & Ziebland (2012); Eriksson et al. (2014); Eriksson, Wikström, Fridlund, Årestedt & Broström (2016); Flores, Zelman & Flores (2012); Gok Metin & Arslan (2018); Good (1992); Gudmannsdottir & Halldorsdottir (2009); Gustafsson, Ekholm & Ohman (2004); Honkasalo (2000); Iqbal, Spaight & Siriwardena (2013); Johansen (2002); Jordan, Noel, Caes, Connell & Gauntlett-Gilbert (2018); Juuso, Skär, Olsson & Söderberg (2011); King et al. (2018); Lucius-Hoene, Thiele, Breuning & Haug (2012); McGrath (2006); Mengshoel & Heggen (2004); Ojala et al. (2015); Ong, et al. (2006); Osborn & Smith (2006); Peolsson, Hydén & Sätterlund Larsson (2000); Peters et al. (2015); Richardson (2005); Richardson, Ong & Sim (2007); Robinson, Kennedy & Harmon (2013); Roberts, Kent, Prys & Lewis (2003); Rodrigues-de-Souza et al. (2016); Ryan, Lauchlan, Rooney, Hollins-Martin & Gray (2014); Sallinen, Kukkurainen & Peltokallio (2011); Sheedy, McLean, Jacobs & Sanderson (2017); Smith & Friedemann (1999); Smith & Osborn (2007); Snelgrove, Edwards & Lioffi (2013); Snelgrove & Lioffi (2009); Sofaer-Bennett et al. (2007); Takai, Yamamoto-Mitani & Chiba (2017); Walker, Sofaer & Holloway (2006); Walker, Sofaer-Bennett & Holloway (2006); Winkler (2018); Werner, Isaksen & Malterud (2004); Werner & Malterud (2003); Yarris (2011); Yazar & Littlewood (2001).

<sup>2</sup> See, for example, Blomqvist & Hallberg (2001); Harding et al. (2010); Holloway & McConigley (2009a, 2009b); Iqbal, Spaight & Siriwardena (2013); Jones & Machin (2003); Kelley, Demiris, Nguyen, Oliver & Wittenberg-Lyles (2013); Kristiansson et al. (2011); Lindberg & Engström (2011); Matthias et al. (2010); McGrath (2006); Oliver et al. (2013); Patel et al. (2008); Peters et al. (2015); Rejeh, Ahmadi, Mohammadi, Kazemnejad & Anoosheh (2009); Richards & Hubbert (2007); Wikström, Eriksson, Årestedt, Fridlund & Broström (2014).

Just as pain is historically situated within the ‘narrative of succession’ produced by contemporary social science, interview research is also historically situated within a narrative produced by social science. *The SAGE Handbook of Interview Research* (Gubrium, Holstein, Marvasti & McKinney, 2012a) might be regarded as a bellwether for contemporary methodological thinking on the topic. In its introduction, Gubrium, Holstein, Marvasti, and McKinney (2012b) position interview research into three historic stages. “Early challenges” involved the establishment of an interview subject as a source of answers to be translated from experience into representation via the interview (p. 1). This consisted of the “emerging view” in the 19<sup>th</sup> Century that “people of all backgrounds were capable of giving credible voice to experience” (p. 2). Indeed, as Gubrium and Holstein (2012) argue in their subsequent chapter, the interview can be regarded as a Foucauldian *technology of the self*, serving as a practice “through which a sense of, and information about, individual identity is constructed” (p. 29). The interview “created a new subjectivity worth communicating about” (p. 29). However, despite the emergence of this new subjectivity, the acceptance of the interview as a “systematic method for obtaining experiential knowledge” was something that “would have seemed peculiar” even by the early 20<sup>th</sup> Century (p. 28). Nevertheless, people (“each and every one of them”) became increasingly regarded as “an important source of knowledge” (p. 28), as a “vessel of answers” where respondents “are seen as repositories of facts, reflections, opinions, and other traces of experience” (p. 32).

The interview became a means to access these answers and translate them into representational form in a classic epistemological movement. The interview was regarded as a technical exercise with the aim to “derive as objectively as possible the respondent’s own opinions on the subject matter, opinions that will readily be offered up and elaborated on by the respondent when circumstances are conducive to doing so and the proper solicitations extended” (Gubrium & Holstein, 2012, p. 29, emphasis in original). The ‘early challenges’ of constituting an interview subject as a vessel of answers gave way to a period concerned with developing technical protocols regarded as being best able to provide access to these answers (Gubrium et al., 2012b). This “technical forefront” constitutes the second period of interview research for Gubrium et al., but they also note that for much of the 20<sup>th</sup> Century interview protocols were relatively “straightforward”: interviewers merely had “to ask the right questions, and the responses virtually pour[ed] out” (p. 2). The technical forefront saw an increasing complexity of these protocols as they sought to specify “ways of asking questions that will not interfere with or contaminate information that resides with respondents, which is waiting to be set free” (p. 2). The technical complexity expressed in these protocols would permit “an atmosphere conducive to open and undistorted communication between the interviewer and the respondent” (p. 2).

The previous chapter discussed Annemarie Mol's (2002) ethnography of atherosclerosis, where a particular type of coordination of multiple objects of disease enacted within the hospital involves attention to practice, with one of the multiples chosen as being a more accurate translation. In this way multiplicity is resolved into singularity. The 'technical forefront' of interview research corresponds to such coordination, where attention to interview practice allowed a judgement about how "authentic" the translation of the participant's experience is (Gubrium & Holstein, 2012, p. 31). Indeed, an attention to practice to obtain the most authentic translation of a patient's experience intersects with the narrative of succession's decolonisation of the patient body through the emphasis on "empowering interview respondents", something that has "set a tone for the growing appreciation of narrative work in the interview context" (p. 34). Faced with a multiplicity of interview subjectivities enacted by different interview techniques, attention to the nature of these techniques allows their authenticity to be gauged. Gubrium and Holstein discuss Mishler (1986) and his attempt to empower the voice of interview participants through examining the way that interviews are performed, and assessing how successfully (*authentically*) they translate an interviewee's experience. For Mishler, how well the researcher can hear the "respondents' own voice" is assessed through examining the "speech exchanges" of the interview (Gubrium & Holstein, 2012, p. 35). Certain practices are deemed to produce authentic representations of participant voice, whereas others are not. Thus, Mishler "advocates more open-ended questions, minimal interruptions of accounts, and the use of respondents' own linguistic formulations" (Gubrium & Holstein, 2012, p. 35).

The attention to practice in the technical forefront can be understood as a means-to-an-end (Law, 2004), the end being the authentic product the privileged technique enacts. But this has increasingly given way to a new attention to practice rejecting the notion of authenticity, and thus the relegated status of practice as simply means to an (authentic) end.<sup>1</sup> Indeed, reflecting the wider *rhetorical turn* (see Chapter 3), the technical concerns of interview protocols "are now sharing the complexity terrain with concerns about the interview as a form of knowledge *production*" in its own right (Gubrium et al., 2012b, p. 3, emphasis in original): practice not as a means-to-an-end but as an end-in-itself (Law, 2004). This new attention to practice constitutes the third period in interview research for Gubrium et al. (2012b), and the discussions within the various chapters of the *Handbook* might be regarded as reflecting this concern. Thus, Reissman (2012) writes about "attend[ing] to the interactional and institutional contexts" that shape a particular narrative emerging in an

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<sup>1</sup> However, there nevertheless persists "a neo-romantic cult of the spontaneous narrating self" where "the [correctly practiced] interview is regarded as providing an authentic gaze into the other's soul" (Kvale, 2006, p. 493). Further discussion of the persistence of authenticity in interview research despite the popularity of rhetorically-aware philosophies, as part of the 'Interview Society' as a whole (Atkinson & Silverman, 1997), can be found in Chapter 8.

interview (p. 368). Rapley (2012) notes how “both interviewers and interviewees work to locally manage their identities” according to “moral adequacy” (p. 545), encouraging researchers “to focus on how they interact [in the interview], as opposed to solely focusing on the topical content of interviewees’ talk” (p. 548). Narayan and George (2012) write about “understanding how narrative traditions are creatively reworked by particular tellers for particular social ends” (p. 518).

The preceding chapters of this thesis have argued that the insight of rhetoric (that knowledge is, in all its aspects, *produced*) makes visible a fractional nature of knowing, and specifically the simultaneity of absence and presence in the ontology of pain experience. However, reflecting another theme of the thesis, practice always threatens to be read translationally. It is possible to construct a fractional reading of Narayan and George’s chapter. Thus, they refer to the restlessness of practice as *complementing* the centring processes of analysis, noting that stories “live in ongoing reverberations through lived practices, not just in analytic reflection” (p. 519). Indeed, their account seems to recognise the mismatch between an epistemological method and the fractional ontology of the objects of knowledge that method enacts. Thus, centring processes that seek “meaning isolated from particular contexts of retelling or remembering may appear to fix meaning in inappropriate ways” (p. 519). However, their conclusion that attention to practice “enhances appreciation for the specificity of stories that emerge within interviews” (p. 522) threatens to refract the chapter within a translational reading where practice serves as a *better means of centring* through situating the narrative to the particular rhetorical circumstances that produced it (referred to as the ‘first reading of rhetoric’ in Chapter 3).

The ease of switching between fractional and translational readings means translational (epistemological) understanding readily emasculates fractional insight, and it is suggested this occurs within contemporary methodological understandings of interview research. To demonstrate this further, the following section uses a chapter of the *Handbook* (that of Gubrium and Holstein, 2012) to show the ease with which a ‘first reading of rhetoric’ is constructed, before revealing the difficulties it encounters when its objects of study express a fractional nature at odds with the centred account they are being fitted into.

#### *A FIRST READING OF RHETORIC IN INTERVIEW RESEARCH*

The first part of Gubrium and Holstein’s (2012) chapter, *Narrative practice and the transformation of interview subjectivity*, critiques what they consider to be a significant chunk of conventional approaches to interview research, particularly those “orientated to standardized surveys” (p. 31). Such research is “primarily concerned with maximizing the flow of valid, reliable information while minimizing distortions of what

the respondent knows” (p. 31), reflecting the second historical period of the technical complexity of interview research (Gubrium et al., 2012b). This understanding implies a notion of something “authentic” in the participant’s “voice” (Gubrium & Holstein, 2012, p. 31). The notion of authenticity<sup>1</sup> serves to “flag an epistemological understanding, namely, that the true voice of the subject is internal and comes through only when it is not externally screened or otherwise narratively fettered” (p. 31). This voice serves as the origin of experience, existing in some ‘out-there’ extra-representational domain, and is only regarded as ‘authentic’ if good epistemological interview practice permits its successful translation into representation. However, this ignores that “[a]uthenticity itself is a methodically constructed product of communicative practice” (p. 31). Instead, an approach that “centers on the constructive *hows* of the interview process” (p. 34, emphasis in original) reveals the contingency of the interview subject on a potential multitude of interview practices, resulting in “the acknowledgement of multiple subject positions” that disrupts the notion of authenticity (p. 38).

Attending to practice means understanding the interview as a “set of positions and accounts that are continuously accomplished”, where nothing like an ‘authentic’ subject position could exist (p. 38). Recognising the multiplicity of subject positions through attending to the *hows* of their production is something that cannot occur in an epistemological approach only dealing in singularities of authentic subject positions, where “one needs to conclusively settle on the matter of who the subject behind the respondent is” (p. 38). Indeed, a “respondent who shifts the subjectivity to whom she is giving voice poses dramatic difficulties” for this approach (p. 38).

Gubrium and Holstein’s chapter thus appears to grasp the insight of rhetoric, including ticking all of the important boxes that are characteristic of the *rhetorical turn* in the social sciences. It explicitly criticises an “epistemological understanding” (p. 31) of interview research through *attending to practice*, something that reveals a *multiplicity* of subject positions that is *otherwise bracketed* in an epistemological approach that only takes into account the conclusive singularity of authenticity. However, having rescued multiplicity from the mono-vision focus on singularity that accompanies authenticity, in expounding this critique in the rest of the chapter Gubrium and Holstein actually go on to use attention to practice to *re-bracket* multiplicity. Echoing work on the performance of particular narratives in response to ethical demands (see Chapter 3), going as far back to the 1960s in Erving Goffman’s concept of ‘moral careers’, the role of rhetoric in producing subject positions is posited by Gubrium and

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<sup>1</sup> With reference to knowing pain experience, this can be seen in the “*ethnography of experience of persons afflicted by chronic pain*” promoted by Kleinman et al. (1992, p. 14, emphasis in original) that seeks to “provide an authentic representation of [...] experience” (p. 16) (see Chapters 1 and 3).

Holstein as offering a more convincing understanding of the interview than those looking to empower the interviewee's 'authentic voice'. Bringing in Everett Hughes' notion of 'going concerns' (the "landscape of narrative possibilities", Gubrium & Holstein, 2012, p. 38), this introduces the idea that the 'total institutions' (a term from Goffman) producing particular narrative possibilities "are not fixed" but subject to being continually produced in practice, where "considerable narrative work keeps them going" (Gubrium & Holstein, 2012, p. 39). This is an attention to practice that would seem to make visible a decentred multiplicity.

Building upon this, the authors introduce the concept of a "narrative environment" (p. 38). A narrative environment constitutes "the conditions of possibility (Foucault, 1979) for narrative footing – for who and what we could possibly be" (Gubrium & Holstein, 2012, p. 39). Yet here Gubrium and Holstein are fearful that the centring of the subject in the narrative environment might lead to the elimination of an indeterminacy (or sort of *free will*) that they regard as integral to the subject, and so they wish to "guard against overdetermining the role of either narrative environments or narrative work in the production of interview accounts" (p. 39).

This concern occurs because Gubrium and Holstein's discussion of a narrative environment serves not only to explain the multiplicity of subject positions but also explain *away* multiplicity. In so understanding the rhetorical circumstances that produce particular subject positions, attention to practice serves to create a number of distinct singularities determined by the particular forms of practice used to produce them. These are not multiples in the fractional sense because just as Mol's (2002) multiple objects of atherosclerosis were distributed across the space of the hospital as an epistemological solution to the 'problem of multiplicity', the multiple subject positions are also distributed across a spatial grid of a 'narrative environment', the coordinates of which are determined by the rhetorical circumstances of their production. Whilst Mol's (2002) ethnography served to *undo* the distribution of multiplicity, and introduce multiplicity alongside singularity, Gubrium and Holstein's (2012) *narrative environment* does the reverse: distributing multiple subject positions into singularities. A narrative environment does not know the interview subject as a multiplicity of subject positions that hang within a singular subject, but only ever as a single subject position created by the particular rhetorical circumstances of its production. Shifting from one rhetorically-situated subject position to another does *not* constitute multiplicity because it is simply jumping from one singularity to another.

Faced with the insufficiency of the sterile, determined singularities of a narrative environment, Gubrium and Holstein then introduce an additional concept to allow

indetermined multiplicity to be re-admitted to their theory, that of “improvisation” (p. 40). “As in producing jazz, themes and improvisation are the hallmarks of narrative practice” (p. 40). Indeed, they argue that interview narratives are “artfully assembled”, with participants being “artful” (Garfinkel, 1967, cited in Gubrium & Holstein, 2012, p. 40) rather than “mechanistic” in “managing their roles and giving voice to experience” (Gubrium & Holstein, 2012, p. 40). In ‘improvisation’ there is an attempt to transform what threatens to be a “passive” subject (of fixed, certain narratives and predictable futures) (p. 32) into an “active” subject (of ongoing, unpredictable enactment) (p. 33). Improvisation accounts for the necessary absence in the determined subject positions of the narrative environment.

However, having re-introduced indetermined multiplicity (absence) via *improvisation*, this multiplicity sits in an uneasy tension with a narrative environment that can only comprehend singularities. A narrative environment cannot comprehend a fractional subject, yet the fractional nature of a subject emerges as an ontological property in that account. Just as a translational approach to knowing the lived experience of pain conjures the paradox of a necessary absence of pain that accompanies its forms of presence, a narrative environment conjures the paradox of a necessary indeterminacy of the subject that accompanies its determined forms of presence in the narrative environment. Both enact a simultaneity of absence and presence, but can only deal with them in terms of either/or, where absence is a problem to be resolved into presence.

Improvisation and narrative environment as two complementary aspects of the double vision (fractionality) of the subject become undone because the *absence* (or indetermined multiplicity) offered by improvisation constitutes a problem to be resolved into determined, singular forms of presence. Indeed, having recognised the insufficiency of a *narrative environment* that resolves multiplicity into singularity, and having then rescued multiplicity from its grips through the concept of *improvisation*, the authors then confront the insufficiency of a multiplicity that has not been boxed out into the singularities of an epistemological explanation. As a result, a new round of resolving the multiplicity of ‘improvisation’ into distinct singularities begins. Thus, “narrative improvisations” emerge from “biography, perspective, interests, and the immediate pertinences of the process” (p. 40). Participants are artful because they “draw on biographical particulars in the context of specific research questions” (p. 40).

Yet the hard-won prize of the protection of indetermined multiplicity in *improvisation* threatens to be lost through this new round of epistemological resolution. As a result, the authors attempt a compromise between the two, appealing to the sheer complexity of determining factors that produce “a discernable range of possibilities for asking and

responding to questions about what we are and what our worlds are like” (p. 40). The indeterminacy of improvisation thus arises from a determined set of processes so complex that they cannot be determined, just like a computer passing the Turing test.<sup>1</sup> This produces “endless senses of who and what we could be, and variegated perspectives on our social worlds” (p. 40).

But the important word here is *sense*. Indetermined multiplicity in improvisation is simply a ‘sense’ that has ‘behind’ or ‘beneath’ it a determined singularity. It is an innocuous word surreptitiously doing the necessary work connecting together entities supposed to be kept apart, in the same way that Throop (2009) does not find the absence of experience as ungraspable to presence, but as “barely” graspable (p. 536) (see Chapter 4), and in the way that the ontology of pain outlined in Chapter 2 does not flag the impossibility of resolving absence into presence, but substitutes the necessary absence of presence with *elusiveness*. Such ‘compromise words’ carefully and covertly do the work of recognising the ontological connectedness of the concepts in the face of a theory that maintains their strict separation (in this sense, they are truly fractional, but cannot be allowed to express their fractionality in these epistemological accounts).

However, the mismatch between the fractional nature of the subject and the epistemological frameworks such authors try to force them into is barely hidden by such moves. The struggle to (nominally) recognise (but ultimately deny)<sup>2</sup> the multiplicity of interview subjectivity fails when we take “a close look at what objects really do in the texts” of such writers (Latour, 2005, p. 85). The objects themselves “deploy many *other* ways for objects to act than the ones granted to them by their author’s own philosophy of matter. Even as textual entities, objects overflow their makers” (p. 85, emphasis in original).

Thus, Gubrium and Holstein (2012) produce a ‘first reading’ of rhetoric through their concept of a *narrative environment* that resolves the multiplicity of the interview subject into a rhetorically-specific set of singularities. Facing the insufficiency of this subject (seen in a fear of overdetermination), they introduce *improvisation* to allow the return of indetermined multiplicity. However, a new round of resolving multiplicity into singularity begins as improvisation is accounted for in determined singularities, which can only resist this epistemological drive to resolve multiplicity through being construed as a multiplicity-yet-to-be-resolved due to the complexity of its determining

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<sup>1</sup> A test, developed by Alan Turing, which judges whether a computer’s behaviour is sufficiently complex to be indistinguishable from human behaviour.

<sup>2</sup> The bracketing here is deliberate to reflect the bracketing required to establish coherence (centring) in Gubrium and Holstein’s (2012) chapter.

factors. Rather than the insight of rhetoric as revealing the fractional nature of the subject as an ontology of a simultaneous absence and presence, the space of Gubrium and Holstein's chapter can instead be read as an either/or lurching between resolving indeterminacy into determined entities and then re-introducing indeterminacy as a new problem to be resolved. "The temptation" to follow this peculiar looping "is all the greater since[...] like Ulysses's sirens, [it] might generously offer its profusion of loops to wrap up and tie off such compromises" between absence and presence demanded by epistemological conditions of possibility (Latour, 2005, p. 169).

In so situating interview research within its historical context, it has been the intention thus far in the chapter to firstly demonstrate the importance of interview research for knowing the lived experience of pain, and secondly to outline current methodological thinking about interview research within social science. Resting on the importance of attention to practice, it has argued that this thinking can easily be read translationally (epistemologically), even whilst that reading is unable to account for the fractional ontology it enacts. The rest of the chapter examines how an attention to practice in interview research may produce the desired decentring movement consistent with a fractional understanding of lived experience rather than be appropriated within an epistemological reading serving only to centre.

## THE PROCESS OF PRODUCING THE OBJECT OF PAIN EXPERIENCE

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### SOCIAL ANALYSIS: CENTRING THE OBJECT

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Harrison (2010) argues that the social analysis associated with apprehending embodied experience serves to produce an "individual existent" of an experiencing subject that is "fused with and understood as a moment within the wider (social) context" (p. 161), which is consistent with the interview method constituting a Foucauldian *technology of the self* (discussed earlier) (Gubrium & Holstein, 2012). For Harrison (2010), social analysis of testimony is a gradual process of centring this object of lived experience (subjects within a social context), and begins initially with a decentred mess that "poses a problem" for the centring exercise of social analysis to resolve (p. 165). The testimony offered by the (produced) subject "has yet to be assessed or accredited" (p. 165), constituting only "noise" (or "voice") that is missing its full understanding as "speech" (p. 167).<sup>1</sup> In this sense, the decentred noise is read by social analysis as incomplete speech – of speech that has yet to be adequately centred. Indeed, "testimony is apprehended as problematic speech *due to* its unaccredited status; problematic *only insofar* as its lack of account of itself stands *as a flaw in need of repair*" (p. 168, emphasis in original). Providing testimony's account of itself

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<sup>1</sup> Harrison (2010) notes that this draws on a distinction made by Aristotle.

constitutes the transformation of voice into speech. This process is epistemological, of course: to apprehend the extra-representational (expressed in the *absence* that is the incoherent decentred mutterings of voice) and to make a more or less successful translation of it into representation (the coherent centred logic of speech) to be digested as knowledge.

Establishing testimony's account of itself involves applying "protocols" that permit the "elided set of functions and meanings [...to be] decoded and recovered *through* social analysis" (p. 168, emphasis in original). Whilst Harrison does not outline specific protocols, they can be observed as the methodological rules constituting what it means to create a successful translation, methodological rules encountered in any social science study to be taken seriously. For Harrison, the protocols act in three ways: *revelatory* ("the progressive and systematic removal of barriers to shared understanding") *reparatively* (supplementing fragmented speech so that it might be centred into adequate speech), and *contextually* (returning voice to its 'proper' place in a particular ordered system of signification) (p. 168). In a phrase echoing the elusiveness of pain's necessary absence (see Chapter 2), testimony is understood as "challenging certainly but ultimately resolvable" (p. 169).

Repairing speech involves already deciding in advance the nature of *what is* in the interview. As Harrison puts it: "testimony is, as it were, pre-comprehended by the systems and systemisations of analysis" (p. 169). Indeed, Briggs (2007) notes that anthropology produces ethnographic material that "generally presupposes and reifies particular types of interview ideologies and practices", something that can be regarded as applying more widely to interviewing in general (p. 566). In particular, he contends that anthropological interviews constitute "communicable cartographies" (p. 551) that format interviews and interview material according to three well-established ideologies in Western thought: *self-expression* ("knowledge emerges as individuals contemplate the world and rationally order their thoughts"), *publication* ("a notion of public discourse [...] requiring particular sorts of technologies to move it out of private domains and into the public sphere"), and *social interaction* (a reaction against "abstract, disinterested, decontextualized" Enlightenment representation and that came to construct "[f]ace-to-face communication [...] as primordial, authentic, quintessentially human, and necessary") (p. 553). A cartography of interviewing containing these three ideologies forms part of the historical narrative of interviews constructed within social science discussed earlier in the chapter. However, Briggs' concept of a 'communicable cartography' introduces a further contention that the processes of doing the anthropological interview serve the same reparative function suggested by Harrison (2010), where "subjects, texts, knowledge, and authority" are constructed according to the communicable cartography of interview research that already pre-comprehends the interview and its material according to the three ideologies (Briggs, 2007, p. 552).

Significantly, this reparative process is one that re-produces epistemological conditions of possibility, generating the kind of arborescent narrative discussed in the previous chapter including the Euclidean space-time containers that characterise them (Law, 2002). The practice of knowing in this epistemological manner could only ever produce centred objects devoid of the decentring required for knowing fractionally.

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#### DECENTRING THROUGH ATTENDING TO INTERVIEW PRACTICE

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The reflection that Harrison (2010) provides on the process of producing this knowledge reveals the multiplicity of what *could* otherwise be. This recognises “the historicity, generality and substitutability intrinsic to all systems of signification” (p. 164), that the account is produced in processes that could be different. Indeed, “when you are guided to any construction site you are experiencing the troubling and exhilarating feeling that things *could be different*” (Latour, 2005, p. 89, emphasis in original). Alongside the singularity of the narrative account offered in the centring movements of social analysis is the possibility of the multiple narrative accounts that could have taken its place. In this way, attention to the practice of doing interview research thus offers the potential of a decentring movement alongside the centring processes of the analytical protocols themselves. The object of the lived experience of pain thus constitutes a (potentially infinite) multitude of narratives *and* the singularity of the particular narrative being made present.

However, if we contrast this form of decentring with those found in Mol (2002) and Law (2002) (see previous chapter), we find that multiplicity within these latter studies exist as an *actuality* rather than a *potentiality*. Thus, Mol’s (2002) analysis of the enactment of atherosclerosis reveals that whilst it is enacted as a singularity in the patient’s body, it is *at the same time* enacted multiply in different spaces of the hospital. At the same *time*, but not in the same *space*, with space constituting the singularities in which multiplicities of atherosclerosis are distributed. Mol’s attention to the practices of producing atherosclerosis reveals this distributional effect, serving to collapse the different spaces of the hospital into the singular space of the argument in her book, where differences inherent in multiplicity can no longer be separated out. By contrast, whilst space is not a dimension to distribute multiplicity in the interview, in discussing the *potentiality* of other enactments of speech, multiplicity becomes distributed over *time*.<sup>1</sup> In this instance attention to the practices of the interview does not have the effect of unbracketing multiplicity like attention to the practices

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<sup>1</sup> The philosopher Henri Bergson would contend that this sense of ‘time’ is simply *space* by another name, and that *time* as it should properly be conceived cannot be segmented into discrete singularities for the distribution of multiplicity (Guerlac, 2006; Middleton & Brown, 2005; Moore, 2012). Bergson’s philosophy is discussed in more detail in Chapter 14.

of producing atherosclerosis in Mol's *hospital Z*, but instead has the opposite effect: of distributing multiplicity into distinct singularities of time.<sup>1</sup>

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#### MULTIPLICITY AND ITS SPACE-TIME DISTRIBUTION

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In a fractional understanding the incoherent mess of 'noise' is freed from the absolutism of an 'out-there' reality of epistemology, and is no longer simply a problem to be resolved, but the necessary Other to the boundaries made about it (Law, 2004). In this regard, a contrast can be made between decentred "flux" (p. 10) and centred "condensations" (p. 103) made within it, condensations that necessarily bracket aspects of the flux, but which nevertheless simultaneously maintain an unbounded connectedness by virtue of their location within this *flux*, "mess" (Law, 2004, p. 2), or "plasma" (Latour, 2005, p. 244). Whilst fractionality can apprehend the double vision of both flux (absence or multiplicity) and solidity (presence or singularity) in knowing an object, the Cyclops of epistemology can only apprehend solidity, with flux understood merely as a solidity-in-the-making (a problem to be resolved).

*Flux* is an important fractional concept to emerge from the rhetorical turn. Law (2004) describes flux as "the sense that whatever is out there is not a structure with a discoverable shape, but is excessively filled with and made in heteromorphic currents, eddies, flows, vortices, unpredictable changes, storms, and with moments of lull and calm" (p. 160). The modernism that preceded the rhetorical turn was (is) always preoccupied with flux in its critique of modernity, with an understanding of the "perpetual disintegration and renewal" that embodies this experience (Berman, 1983, p. 15), and perhaps best reflected in Marx's statement that "all that is solid melts into air" (cited in Berman, 1983, p. 15). But this flux was always understood as a means to achieving end products of grand narratives – the great *isms* that dominated the 19<sup>th</sup> and 20<sup>th</sup> Centuries, and the various struggles (social, economic, and political) that constituted flux. Noncoherence is *domesticated*: "turning difference into something that coheres after all" (Law et al., 2014, p. 180). Indeed, 'flux' was laden with an interpretation preoccupied with products, be it the joy of progress towards some enlightenment, or the despair at the destruction of products being melted away, reflected in microcosm in social science in the *progress* to be attained via the "technical forefront" developing interview protocols to ensure accurately-translated products of participant experience (Gubrium et al., 2012b, p. 2) and the *despair* at the fragmentation of some *authentic* patient experience accompanying such 'progress' (see Chapter 1).

With the rhetorical turn, however, came the promise that flux might be understood as an end-in-itself, as a necessary Other to product (Law, 2004). To know an object means

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<sup>1</sup> Law et al. (2014) describe the 'mode' of dealing with multiplicity through distributing it into space or time as *separation*.

apprehending not only the centring of closure in presence, but also the decentring flux that closure must necessarily bracket. Indeed, this might be regarded as a key difference in the *post*-modernism that followed modernism. As Borer and Fontana (2012) note, “[p]ostmodernism orients to theorizing and, indeed, to society itself, not as a monolithic structure but as a series of fragments *in continuous flux*” (p. 46, my emphasis).

But this ‘postmodern’ understanding of flux has become appropriated by a translational understanding that still regards it as a means-to-an-end, an understanding still preoccupied with a bias of product over process. The term ‘movement’ is often used synonymously with flux, but it is in the understanding of movement in particular that the translational appropriation of flux occurs. Thus, Cooper (1998) asserts that “[w]e are not good at thinking *movement*” (p. 108, emphasis in original) because, as Chapter 4 noted, the “instinctive vocabulary of institutionalized thought” is instilled with the *principle of simple location* where “clear-cut, definite things occupy clear-cut, definite places in space and time” (p. 108), denying a simultaneous multiplicity. As a consequence, in the conventional understanding of movement there “is movement of a kind: the simple movement of definite things from one definite place to another. But it’s a form of movement which denies the restlessness of transformation, deformation and reformation” (p. 108).<sup>1</sup> Here ‘movement’ does not express the decentred mess subverting the omnipotence of centred boundaries but is instead indicative of the switch from one singularity to another. It is a ‘movement’ between singularities across a space or time in which multiplicity has become distributed, movement important only insofar as it serves to traverse the *distances* in space or time that have the distributional effect of muting the *differences* of multiplicity that truly characterise ‘flux’.

This allows for the allusion of flux, for in traversing the space-time distances it is possible to show that many different products *could be* enacted if, for example, only a particular space of Gubrium and Holstein’s (2012) *narrative environment* were accessed or if a different interview technique were used at another time. Yet this form of flux, or movement, respects the distances within the “Euclidean time/space container” (Law, 2002, p. 174) that enable the distribution of multiplicity into singularity. This container cannot comprehend multiplicity *alongside* singularity, but must distribute it along its axes of space and time.

The appropriation of flux by movement occurs in the reparative enactment of social science’s methodological conception of interview research, whose epistemological communicable cartography involves “particular spatializing and temporalizing practices” (Briggs, 2007, p. 556) that structure interviews into Euclidean space-time axes that permit

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<sup>1</sup> Henri Bergson describes this as the “cinematographical mechanism of thought”, where time is (problematically) conceived to unfold in a series of ‘snapshots’ (Middleton & Brown, 2005, p. 181). See also *Zeno’s paradoxes*, which highlight the paradox created when flux is split into distinct units.

distribution of multiplicity into singularity. However, if attention to the practices of doing an interview is to constitute a decentring movement then it must reveal the multiplicity of the object of lived experience: it must reveal the differences between multiples rather than bracketing it through distribution in space and time. This requires a focus on the differences that arise in interviews: to the disruptions, epiphanies, and conflicts of interview processes.

#### *TELOS AND THE 'TEMPORALITY OF THWARTED CONNECTION'*

Wasson (2018) identifies the temporal distribution discussed above as problematic for narrative accounts of chronic pain experience. She contends that conventional understandings of narrative contain a “sense of the ending to which it moves” (p. 106). Such a *teleological* assumption threatens to pre-format accounts of chronic pain experience in ways that silence an important element of pain experience that *does not fit* into such a structure. Barely contained, teleology effects this as a current absence that is a *flaw in need of repair*, as “a temporary stage in an individual journey towards a coherent self and voice” (p. 109). An unsatisfactory deferral of absence or incoherence that expresses the heart of the *problem of experience*, Wasson is instead interested in “[r]eading without seeking coherence” (p. 108), of “making a space for story that does not fit the expected form of ‘story’ at all” (p. 107).

For Wasson this is a space in which temporal elements cannot be made to fit a teleological structure. More precisely, it is a space of lived experience in which there is an *attempt* to organise such temporal structure, but one that fails: “experience of a present in which one reaches for connection [...] while aware of the (justified) anticipation of imminent failure” (p. 109). This “*temporality of thwarted connection*” serves to “render many people in chronic pain [as] profoundly precarious” (p. 109, emphasis in original).<sup>1</sup> It is characterised, for example, by “particular episodes of agony without taming these within a story of personal transformation or enrichment” (p. 109).<sup>2</sup> Or perhaps more accurately, episodes that are *unable* to be tamed by any sure teleological promise, and instead “haunt” the reader as “rupture” and “breach” (p. 111). They are places of tense ambiguity, a “suspended impasse, a waiting and reaching” (p. 110) where we “can heed these traces of embodied suffering before they solidify into story” (p. 111). We might argue that such spaces of unsettling *telos* and the structure of distributed temporal singularities it generates (see *elusivity* in Chapter 2), of making visible the absent-present structure of pain experience, require enacting a *controversy*.

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<sup>1</sup> On the production of (or *attunement to*) such precarious forms, see Stewart (2012) on *precarity*.

<sup>2</sup> Promoting an “episodic reading” over an exclusive narrative teleology is central to Wasson’s paper (p. 106). This draws on a distinction discussed in earlier work. See, in particular, Strawson (2004).

Harrison's (2010) analysis of the social scientific processes for knowing the testimony of a participant draws particular attention to the disruptions that occur when the noise of testimony seems to resist its translation into speech. Regarded as a "failure" for an epistemological way of knowing that has "already defined the conditions of 'success' to which failure emerges as a dialectical corollary", Harrison is instead interested in how this 'failure' reveals something else beyond which can be centred by the particular analytic process being used (p. 163). Thus, disruptions to the successful execution of the processes of social analysis "demand that we – as addressees – listen and read again, not only to try and understand better, more accurately and exactly, but also to try to hear and read our *inability* to hear and read" (p. 163, emphasis in original). Harrison (2007) emphasises the *complementing* of centring with decentering in these moments, rather than the replacement of the former with the latter, regarding failure as revealing a "double bind" where "reference, that is to say some type of correspondence, one-to-the-other, is both necessary and, at the same time, will always fall short" (p. 593).

In particular, Harrison notes that such a moment of failure "affirms the nonrelational" (p. 592): the affirmation of the necessary absence in presence. This non-relational constitutes an *actuality of a something else* rather than merely a possibility. The affirmation of the non-relational affirms the seamless relationship of a familiar centred entity with the noise beyond its boundaries, a decentering that is bracketed in epistemology, which can *only* regard the non-relational in the centred terms as a flaw to be corrected. The affirmation of the non-relational in attending to the failure of centring processes is the decentering movement that complements centring.

Latour (2005) asserts that attending to such *controversies* is crucial to prevent the erroneous imbuing of centred entities with interpretive omnipotence. He argues that the conventional accounts of social science (what he terms the *sociology of the social*) attempt to resolve the uncertainty of controversies into a certainty that can ultimately be traced to a foundation of social structures 'below' or 'behind' everything else. Such accounts "pretend to be objective because they claim to imitate what they believe to be the secret of the natural sciences" (pp. 124-5), which is that they can, through good translational process, mirror the Nature that lies beyond (and is the cause of) the representational accounts about it. Instead, Latour promotes accounts "that try to be objective because they track objects which are given a chance to *object* to what is said about them" (p. 125, emphasis in original). That is, where the centring exercise of social science method fails to centre the objects of its interest.

Thus, Briggs (2007) notes that whilst the communicable cartography of the anthropological interview seeks to interpellate subjects in the reparative process of centring, people may

respond to this “by refusing to locate themselves in the positions they offer, critically revising them, or rejecting them altogether” (p. 566) (see, for example, ‘Gino’ in Callon and Rabeharisoa, 2004). But, as Latour (2005) asserts, there is no need to privilege human actors as objectors, as evidenced in Gubrium and Holstein’s (2012) book chapter (discussed at the beginning of the current chapter) where the objects they write about object to the centring narrative logic that has pre-comprehended it.

Latour (2005) argues that “our job as social scientists is to generate recalcitrant hard facts and passionate objectors that *resist* social explanations” (p. 101, emphasis in original). This does not simply mean attending to ways in which social scientists produce accounts, but to *objections* that its objects of study make to its centring processes. This means making visible where “texts based on interviews do not conform to received communicable understandings of interviews but rather constitute contested terrains” (Briggs, 2007, p. 561). Rather than viewing the “gaps” in interview material as “technical or social failures to link texts” (p. 562), to be “supressed” (p. 563) through the reparative function of centring, generating passionate objectors means making visible such gaps as “points at which people’s construal of the pragmatics of interviewing conflicts with ideological projections of the process” (p. 562) contained within the “[d]ominant communicable cartographies” (p. 565) of interview research in social science. Importantly, controversies are not attended to simply as problems to be resolved into certainty: “controversies are not simply a nuisance to be kept at bay” (Latour, 2005, p. 25). The *negative* urge to resolve multiplicity within the controversy is resisted: “one has to let controversies unfold all the way” (p. 25), as the next section discusses.

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#### EPISTEMOLOGICAL APPROPRIATION OF THE CONTROVERSY

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Attending to interview disruptions as a valuable methodological technique is well established in social science, following an established narrative. We are supposed to be surprised by the objections of interviewees, by the moments of doubt, and to *value* them rather than view them as simply an expression of something having gone wrong with the interview protocols (valuing interview practice as an end-in-itself rather than purely in terms of how it affects the product of practice). Indeed, the reporting of “mishaps, mistakes, and miscommunications between the researcher and the researched” is part of a “postmodern dialogic approach to interviewing” (Borer & Fontana, 2012, p. 49). Drawing on particular examples, Borer and Fontana note how authors are involved in “highlighting discrepancies and problems rather than minimizing them” (p. 49).

Also within the *Sage Handbook of Interview Research* (Gubrium et al. 2012a), Reismann (2012) writes of the “digressions” in the interview that “can be extremely productive” because they “provide contextual and associative cues and sometimes force us to confront

the very assumptions of our research topics” (p. 367). Thus, she discusses one particular participant who “worked” to “resist” the narrative Reismann was attempting to create, a resistance that arose because the participant herself “had an agenda for the conversation, an identity she wanted to perform and stories she wanted to tell” (p. 376). For Reismann this revealed “fissures in the master narrative” (p. 376) within the field of her research interest (infertility), challenging its interpretive omnipotence of ‘this is how it “really” happened’ (p. 377). Indeed, the process of attending to the “deviant case” (p. 376) as part of an examination of the processes producing a particular narrative account “reveals the contingency of all our observations” (p. 377). Becker (1999) applies this to pain, noting that the “problem of expressing pain in language demands attention to startling, incoherent and disjointed accounts” (p. 74). Exploring the “violation of narrative conventions” (p. 85) within interview research into pain experience reveals the need for an alternative way of narrating the sufferer that goes beyond the “modernist tradition” that brackets certain ‘others’ into absence (p. 86).

The issue at hand, however, is that whilst interview deviance constitutes a rupture in the interpretive omnipotence of the products that social analysis seeks to centre, thrusting an Other that is both different yet seamlessly connected within the enacted mess of the interview, the fractionality expressed in this moment is easily apprehended into readings that are distinctly epistemological: those that interpret conflict as forcing a choice between difference and sameness (*either/or*) rather than acknowledging the simultaneity of both (*and*). Specifically, it is contended that contemporary interview methodology on interview deviance does not know how to deal with *difference* fractionally, and tends towards epistemological readings that resolve the controversial difference of multiplicity into singularity. Indeed, this epistemological appropriation of multiplicity is an ongoing theme throughout this thesis.

In the current chapter we observed how, in a special case of the ‘first reading of rhetoric’, Gubrium and Holstein’s (2012) chapter can be read as attempting to distribute multiplicity across the space of a *narrative environment*, as well as how focussing on the non-relational as a *potential* (rather than an actuality) constitutes a distribution of multiplicity into singularities defined by temporal coordinates. In particular, the substitution of the fractional concept of *flux* (as the seamless connectedness between distinct entities) for the epistemological concept of *movement* (that jumps between the singularities of a time-space container in which multiplicity has been distributed) was also discussed. When we examine what this means for the concept of the *controversy*, this raises a particular type of epistemological appropriation in the form of the Hegelian *dialectic*, or more specifically, the continual dialectical looping that is the expression of epistemological ‘movement’.

Hegel's dialectic consists of three entities: a *thesis* that combines with an *antithesis* to form a *synthesis*. The synthesis can become a new thesis and the dialectical cycle continues. When 'thesis' and 'antithesis' can be regarded as 'presence' and 'absence' (respectively), we can see that this dialectical looping expresses the paradox of pain experience. For Latour (2005) the problem of conventional sociology is the paradox between the locating of singularities to the *local* site or the *global* site, which is a choice that needs to be made between the two in a 'sociology of the social' that can only deal in the epistemological either/or of singularities. Placing a singularity at a local site must face a reality that there are, in fact, *global* influences beyond the local site. Placing a singularity at the global site must face a reality that the singularity emerges from a *local* act of practice. Indeed, social scientists "are suddenly pulled in the opposite direction from 'deep structural features' back to the more 'real' and 'concrete' interactions" (p. 168). For Latour, "the recent history of the social sciences" has "been in large part a painful oscillation between [these] two opposite poles" (p. 168).

We might imagine such an oscillation, as it "circles through some dialectic circles" (p. 170), is an acceptable expression of fractionality. Unlike an epistemological appropriation, it does not resolve, once and for all, multiplicity because a synthesis becomes another thesis with its own antithesis, and an ongoing movement is permitted. Nor does it try to keep the thesis and the antithesis each in their own splendid isolation like the 'non-translational first response' discussed in Chapter 4. Indeed, the fractionally important concept of *the event* (see Chapter 4) might be interpreted as a dialectical loop: the shocking of a centred entity (thesis) upon the detecting of the excess that is beyond its boundaries (antithesis) in a restless loop that never stops. In so appearing to capture the ongoing restlessness of flux, multiplicity seems to be affirmed alongside singularity in a fractional respecting of an absent-present ontology. However, "pluralism<sup>1</sup> sometimes appears to be dialectical – but it is its most ferocious enemy, its only profound enemy" (Deleuze, 1962/2006a, p. 8).

The dialectic is unable to comprehend fractionality because it is concerned only with the either/or of singularities. The decentred multiplicity that is observed at the *affirmation* of the antithesis in the face of the thesis is instead understood within the dialectic as simply a multiplicity-to-be-resolved into the singularity of the synthesis, or (to re-quote Harrison, 2010) "*as a flaw in need of repair*" (p. 168, emphasis in original). That is, inserted into the unbounded connectedness between thesis and the excess that surrounds it (its antithesis) is an assumption that a thesis cannot simultaneously hold in light of this excess (which is the double vision characterising fractionality).<sup>2</sup> This assumption is what Deleuze (1962/2006a) calls the "negative" in the dialectic, something that "is not present in the essence", yet the

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<sup>1</sup> In the sense of *multiplicity* as I have been discussing it.

<sup>2</sup> We might here be reminded of the *despair* of modernity in Yeats' (1920/1997) poem *The Second Coming*: "Things fall apart; the centre cannot hold; / Mere anarchy is loosed upon the world" (p. 60).

thesis “denies all that it is not and makes this negation its own essence and the principle of its existence” (p. 9). That is, the negative as an effect of difference (the “*abstract* thought of contradiction”) becomes misrecognised as the essence itself (p. 10, my emphasis). By contrast, in “its relation with the other[,] the force which makes itself obeyed does not deny the other or that which it is not, it affirms its own difference and enjoys this difference” (pp. 8-9), which is the fractional *knowing in tension* (Law, 2004 – see Chapter 4), or the affirmation of the non-relational (Harrison, 2007). A dialectic “is an exhausted force which does not have the strength to affirm its difference” (Deleuze, 1962/2006a, p. 9).

Added to the various forms of epistemological appropriation discussed so far is the dialectic, with its pretence to flux in its endless loops that are but oscillations or “sudden hiccups” between singularities (Latour, 2005, p. 193). It is my contention that the concept of the *controversy* has become regarded as important to social scientific method but in methods that readily read it as reasserting epistemology rather than revealing fractionality.<sup>1</sup>

If attention to the practice of centring reveals controversies where there is an actuality of a *something else* in the affirmation of the non-relational, and that the multiplicity inherent in the affirmation threatens to be resolved by centring processes, we might ask how it is possible to practice a method whereby the observed controversy can maintain both its centring and decentering movements without the bracketing of the latter: where the controversy is affirmed rather than resolved. After all, the argument thus far has largely considered how *not* to practice fractionality, which does not seem to be a method at all. We can now turn to the penultimate chapter of this theoretical section, which discusses how to “create a space of metaphysical tension” (Law, 2006, p. 11) where the controversy can be affirmed, allowing the development of a defined method for fractionally knowing the lived experience of pain via the interview.

#### CLARIFYING CONTROVERSIES

The ‘controversy’ as a concept is important at this point in the thesis’ argument because it is presented as a means to make visible a juxtaposition between multiples – of enacting fractional conditions of possibility. Latour’s (2005) use of the term ‘controversy’ carries a specific usage within the discipline in which he has worked: that of science and technology studies (STS). Whilst we might contend that its usage only becomes understandable within the context of the *empiricism* that he employs, something that is explicated in the following chapter, it can nevertheless be said that the term has been associated with *conflict* (Mol, 2002). And one strand of STS thought

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<sup>1</sup> Such as in *abductive analysis* (Timmermans & Tavory, 2012), discussed at the end of Chapter 7.

has contended that the controversy-as-conflict is not the only way in which to make visible the juxtaposition of fractionality, or even the most common. Mol's discussion of spatial distribution (see previous chapter) highlights one way in which differences can be observed without a "full-blown fight" (p. 104), and Law et al. (2014) highlight how *conflict* is but one means of making visible juxtapositions as a fractional way of knowing an object.

But then the use of the controversy at this point in the thesis should be clarified. It has suggested that controversies-as-conflicts within interview research are conventionally infused with a temporal distribution that lacks the juxtaposition constitutive of fractionality. As a *flaw in need of repair*, as a "nuisance to be kept at bay" (Latour, 2005, p. 25), it has argued that this distribution constitutes an 'epistemological appropriation' that brackets the complementary decentring movement. Instead, what is so important about the controversy-as-conflict is the point where it is not possible to have already decided on its resolvability (something that, to prelude discussion of the following chapter, Latour's empiricism deals with in making visible *mediators*), where multiplicity is enacted alongside singularity instead of being distributed into time and space. Here the use of the concept of the 'controversy' is an interest in *undoing* a distribution into singularities of time in the same way that Mol undoes the distribution of the various enactments of atherosclerosis within the separate spaces of the hospital through collapsing them into the singular space of the argument of her book. It highlights the sense in which the 'controversy' as a concept is used in this thesis in order to undo the distribution (temporal or spatial) of multiplicity that prevents a fractional means of knowing.

The point that there "may be differences without conflict" (p. 105), that accounts of conflict are not the only ones that constitute the double vision of multiplicity alongside singularity, and that they are likely not the most common way of doing so (Mol, 2002; Law et al., 2014), is separate to the sense in which the thesis introduces the concept of the 'controversy' in an attempt to undo temporal distribution. This is not to say that the particular *mode of fractionality* that is enacted in knowing an object is not important, as Chapter 14 will discuss. Inevitably, clarification of terms such as 'controversy' emerge through the gradual weaving of the narrative of the thesis given its centrality as a topic that is actively explored, rather than being presented as totally digestible at any particular moment. However, it is important to clarify the particular usage of the concept of the 'controversy' at the current point given its potent history within STS and the possibility of misunderstanding its use within this thesis.

## CHAPTER CONCLUSION

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This chapter set out to explore how attention to the centring practices of interview research could constitute the decentring movement required to complement centring so that a fractional approach to knowing the lived experience of pain can be enacted. It began by exploring the historical narrative of interview research established within social science, with it consisting of three historic phases involving the establishment of an interview subject to be a source of translation, the *utility* of attention to practice to perfect the translation from the subject, and (finally) attention to the practice of doing interview research in its own right. This latter phase is consistent with the rhetorical turn in the social sciences, but like the rhetorical turn, it has become appropriated by translational readings within contemporary methodological thinking about interview research.

The chapter then explored in more detail the process of centring the decentred 'mess' of interview data, which (in this process) is regarded as a *flaw in need of repair*. Whilst revealing the centred entity as the product of inscription processes offers the *potential* for *something else*, thus apparently offering multiplicity, it was argued that this constitutes a distribution of multiplicity across singularities in time, and is thus insufficient to offer a fractional means of knowing. Indeed, the distribution of multiplicity into the singularities of space and time, whilst simultaneously appearing as a 'movement' (almost) like a decentred seamless flux but actually being hiccups between singularities, was highlighted as another expression of the epistemological appropriation of fractional concepts. Instead, an *actuality* of the *something else* can be found in the *controversies* that occur in research. In the controversy a centred concept actually (rather than potentially) encounters the non-relational. This encounter is fractional if the non-relational is *affirmed*: where a decentred multiplicity is *held in tension* with centred singularity. However, the epistemological appropriation of the controversy seen within contemporary social science seeks to resolve the controversy by distributing multiplicity into singularities of spatiotemporal coordinates, such as occurs in a *dialectical* understanding of the controversy.

Whilst the chapter finds that a complementary decentring movement can be attained through attending to controversies in the centring processes of interview research, the problem of how to prevent their epistemological appropriation, of how to first allow the full unfolding of controversies and then how to maintain the *affirmation* of the non-relational, remains. The following chapter will consider how we can provide a surface on which we can make visible the *knowing in tension* required of fractionality, a surface where difference is made *irreducible*.

## *FIRE STARTERS: TWO READINGS OF CRITICAL INTERLOPING*

The work of burning off the old metaphysics of omnipotence,  
which can never cease, must always be a way to fan the flame or  
build the fire of the event that transpires in the name of God.  
(Caputo, 2007, p. 67)

Cinders there are, and we are here only in relation [to] them,  
marked by them from the outset [...]. (Harrison, 2015, p. 299)

Stella Bolaki's (2016) book, *Illness as Many Narratives*, is an attempt to respond to the narrative crisis discussed in Chapter 1 (and expanded upon in Chapters 2 and 3), where narrative is regarded as failing in its professed role of capturing lived experience.

Bolaki's response is to suggest that narrative has much wider conditions of possibility than is conventionally regarded. Notably relevant to the current thesis, her book "starts from the premise that illness narratives are characterised by multiplicity" (p. 1). She highlights, for example, the way her father's own unpublished, handwritten story of cancer is full of "fragmentation, discontinuity" and "switches to alternative genres" (p. 2). Within her chapters Bolaki in particular focuses on the way in which a wider range of artistic forms than those usually regarded as 'narrative' can be shown to form "juxtaposition" (p. 3), such as between "word and image in photography", "performance art and theatrical conventions in autobiographical theatre", or "animated drawing and documentary voice in animated documentary" (p. 7). Indeed, she attempts to make visible the "collision" between these multiple practices (p. 16).

Bolaki's book might be seen as reflecting a broader trend within the so-called 'second wave' of medical humanities, also referred to as the 'critical' medical humanities (Viney, Callard & Woods, 2015; Whitehead & Woods, 2016). Deliberately unbounded, this is a discipline defined only insofar as it "names a series of intersections, exchanges and entanglements between the biomedical sciences, the arts and humanities, and the social sciences" (Whitehead & Woods, 2016, p. 1). This emphasis on the intersection of multiples reflects the fact that the "practices that make up the medical humanities are deeply and irrevocably entangled in the vital, corporeal and physiological commitments of biomedical research" (Viney, Callard & Woods, 2015, p. 4).

Bolaki (2016) refers to her method of creating new relationships of juxtaposition as "*critical interloping*", which she describes as "recontextualisation and cross-fertilisation" (p. 13, emphasis in original). In particular, it works by "inserting a variety of artistic and cultural representations that explore illness within the field of the medical humanities", as well as "modelling ways in which the arts and arts/media scholarship can enlarge their practices and critical approaches" (p. 13). Her interloping is 'critical' because rather than just adding different representations inertly, her

approach involves “actively opening up space for them to reshape or challenge existing practices across disciplines” (p. 14). Narratives here might no longer be seen simply as coherences, but an intersection between multiple ways of knowing, ways that she actively encourages finding more of. Critical interloping might thus be conceived as a means to make visible multiplicity as it is involved in a *controversy*, and therefore be seen as a fractional reading of narrative. And like any controversy, the outcomes are uncertain. Reading one particular documentary film, the juxtaposed intersections mean that the film “cannot give assurance of its intentions”, producing “ambiguity” (p. 149) (an important indicator of a *mediator*, which the next chapter will discuss).

But then, as a sort of response to this ambiguity, the film “affirms the need to continue creating new ways of looking at, and responding to, the experiences and relationships portrayed in the film” (p. 149). Here *critical interloping* risks being read as relegating the controversy as a means-to-an-end. The controversy risks becoming “productive” (p. 13) to particular ends, like “engaging with a range of illness narratives and multiple perspectives [so that they] can help the arts, cultural studies and the medical humanities to overcome divisions and amplify the goals and scope of their respective work” (p. 14). Whilst this works on the basis of “encounters with difference” (p. 153), these are “productive collisions” (p. 221) that, like the telic demand driving Scarry’s (1986) *man-as-creator* (see Chapter 2), fuel the kind of “need to continue creating” that Bolaki (2016, p. 149) discusses, of establishing the “creative potential of the arts and humanities” (p. 221).

This is a fuel that needs constant replenishing, requiring the ongoing identification of difference so that the medical humanities can “remain pluralistic and experimental” (p. 7). It is a fervour that promotes the “fearless questioning of representations”, one that has made the medical humanities “hostile, dogged, sceptical” (Viney, Callard & Woods, 2015, p. 4). To use Law and Singleton’s (2005) terminology, fractionality here works like a *fire* that burns as the differences of a newly visible absence are thrust onto that which is made present, serving to “work upon those presences and transform them”, generating new (and typically not predictable) presences (p. 345). These transformed presences introduce the possibility of further juxtaposed absence that can lead to an unpredictable, “undomesticated” (p. 349) “bush fire” (p. 347).

For Law and Singleton this is not a fire “in which the fuel that feeds it can be limited and the ashes raked out”, with it “drawing on and making a constant set of absences and presences” as it “jumps, creatively, destructively and more or less unpredictably, from location to location” (p. 347). For those engaged in the critical medical humanities their task is to facilitate the burning of this fuel through experimental and critical

methods like Bolaki's (2016) *critical interloping*, as what is made present is "deformed and transformed" (Viney, Callard & Woods, 2015, p. 4) so that the medical humanities can "remain a broad and dynamic movement" (Bolaki, 2016, p. 120).

But in this reading such dialectical looping is one that denies its fractional nature, conceived as it is as a fire that 'jumps' between singularities, a form of movement that isn't really movement at all (Cooper, 1998). Beautiful and exciting though it is, in this thesis' quest to make (and keep) visible the absent-present nature of lived experience, we have no use for fire, at least not by itself. For with fire we risk forgetting what is necessarily burned in favour of the burning itself, as the ashes (cinders) are blown away to make way for the next round of dialectical creative destruction rather than held visible in tense juxtaposition: "in burning there is only asymmetry and irreversibility" (Harrison, 2015, p. 299). Instead, we need a *pinboard*.

## CHAPTER 7: PINBOARDS

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### INTRODUCTION

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The previous chapter argued that attending to the centring practices of interview research methods serves to reveal that alongside the embryonic centred narrative product of the interview research process is the encounter with that which does not fit – with its non-relational element. This expresses itself as a *controversy*, which is important to a fractional way of knowing since controversies expose the difference of a *something else* beyond the centred entity that exists in tension with the centring demands of the narrative being enacted by the interview research method. The challenge of the current chapter is to envisage a method through which this metaphysical tension can be made visible without it progressing to a resolution (where multiplicity becomes distributed into singularity in an epistemological appropriation of the controversy).

In the first part of the chapter how this aim is understood is discussed. Following Chapter 5, it argues that this involves a fractional *intervention* on epistemological conditions of possibility, but that there are two readings of this intervention. One understands it as the emergence of the given fractional nature of what it is *to know*, a reading that replicates epistemological conditions of possibility. A second acknowledges that practicing fractionality as an intervention means that this intervention is itself fractional in nature. The choice to intervene does not mean to conquer and unify metaphysics into some singular theory of fractionality, but to *interfere* and produce controversy in epistemological metaphysics. The intervention must acknowledge its engagement in *ontological politics* lest it be epistemologically appropriated as the translation of some transcendent property of *knowing* and forget its role as a practice interfering with other practices.

Having established how to understand the practice of the intervention as fractional, the remainder of the chapter explores a technique that makes visible the affirmation of difference: John Law's (2002, 2006) concept of the 'pinboard'. This understanding is introduced in three phases. The first considers the pinboard as a surface upon which the tension of the controversy is held firm in the same space and time. The pinboard is a space that at its most literal is a corkboard with bits and pieces pinned on it. It allows the observer to visualise these bits and pieces as both distinct and overlapping: a knowing in tension that can be apprehended by the observer without being resolved. The logic of the pinboard is transferrable (and thus its exact form varies), but this understanding also needs to be complemented by conceptualising the pinboard as something that is *practiced*. This second phase introduces the *enactment* of the pinboard, conceptualised by Law (2004) as a *method*

*assemblage*. Embodying much of the theory discussed in the thesis thus far, a method assemblage is where coherent centred entities are enacted, or made *manifest*, whilst a *something else* that threatens to reveal multiplicity is actively bracketed. In so charting the distribution of items made manifest and bracketed, a pinboard is able to make visible the bracketing of the non-relational and reveal the tension of simultaneous connection and distinctiveness. However, method assemblages do not exist outside of the practices of knowing them, and the third phase of understanding the pinboard introduces the process of *observing* method assemblages. This unites the enactment of the pinboard with the insight of the thesis thus far: that centring is complemented with a decentring movement (and becomes fully fractional) when attention to centring practice reveals controversies.

This observation involves the enactment of an *empiricism*. It starts with the construction of a 'naive reader' who follows closely the centring logic of a method assemblage without pre-judgement, a close attention involving the exploration of the boundaries of the centred entity being enacted, making visible imperfections that constitute controversies. This observation reveals the bracketed non-relational alongside the centred account made manifest, extending the field of vision to encapsulate the full fractional metaphysics of a method assemblage. Charting the observation of a method assemblage crystallises the juxtaposition between centring and decentring constitutive of fractionality, and is concluded as a viable method for knowing the lived experience of pain fractionally.

## ONTOLOGICAL POLITICS: TWO READINGS OF FRACTIONAL INTERVENTIONS

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In Chapter 5 it was argued that if the critique of epistemology is to be taken seriously then fractionality needs to be more than simply a theory of practice because producing such a theory simply reproduces the very epistemological conditions of possibility that it criticises. A theory of fractionality invites us to go further and *practice* the conditions of possibility that it imagines. In this regard, the current chapter seeks to find "procedures for putting elements together in ways that respect their tension" (Law, 2006, p. 5), where there is an "irreducible difference" between fractional multiples (Mol & Mesman, 1996, p. 437). It seeks a method to affirm the difference within a controversy. What this means is to *prevent* the resolution of difference into singularity, and instead to 'hold' fractionality visible. Thus, our aim to practice the fractional involves *not* practicing the epistemological. As should be apparent to the reader thus far, the seeking of a fractional way of knowing is always set *against* the epistemological. But we should be reminded that fractionality *emerges from* epistemology whilst it is also against it. It is only through attending to the insufficiency of the centring mono-vision that characterises epistemology, expressed in the detection of the controversy, that fractionality emerges as a metaphysical explanation.

Epistemology being against fractionality effects a striking *difference* between the two. But this thesis goes further and argues that not only is fractionality a different metaphysics to epistemology, but is a *better* metaphysics. It is better insofar as it permits *knowing* without the problematic paradoxes thrown up by epistemology. There are two ways to narrate this story of fractionality being better than epistemology. The first is to suggest fractionality is more in touch with what it means *to know*, of making visible the absent-present ontological tension found in controversies, of being more attuned to the way that knowing *really is*. But conceiving of the nature of knowing as “something to get in touch with” (Mol, 2002, p. 165) is to reproduce epistemological conditions of possibility where multiplicity has become bracketed in favour of some transcendent singularity existing ‘out-there’ to be the source of translation. And as is customary with epistemological appropriation, it brackets the fact that metaphysics is itself *practiced*, and that other ways of enacting metaphysics *are* being enacted but are erased to produce only singularity. Indeed, it is only because of the controversial encounter of epistemology with fractionality, flowing seamlessly from one to another (as *flux*) yet also hardening around two opposed and distinct entities, that fractionality can itself exist within the very fractional conditions of possibility that it promotes. This is the second way of narrating how fractionality is better than epistemology.

Both stories claim fractionality offers a better way of understanding the *process of knowing* than epistemology, and that this can be revealed by an attention to centring processes. However, the first suggests this is because the theory of fractionality comes closer to some ‘out-there’ singularity about the nature of knowing. The second puts the claim in context and argues that *the claim itself* is constituted *in practice* as a fractional object, as an enacted controversy. As Mol writes, “[d]oing good”, such as selecting a better metaphysics, “does not follow on finding out about it, but is a matter of, indeed, doing” (p. 177). The two readings can be applied to what was discussed in Chapter 5, following Law (2002), as a need to *intervene* on epistemological ways of practice in order to generate fractional practice. The first (epistemological) reading understands the intervention as a technique to offer a better translation of what it means to practice the process of knowing. The second (fractional) reading understands the intervention as enacting a controversy. Intervention in the first story is still about the resolution of the controversy into a singular metaphysical ‘solution’ (and the bracketing of multiplicity), but in the second story the focus of the intervention is its *interference* with other practices, expressed as controversies. The second story is “a philosophical shift in which knowledge is no longer treated primarily as referential, as a set of statements *about* reality, but as a practice that interferes with other practices” and which “therefore participates *in* reality” (Mol, 2002, pp. 152-3, emphasis in original).

Practicing fractionality means the enactment of an *ontological politics*, which can be understood as an “interference in the conditions of possibility for the kinds of things that

might exist in the world” (Law, 2002, p. 198). It describes a world where appeals to some ‘out-there’ reality as arbiter of truth have been replaced by centring logics that are “not given in the order of things, but needs to be established” (Mol, 2002, p. 177). And that includes practicing a fractional metaphysics as an interference on epistemological practices.

*THE FRACTIONAL NATURE OF FRACTIONALITY: ENCOUNTERING  
FRACTIONALITY'S NON-RELATIONAL*

Law and Lin (2010) discuss a 2009 academic conference in Taiwan organised by the latter author where Law spoke at a seminar in which he outlined much of the theory related to fractionality discussed in this thesis. This included arguing for ways of “juxtaposing different narratives in ways that resist coherence and instead enact non-coherence or ‘mess’ ” (pp. 138-9) as opposed to the “smooth narratives common in social science” (p. 138). However, many of the participants in the seminar were “not completely convinced by Law's position” (p. 139). Indeed, the suggestion was made by some of the participants that what Taiwan needed was not to make visible the incoherence of juxtaposed narratives, which was already visible enough, but the coherence promised by Western modernisation. Law became “disconcerted” because “he was being told: ‘your contexted metaphysics don't work here’ ” (p. 141).

For Law this disconcertment was experienced as a bodily sensation that Law and Lin interpret, after Helen Verran, as “disjunction” that serves to highlight “when radically different metaphysics intersect” (Law & Lin, 2010, p. 141). It revealed Law “was talking to a Taiwanese audience as if the need for a messy method was a decontextualized truth”, an interpretive omnipotence that became challenged when it encountered its non-relational in the dissidence of the objects that would not dance to its metaphysical tune (Law & Lin, 2017a, p. 215). “To put it mildly, this was uncomfortable” (p. 215). Instead, in his talk about ontological politics Law *was himself engaged in an ontological politics*, his presentation constituting a practice that interfered on other practices, in a fractional way, with all of the controversy this involves.<sup>1</sup>

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<sup>1</sup> Law and Lin (2017a) argue that this misrecognition extends beyond Law's personal example, suggesting that whilst *science and technology studies* (the discipline within which much of the theory of *fractionality* has been produced) has developed an awareness of the situated nature of knowing and how displacement to other situations produces controversy, “what it has not quite brought into focus is the way in which its character as a discipline remains a creature of place and time” (p. 222). This is not a novel lesson, however. An influential paper by Lee and Brown (1994) highlighted how actor-network theory (ANT) (which was developed significantly by Law) generated an interpretive omnipotence (“a closure”) that bracketed its placement within a hegemonic discourse of liberal democracy establishing ANT's “radical fairness” as a rhetorical technique that made it “the only fully qualified speaker” (p. 780).

The concept of an *ontological politics* means that a choice<sup>1</sup> between a fractional metaphysics and an epistemological metaphysics, can still be made – “open endings do not imply immobilization” (Mol, 2002, p. 184) – but that the choice of a fractional metaphysics is enacted in fractional conditions of possibility where choice means interfering with other practices in a controversy. A commitment to fractionality as a better way of knowing involves contextualising even fractionality as fractional. Not keeping this in mind means wielding ‘fractionality’ as an intervention that is anything but fractional.

#### ON THE GOOD OF CHOOSING TO BE FRACTIONAL

The section above notes that the fractional intervention proposed by this thesis is a political goal because fractionality is regarded as a *better* metaphysics than epistemology. It is ‘better’ insofar as it permits an absent-present ontology of pain experience to be made fully visible and accepted rather than unconvincingly masked in a translational model that subsequently produces a paradox of representation. This applies more widely than a methodological problem of representing pain experience in social science, however. Chapter 2 noted how chronic pain sufferers face an existential paradox in trying to locate their experience of pain to an entity that will not be named. This thesis has also highlighted how the methodological problem of representation extends to *knowing* in general, a practice that (at least in the West) is distinctly epistemological (see Chapter 3). When this is inevitably applied to knowing one’s own lived experience, this creates an existential crisis when the interpretive omnipotence of the object of one’s being is challenged by the manifestation of its non-relational.

Indeed, for Jacques Lacan the child comes to identify its being with the image seen in the mirror, a fundamental misrecognition or ignorance (*méconnaissance*) (Felluga, 2011b) realised in a powerful *horror* when the boundary between this ideal ego and the world around it breaks down in moments Julia Kristeva terms *abject*, such as the image of a corpse that connects both the life of this idealised formulation of being and the death of the rotting flesh constituting it (Felluga, 2011a) (see also Chapter 10).

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<sup>1</sup> Mol (2002) argues that “choice” is an “ill-suited term for articulating” what it means to enact reality in one way or another since it might imply that this ‘choice’ ignores the “interdependence between different versions” (p. 178) by simply selecting one and bracketing others. Moreover, it might imply that there is some entity “to stand outside or above them, able to master them or choose between them” (p. 181). This is to understand ‘choice’ epistemologically rather than fractionally. But choice in ontological politics is a *practice* of choosing – “[a]ction, like everything else, is enacted too” (p. 181). Here a ‘choice’ means to interfere in a particular way on other practices, involving the emergence of controversies rather than their resolution.

Methods like those in integrative paradigm interview research that produce narratives of lived experience engage in the enactment of such alienating entities, where “the more you recall, retell, narrate yourself, the further you risk moving away from accurate self-understanding, from the truth<sup>1</sup> of your being” (Strawson, 2004, p. 447). Fractionality offers not only a logical solution to the crisis of representation, but to an existential crisis resulting from the misattribution of being to the products of epistemological methods. Developing a fractional intervention that might be used in an ontological politics related to knowing the lived experience of pain in social science thus has wider significance in promoting fractional subjectivities as part of a wider post-epistemological project that has important implications for what it means to *be*.

We can now turn to explore one particular technique that can be practiced as an intervention on epistemological ways of practice.

## AFFIRMING THE NON-RELATIONAL

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### PINBOARDS AS INTERFERENCE

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John Law’s (2002, 2006) concept of the *pinboard* is a way of knowing that is designed to constitute an interference on epistemological conditions of possibility. Chapter 5 discussed how (in Euro-American culture) objects are usually accounted for as *arborescences*, which are tree-like structures that enact a *continuity* between “a project beginning and a project end” (2002, p. 183). Constructing an arborescence means “enacting a singular project by effacing the productive interferences of [...] multiplicity” (p. 185), to distribute multiplicity amongst singularities in space and time, which arise as “arborescent effects” (p. 184).

By contrast, the pinboard’s “logic” is “one of juxtaposition” (p. 189). At its most literal an actual pinboard of bits of paper pinned to a corkboard has value for our political goal of intervening on arborescences because “these bits of paper, these postings [...] exist together on the same surface [at the same time] and may expose themselves without the necessity of a single order” (p. 189). The pinboard acknowledges that these parts “may make links with each other or overlap. [...] But this is a logic that also supposes that they do not, except coincidentally, belong to one another as part of a single, larger whole” (p. 189). Indeed, reflecting the fractional nature of knowing, a pinboard is not solely focussed on singularity nor the “postmodern” style that is “a celebration of fragmentation, the breaking of a modernist whole” (p. 191). The “bits and pieces” are “partially connected” but “they are

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<sup>1</sup> ‘Truth’ being understood as a competent awareness of what *being* is practiced as when we try to narrate it (an absent-present ontology) rather than an ‘out-there’ reality to get in touch with.

partially *disconnected* as well” (2006, p. 10, emphasis in original). The pinboard involves “working in a more or less broken or juxtapositionary mode” (2002, p. 192). Indeed, in Craige’s (2015) explication and evaluation of the pinboard as a methodological technique he argues that “the notion of ‘constant contrast’ is constructed as [its...] core analytic strategy” (p. 221). Crucially, the logic of the pinboard means there is a “refusal to reduce” (Law, 2006, p. 20), thus constituting the irreducible nature of difference that characterises fractionality. Differences cannot be distributed into spatiotemporal singularities since multiples are held in the same space at the same time on the pinboard.

The logic of the pinboard as an intervention is transferable from bits of paper pinned on a board of cork. Thus, Law (2006) contends that a ‘pinboard’ can exist as:

[...] public notice boards (but no censorship); collections of artefacts (again no censorship); bits and pieces lying around in a landscape; the rooms in a house; streaming images across a screen; multiple computer windows; CDs [...]; linked electronic files [...]; exhibitions; Heterogeneous meetings [...]; and then, very prosaically, the making of pinboards. (p. 10)

The pinboard can be practiced in a way that produces many different forms, but all are “*surfaces of tense juxtaposition*” (p. 10, emphasis in original). Yet Craige (2015) highlights how the pinboard “is a method which has seen very little use” (p. 2). Indeed, he found that by “examining the 415 citations of *Aircraft Stories* [(Law, 2002 – the first discussion of the pinboard method)] listed by Google Scholar, only *one* (Law, 2006) explicitly refers to and deploys a pinboard account” (Craige, 2015, p. 50, emphasis in original).<sup>1</sup> In part this can be attributed to the fact that, as Craige himself notes, the principles of the pinboard as a precise method are not explicitly established by Law (2002, 2006). Indeed, exploring how to practice the pinboard is itself the intended primary contribution of Craige’s (2015) study.

In this vein Craige notes how he largely relied on how Law *practiced* the pinboard in *Aircraft Stories* in order to derive three principles for its enactment: (1) the use of “points of interest”, which are “exhibits derived directly from source material, or may be short stories or narratives that have been synthesised from that material instead”, (2) “explicating these points of interest and relating them to one another on a ‘flat’ surface” as opposed to distributing them amongst the singularities of a hierarchy, and (3) “a literal pinboard is used as a means of exploring the data and juxtaposing different elements” (Craige, 2015, p. 53). Through constructing several pinboards about early telemedicine in the United States according to these principles, Craige concludes that “the notion of *constant contrast* can replace these principles as the central component of the pinboard method” (p. 221, my

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<sup>1</sup> In addition, Roberts (2010) explicitly refers to and deploys Law’s concept of the pinboard to make visible the juxtapositions apparent in what it means to know early puberty (the paper references Law’s 2006 paper but not *Aircraft Stories*).

emphasis). For Craige, constant contrast (juxtaposition) collapses the first two principles since (1) points of interest that (2) contrast on a 'flat' surface are both necessary assumptions of a constant contrast anyway, (something found in any standard analytical technique in social science). Moreover, Craige found that (3) the use of a literal pinboard was either not necessary because juxtaposition was already permitted from existing forms of representation (such as a list of thematic codes) or was not *practical*.

Practicality is important in two senses. Firstly, Craige found the physical space required to construct a literal pinboard was "prohibitive", and that accessing the material within this construction for the write-up was difficult (p. 220). But perhaps more importantly, Craige noted that the *practice* of writing-up the pinboard jarred with its literal solidification as a product of a collection of papers that he had methodically placed across his floor. He found that whilst he had completed the literal pinboard "the analytical work went on even as the Chapters [constituting the write-up of each of his pinboards] were being written" (p. 220). Whilst surfaces of tense juxtaposition can be made visible and thus provide an interference on arborescent narratives, we should remember that these surfaces are effects (products) of the *process* of juxtaposing: as something that is enacted. The pinboard "*performs* objects, more overtly, as collages or pastiches, as multiplicities or fractionalities that escape the possibilities of singular narrative" (Law, 2002, p. 198, my emphasis). Whilst retaining the importance of surfaces of juxtaposition, to understand the pinboard further we need to introduce a further complexity: to consider it as *constituted* in a set of juxtapositionary *practices*. This is perhaps best described in Law's (2004) concept of a *method assemblage*.

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#### METHOD ASSEMBLAGES: PINBOARD PROCESSES

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A method assemblage can be defined as the process of centring discussed by Harrison (2010) (see previous chapter), where the non-relational category of 'voice' or 'noise' as a *flaw in need of repair* is repaired into 'speech'. However, Law (2004) adds to this by articulating what happens in this reparative process between things that are made manifest and things that are bracketed. A method assemblage distributes things amongst three categories. The first category is that which is made *present*. These are " 'in-here' statements, data or depictions": representations or signifiers (p. 42). Second, these forms of presence 'point to' *manifest absences*, which are " 'out-there' realities reflected in those in-here statements" (p. 42). These are "absent, but recognised as relevant to, or represented in, presence" (p. 157). These are absences that are made knowable, and are thus referred to as *manifest*. They might be absent for the practical reason that "there is not enough room for everything" inside presence, and so some black-boxing has to occur: "*present complexity is self-limiting*" (2002, p. 95, emphasis in original). Or there might be "*material absence*" (p. 97, emphasis in original), which refers to things that cannot be brought into presence because it

is materially impossible rather than just impractical, such as when a number in an equation for the maximum G-force for a planned fighter jet points towards an air crew's fear and nausea: "[t]here is no room for sweat in formalisms" (p. 98). This relationship between presence and manifest absence is what Law (2002) refers to as *heterogeneities*, and he offers descriptions of many versions of the relationship other than the two just noted. Presence and manifest absence constitute one another, with manifest absence being "the necessary Other to presence, which is enacted along with [presence...], is constituted with it, and helps to constitute it" (2004, p. 157). Manifest absence might also be referred to as that which is signified, forming with the signifier the two parts of a Saussurean sign.

The third category of 'stuff' is what Law (2004) refers to as *absence as Otherness* (or sometimes simply 'Otherness'). Whilst absence-as-Otherness is "necessary to presence", it is not made manifest: "it disappears" (p. 85). This might be because it is *uninteresting* with regard to what is being made manifest (such as the power supply necessary for a social scientist to make manifest their theory on their computer screen). But it might also be because "what is being brought to presence and manifest absence cannot be sustained unless it is Othered" (p. 85). It is through distributing things into absence-as-Otherness that multiplicity can be made to disappear. Another term for 'bracketing', epistemological centring processes rely heavily on absence-as-Otherness in order to enact singularity.<sup>1</sup> Indeed, in a method assemblage "what is being made and gathered is in a mediated relation with whatever is absent, manifesting a part while Othering most of it" (p. 146). Method assemblages "manifest realities/signals on the one hand, and generate non-realities/silences and Otherness on the other" (p. 113).

A method assemblage constructs a particular optical position (as an *effect* or *product*) where what is absent-as-Otherness cannot be observed. The pinboard, by comparison, constructs its own particular optical position (also as an effect or product) where the construction processes of a method assemblage are made fully visible. From the vantage point of the pinboard what is absent-as-Otherness is made visible and can be thrust into juxtaposition with what is made manifest, whilst at the same time retaining the original centring logic. In other words, absence-as-Otherness is visible but can still be distinguished from that which a method assemblage makes manifest. The pinboard, fractional as it is, does not dispense with centring, but simply contextualises it. The pinboard, like allegory (see Chapter 4), thus "makes manifest what is otherwise invisible. It extends the fields of visibility" (p. 90).

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<sup>1</sup> Law (2011) further distinguishes *absence as Otherness* into "the practical", which includes "endless ramifications" of "material and social" things practically necessary to sustain a practice of knowing, and "the *metaphysical*", which is the "implicit metaphysical work" done in establishing fundamental assumptions within the knowledge being made present (p. 9, emphasis in original). For Law, the metaphysics being done straddles explicit (presence and manifest absence) and the implicit of Otherness, and it is the latter element that sustains "the idea that there is a single reality" (p. 10).

What are simply absent-presences that are fitted into the structure of some centred entity from the vantage point created by a method assemblage, or what Latour (2005) terms *intermediaries* (discussed later in the chapter), have an extra property imbued upon them from the vantage point created by the pinboard. In addition to serving to form the structure of a centred entity they are also observed to have absences that are impossible to be brought into singularity with that made manifest. This is what Latour terms *mediators*.

#### *METHOD ASSEMBLAGES AND THE INTERVIEW*

We might read Briggs (2007) as discussing the juxtapositionary practices of method assemblages, and the Othering processes involved to conceal juxtaposition, in terms of the (anthropological) interview (even if Briggs does not make explicit reference to Law's, 2004, concept). Briggs (2007) contends that the interview is a site of intersection between the dominant *communicable cartographies* of interviewing in social science (see Chapter 6) and other cartographies: where "anthropological modes of knowledge production have increasingly intersected" with "other forms of knowledge making and interpretive practices" (p. 561). Through the processes of being "continually decontextualized and recontextualized", of being "extracted from certain texts, genres, contexts, and social worlds and inserted in others" the discourse of the interview becomes a juxtaposition between these cartographies, consisting of "both *links and gaps*" between them (p. 562, emphasis in original).

Briggs regards these 'gaps' as "points at which people's construal of the pragmatics of interviewing conflicts with ideological projections of the process", or perhaps more precisely, a controversy where the "common communicative ideologies" of interviewing expect a link where there is a gap (p. 562). As such, the practice of "received communicable understandings of interviews" (p. 561) involves "constant metapragmatic work to construe intertextual and social relations as links and to *suppress awareness of gaps* throughout the course of the research" (p. 563, my emphasis). Where they do become visible (as a controversy) they are regarded as "technical or social failures to link texts" (p. 562). Indeed, "[m]ethodological cookbooks in anthropology, other social sciences, and professional fields envision any gaps that become visible as problems to be identified and eliminated" (p. 563).

Briggs thus argues that conventional communicable cartographies of interviewing, like method assemblages, involve practices that their centred vantage point cannot account for, and which therefore need Othering into absence (or else resolved as a means-to-an-end): "the pragmatics of interviewing involve complexities that are not easily contained by representations based on basic and common communicative ideologies" (p. 562).

The processes of a method assemblage should not be conceived of as existing 'out-there'. Like everything, they are enacted in practice. And the enactment of the pinboard is the process of *observing* method assemblages crafting realities and non-realities. And observing too is something that is enacted. Indeed, "reality does not precede the mundane practices in which we interact with it, but is rather shaped within these practices" (Mol, 1999, p. 75). To complete our understanding of the pinboard we need to fully introduce the *enactment of observing* method assemblages, to enact an *empiricism*, and thus combine it with the central insight developed in the previous chapters: that *attention to centring practices* introduces the complementary decentring movement required of fractionality.

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### EMPIRICISM (I): CONSTRUCTING NAIVETY

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To enact an object as a pinboard means to observe a method assemblage in action. It means to firstly observe the centring processes of (in the case of this thesis and the lived experience of pain) interview research on interview data. Centring comes first because of an "inescapability of interpretation" (Caputo, 2007, p. 72). If the metaphysics of fractionality tells us that the world is made up of "wicked problems" constituting "a diagnosis of the multiplicity, heterogeneity and politically-contestable character of contemporary attempts at ordering fragilities of all kinds" that cannot be resolved into the singularity of a solution (Law, 2014, p. 8), then it also tells us that "*the only way of handling wicked problems is to treat them as if they were benign*" (p. 10, emphasis in original). Centring is the only way to make sense of things for the observer because it "is simply not possible to handle the indefinite extension" associated with *flux* (pp. 10-11).

The first section of this chapter established that observing is not a passive act of letting reality come through, but that we must *enact* observation. Law (2002) suggests that this begins in "the creation of the naive reader" (p. 32), of the "initial assumption of naïveté [as...] a methodological position" (p. 15). Law considers naivety to mean "throwing taken for granted assumptions into relief" (p. 206). The 'relief' refers to the vantage point of the pinboard, which extends the field of vision of the taken-for-granted assumptions that construct centred vantage points of interpretive omnipotence through Othering. But this explanation says more about the aim of naivety as a methodological position than how we can construct it. Naivety might be understood as the fostering of an attitude that reality *might be otherwise*, with the theory of a fractional metaphysics serving to prime an attitude of imagination that is able to resist the seduction into interpretive omnipotence offered by method assemblages. However, as discussed in the previous chapter, an attitude focussing on the *possibility* of the non-relational is an epistemological appropriation since it constitutes a distribution of multiplicity into singularities of time. Instead, the type of naivety we are trying to get at is best given in its dictionary definition: "[l]ack of experience,

wisdom, or judgement” (Naive, n.d., my emphasis). The naive reader we are constructing has nothing to do with being imaginative or open to possibility but instead being led ‘naively’ by some *actuality* of processes without using some already-established order to judge whether or not it is a ‘wise’ choice to be led.

To be ‘naive’ is often regarded as undesirable, as evidenced in a dictionary example usage: “*the rather naive young man had been totally misled*” (Naive, n.d., emphasis in original). But this reflects the hegemony of an epistemological way of knowing that not only seeks to establish singularity, but has *already decided the nature of that singularity beforehand*, as discussed in the previous chapter. This is also the argument made by Latour (2005), who contends that epistemological ways of doing social science (what he terms the *sociology of the social*) substitute what they observe for “the well-known repertoire of the social which is supposed to be hidden behind it” (p. 49). In the sociology of the social, things simply become *intermediaries* for the structures of pre-comprehension. An intermediary “transport[s...] faithfully some social meaning” (p. 40) originating in an anterior ‘out-there-ness’, and thus “nothing will be present in the effect that has not been in the cause” (p. 58).

Instead, being ‘naive’ means to follow *what is* without pre-judgement, to ‘go with the flow’ of what is, to be *empirical*, and to start from a position of total uncertainty. Put another way, being naive means “to learn how to feed off uncertainties, instead of deciding in advance what the furniture of the world should look like” (p. 115). In addition to many other example usages provided by *Oxford Dictionaries* in which the word ‘naive’ is presented as an undesirable trait, it also tells us that the word has a Latin root (*nativus*) that means *native* (Naive, n.d.). It is in this sense that Latour (2005) proposes that sociologists “follow the natives, no matter which metaphysical imbroglios they lead us into” (p. 62). But who are the natives?

If interpretation is inescapable then all attempts to know will involve the centring efforts of a method assemblage as it makes things manifest and absent-as-Otherness. It is the very pre-formatted structures constituting a “hinterland” (Law, 2004, p. 28) or “communicable cartographies” (Briggs, 2007, p. 551) that informs the crafting of intermediaries in method assemblages that actually provide the content of *what is* that presents itself to the naive reader. Being naive thus means we are *naively led* by centring processes without judging them. Here the “actors are allowed to unfold their own differing cosmos, no matter how counter-intuitive they appear” (Latour, 2005, p. 23). But being led by centring processes does not mean that a naive reader must be led to a method assemblage’s vantage point of interpretive omnipotence. For to do so relies on resolving controversies in the centring process, of Othering into absence multiplicity as a method assemblage creates chains of intermediaries. Instead, a naive reader so closely follows the natives that they do not miss

the subtle Othering practices that enable the establishment of centred singularity. Indeed, a naive reader is so *nativised* that they know the native better than the native claims to know itself.<sup>1</sup> Rather than being led away from *objects that object* (Latour, 2005) to the centring logic of the particular method assemblage, here the naive reader *also* listens to these natives too, and the controversy that occurs in the objection.

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#### EMPIRICISM (II): THE (IM)PERFECTIONS OF SMALL MIRACLES

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Law (2014) contends that the centred products of method assemblages “need constant maintenance” (p. 6) in making things manifest and absent-as-Otherness to ensure coherence. Indeed, “*anything* we put together is profoundly fragile” (p. 10, emphasis in original). Things that hold together are “miracles” (p. 7). Because practices are ongoing there is always the possibility of interferences that need to be resolved by absenting things into Otherness. And these interferences become apparent when we naively follow the natives. Discussing ‘matters of fact’ that have established an interpretive omnipotence through projecting its absence into an absolute ‘out-there’ reality, Latour (2005) notes that “the empirical multiplicity of former ‘natural’ agencies overflows the narrow boundary of matters of fact” (p. 111).

It has been argued throughout this thesis that the epistemological techniques to try and resolve multiplicity into singularity always fail upon a careful examination of the practices of centring. When we follow the objects involved in these narratives we find they behave in unexpected ways that cannot be tamed by centring techniques, despite their best efforts. They reveal their non-relational element that can only be comprehended through an awareness of the *practice* of centring, rather than simply an awareness of the interpretive omnipotence proffered in the *product* of that centring. We suddenly find the existence of ‘compromise words’ like the *elusiveness* of pain (see Chapter 2), of a *barely* graspable absence (Throop, 2009 – see Chapter 4), and the *sense* of indeterminism in a subject (Gubrium & Holstein, 2012 – see Chapter 6). These are words that, upon a closer examination than an epistemological reading offers, reveal themselves to be conduits of multiplicity *as well as* singularity in centred accounts, but barely disguised as *only* innocuous singularities in a valiant but vain attempt to absent-into-Otherness their multiplicity.

Rather than intermediaries serving as elements in the (pre-established) structure of a method assemblage’s centring logic, the visibility of the (newly visible absented-into-Otherness) non-relational offers an actuality of a *something else* that expresses the

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<sup>1</sup> The ‘native’ being a method assemblage that has had to Other into absence part of what it has enacted in order to produce singularity. To create its centered vantage point requires eliminating from view what is a necessary part of its construction.

multiplicity of knowing the objects in question. That is, an intermediary becomes converted into a *mediator* (Latour, 2005). A mediator is something that “*make[s]* others do unexpected things” (p. 106, emphasis in original), that objects to the way in which it is being made to carry meaning by the method assemblage. “Instead of simply transporting effects without transforming them, each of the points [...] may become a bifurcation, an event” (p. 128).<sup>1</sup>

As this thesis has discussed in relation to the insight of rhetoric, once the imperfections have been found out (the unbracketing of multiplicity), a method assemblage can find new ways of explaining away multiplicity: of enacting a new epistemological reading. As Latour notes:

It’s precisely because it’s so difficult to maintain asymmetries, to durably entrench power relations, to enforce inequalities, that so much work is being constantly devoted in shifting the weak and fast-decaying ties to *other types* of links. (p. 66, emphasis in original)

However, once we chart the encounter with the non-relational as a mediator, we have an account that crystallises juxtaposition. This contains the surface of juxtaposition of the logic of the pinboard because a mediator is both necessary to the coherence of the centred account made manifest yet also constitutes a conduit for the non-relational to interfere with it. It constitutes a surface for the confrontation between a centred account and its non-relational element that is both necessary to its construction yet also impossible for the coherence of that account. But what is traced on this surface is the *account of the process*. This is not simply the static juxtaposition between multiples but the juxtaposition between (on the one hand) the interpretive omnipotence transmitted in intermediaries and (on the other) their objections when they are revealed as mediators. This is an interference expressed as “the increase, in the accounts, of *the relative share of mediators over intermediaries*” (p. 61, emphasis in original).

We can thus state that a method for intervening on an epistemological way of representing the lived experience of pain is to provide an account of the enactment of a pinboard in knowing such lived experience, which is to say an account of the observation of a method assemblage that naively leads a reader towards controversies. As the logic of the pinboard is expressed through charting the observations of a method assemblage, this is a method based very simply on tracing the enactment of empiricism: of following the natives. Indeed, the “name of the game is to get back to empiricism” (p. 146).

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<sup>1</sup> The transportation of transformations between mediators (which may then be traced) is given the technical term ‘translation’ within actor-network theory and wider STS (Latour, 2005; Latour & Law, n.d.). This should not be confused with the cultural anthropological use of the word ‘translation’ introduced in Chapter 3 and used throughout this thesis. The STS use of ‘translation’ is discussed in more detail in Chapter 14.

The above argument contends that a naive reader, in paying careful attention to what is being done (being empirical), is able to observe both the centring logic of a method assemblage and the moments of overflow. But an additional argument is that the centring logic is so seductive that an additional methodological technique is required to be fully empirical: the means to *resist* the tendency for overflow to be bracketed from view. Being naive means to be led by the centring logic of a method assemblage, *but not led far enough* that it is able to bracket the non-relational from our field of vision. Thus, Law and Lien (2012) argue that researchers “attend to the textures on the margins” (p. 373) in order to recover multiplicity repressed by the undisturbed assumption in Western thought (present since the ancient Greeks) that “the cosmos is endowed with a single order” (p. 364). Akin to a form of post-colonialism, this is a choice to attend to what is being done at the margins of the centred entity a method assemblage is enacting.

Being aware of the boundaries and what may lie outside of them (the non-relational) means an intimate familiarity with the centred narrative being constructed by a method assemblage. As Moreira (2012) notes: “innovation is underpinned by a robust understanding of the fabric of present institutions” (p. 155). Such ‘imagination’ “works on the possibilities enclosed in the present by tentatively exploring the consequences of the limits of regimes of action” constituting that present (p. 148). Drawing on the enactment of salmon in a fish farm, Law and Lien (2012) argue that there are 3 main ways that “practices are productive around the margins” (p. 372): the production of “nearly salmon” (salmon that are selected out and left to die in a tank, usually because they are underweight), “the failures in choreography” (where the ordering of the salmon in the farm fails and things are out of order), and the presence of the “elusive” (such as salmon that can’t be seen when they dive deep enough, but are nevertheless there) (p. 372). Making the choice to attend to these boundary products constitutes a methodological technique of resistance of the controversy to the Othering techniques of a method assemblage. It can be equated with Timmermans and Tavory’s (2012) promotion of several qualitative research methods in *abductive analysis*<sup>1</sup> (such as the constant-comparison technique of grounded theory) to “increase the resistance of the phenomenon to our interpretations” by thrusting empirical findings up against the centred account we are trying to fit it into (p. 175).

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<sup>1</sup> This influential method is discussed, and ultimately dismissed as a means of fractional intervention, in a separate section at the end of the current chapter.

## PINBOARDS AND LIVED EXPERIENCE

The proposal that we might apply the kind of empiricism discussed above to the *problem of experience* is not novel. Indeed, in addressing “the problem of the apparent ineffability of embodied experience” within research in psychology, Brown, Cromby, Harper, Johnson, and Reavey (2011, p. 496) propose a return to a “radical empiricism” already “prefigured” by earlier thinkers such as William James (who coined the term) and John Dewey (Brown et al., 2011, p. 511). Similar to the empiricism this thesis has discussed, this is characterised by a naivety that regards particular occasions as irreducible to some abstract structure, requires a close description of what happens in that occasion, treats objects as *relationally* defined (like the chains of intermediaries and mediators discussed above), and stresses the importance of using existing concepts in order to “illuminate” the particular (irreducible) event (without reifying it to a generalisation) (which might be regarded as a way of being ‘productive around the margins’) (p. 511).

As noted within this chapter, the pinboard as a method is relatively underdeveloped and underused. Its application to understanding lived experience is even more new. None of the four studies that have explicitly practiced the pinboard method (Craig, 2015; Law, 2002, 2006; Roberts, 2010) have applied it as a way of knowing lived experience. This is not surprising since the pinboard method emerged from *science and technology studies* and travelled through *actor-network theory* (see Craig, 2015, for a history of the pinboard’s emergence), which have not been directly concerned with an understanding of human experience in the same way that the likes of the *integrative paradigm* has (see Chapter 1). However, the underlying philosophy of the pinboard, that of fractionality, shares with such approaches an important appreciation of an absent-present ontology of what it means to know, something that is identified in this thesis as a crucial element that arises in attempts to know lived experience. Indeed, the ‘hinterlands’ (Law, 2004) of both the *pinboard* and the *problem of experience* can be regarded as overlapping as part of a wider post-epistemological project.

But most importantly for this thesis, the pinboard and the hinterland it brings offer the opportunity to readily operationalise a *method* to fractionally know lived experience, a practical intervention that has been identified as lacking within the wider post-epistemological project (as Chapter 5 discussed). An uncertain cross-fertilisation combining fractal juxtapositions, method assemblages, radical empiricism, and an absent-present ontology of experience, it is one that this thesis suggests is worth experimenting with as an attempt to manage the *problem of experience* encountered in knowing lived experience.

## CHAPTER CONCLUSION

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This chapter has explored the concept of the 'pinboard' as a means of making visible the juxtaposition of controversies, and holding them still, so that it might know the lived experience of pain fractionally. It has argued that the choice to produce a pinboard both enacts and engages in an ontological politics because fractionality is not some eternal, fundamental aspect of what it means *to know* but something that is itself enacted in the never-settled world of practice. The pinboard might be considered as a surface on which distinct entities are allowed to exist yet overlap, creating juxtapositions that express the double-vision of fractionality. But a pinboard is also something that is practiced, existing as a set of processes that can be comprehended in the concept of a *method assemblage* and charted on a surface. Whilst a method assemblage constructs a restricted field of vision as it makes things manifest whilst absenting other things into Otherness, the vantage point of the pinboard is able to observe all the processes of a method assemblage, including absenting-into-Otherness. But this observation from an extended vantage point is not given: it must be enacted. It has been argued that being able to successfully observe a method assemblage starts with the construction of a 'naive' reader that does not pre-judge the centring processes of a method assemblage, but is instead naively led by it.

This close attention to the work of a method assemblage, facilitated by a conscious attention to productive practices at the boundaries of the centred narrative being constructed, serves to uncover imperfections that are absented into Otherness, revealing this absenting process and thus the fractional processes of the method assemblage. What is absented into Otherness is shown as both seamlessly connected and necessary to that which is made manifest whilst also being impossible to exist as a singularity with it. Intermediaries that simply transported the meaning of some pre-comprehended structure in the centring logic of the method assemblage are transformed by this empiricism into entities that bifurcate in their transportation of meaning, where there is uncertainty about where it will be transported, where there is controversy. Charting the naive observation of a method assemblage as it produces controversies is thus concluded as a means to fractionally intervene on an epistemological means of knowing the lived experience of pain, with the surface of the pinboard holding still the juxtaposition between (on the one hand) the singularity of a centring logic and (on the other) the multiplicity of the decentring logic once the non-relational is made visible and charted on this surface. The following chapter operationalises this method.

## TWO READINGS OF ABDUCTION AND THE CONTROVERSY

An ongoing theme throughout this thesis is the enactment of two readings about the particular issue being discussed. One reading is an arborescence, whilst the other is fractional. The presentation of the two readings can be regarded as the enactment of the pinboard method (as this chapter has described it), where the limited epistemological conditions of possibility of an arborescence results in overflow once the centring logic of the first reading is followed, an overflow that is made visible in the second reading (i.e. from the vantage point of the pinboard). We should not be surprised by this if the process of *knowing* is only ever the interference of one form of practice on another (Mol, 2002). But as the first section of this chapter noted, the overflow necessary for the production of a second reading is not some predestined law of nature, but is itself a practice that can be practiced otherwise. Indeed, it *is* practiced otherwise in the form of the first reading, which manages to absent into Otherness the overflow that problematises it.

The particular choice of method practiced thus makes a difference as to whether the vantage point of the method assemblage or the vantage point of the pinboard is enacted. Different methods are more or less successful at absencing overflow into Otherness, more or less successful at allowing controversies to unfold and be kept visible. I have argued that the pinboard method is more successful than conventional methods in social science at doing so (indeed, that conventional methods see controversy as anathema), and have done so by enacting its principles as a second reading. The pinboard method draws its theoretical account from a hinterland of actor-network theory (ANT) and ‘post-’ or ‘after-’ ANT research, an influential seam of thought in social science that has sought to enact problems in conventional methods: to explicitly enact controversies. But it is by no means the only such seam.

In 2012 Timmermans and Tavory published an influential paper discussing *abductive analysis*, which they defined, following the “pragmatist scientist-philosopher” C.S. Peirce,<sup>1</sup> as “the creative production of hypotheses based on surprising evidence” (Timmermans & Tavory 2012, p. 168). The concept of the controversy is central to abduction, and the method involved in abductive analysis discussed in the paper has many similarities with the pinboard method as it is outlined in the current chapter. Here I wish to provide two readings of abduction from Timmermans and Tavory’s paper.

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<sup>1</sup> See also Chapter 4, which considers Peirce’s theorisation of the *sign*.

The first enacts fractional conditions of possibility, and the second epistemological. I here diverge from the standard practice of the thesis thus far (and as outlined in the pinboard method discussed in this chapter) of charting an account of how a 'first' *epistemological* reading gives rise to a 'second' *fractional* reading that incorporates the first in its extended field of vision. The divergence is deliberate as my intention is not to demonstrate how an epistemological method enacts fractional conditions of possibility it cannot account for, but how a seemingly fractional method enacts epistemological conditions of possibility. In narratively switching from a fractional to an epistemological reading it is my intention to suggest that Timmermans and Tavory's enactment of abductive analysis in their paper constructs their abductive method as less successful (as methods go) in holding visible the juxtaposition of controversies, and more successful in regarding it as a means-to-an-end, in common with the conventional Euro-American methods that abductive analysis might be positioned as a radical critique of. Indeed, it is for this reason that I contend that the concept of abductive analysis derived from their paper is not a preferred method for practicing the fractional intervention this thesis aims for.

Like the pinboard method discussed above, for Timmermans and Tavory abductive analysis depends on the tension generated by "anomalous and surprising empirical findings" (p. 169). Moreover it "rests on the *cultivation*" of such findings (p. 169, my emphasis). This cultivation comes in two parts. First, the role of theory. The authors argue that to cultivate anomalies requires that the researcher have "an affinity and familiarity with broader theoretical fields" (p. 173). Being "theoretically sensitized" (p. 173) serves cultivation in two ways: it provides a theoretical base with which empirical observations can be made to contrast in an anomalous way (where these observations do not fit into existing theory), and it provides the theory required to provide an innovative interpretation of empirical observations. Indeed, abduction "depends on the inability to frame findings in existing theoretical frameworks as well as on the ability to modify and extend existing theories in novel ways" (p. 173).

The second element of cultivation involves the role of method. Methods such as taking field notes, theoretical sampling, coding, and constant comparison can be understood as a way of "pushing the data against existing theories" (p. 179). Just as a method assemblage attempts to absent into Otherness inconvenient objects that cannot be made to fit into singularity, a researcher has the "tendency [...] to modify our field experience retroactively so that it fits better with our theoretical proclivities or with the kind of narrative we want to tell" (p. 175). Method serves to "increase the resistance of the phenomenon to our interpretations" (p. 175) just as objects are

permitted to object in Latour's (2005) empiricism, and are encouraged to do so in Law and Lien's (2012) exploration of boundary processes.

Both theoretical sensitisation and the use of method can be equated to the empiricism of the pinboard method as it is discussed in this chapter. Both 'follow the natives' (Latour, 2005) to make controversies visible (cultivate anomalous findings). Indeed, we might liken the establishment of researchers as "informed theoretical agnostics" (Timmermans & Tavory, 2012, p. 169) to the construction of the 'naive reader'. In this fractional reading the surprising finding that is cultivated constitutes an interference caused as the combination of a broad theoretical repertoire combines (through interpretation) with an empirical finding to interfere on a pre-established theoretical base.

But it is at this moment that the conversion to an epistemological reading begins. For in this new reading the controversy becomes backgrounded as a means-to-an-end, as a means of establishing a new singularity at the expense of an old one. It is thus important to "*make the most of the possibility of generative abduction*" to achieve the "goal of constructing theories" (p. 181, my emphasis). The partial connection and disconnection (Law, 2006) of the controversy is now transformed from a knowing-in-tension to making a digital switch from one isolated territory to another (an old theory to a new one). This either/or logic separating singularities of *old* versus *new* product is found in how 'cultivation' might be assessed: producing "conditions that can [*either*] enable *or* obstruct the production of theory" (Timmermans & Tavory, 2012, p. 181, my emphasis) rather than permitting centring and decentring logics to overlap fractionally. Here we can read a privileging of (repeatedly) achieving an end theoretical product in all its splendidly isolated singularity.

This logic is also expressed in the characterisation of "abduction as socially located, positional knowledge" (p. 172). This assumes that "[w]e always occupy a certain position (as parents, as academics, as middle-class Latinas, etc.), and this position colors our vision, [...] allowing us only a partial access to the field" (p. 172) and "arming us with prototheories" to "case" phenomena we observe (p. 173). The consideration of a *partiality* here may suggest fractionality, but such notions are dispelled as the authors point to the "danger" of using "these ready-made categorizations to obliterate the complexity of personal and professional lives, to self-stereotype" (p. 173). Just as the subject Gubrium and Holstein (2012) construct in their chapter objects to its overdetermination (see Chapter 6), so here does a metaphysics dealing only in singularities threaten to produce a cardboard subject that misrecognises the subject it claims to know and which subsequently overflows its boundaries.

In this second reading the abductive process is a “dialectic between data and generalization as a way to account for empirical findings” (p. 167), or more precisely a “dialectic of cultivated theoretical sensitivity and methodological heuristics” (p. 180). This is a dialectic that, to paraphrase Deleuze (1962/2006a), is the most ferocious enemy of multiplicity as it seeks to resolve rather than affirm difference (see previous chapter).

No one reading is necessarily more definitive than the other, of course, as to know anything (even *abductive analysis*) is to understand it as a controversy. But Timmermans and Tavory (2012) made choices (like everyone has to) to enact their object in a particular way. These are choices that make their concept of ‘abductive analysis’ more or less successful in enacting epistemological or fractional conditions of possibility. And it is my contention that the way the concept of abductive analysis is enacted in their paper too successfully enacts an epistemological reading to make it a viable choice for the intervention sought by this thesis.

## CHAPTER 8: METHOD

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### INTRODUCTION

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In the *pinboard method* the previous chapter established that charting a method assemblage as it produces a centred account is sufficient to introduce a decentring movement through revealing controversies that arise from naive observation, constituting an interference that expresses a fractional way of knowing. This thus offers a 'solution' to the paradox of representing pain experience introduced by an *integrative paradigm* that seeks embodied accounts of pain experience through capturing patient narratives. This chapter seeks to operationalise the pinboard method such that it can be readily practiced. Specifically, the chapter provides details of method that *were* practiced, producing the fractional accounts of the lived experience of pain that can be found in *Part II*. Performing this method constitutes an experiment exploring its validity, and offers the opportunity for feedback to enhance it.

The chapter is split into three parts. The first discusses the selection of the particular method assemblage that was charted, which was drawn from *interview research*. Choosing to intervene on an interview research method is important because, as Chapter 6 noted, it is a popular method for obtaining narratives of the lived experience of pain. The method of practicing fractionality developed in this chapter is thus potentially readily transportable to similar types of research within the integrative paradigm. The chosen interview research method was performed by the researcher, a performance that required following particular details of method, which were selected on the basis of both their hegemony and efficacy in providing embodied accounts of pain experience relevant to the epistemological and ideological goals of the integrative paradigm. The second part of the chapter is a short section justifying repeating the intervention for several cases in order to demonstrate its robustness, and what this therefore meant for numbers of participants, number of interviews, and interview length. Having justified the selection of particular details of method, the third part of the chapter provides a full outline of the method used, including study design, participant details, data collection, analysis, and ethical considerations.

#### (1) CHOOSING A METHOD ASSEMBLAGE TO INTERFERE UPON

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Chapter 6 identified interview research methods as well-established epistemological means of investigating the lived experience of pain, and which therefore offered a readily accessible method assemblage to interfere upon, as well as (by extension) making the intervention relatable to similar methods used to know the lived experience of pain. This study chose to perform this interview research method (with the researcher – LR – interviewing) (1) as

analysis of an individual case (selected purposively), (2) using an open-ended structure, (3) with multiple interviews with the same participant, (4) lasting 60-90 minutes, and (5) analysed using *thematic analysis*. These particular elements of method were selected because of both their popular use in the integrative paradigm and efficacy in obtaining narratives of the embodied experience of pain in relation to its epistemological and ideological goals. Understanding the nature of these goals in relation to the methods used to achieve them is important in order to generate the *familiarity* with the centring logic of the method assemblage that the naive reader seeks to closely follow. In effect, establishing such familiarity can be understood as an important part of the construction of a naive reader that can be readily led by the epistemological and ideological goals of the method assemblage this thesis wishes to intervene on, as well as permitting appropriate details of method to be selected such that the centring processes of such a method assemblage can be *enacted*. What follows is the specific justification for selecting each of the numbered elements in relation to these epistemological and ideological goals, which can be understood as how to best enact the *communicable cartography* (Briggs, 2007) of integrative paradigm interview research.

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#### INTERVIEWING A SINGLE CASE: ON THE AUTHENTIC INDIVIDUAL

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The choice of a single case requires understanding the role of *authenticity* in both interview research and the integrative paradigm. Whilst the most recent stage of the historical narrative of interview research (outlined in Chapter 6) has, as part of the wider *rhetorical turn* (see Chapter 3), involved attention to the practices of interview research that has served to conventionally problematise the notion of subject authenticity (Gubrium et al. 2012b; Gubrium & Holstein, 2012), the concept of the “authentic self of the person” persists more widely in society (Denzin, 2003, p. 145). Indeed, Atkinson and Silverman (1997) write of the “interview society”, which functions on the basis that “face-to-face interviews [...] reveal the personal, the private self of the subject” (p. 309), embodying the three ideologies (self-expression of an individual mind, that can be made public, authentically via face-to-face communication) identified by Briggs (2007).

Atkinson and Silverman (1997) contend that even analysis of qualitative data has (at least up to their time of writing) remained dominated by the assumption of authenticity, with them noting that “too many authors – including those committed to various radical or alternative models of research – celebrate the interview and the narrative data it produces as an especially authentic mode of social representation” (p. 312). Indeed, the “radical critiques and transformations of the interview” characteristic of the third stage of the historical narrative of interview research discussed in Chapter 6 remain “an incomplete program” (p. 312). Briggs (2007) argues that within his discipline of anthropology, researchers “are themselves so swayed” by the three ideological constructions (noted

above) establishing authenticity “that anthropological interviews largely remain black boxes” (p. 555), suggesting (like Atkinson & Silverman, 1997) that the impact of the rhetorical turn on social science has been more limited than the historical narrative of interview research might suggest. Indeed, the dominant interview cartography being used within social science today might be characterised as one that establishes an authentic experience of a subject out of which a publically shareable narrative account can be translated through face-to-face interaction with the researcher (Briggs, 2007).

The persistence of authenticity in interview research is not simply because of “methodological or technical issues” but “as the enactment of ethical and ideological commitments” (Atkinson & Silverman, 1997, p. 313). Thus, Chapter 1 discussed how a reaction against the inhumanity of biomedicine, and then later against Engel’s (1977) fragmentary biopsychosocial model, favoured the production of narratives to capture ‘authentic’ (or ‘embodied’) integrated experiences of illness that were previously denied.<sup>1</sup> Briggs (2007) notes that whilst interviews “magically appear to embody all three” of the ideologies he identifies, “different types of interviews privilege one or more” (p. 554). Those of the integrative paradigm are similar to “psychiatric, oral historical, and life history interviews” (p. 554) insofar as they focus on both the Lockean notion of the individual autonomous mind as the “privileged locus of communication”, and the notion that authentic experience is obtained through “primordial, authentic, quintessentially human, and necessary” face-to-face communication (p. 553). This form of interview research focuses on “individual interviewees and the process of self-disclosure”, and paints “interviews as powerful windows into a person’s experiences, memories, and feelings” (p. 554).

Interview research within the integrative paradigm has thus tended to focus on making visible individual subjects translating their experience through the humanism of a face-to-face encounter, epitomised by the “*ethnography of experience*” (Kleinman, et al. 1992, p. 14, emphasis in original) in the volume *Pain as Human Experience* (DelVecchio Good et al., 1992). Within this book perhaps the archetypal piece of integrative paradigm interview research is Byron Good’s (1992) chapter, where he discusses an interview with ‘Brian’. The chapter begins by making clear that the story being presented emerged from a particular face-to-face interview encounter. Thus, we learn that Brian was accompanied to the interview with his father, who was “tall and fairly thin, with a sagging face that showed sadness and concern” (p. 29). Such observations not only leave little doubt about how face-to-face this was (evidenced in sagging flesh), but already express the “primordial”, “quintessentially human” role of the face-to-face encounter as a window into the soul (Briggs, 2007, p. 553). In this case a window of a worn-out face through which we can see a

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<sup>1</sup> Briggs (2007) traces this to a reaction against the Enlightenment’s cold formalism.

father carrying the burden of his son's illness, an aspect of humanity missed by cold diagnostic tests like the "[p]anoramic X-rays" taken to seek a diagnosis for Brian's persistent pain (Good, 1992, p. 35).

"What followed" in the interview with Brian (and his father, who was "invited [...] to remain for the interview" and subsequently took part in it) "was a remarkable story of a life of pain" (p. 29), a publicised account that Good then used to reflect (in his chapter) on an even more public discourse regarding the contrast between a person in pain's telic demand to objectify pain and the alienation that this inflicts to the "experiencing and acting self" that refuses to be reduced to an object (p. 39). This enacts the second of the ideologies outlined by Briggs (2007) (publication of a personal account in public discourse). But what is perhaps most striking is the enactment of the first ideology: an individual mind contemplating their world. The whole of Good's (1992) chapter is about Brian, "centering on an individual, who becomes the *origo*<sup>1</sup>" (Briggs, 2007, p. 557, emphasis in original). Indeed, as Good (1992) notes, his chapter is "meant [...] to bear witness to a single life" (p. 47). The individual is not scrambled in an analysis that dissects it and mixes its parts into an amalgam with many others where the individual remains only a starting point. Instead we are presented with the rational reflections of an individual mind on the sensations that make up his lived experience of pain. This is a reflection that demands participants "convey transparent and precise models of the contents of their minds to others" (Briggs, 2007, p. 553), but which is failed in this action by the biomedical models Brian has put his faith in, which cannot name his pain. The chapter reveals an experience structured by the ontology of pain outlined in Chapter 2, where chronic pain sufferers are "constantly seeking a name for their suffering, an image that will name its source and allow it to be set off from the self, an image that will provide the symbolic structure for a remaking of the world" (Good, 1992, p. 43).

This failure to name might be understood as an *interference* on the communicable cartography of the interview where the enactment of a rationally reflecting individual as an origin of an experience of pain that can be made publically visible through the face-to-face encounter (making pain present) becomes problematised by an ontology of pain that has a necessary absence (see Chapter 2). Instead, in Good's (1992) chapter this controversy is claimed *for* the individual, where the chapter becomes "witness to a single life and to an experience deeply resistant to language" (p. 47). The controversy itself becomes Brian's

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<sup>1</sup> Latin for 'origin'. In *pragmatics* the *origo* or *deictic origo* is also often used to mean the *deictic centre* of an utterance. For particular words or phrases whose full understanding requires the provision of context, the deictic centre is the "central anchorage point" around which they are relationally organised (Huang, 2012, p. 85). Briggs (2007) does not define his use of 'origo', though does frequently and explicitly locate his article with reference to the "complex pragmatics of interview practice" (p. 561). I here understand the term to refer to the establishment of the interviewee as a central anchorage point around which the *communicable cartography* of the interview is organised.

'experience', and Good's chapter as the publicised account of it, authentically obtained through Good's fleshy encounter with Brian and his father. This is the enactment of an *elusive* ontology of pain, and emphasises the importance of the individual voice as a rational reflector of even his own *lack* of reflections, of his public account of the interminable 'void' of pain waiting to be filled with (authentic) representations of experience (Biro, 2011).

The replication of the communicable cartography of the interview that has particular emphasis on the individual is found in many other chapters of *Pain as Human Experience*. DelVecchio Good (1992) thus provides discussion of her interviews with each of two women about their experience of pain and employment: "the case of Mrs. Able" (p. 53) and "the case of Ms. Graham" (p. 61). Brodwin (1992) discusses the social performances in the "case of Diane Reden" (p. 77), where the responses to ethical demands are made to be owned by the participant he interviewed. Garro (1992) presents "Mary Bartlett's story" of chronic illness, including the obligatory discussion of the interviewer's observations of the interviewee's body ("she conscientiously maintained her posture throughout the long interview session", p. 105). And Kleinman (1992) presents three separate 'cases' of chronic pain experience, two of interviews with a single participant, and a third of his ethnographic work in China.

Many recent studies exploring the experience of pain have also sought to focus on the individual by drawing on a small number of interview participants (for example, the following studies draw upon data from 6 participants or less: Becker, 1999; Buchbinder, 2010; Corbett et al., 2007; Flores et al., 2012; Honkasalo, 2000; Mengshoel & Heggen, 2004; Osborn & Smith, 2006; Richardson, 2005; Robinson et al., 2013; Ryan et al., 2014; Shapiro, 2006; Sheedy et al., 2017; Smith & Osborn, 2007; Winkler, 2018). Whilst many other studies have included somewhat larger numbers of interview participants whilst still seeming to retain a focus on the individual through presentational techniques of individualising particular responses (often through using direct quotation), it was reasoned that the integrative paradigm's goal of rescuing the individual voice of a patient's experience of pain is more effectively established with a more explicit focus on smaller numbers, with the archetype being a single case. This thesis therefore chose to perform interview analysis of individual cases. The selection of such individuals was performed *purposively* since it is interested in a particular population (those with experiences of pain) (details of the exact population drawn from is discussed in the third section of this chapter).

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#### OPEN-ENDED INTERVIEW PROTOCOL: ACHIEVING DEPTH

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A difference is frequently drawn up in the methodological literature between in-depth and structured interviews. In-depth interviewing involves an open-ended or semi-structured format that allows greater deviation from the interview protocol, with open-ended

interviewing offering the greatest freedom. Structured interviews are typically used when seeking specific, predictable information in line with an agenda. It is argued that an in-depth, open-ended interview style is suited to the integrative paradigm for two reasons.

First, the desire for 'depth' in an interview is frequently framed within a narrative seeking to *reveal* meaning that is otherwise covered. Here the interviewer is hoping to "*uncover* greater detail, depth, and complexity of meaning", of seeking to "*unlock* very sensitive experiences" (Grinyer & Thomas, 2012, p. 220, my emphasis). In-depth interviewing is enacted as a useful means of tapping into the *origo* of experience, and for it to do so effectively it must be done in a particular way. Thus, Grinyer and Thomas suggest that the 'uncovering' process is achieved because of the development of trust and rapport between interviewer and interviewee such that the interviewee feels more comfortable in constructing alternative accounts (less constrained by perceived ethical demands). Johnson and Rowlands (2012) similarly agree that it is important to "progressively and incrementally build a mutual sense of cooperative self-disclosure and trust" in order to establish the 'depth' of meaning desired (p. 104). More specifically, they suggest this occurs on the basis of *mutual reciprocity*, where both interviewer and interviewee share experiences as part of the same group ('strict reciprocity') or where the interviewer offers "some form of assistance or other form of information" to the interviewee, such as (ethically) sharing stories from other interviewees ('complimentary reciprocity') (p. 104).

Second, an in-depth interview can be posited as more 'natural' or 'authentic' than structured interviews. This is consistent with the "quintessentially human" style of face-to-face interviewing of one of Briggs' (2007) ideologies, posited as necessary for drawing out authentic experiences (p. 553). *Trust, rapport, and reciprocity* as important *technical* elements to achieve depth are all imbued with humanistic connotations appealing to this dominant ideology. Indeed, in-depth interviews "develop and build on intimacy" and that "in this respect, they resemble the forms of talking one finds among close friends" (Johnson & Rowlands, 2012, p. 100),<sup>1</sup> particularly open-ended interviewing, which is assumed to allow "conversation to take its *natural* course" (Booth & Booth, 1994, p. 420, my emphasis). Enacting this humanistic trait as an interview technique appeals to an ideology offering the promise of an authoritative translational link between the embodied experience deep within the individual and the narrative accounts produced for public consumption.

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<sup>1</sup> But note that this humanistic enactment of the in-depth interview as 'friendly talk' is problematised by the contrast with the researcher's goal of collecting data, because in friendship that "kind of talk is an end in itself" rather than as a means to collecting data (Johnson & Rowlands, 2012, p. 100). Here the humanistic enactment of face-to-face interviewing is interfered upon by an enactment of face-to-face interviewing as an *inhuman* technical exercise, a controversy that arguably becomes relegated to methodological discussions of interview ethics without disrupting the broad humanistic enactment of the interview outlined by Briggs (2007).

This study's open-ended interview protocol had the broad aim of exploring participants' experiences of chronic pain. It included "two or three introductory icebreakers to get the ball rolling" (Johnson & Rowlands, 2012, p. 106), and used stimulus material prepared by participants prior to their interviews (see third section of this chapter for more detail).

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#### REPEAT INTERVIEWS

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Grinyer and Thomas (2012) suggest that interviewing participants on multiple occasions (as opposed to a single interview) is also conducive to establishing the kind of 'depth' discussed above and thus the communicable cartography of integrative paradigm interview research that the pinboard method aims for as part of the construction of a naive reader. Specifically, Grinyer and Thomas suggest development of trust and rapport is enhanced over multiple interviews, with such development regarded as a relatively slow process (Johnson & Rowlands, 2012). In addition, drawing on Earthy and Cronin (2008), Grinyer and Thomas (2012) point to other benefits of interviewing participants on multiple occasions, including a practical issue relating to exhaustion (it "may be less exhausting for both parties"), that it is easier for participants who are unwell to feel able to terminate a particular interview early (knowing that there can be other sessions), and that the time in between interviews enables reflection to be used to promote "greater depth" in the next interview (p. 220).

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#### INTERVIEW LENGTH

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It was also regarded that longer interviews offered greater potential depth. However, respecting practical limitations (such as comfort and time constraints on participant and researcher), the researcher aimed for an interview length of between 60 and 90 minutes.

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#### THEMATIC ANALYSIS

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*Thematic analysis* was chosen to analyse data. This is a sense-making exercise of condensing data into themes used to construct an account (Braun & Clarke, 2012). It "is a method for systematically identifying, organizing, and offering insight into patterns of meaning (themes) across a data set" (p. 57). Besides thematic analysis, other methods of analysis appropriate to a communicable cartography of integrative paradigm interview research might have been selected as the centring technique used in this thesis, such as *narrative analysis*, *interpretative phenomenological analysis (IPA)*, and *grounded theory*. Thematic analysis differs from such other data analysis techniques in that it might be regarded as constituting a basic method common to *all* qualitative data analysis methods. In this way, thematic analysis "provides the qualitative researcher with a foundation in the basic skills needed to engage with other approaches to qualitative data analysis" (p. 57). Indeed, it "offers a way into qualitative research that teaches the mechanics of coding and analysing

qualitative data systematically” (p. 58). Merriam and Tisdell (2016) identify a common foundational qualitative research method as categorisation of data via constant comparison, such that they write that “[c]ategory construction *is* data analysis” (p. 204, my emphasis).

The benefit of using thematic analysis over alternative qualitative data analysis techniques is that it presents the pinboard method developed in this thesis with potentially greater theoretical transportability to a range of qualitative data analysis methods since the range of method assemblages to intervene on is as wide as qualitative data analysis itself. Alternative techniques come with “broader theoretical or conceptual issues” (Braun & Clarke, 2012, p. 58) that subscribe to specific ontologies that might limit such transportability. In this sense, we might not simply talk about them as a *method* but as a *methodology*. Indeed, other qualitative methods require an “*additional dimension*” to be added to a common technique of qualitative analysis (Merriam & Tisdell, 2016, p. 24, emphasis in original), such as IPA’s subscription to a phenomenological philosophy (Smith et al., 2009). By contrast, thematic analysis “is *only* a method of data analysis rather than being an approach to conducting qualitative research”, and thus “offers a way of separating qualitative research out from these broader debates” (Braun & Clarke, 2012, p. 58, emphasis in original). This is not to say that the method assemblage this thesis attempted to practice was not itself guided by theoretical and conceptual issues. Indeed, the previous sections of this chapter have attempted to develop details of method based upon the theoretical and conceptual issues of a communicable cartography of integrative paradigm interview research that the pinboard method seeks to be naively led by. The difference is that use of thematic analysis does not further fracture this cartography into a number of sub-regions that limit the theoretical transportability of the pinboard method as it is developed in this thesis.

## (2) DEMONSTRATING ROBUSTNESS OF THE INTERVENTION

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Enactment and observation of the method assemblage noted in the previous section was repeated such that it was enacted, and attended-to, for a total of five individual cases (meaning five separate case studies were performed). This repetition was planned in order to (potentially) demonstrate robustness of the fractional intervention since an intervention using only a single participant might be dismissed for idiosyncratic reasons. Having five participants also mitigated for potential attrition of participants (though no participant did drop out), something that would be particularly detrimental with a single case.

As noted, repeating interviews with the same participant is a technique enacting the ‘depth’ required of the communicable cartography of integrative paradigm interview research, and thus this study sought as many repeat interviews as was logistically possible. As such, 5 interviews were performed with each of the 5 participants (for a total of 25 interviews).

### (3) DETAILS OF METHOD

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#### STUDY DESIGN

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Five open-ended one-on-one interviews with each of five chronic pain patients were performed (25 interviews in total) with the aim of providing an account of their individual experiences of chronic pain. Their data was provisionally analysed individually after each interview in order to better establish the story being enacted. This between-interview familiarisation permitted an exploration of the narrative in subsequent interviews with that participant in order to add an ever-increasing intricacy to the narrative that can be equated with 'depth'. This process of fleshing-out the structure of the narrative accounting for a participant's experience of pain also permitted the defining and subsequent exploration of the boundaries of this narrative, an exploration that involved the conversion of intermediaries to mediators once products of boundary processes were identified.

Full analysis after all of an individual participant's interviews were completed split their data into two 'movements'. The first (consistent with *centring*) constitutes a thematic analysis that produced a coherent narrative of pain experience. The second (consistent with *decentring*) constitutes the identification of elements of this narrative (products of boundary processes) that also produced (using thematic analysis) an alternative narrative that did not fit with the first (this capturing the conversion of intermediaries to mediators).

#### *ON THE FRACTIONALITY OF FRACTIONAL PRACTICE*

The formalised, coherent nature of the method discussed in this chapter and the last can be contrasted with the researcher's experience of putting it into practice. Whilst Part II of this thesis importantly reflects on this practice from the perspective of the abstract theoretical principles of the pinboard method, another complimentary approach is to more closely take the position of the interviewer's particular experience as a subject constructed within this process. Such a reflection can be found in Appendix 1, which draws upon reflective notes made by the researcher after every interview. In these the researcher struggles with the 'paradox' of enacting assumptions of naive empiricism that (as part of that enactment) must subdue expectations that are necessarily embodied in those very assumptions. This struggle is amplified by the way in which the researcher attaches his own (coherent) sense of self to enacting the pinboard method, provoking an anxiety for certainty that can only be achieved through embracing uncertainty. This captures the theme throughout the thesis that any practice takes place in conditions of possibility that are necessarily fractional (see Chapters 5 and 7).

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## PARTICIPANTS

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Five participants (four female, one male) took part. Each was experiencing non-malignant *chronic pain*, conventionally taken for convenience as pain<sup>1</sup> experienced persistently for at least 3 months (Merskey & Bogduk, 1994), a definition taken to include recurrence of pain within that period (Barke, 2019). Recruitment was facilitated by a physiotherapist working within a physiotherapy department at an NHS hospital in North East England. Four participants were contacted by post due to their voluntary enlistment on an NHS *patient-public involvement* (PPI) program, a scheme facilitating public involvement in health research. These participants replied indicating their interest in taking part.<sup>2</sup> A fifth participant expressed interest in participating after receiving information about the study from the facilitating physiotherapist whilst attending the physiotherapy department.

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## DATA COLLECTION

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Prior to the interviews each participant was asked to write or video-tape a short piece about aspects of their pain they felt were not understood by others (all participants chose to write the piece). This was examined by the researcher and used to initiate discussion in the first interview. All interviews sought to explore the participant's experience of chronic pain and were open-ended insofar as no interview schedule or prompts were used. Interviews were audio recorded, and transcribed verbatim by the researcher before the subsequent interview. Each transcript was provisionally analysed before the next interview in order to promote further discussion in subsequent interviews. There was a minimum period of a week between interviews to enable sufficient reflection and analysis. Each interview lasted between 52 and 90 minutes (average length = 67 minutes), and took place from mid-2015 to early 2016 in participants' homes (two participants), Durham University (two participants), and a participant's workplace (one participant). The two participants who travelled to Durham University were reimbursed for travel costs with retail vouchers. All costs were covered by a research grant provided as part of the researcher's ESRC studentship.

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## ANALYSIS

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Interview transcripts were analysed, split by individual participant (producing five separate case studies), using thematic analysis aided by *NVivo* computer software. This involved the

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<sup>1</sup> Understood as an "unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage" (International Association for the Study of Pain, 2017, par. 5).

<sup>2</sup> These participants had earlier provided written feedback to the researcher with regard to the effectiveness of the communication of an earlier version of the Participant Information Sheet, as part of the NHS research ethics approval process (see later in the current chapter).

gradual reduction of data from a larger to smaller set of categories that were arranged into a narrative for each participant.

Merriam and Tisdell (2016) remind us that “data analysis is the process used to *answer your research question(s)*” (p. 202, emphasis in original), and that analysis begins by “identifying segments in your data set that are responsive to your research questions” (p. 203). Just as epistemological ways of knowing pre-comprehend the world with epistemological conditions of possibility, fractional ways of knowing must also pre-comprehend with fractional conditions of possibility. As discussed in Chapter 7, the enactment of fractionality is a political choice, not an inevitable expression of some fundamental trait of what it means to know. As such, Gibson and Brown (2009) suggest that the research question means that thematic analysis may begin with certain codes already established. These are “apriori<sup>1</sup> codes” (p. 130), and “serve as general categories that derive from one’s research interests, and form a basic skeleton outline for preliminary categorization in order to begin the exploration of the data” (p. 133). The skeleton for preliminary categorisation for this study’s fractional intervention is sketched out in Chapter 7, and we can identify two categories from this. The first is the centred narrative enacted by the method assemblage, and can be referred to as the *first movement*. The second is a non-relational element arising from attending to the centred narrative, where its intermediaries are re-identified as mediators connecting both the narrative and its non-relational. This second apriori code can be termed the *second movement*.

These apriori codes inform the “empirical codes” that “emerge through the exploration of data” (p. 133). Any pre-comprehension may be found to be inappropriate in light of the empirical material. Indeed, Gibson and Brown note that whilst empirical codes “may be a derivative of an apriori category” they may also be “something entirely new that was not foreseen in the original research formulation” (p. 133). The difference between epistemological pre-comprehension and fractional pre-comprehension is that this overflow exceeds the former’s conditions of possibility, whereas it is *built into* the latter’s. However, it was entirely possible, though unlikely (given the fragility of things), that objects would *not* object to their metrification as chains of intermediaries, and that a second movement would therefore be inappropriate.

The empirical codes informed by the apriori categories were generated in a thematic analysis by firstly identifying “unit[s] of data” (Merriam & Tisdell, 2016, p. 203). For Merriam and Tisdell these are the smallest segments of information possible that have some meaning without requiring information beyond the study’s broader context. Then, through a

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<sup>1</sup> An alternative form of *a priori* (with a space).

process of comparison with other units of information, certain regularities that allow the units of information to be grouped into a smaller number of categories (which can themselves be grouped together) were established. Gibson and Brown (2009) suggests that this comparison is based upon “commonalities, relationships and differences” (p. 127). That is, the regularities constituting a category do not have to be based simply upon commonality. For the *first movement* this constructed a narrative of the participant’s experience of pain. For the second movement this identified elements of the first movement narrative that were also part of a second narrative that did not fit with the first.

The process of categorisation began with reading through an interview transcript, making notes of interesting material. Merriam and Tisdell (2016) note that as analysis proceeds, the categorisation becomes increasingly deductive as the researcher attempts to “check out” a particular category scheme against the data (p. 210). Indeed, they remind us that the process of analysis depends upon iteration, of the feedback of insights of analysis on the process of analysis itself. Importantly, Merriam and Tisdell argue that the start of analysis should not wait until data collection ends, but gradually develop throughout data collection. Indeed, it was material generated from reflection on the data between interviews that was crucial to discussion in the next interview. Analysis was regarded as completed when “saturation” was reached, which is “the point at which you realize no new information, insights, or understandings are forthcoming” (p. 210).

Craige (2015) found that the application of the pinboard’s logic of juxtaposition can be regarded as the “inversion” of conventional qualitative analysis (p. 221). Whilst “conventional practices of qualitative data analysis work by drawing and redrawing comparisons between themes and cases so as to produce ever-larger conceptual categories (Bryman, 2012; Schutt, 2012)”, the pinboard serves “to multiply realities through accentuating their differences rather than working to reduce realities by subsuming their differences within broad conceptual schema” (Craige, 2015, p. 221). Importantly, Craige found that the analytic coding of his interviews had already provided the constant contrast of the pinboard’s logic of juxtaposition: producing a pinboard “required no more work than had been done originally” in the analysis (p. 152). In fact, it required even less work. “All that was required” was to avoid collapsing the differences between first-order codes into higher level categories (p. 152). Indeed, Craige argued that “a refusal to practice that kind of second-order coding is definitive of the pinboard method, for it is in that refusal that the complexity, messiness and diversity of data is maintained” (p. 152). In this sense, the presence of first and second movements as apriori codes can be regarded as a conceptual ‘clamp’ that maintains a juxtaposition that might otherwise have been resolved into coherence through empirical coding in conventional forms of thematic analysis.

The study was carried out according to the established research ethic of *informed consent*. Marzano (2012) notes that informed consent is “grounded primarily on the principle of individual autonomy” and “secondarily on that of beneficence” (p. 443). Specifically, Marzano identifies informed consent as “the obligation to furnish the potential participants” (p. 443) about: the purpose of the research, its duration, methods used, risks and benefits of participation, ‘confidentiality’, and their right to withdraw at any point.

Potential participants were provided with this information via an information sheet (Appendix 2) and then via verbal discussion with the researcher. Potential participants interested in taking part made contact with the researcher using the contact details on the information sheet, or using a contact form included with it – one for PPI patients (Appendix 3a) and a slightly different form for non-PPI patients (Appendix 3b).<sup>1</sup> A generic copy of the recruitment letter sent to PPI patients is shown in Appendix 4. Each participant’s consent to participate was obtained via signature on an informed consent form (Appendix 5).

The open-ended nature of the interview discussion coupled with the strategy of exploring boundaries meant a risk of conversation that caused emotional distress to participants. This risk was mitigated by informing participants prior to the interviews that they could (at any point without giving a reason) ask to change the conversation subject, take a break, or end the interview. Participants were also made aware they could withdraw data for up to 2 months after a particular interview, withdraw completely from the study, and view their transcripts. Moreover, should a participant have suggested a risk of harming themselves (or others), appropriate disclosure of information to relevant authorities would have occurred (and participants were informed of this possibility in advance). The researcher had experience in being able to identify and respond to emotional distress through previous work performing psychological assessment interviews as an assistant psychologist (including instances where individuals indicated risk of harming themselves).<sup>2</sup>

Ethical approval for the study was granted by (1) the Applied Social Sciences Ethics Committee at Durham University, and (2) an NHS Research Ethics Committee.<sup>3</sup> Permission to carry out recruitment via the hospital was granted by the Research and Development Department at the NHS Trust responsible for the hospital.

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<sup>1</sup> The difference mainly reflects communication about management of their data held by the NHS Trust in relation to the PPI programme.

<sup>2</sup> Participants were also informed that they could potentially benefit from being able to talk in depth about their pain, but that this should not be regarded as a substitute for (psychological) therapy.

<sup>3</sup> IRAS Project ID: 158248. See: <https://www.hra.nhs.uk/planning-and-improving-research/application-summaries/research-summaries/a-qualitative-account-of-pain-enactment-with-persons-in-chronic-pain/>

## PART II: PRACTICE

## INTRODUCTION TO PART II

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Having developed a method for practicing the *pinboard* as a means of knowing the lived experience of pain fractionally, as an attempt to circumvent the paradox of pain initiated by epistemological methods within the integrative paradigm, Part II of this thesis concerns the *practice* of this method. The purpose of this practice is to enable an assessment of the viability of the method as a fractional intervention on integrative paradigm epistemological methods. Chapters 9 through 14 (inclusive) contain the pinboards of individual participants' lived experience of pain.<sup>1</sup> In addition to commentary found throughout these chapters, Chapter 15 contains a reflection on the practice of this method in relation to its viability as a fractional intervention, as well as a consideration of how it might be applied beyond the methodological confines of this thesis.

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<sup>1</sup> All names used are pseudonyms, and any information that was deemed likely to result in identification through *deductive disclosure* (Kaiser, 2012) was removed during transcription. Every quote given from a participant has a reference to a relevant transcript, given at the end of each chapter, in the form of: [Interview number for participant: line numbers of transcript]. For example, [I1:200-3] refers to interview 1, lines 200-3 for a particular participant (denoted by the particular chapter). Where quotes from the interviewer (myself) are given, these are clearly indicated as such, and all unmarked quotes should be attributed to the participant. Some quotes have been modified slightly from how they appear in the transcripts in order to improve communication of meaning (e.g. punctuation modified, filler words such as 'err' and 'erm' removed, minimal responses from the interviewer such as 'right' and 'yeah' removed). Note also that whilst the term '[*sic*]' has been added to denote grammatical errors as they are found in the transcripts, its use has been limited only to instances where the error is considered small enough that it might reasonably be mistaken as (or possibly accurately regarded to be) a transcription error rather than the grammar as it was used in the interview itself. In this way, the presentation of material in the following chapters seeks to avoid implicitly 'correcting' the original grammar used in the interview, being only concerned with ensuring adequate communication of meaning in the accounts constructed. Enquiries about the transcripts can be made by contacting the author.

## CHAPTER 9: STEPHANIE

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### FIRST MOVEMENT: A NARRATIVE OF ADJUSTING TO PAIN

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Stephanie is a woman in her 40s who experiences persistent back pain as a result of a major horse-riding accident that occurred 17 years before our interviews. Her narrative of chronic pain experience can be characterised as a contrast between pre- and post- accident worlds, and the difficulties she has encountered in making the adjustment from the former to the latter. This narrative has been split into four themes: (1) the problems pain has presented, (2) a stoic attitude of living her life as usual that makes it difficult to accept 'weakness' and seek help, (3) tension between these two themes, and (4) potential resolution through reappraising the nature of her stoic attitude.

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#### (1) 'THE ACCIDENT' AND THE PROBLEMS OF PAIN

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For Stephanie, the accident is "very much [...] a milestone in my life. I have 'before' the accident and 'after' the accident, and they are different lives"<sup>1</sup>. Being such a crucial juncture, it was accorded significant detail in Stephanie's account.

The accident happened at her weekly horse-riding lesson. The horse she was riding started spinning round and reared up, causing Stephanie to slip backwards onto the ground. Whilst rearing, the horse then "lost her balance and came over backwards"<sup>2</sup>, falling onto Stephanie and crushing her pelvis. She recalls how "incredibly painful"<sup>3</sup> it was as she lay on her back whilst the horse got up and galloped away. She said "I remember thinking if I can crawl away from this place where I'm laid, I can make the pain go away"<sup>4</sup>.

After being taken to hospital it was found that Stephanie's pelvis was broken in three places, and she underwent immediate surgery to fit an external pelvic fixator ("metal prongs coming out of my hips with a bar attaching them across the front of my tummy"<sup>5</sup>) to hold the broken bones in place. After several weeks she underwent further surgery "to fix [her pelvis...] internally"<sup>6</sup>, undergoing three operations altogether. These were "pretty big operations"<sup>7</sup>, with significant risk. However, she felt that the morphine she was taking "took the horror out of what was happening"<sup>8</sup>, and even allowed her to romanticise the possibility of death:

I remember going down for the last operation and thinking I might not see my husband again. I might not see my parents again. And it wasn't as shocking as it should have been. It was as though it romanticised it. It was a romantic notion that I could get wheeled away into an operating theatre and might not come out again.  
[11:292-5]

The morphine, coupled with the immobilisation of her pelvis, meant her pain was minimal much of the time. However, post-operative pain was significant. The last operation was “probably the most painful, even more painful than the accident itself”<sup>9</sup>.

Stephanie was in hospital for 6 weeks before returning home. She had reduced mobility, and so initially slept downstairs in her lounge, and was given a “wheelchair, crutches, things to help me get in and out of the bath, things to help me sit on the toilet, that sort of thing”<sup>10</sup>. She always assumed she would make a full recovery, albeit potentially slowly:

[...] once I knew that I had broken my pelvis, and I learned that the very first night, to me it was just: okay, it's a broken bone, they'll patch me up, put me back together, and I'll be fine. It might take a while, it might be a bit painful while they do it, but it's fine. They can fix it. [I1:350-3]

However, she experienced persistent pain in her back related to the injury, and a year after the accident (six months after returning to her job<sup>a</sup>) she realised that this pain “wasn't going to go away completely”<sup>11</sup>. This presented two problems to Stephanie. First, physical functioning exacerbated her pain, meaning either limiting functioning or else suffering pain. Practically, this means she “can do less now”<sup>12</sup> than before the accident. This expresses itself in everyday choices such as avoiding standing for prolonged periods, and taking the lift rather than stairs. Whilst she returned to horse-riding (specifically, dressage), she was unable to function to the same level as before because “it was just too painful”<sup>13</sup>. In such a “perfectionist sport”<sup>14</sup> where she feels the need to “be the best I can be”<sup>15</sup>, she found that “when you've been better it's hard to accept”<sup>16</sup> such reduced functioning.

Nowhere was this need for reduced physical function more apparent than her return to work. She struggled to do physical tasks like lifting items to and from storerooms without getting significant pain. The pressured nature of the job (“rushing, always needing things doing yesterday [...] that kind of job where [...] everybody's on your back”<sup>17</sup>) made this pain worse, and eventually it became too much:

I was just in so much pain. Every night I was, you know, crying driving home with the pain and [...] knowing that I had to get up and do it all again the next day. And knowing that you've got that until you retire. That's, that's a long time (*slightly laughing*) to think, you know, I was, what, 31, 32 at the time, thinking I've just got to keep doing this. And it wasn't long after that that I, I just, everything sort of fell over. I fell over (*laughs*), and I went on the sick, and I was on the sick for a few weeks with it. [I1:569-76]

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<sup>a</sup> The relatively niche nature of her job means that stating its title or area of employment could compromise anonymity, and so therefore it is not given here or in the transcripts.

Whilst her employer subsequently took steps to minimise Stephanie's physical burden, she continues to struggle: "there are still days when I [...] drive away from here and I think: *I can't do this again tomorrow (whispering)*"<sup>18</sup>.

The second problem pain posed to Stephanie is others' misunderstanding of it. Stephanie described many situations (usually at work) where she is forced to endure pain because others have not realised that she needs help. She also talked about how her pain treatment from medical professionals has been unsuitable because it fails to relate to her circumstances, namely that she is already very active for a chronic pain sufferer. Stephanie also noted becoming excluded in social situations because of her inability to stand for prolonged periods, having to either endure the pain of standing (such as with friends at the bar in a pub, or with colleagues she bumps into in the corridor at work) or else choosing to sit down away from them. Perhaps most significantly, she also noted how misunderstanding leads to her being negatively morally judged. Thus, she discussed taking the lift at work:

All of us had been to a meeting. Three of us were waiting for a lift to come back upstairs and, and another throwaway comment: 'Oh, look at the lazy ones waiting for the lift'. That's all it is. But it's happened to me oh, I don't know, a dozen, twenty times. And you do get fed up with it, you really do. [I2:572-81]

Being negatively judged as morally unacceptable by others with regard to her motivation, even where it might be posited in humour (such as in the above example), is something that has been hurtful to Stephanie, particularly as she feels her job is now "twice the effort"<sup>19</sup>. Similarly, she discussed feeling that others may judge her as being deceptive about her pain for personal gain (namely financial). Thus, she talked about wanting medical staff to make her feel "justified"<sup>20</sup> for her treatment:

I cost the NHS a lot of money. Appointments, pills, physio. And [...] the way things stand none of, none of the people I've seen have, have given me the impression that they truly believe that there's a problem. And that could be purely in my head. I don't know. [I1:1003-9]

Not having privileged access to the thoughts of others, these beliefs must frequently persist as fears and suspicions for Stephanie rather than as certain facts. This lack of privileged access also means she is never sure of the motive for others' misunderstandings of her pain experience, with Stephanie alternating between regarding others as blamelessly unaware or culpably negligent in their unawareness. Blameless unawareness arises because pain is not visible to others, and they thus cannot be held responsible for their unawareness ("I've learned over the years that people can't understand, people can't see pain. So you've got to cut them some slack"<sup>21</sup>). This also arises because Stephanie regards her life circumstances (working an intensive, full-time job and maintaining a household) and carry-on attitude to life (discussed in detail in the next section) as particularly unique and therefore difficult to

empathise with. More fundamentally, she expressed doubt about how well a person could actually be understood (“I don’t think anybody ever truly knows anyone”<sup>22</sup>). The culpably negligent, by contrast, are those who have been deemed wanting in appreciating Stephanie’s circumstances. These might make a “throwaway comment”<sup>23</sup> at the lift, and through not comprehending the insensitivity of their actions generate Stephanie’s anger towards them, an anger (rarely openly expressed) that may nevertheless be quickly doused with guilt as she switches her assessment from culpable to blameless once she puts herself “in their position”<sup>24</sup>. Stephanie thus remains caught within an oscillation between “frustration”<sup>25</sup> at others and a general fatalistic melancholy.

More fundamentally Stephanie had a feeling of being alone from others because of her pain, a separation that started from the moment of the accident. As she lay on the ground surrounded by people it was “probably the loneliest”<sup>26</sup> feeling she had felt: “I knew that an ambulance would come and cart me away and these people would all go home and have a cup of tea and go to bed. [...] Whereas my life had just suddenly changed completely”<sup>27</sup>. Stephanie hoped that one day she would encounter someone who would finally be able to empathise with her struggle with pain, which she assumed would be someone with her same unique circumstances. “I would look for somebody who is in the same position as me because it’s only somebody that’s done the same I think would think the same”<sup>28</sup>. Indeed, “it would be lovely to talk to somebody”<sup>29</sup> with mirror circumstances, but since the accident she has “never met anybody yet in the same position”<sup>30</sup> as herself. As noted, Stephanie feels fellow chronic pain sufferers do not relate to her unique circumstances such that “in 17 years, of all the people I’ve met through the pain clinic and all the rest of it and general life [...] I’ve never come across anybody in [the same...] position”<sup>31</sup>. Moreover, she had doubts that meeting this one person would have the transformative effect she desires:

I’m classing [meeting someone in the same position...] as the Holy Grail, and I think what would actually change even if I did? It would be lovely to have somebody to have a nice chat with [...] and have a mutual whinge (*laughing slightly*). But nothing would change at the end of that conversation. [14:618-22]

It seemed that Stephanie was keeping herself separate from those in chronic pain – as if she saw something in them so unacceptable to her own sense of self that she had to maintain this distance. Indeed, in the following section it is suggested that those in chronic pain represent ‘weakness’ for Stephanie, something that she cannot accept as part of her identity. Crucially, this rejection of weakness means the rejection of potential help that could mitigate the problems of pain outlined above.

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## (2) STOICISM AND THE REJECTION OF 'WEAKNESS'

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Stephanie discussed how she has a “no such word as can’t”<sup>32</sup> attitude, something she applied to her chronic pain. This attitude involves suppressing the problems of pain in order to function, and it “helps enormously. You sit around thinking about your back pain and it [...] overwhelms you. You put it to the back of your mind and just get on with other things and you deal with it”<sup>33</sup>. More broadly, this attitude involves regarding emotion as problematic to functioning (and thus her attitude might be described as *stoic*<sup>a</sup>), with her characterising herself as “more practical than emotional”<sup>34</sup>, as a rational scientist who solves problems without the drama of emotion (“I’m a scientist. Once I realised we had this problem, I just set about solving it”<sup>35</sup>).

After the accident Stephanie applied her effort and attitude to the process of recovery, undertaking much physical activity despite the pain, in order to get fit. “As soon as I could drive I started to go to aqua-fit and got myself out walking and got myself as fit as I could”<sup>36</sup>. This culminated in a long-distance walking event and then a half marathon approximately a year after the accident. This “was me proving that I could get back to how I was”<sup>37</sup>. However, the realisation that her pain was not going away meant she began to appreciate that the ‘normal’ (pre-accident) activities of her day-to-day life required the real focus of her effort and attitude:

[...] that’s what I didn’t understand when I set myself the goal of the [half marathon]. I thought if I can do that, I’m better. And I was wrong. And it’s, you know, it’s the (*pause*) sort of living happily ever after that is the hard bit. [I4:456-8]

Indeed, discussing a TV program where maimed former soldiers of the war in Afghanistan undertook an expedition to the South Pole, she questioned the notion that such dramatic demonstrations of physical ability (in light of disability) represented the height of stoic fortitude that they are often posited as:

[...] the commentator on [the show...] said it was the ultimate test of endurance. And my mum and I were watching it together and I said ‘that’s not the ultimate test of endurance. Try working full-time for 20 years with your injury. That’s the ultimate test of endurance’. [I4:441-6]

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<sup>a</sup> Specifically, the familiarity of Stephanie’s attitude with the philosophy of *stoicism* is the effort to attain a state where one is not disturbed by emotion (*apatheia*) (Sedley, 2015). As Sedley notes, stoicism regards such disturbance as an expression of actions that have deviated from actions that are in accordance with the proper functioning of nature (*kathekon*). It is more difficult to read this latter concept in Stephanie’s attitude, however, and indeed other concepts from the stoic canon. Thus, use of the terms *stoic* (which can be used as noun or adjective), *stoical*, and *stoicism* with reference to Stephanie’s attitude should be regarded more as a term of convenience to refer to her attitude rather than any deeper familiarity with stoic philosophy beyond *apatheia*.

The application of a stoic attitude to tasks of daily life provided Stephanie with a practical tool allowing her to partake in the “nice things about life”<sup>38</sup> (namely “the going out with your friends, [...] the horse-riding, the gardening”<sup>39</sup>). It also means she mitigates some of the problems of being in pain: she can continue to work and run her house, avoid negative judgement from others, and stop exclusion in social situations. However, there seemed to be something more fundamental to Stephanie’s enactment of the stoic attitude that went beyond mitigating the problems of pain. Indeed, there was something very significant for Stephanie about being stoical in-and-of-itself. It seemed that allowing pain to change her life was so devastating less because of the problems pain presented than because *the act of change itself represents a failure to be stoical*.

This emphasis on the act of change as evidence for the failure of stoicism was notable in Stephanie’s interviews. Thus, she said “just the very idea of letting [the injury...] affect me, letting it affect my life, is, to me, it’s like I’ve failed”<sup>40</sup>. Similarly, fellow chronic pain sufferers remain non-relatable to Stephanie because in holding up a mirror to her own life they represent the horrifying possibility of Stephanie as an end product of the act of change that was her accident, and thus as proof of that act of change:

S: [...] all I see are these people talking about their injuries, their accidents, their operations, their pain, how it affects their lives, and I think I don’t want to be that [...].

L: What would it mean to be that?

S: That would mean that the accident has won and I had just become a product of an accident. [14:663-71]

Chronic pain sufferers constitute embodied evidence for the failure of stoicism, and relating to them would threaten to make the act of change, and thus the failure of her own stoic attitude, a reality for Stephanie.

The imperative to enact stoicism in-and-of-itself reflects the fact that it has been so important in coming to define who she is. As she said repeatedly in the interviews, her stoic attitude is “how I’ve been brought up”<sup>41</sup>:

You’ll see parents with children and the child falls down and skins their knee. Some parents will go ‘oh, poor thing. Let’s go and sit you down and look at it’, and some parents will stand you up, brush you down and say ‘way you go. Get back playing’. And I was in the second category, and that defines who you become. [13:164-71]

In contrast, to fall within the first category means being “weak”<sup>42</sup>.<sup>a</sup> Not being stoical in this way is something that Stephanie regards as a morally inferior position (“I think you can look

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<sup>a</sup> This word and its derivations were used a total of 63 times by Stephanie and myself across the interviews.

down your nose at people who aren't like that"<sup>43</sup>). Notably, this stoic morality is incredibly *social* in its enactment because, for Stephanie, to be stoical means avoiding weakness in the eyes of others. Thus, she said that at work "I could do with [...] help and it's embarrassing that [work colleagues...] know I need it"<sup>44</sup>. Moreover, she remains alert to the socially identifiable markers of weakness. Whilst having a visibly identifiable sign of her pain might help to garner understanding insofar as it

would be a visible thing so that people could see it and realise that I'm in pain, to me it feels like it's a sign of weakness and I shouldn't [show it]. As much as I want people to cut me some slack, I guess, because of my pain, I also don't want to admit to them that I'm in pain. [I1:122-6]

The social nature of her stoicism means that the suppression of emotion takes on the form of hiding it from the view of another, and its discovery by another is a failure of stoicism ("I guess I consider people who can't hide their emotions, when they want to, are weak"<sup>45</sup>). Being seen as weak by others risks losing their "respect"<sup>46</sup> (asking for help from work colleagues may mean they "respect me a little less"<sup>47</sup>). Indeed, being stoical has the effect of establishing a moral virtuousness, or 'respect', of Stephanie in the eyes of others. Moreover, Stephanie seemed to feel that the enactment of stoicism *deserved* an acknowledgement of respect from others. Thus, having received little acknowledgement for her stoic struggle with pain, she found herself seeking it: "I don't even like admitting it to myself [but] I think I want a bit of praise. I think I want somebody to say to me 'you do quite well' "<sup>48</sup>. Stephanie's concept of stoicism might be seen as a *social contract*, the rules of which stipulate that respect from others is earned for the burden involved in silently (or invisibly) managing problems. And when Stephanie's stoicism has not produced the expected degree of acknowledgement (as per the rules of the stoical social contract), this makes her become even more stoical in order to try and earn the respect from others ("I think it makes me try more. So I keep going in this sort of treadmill of trying to get approval"<sup>49</sup>). Entering into the social contract of stoicism means that there must be agreement that making pain socially visible is morally unacceptable. Thus, when she discussed people as "not interested"<sup>50</sup> in talking about pain, this was expressed almost as if it were a social rule that (for the most part) she herself accepted without complaint (i.e. *stoically*).

I have suggested that Stephanie's stoic social contract has a *moral* nature insofar as it divides people into socially acknowledged categories of *virtuous* and *deplorable* depending on whether or not they can satisfy the terms of the contract. Its moral character is given weight through the emphasis that Stephanie places on *justice* ("I'm quite big on justice, of it being a just world"<sup>51</sup>). Believing in justice means believing in the terms of social contracts, be it a contract to be honest when claiming state welfare benefits in circumstances of incapacity (hence her desire to feel "justified"<sup>52</sup> in using NHS services), a contract to work

hard in their job in exchange for a secure source of money (“I think everybody ought to earn their money [in their job] otherwise they should be out on their ear”<sup>53</sup>), or to receive punishment only when a crime is committed (at school her sister “was [wrongly] blamed [by teachers] quite a lot (*laughing*) and I *so* (*emphasis*) wanted to put it right. I wanted to go to the teachers and say ‘you’ve got this wrong’ ”<sup>54</sup>). These are social contracts that she expects others to abide by, and for justice to make a correction when they don’t (“I expect people to live up to my standards and I’m harsh when they don’t”<sup>55</sup>). Thus, when the stoic social contract is not fulfilled it is regarded as an *injustice*, amplifying her feeling that she deserves praise for her stoic handling of pain. Indeed, the anger and frustration at being misunderstood, which is certainly an injustice in her eyes (“if there’s some sort of injustice like [...] if I’m misjudged, or judged by somebody who doesn’t have all the facts, then I feel it quite keenly”<sup>56</sup>), can be interpreted as arising from the injustice she feels at not being acknowledged for her stoic handling of chronic pain.

Stoicism for Stephanie can thus be regarded as a social contract with significant moral consequences, one that has its roots within her upbringing. Whilst it is something she regards as very positive to her (she is “absolutely glad”<sup>57</sup> that her family raised her that way), the fact that its enactment must come at the expense of seeking help for the problems of pain she encounters (as outlined in the first theme) created significant conflict, as the next section discusses.

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### (3) CONFLICT BETWEEN THE NEED FOR HELP AND THE STOIC ATTITUDE

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Throughout the interviews Stephanie gave examples of how the problems of pain outlined in the first theme might be mitigated. For example, she might choose to limp in order to move with less pain (this “takes the weight off where the pain is”<sup>58</sup>), to sit down rather than stand (“I’ll sit until I feel a little bit better”<sup>59</sup>), or to get help from a work colleague with a physical task (one instance of assistance “was just a simple one-minute job [for her colleague, but...] to me it’s such a difference”<sup>60</sup>). There is also the possibility that she could connect to fellow chronic pain patients through questioning the negative conception she has of them as a ‘product of an accident’ (she recognised that her perspective is limited because she “only”<sup>61</sup> sees them in the “artificial situations”<sup>62</sup> of the pain clinic – “that’s the only bit of them I see”<sup>63</sup>). However, Stephanie talked about “battles”<sup>64</sup> that went on in her head between the desire to seek help for her pain and her stoic attitude that regards seeking help as a moral failure. Indeed, talking about her experience at work she said:

There is tough little me saying ‘get on with it, it’s your job’, and then there’s this little common sense angel or devil, I’m not sure which, sat on my shoulder saying ‘you could do with some help here’.  
[15:70-3]

In the above quote the attitude that seeks help is regarded as “common sense”, whilst in other parts of the interviews it is the stoic attitude that is regarded as such (see previous section). This, and her uncertainty over whether the help-seeking attitude is “angel or devil”, indicates the shifting terrain that accompanies the battle between these two attitudes.

Reflecting the social nature of the stoic social contract, the conflict between the attitudes frequently pivoted on whether her pain would be made visible to others (something that would be an enactment of weakness). For example, she said that

if I [...] come into work on a morning and somebody stands and talks to me, I am in agony stood there before I've had my pills, and morning is my worst, most painful time. [...But] I would swallow razor blades before I'd say to them 'I'm going to have to go and sit down, I'm sore'. [...]t's a sign of weakness. [I1:129-36]

Pressed between a desire to alleviate her pain by sitting down and a need not to show weakness, she chooses to endure significant pain to maintain her stoicism. Similarly, while seeking help from others when she is struggling with a physical task would alleviate her pain, her stoic attitude fights against such a visible sign of weakness. Thus, she discussed one example:

I was doing some pretty physical stuff on the [work task] and I was at my limits [...] of what I can lift, and it was stuff that was way up aheight, so it was at the limit of what I could reach as well. And there was a [...nearby room that] was full of [work colleagues] who were sat around having a coffee and a natter and watching me struggle. And I thought there's no way on God's earth I'm going to go and ask them for help (*laughing slightly*). [I3:57-63]

Sometimes, however, the stoic attitude fails, and that which is suppressed cannot be contained. The time when she (metaphorically) “fell over”<sup>65</sup> following her return to work (see the first theme, above) is an example of this, where she could no longer endure the pain that was experienced on a day-to-day basis in her job. This period of time was associated with significant outpouring of emotion (and visibly so to others), something that Stephanie felt embarrassed about but could not prevent:

S: I do remember going to see the occupational health nurse and talking to him, and he said to me 'you seem a bit down. Are you all right?' And I welled up. And I was absolutely mortified.

L: Mortified about welling up?

S: Yeah. Yeah, absolutely. Weakness again. [I1:724-31]

Despite the weakness, she “couldn't have hidden that emotion”<sup>66</sup>. Her “snapping”<sup>67</sup> at work colleagues making throwaway comments at the lift about her being too lazy to use the stairs might similarly be seen as a situation where a problem of pain (her being misunderstood by others) becomes too much to be stoically contained. Nevertheless, such moments where her stoic attitude is overwhelmed do not constitute some lasting resolution to the conflict. As

noted in the first theme, whilst she was then able to return to work with greater levels of physical assistance, she still continued to struggle with physical tasks without seeking help. Moreover, the snapping at others is regarded with guilt (“it’s not something I should have done”<sup>68</sup>) – as a temporary aberration from the moral virtuousness of stoicism. The failure of stoicism, and thus of a potential resolution to the conflict, is therefore only temporary.

Stephanie did seem to be able to be able to receive a limited degree of help whilst also maintaining a stoic attitude. Thus, the instances where she snapped at others permitted a communication of her experience of pain whilst also being positioned into a tolerable stance for the stoic attitude because of her expressions of regret and the relative infrequency of these events (she insisted, in what seemed to be an embarrassed way, that they are “very rare”<sup>69</sup>). Moreover, she would accept help from others as long as she did not have to *ask* for help, emphasising the importance of the social enactment of weakness. Moreover, she said “I would love for everyone to know [that she is in pain] without me having to tell them”<sup>70</sup>, and she did not lose the respect of others when her employer reduced the physical burden of her job because “the difference was somebody else was telling them”<sup>71</sup> to give her help with physical tasks. However, it was apparent that the degree of help she received was not sufficient to resolve the conflict between the two attitudes. Indeed, later in the interviews she said “I do need to find a compromise, there’s no doubt about it. I can’t carry on like this”<sup>72</sup>.

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#### (4) A COMPROMISE TO COME

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The possibility of such a compromise rested on the belief that she needed to begin to somehow accept that she does need help, and thus (from a stoic perspective) accept that she is weak (“I’ve got to acknowledge, and I do acknowledge, that to some degree I am weak. In some situations I am weak”<sup>73</sup>). Accepting that she needs help also means being able to ask for that help (“I’m going to have to learn to [...] say more often ‘I’m struggling, can I have some help?’”<sup>74</sup>). However, such a ‘compromise’ must manage the confrontation involved in saying ‘I can’t’ (when accepting the need for help) in the face of the stoic upbringing that has taught her that there is “no such word as can’t”<sup>75</sup>. Indeed, in the interviews we discussed the problem in terms of an inability to replace her existing stoic identity with another. She said “I can’t think of a way of doing that. [...] That is a brick wall”<sup>76</sup>. Reflecting the notion (discussed earlier) that it is the *act of change* that is significant, she said “I cannot think of a way of doing it that’s not got a negative vibe to it”<sup>77</sup>.

However, despite such pessimism about the possibility of a compromise, her desire to avoid the unbearable existence within the conflict (“I can’t carry on like this”<sup>78</sup>) combined with a number of reappraisals of how she conceived her stoic attitude.

The blind nature with which she makes assumptions about how others are perceiving her (“I can’t even imagine that I would ever find out”<sup>79</sup> how they actually perceive her) (see second theme) led her to question whether she has accurately assessed that people interpret her actions as weak:

And it might be that when I try [seeking help, that...] other people’s reaction to it isn’t as bad as I’m imagining. [...] Maybe my imagination is too fertile with these things and I need to just try them instead. [14:924-7]

Moreover, she also questioned whether others’ perceptions should hold such significance in defining her (“I have noticed through talking to you that I think too much about what other people think of me, and I need to not do that so much”<sup>80</sup>). More fundamentally, Stephanie also began to explore that whilst her stoic attitude is nominally present for the purposes of helping her in life (the reason her family instilled it in her), its rigidity in refusing help meant it has become *unhelpful*:

[...] whilst I’m glad I’ve been brought up with that [‘no such word as can’t’] mantra, perhaps I’ve got to recognise that I’ve taken it a step too far and I need to be sensible about it. It’s [...] a saying that is meant to encourage, [...] not kill you off early (*laughing*). I’m not meant to kill myself trying. [15:199-204]

Our interviews ended with her affirming the need to achieve this compromise. It represented a sort of theoretical resolution to the conflict, one that she recognised had always lingered as a possibility, but never with the same level of conviction to actually put it into practice due to the sheer embeddedness of her stoic attitude (“it’s having the guts to do something about it I think is the new thing”<sup>81</sup>). Having now fully committed to the compromise, a form of narrative closure had been achieved. But the story was one that had not reached full completion. Stephanie’s narrative of chronic pain experience had a final chapter that was yet to be written, but which had nevertheless already been plotted out by the narrative we had produced over our interviews, where the theoretical commitment to the compromise was put into practice:

I’ve ignored this part of me maybe asking for help or admitting to others that I need help. And I think just going through *this* (*emphasis*) process with you has made me realise [...] how much I don’t do that and how that could be another chapter in learning to manage my pain. [15:47-51]

## SECOND MOVEMENT: THE UNRAVELLING OF STOICISM

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The non-relational element to the above narrative arose in the enactment of Stephanie's stoicism as containing elements that are profoundly *unstoical*. This section is split into two parts. The first discusses the extended field of vision (from the vantage point of the method assemblage to the vantage point of the pinboard), revealing that alongside the first movement narrative there is a second narrative that is necessarily Othered-into-absence to permit the coherence of the first. The second part of the section identifies the boundary objects explored that permitted this extension of vision, discussing their conversion from intermediaries of the first movement narrative to mediators that provide a conduit to an additional narrative.

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### AN EXTENDED FIELD OF VISION

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The first movement narrative enacted stoicism as a social contract where a person should be acknowledged as morally virtuous if they keep their problems from others, and morally lacking if they reveal them.<sup>a</sup> This social contract constitutes a moral code that emotionally affected Stephanie, both in terms of despair at being regarded as weak when she did reveal her problems, and anger when others didn't acknowledge her virtuousness in concealing them. Both express a constitutive element of Stephanie's stoicism of an emotional need to be approved by others. Yet this emotional need is very anti-stoical when it is contrasted with how she also constructs stoicism around a binary opposition between the "practical"<sup>82</sup> logic of a disinterested scientist (stoical) versus being emotional (not stoical). In the first movement this internal contradiction is never made fully visible, but only opaquely acknowledged. As discussed in Chapter 7, 'overflow' cannot be denied outright but is more or less successfully shoehorned into an account that can 'barely' contain it, an account that is unravelled upon a close reading. This sub-section considers how the emotional basis of stoicism was Othered-into-absence in the first movement narrative.

First, the emotional affect Stephanie experienced at the thought of being regarded as 'weak' by others was causally attributed to the impact of the accident (in terms of pain affecting her ability to function). Rather than being recognised as an expression of an emotional need for approval necessary for the enactment of stoicism, in the first movement narrative it is projected onto an external category of the consequence of the accident, leaving stoicism to

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<sup>a</sup> This can be found in wider cultural expressions such as Rudyard Kipling's (1910/2001) poem "If-": "If you can keep your head when all about you / are losing theirs [...]", "And lose, and start again at your beginnings / And never breathe a word about your loss" (p. 127), "Yours is the Earth and everything that's in it, / And - which is more - you'll be a Man, my son!" (p. 128).

be defined only by its anti-emotional nature. The internal contradiction of stoicism is thus rebranded as a conflict between her need-for-help and her stoic attitude.

The internal contradiction was less easy to Other in the second emotional manifestation of Stephanie's stoic need for approval: the affect she experienced when she didn't get the approval she 'deserves' for concealing her problems. In the first movement narrative Stephanie described being caught on a "sort of treadmill of trying to get approval".<sup>83</sup> Here the lack of acknowledgement from others in praise of her stoic carry-on attitude makes her "try more"<sup>84</sup> to get this approval. This *trying to be more stoical* involves hiding (or denying) the emotional upset of lack of approval that might actually prompt the approval she requires, whilst simultaneously requiring an even greater demand for social approval because of the greater degree of stoic non-disclosure enacted. Just like a treadmill, the increased 'speed' of being more stoical does not result in the greater travelled 'distance' of approval from others, something which prompts a further increase in speed to achieve what is always an unachievable aim. In this sense, the treadmill analogy expresses a consequence of the internal contradiction of stoicism between an emotional need for approval and a principle of denying emotional reactions that might actually provoke the approval she needs.

In the treadmill analogy the internal contradiction of stoicism is only expressed as an implied (and unseen) cause. However, there was at least one moment of explicit expression in the first movement narrative, where she experiences horror at the realisation that approval is a powerful emotional need for her:

S: This is going to sound horrible, and I hate, and I don't even like admitting it to myself [but] I think I want a bit of praise.

L: Okay.

S: I think I want somebody to say to me 'you do quite well'.

L: Why is that horrible?

S: I suppose that is self-pitying isn't it, in a way, it's, I don't know, it's not a charitable thing to think [...]. [11:930-6]

The emotional need for approval has to be 'admitted' because it does not properly fit with the first movement narrative's construction of stoicism as anti-emotional. Whilst the 'horrible' nature of this realisation might be equated to the sudden destabilisation of stoicism from a purely anti-emotional enactment, it also offers a solution for Othering stoicism's emotional need for approval into absence. For rather than re-conceiving the need for approval as a part of what it means to be stoical, it becomes projected as something outside of stoicism that is a threat to it, just as occurs with her emotional upset at being regarded as 'weak'. Indeed, both expressions of the emotional need for approval are

constructed as a suddenly-realised external threat to stoicism, a threat to be neutralised by being *more stoical*.

She thus talked of the “revelation”<sup>85</sup> (generated through talking in our interviews) that she thinks “too much”<sup>86</sup> about what other people think of her, and that she needs “to not do that so much”<sup>87</sup>. The revelation had “come as quite a shock to me because I always thought I was more of a [...] confident enough person to do what I think is right”<sup>88</sup>, and that “grown-ups shouldn’t care so much what people say. They should have the confidence to live their life as they see fit”.<sup>89</sup> This insight offers the promise of denouement, of a narrative closure to the (rebranded) controversy of her stoic attitude. If she is not able to reappraise the attitudes of others then she needs to be more stoical through not allowing herself to be emotionally affected by their opinions. This resolution allows us to leave behind the controversy of the current (first movement) narrative as soon-to-be resolved, allowing her to begin “another chapter”<sup>90</sup> in her experience of chronic pain. In this conceptualisation she Others into absence the fact that her construction of stoicism *requires* acknowledgment from others, something that is distributed into a separate part of the transcript that is never openly connected with its anti-emotional enactment. At the same time, she is nevertheless able to acknowledge the presence of the need for emotional approval that is a necessary (but controversial) part of the enactment of stoicism.

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#### FROM INTERMEDIARIES TO MEDIATORS

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Whilst the first movement may have managed to (barely) contain this excess and Other into absence the internal contradiction of Stephanie’s stoicism, an exploration of the boundary objects in the first movement narrative drew attention to absent-presences that made the emotional basis of this stoicism impossible to bracket in any analysis (thus permitting the extended field of vision of the previous subsection). Exploring intermediaries that served to enact the meaning of the first movement narrative resulted in their re-constitution as mediators enacting another narrative *in addition* to the first movement.

This process began in the exploration of stoicism in relation to Stephanie’s family. In the first movement narrative her stoical attitude had its source in her family, who passed it on to her whilst growing up. Indeed, when examining the reasons why she chose to follow various moral rules, she repeatedly cited her upbringing as the original cause. For example, she said “that’s how I’ve been brought up”<sup>91</sup>, “it’s just the way I’ve been brought up”<sup>92</sup>, and “that’s my upbringing”<sup>93</sup>. She noted that “this [stoical] attitude, this upbringing that I’ve had, means that I can do all sorts of stuff [...such that] I consider myself an equal to my husband and he considers me an equal”<sup>94</sup>. Two family members in particular were identified by Stephanie as strong stoical role models bequeathing the ‘no such word as can’t’ stoical

mantra to her: her mother and her grandmother. In our interviews we discussed how in her stimulus material she explicitly named these two women as the source of the mantra. Thus, Stephanie noted how her mother “is absolutely of the same, same attitude [as Stephanie]. She has her own health problems and she keeps on keeping on. So she’s, she’s just taught me what she does”<sup>95</sup>. But perhaps most of all ‘*no such word as can’t*’ belonged to her “tough cookie”<sup>96</sup> grandmother (“it was her, her mantra [...] and she always lived by that”<sup>97</sup>). Such feminine strength meant she grew up empowered instead of a “little woman”<sup>98</sup> that “you see [in] certain marriages”<sup>99</sup>. She said that if she had had children of her own “I’d have wanted them brought up to be tough”<sup>100</sup> in the same way she was.

Exploring why she behaves in a stoical manner always ultimately led back to the simple explanation that this was because of her upbringing – “it’s *just* the way I’ve been brought up”<sup>101</sup> (my emphasis). All roads of enquiry led to the same ‘upbringing’ terminus, shutting down further explanation that the exploration of her stoicism sought and which the objects constituting the first movement narrative had been obliged to provide through their positioning in causal relationships. But in being so *insufficient* this simplicity prompted further questions that pushed against this boundary of the first movement narrative:

L: [...] you’ve said, you know, ‘that’s the way that I’ve been brought up’.

S: Mmm.

L: But, you know, there must be feelings associated with that that drive you to [act stoically....] not just ‘oh well that’s the way I’ve been brought up’ and there’s just this kind of script in your mind.  
[I3:379-84]

Opening up the meaning of her upbringing in relation to her stoic attitude further revealed the significance of her mother to her. She said “I’m very close with my mum”<sup>102</sup>, noting that “we talk 2 or 3 times a day”<sup>103</sup>. In particular, her mother was one of the lone voices who had provided the approval for Stephanie’s practicing of the ‘carry on’ attitude with regard to her chronic pain: “I’m wrong to say that [...] people haven’t praised me. My mum [...] understands more than most what I’m going through and she does say ‘you do really well’”<sup>104</sup>. Moreover, her mother has even provided a mechanism that might induce this approval from others: “if we’re talking to somebody she’ll suddenly butt in and say ‘Stephanie broke her pelvis you know, she does ever so well’ (*laughs*)”<sup>105</sup>.

Seeking praise for her actions was characteristic of Stephanie’s childhood (“I’ve always sought approval, I think”<sup>106</sup>), and not just from her mother. One of her earliest memories was being praised by the headmistress of her infant school for being “a very good pupil”<sup>107</sup>. Indeed, she said “I was so good at school because I wanted the teachers to tell me I was good. Yeah, I was the swot because it was good to be told that I was good”<sup>108</sup>. This extended to her working environment as she got older, even though she had found praise lacking from

her employers and work colleagues (“I guess praise isn’t important to everybody so they don’t think to [...] do it”<sup>109</sup>). And just as others’ lack of signalled approval for Stephanie’s enactment of stoicism was seen as an *injustice* (see the first movement), lack of praise from her employers was understood similarly:

The guys who don’t do anything get exactly the same level of praise as I do [...] and so you do [...] step back and think well why am I running myself ragged, hurting my back so much? Just [...] back off. Earn your money, absolutely, but leave it at that. [15:556-60]

Such injustices were expressed as anger or frustration. In early childhood this expressed itself as an “impotent fury”<sup>110</sup> that gradually gained potency as she became more confident in standing up to injustice:

When I was younger I would have this sort of impotent fury because I wouldn’t have had the guts to do anything about an injustice that I saw. And as I got older and more stroppy I try and do something about it. I’m known [at work...] as speaking my mind. [13:285-90]

The flip side to approval is disapproval. If the anger and frustration she expresses at not having her attitude to concealing pain positively acknowledged by others can be related to the childhood praise she expected from behaving according to various sets of moral principles from significant others, the same can be explored with regards to instances of disapproval. The first movement narrative highlights how not hiding her pain from others enacted her as *weak*. But when we examine what this meant in terms of her childhood experiences if she behaved in a way that contravened a particular moral code we find that weakness transmogrifies into a slightly different concept: of *disappointing others*. In particular, Stephanie discussed great fear of disappointing the two matriarchs of her family in her childhood – her mother and (most of all) her grandmother:

S: She [(her grandmother)] was always my favourite and me hers.

L: Mmm.

S: There’s no two ways about that.

L: I’m the same with my nanna.

S: (*Laughs*) And perhaps I took that as like being the teacher’s pet. If you’re the teacher’s pet you want to please the teacher.

L: Yeah.

S: [...] We were best buddies and so I wanted to stay her best buddy.

L: And not doing [...] things that you think she would approve would mean that you’re not her best buddy?

S: (*Long pause*) Yeah. She wasn’t slow in telling me if she was cross with me (*laughing*).

L: Yeah?

S: That's for sure.

L: Okay.

S But if she did that (*pause*) I-, I was gutted.

L: Yeah?

S: Because I'd let her down, yeah. [I5:705-22]

Disapproved behaviours included "the usual childhood things, you know, being selfish, fighting with my sister, not coming home when I told her I was going to come home (*laughing slightly*), things like that"<sup>111</sup>. Her grandmother

would sit me down and shout at me if I did wrong and she would tell me why she was cross, and I would understand why she was cross, and then I would [...] just be so cross with myself for [...] doing that. [I5:730-2]

This sense of disappointing a significant other with her behaviour "would be true with my parents as well"<sup>112</sup>, but "there was probably just a bigger sense of having let myself down with my gran, I think"<sup>113</sup>.

This sense of disappointing her grandmother was directly applied to her contemporary challenge of needing to accept herself as 'weak' so that she could ask for more help with her chronic pain:

S: I think I'll struggle. I do. I feel-, I wonder what my gran would have thought.<sup>a</sup>

L: Right.

S: (*Pause*) [...] and yeah, I wonder if [...] I'm a disappointment, I suppose. I think not. I think she was all for common sense as well.

[...]

L: Disappointment [...] to who? To [...] your nanna?

S: Yeah to her.

[...]

L: Why would you feel a disappointment to her?

S: Just because [...] it was her [...] mantra [( 'no such word as can't')]. It was-

L: Mmm.

S: And she always lived by that. [I5:222-5,228-9,234-7]

Exploring what it meant to disappoint her mother and grandmother, she gave a story:

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<sup>a</sup> Stephanie noted that her grandmother had died 5 years prior to our interviews.

I remember once my mam<sup>a</sup> gave me a hard time about something. I can't remember what it was. And she started to cry [...] and I was so shocked that I'd made my mum cry that it's stuck in my mind ever since, and again I was just *so* (*emphasis*) disappointed in myself because I'd [...] done that and it was such an extreme reaction from her, [which was] something that she never, ever did. And it really brought me up short. [I5:737-41]

This “shocked”<sup>114</sup> Stephanie because “it showed her [mother] to be more human than I'd ever considered before”<sup>115</sup>. Far from being the strong woman of the first movement narrative who ‘carries on’ regardless with a stoical anti-emotional mantra, here her mother is subject to emotional collapse. The very anti-emotional ‘carry on’ mantra passed down to Stephanie by the stoical matriarchal role models is now understood as a mechanism for containing their emotional fragility: “it made me realise just the reaction my actions were having on her. It's learning consequences, isn't it? It's learning how your consequences affect other people. All part of growing up.”<sup>116</sup> Indeed, following others' moral rules is a mechanism for protecting the emotional fragility of those close to her:

[...] if you're fundamentally a good person and you toe the line, you know, follow the rules, then you're not causing grief to people. And if you start rule-breaking in whatever way then that causes the people close to you to worry, to feel disappointment in you. It can cause them hassle, aggro. And so, yeah, I strive not to do that. [I5:882-6]

It was apparent that Stephanie saw herself as having what I described as an “imperative to protect”<sup>117</sup> her various family members since childhood. She noted that “particularly with my mum there's very much a protective thing there”<sup>118</sup>.

The exploration of her upbringing in relation to how she enacts her stoicism thus revealed that instead of Stephanie simply being an inheritor of a ‘strong’ ‘carry on’ *anti-emotional* attitude, this is an attitude that is also a mechanism used to protect the emotional fragility of others. That is, a mechanism who's enactment is predicated on the presence of strong emotions in others, strong emotions that transmit to Stephanie in the form of ‘disappointment’, being ‘gutted’, and ‘so cross with myself’ when there is a risk that it cannot be contained in others through controlling her behaviour. And central to making this visible is the role of her mother and grandmother. For no longer distributed to different parts of the interview transcripts, the two contradictory but necessary elements of Stephanie's stoicism are made present in the same space in the form of her mother and grandmother. No longer simply the embodied role models of an anti-emotional principle of strength inherited by Stephanie, they are now also (at the same time) the source of a profound emotional fragility that is central to its enactment as an emotional need for approval.

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<sup>a</sup> Other than this one instance, Stephanie always referred to her mother as ‘mum’ rather than ‘mam’. Assuming this is not simply a transcription error (the audio files are no longer available to check), its one-off usage here perhaps reflects a mirroring of my own use of ‘mam’ in the interviews.

## *THE GOOD, THE BAD, AND THE FRACTIONAL*

The 'first movement' accounts discussed in this thesis reflect similar narratives of those experiencing chronic illness that have been extensively collected in previous decades. One of the most influential and eloquent of these collections can be found in Kathy Charmaz's (1991) book: *Good Days, Bad Days*. Briefly discussed in Chapter 1, this contends that illness experience is defined by the negotiated process of seeking a coherent narrative self-concept when illness threatens to disrupt such coherence. Her book condenses over 150 interviews with almost 100 people experiencing chronic illness to outline the nature of this process, a generalisation nevertheless rooted in examples drawn from particular illness experiences. The first movement narratives of the participants interviewed in this thesis can be readily fitted within Charmaz's framework, as each involve participants performing work to maintain or re-develop a coherent narrative of the self in response to the interruption on it posed by illness.

For Charmaz such work involves constructing a narrative of the self within time. Thus, chronic illness experience might involve the definition of "timemarkers" and "turning points" (p. 196) where illness "underscores and marks, and sets boundaries between events" (p. 198), such as Stephanie discussed in relation to her life 'before' and 'after' her accident. Not static, these are constructions of the self in time that are dependent upon a "telling and retelling" of narrative self-concepts defined by the spaces of time contained within them (p. 219). This active work of an illness sufferer, seen in an "inner conversation he or she has with self about self" (p. 227) can be defined as what Charmaz terms the "dialectical self" (p. 70). The dialectical self is one of "dialogue and negotiation" (p. 71) of the controversy introduced by the disruption of self-concept by illness, where the narrative of the self must confront a non-relational element.

Like any good dialectic dealing in the either/or of exclusive singularity (see Chapter 6), the dialectical self seeks to resolve the controversy of illness-induced self-concept disruption into a new coherent self-concept, if not as an actuality than as a potentiality. For the chronic illness sufferer this might easily involve "putting brackets around" the illness (p. 12), of "defining [...] illness as an interruption" that can be readily separated from the existing self-concept (p. 13). Time may be experienced within such self-concepts in terms of a "waiting time" (p. 30) where the sufferer endures a temporary present distinct from a past that "remains so close" (p. 22): '[t]hey wait to get through the present so that "real life" can go on in the future just around the corner' (p. 30).

Where the multiplicity of the controversy cannot be readily distributed into temporal singularities through defining illness as a temporary interruption, that is, where illness

becomes (in Charmaz's terms) *intrusive*, new strategies for maintaining exclusive singularities are implemented by the dialectical self. Charmaz contends that most experiencing intrusive illness "reconcile themselves to their illness", which means "acknowledging and handling pain, slowness, or fatigue" (p. 47). But 'acknowledgement of illness lies within "acceptable" limits or boundaries. Accepting anything beyond those boundaries seems beyond human capacity' (p. 48). In particular, '[d]ividing life into "good" days and "bad" days provides one measure of experiencing an intrusive illness and a part of the taken-for-granted lexicon through which illness becomes understandable and explainable' (p. 49). A 'good' day is where disruption to a coherent self-concept is "minimal" (p. 50), and a 'bad' day where it is "intensified" (p. 51). Importantly, being able to divide time into good and bad days makes it possible to locate a more authentic self-concept to a coherent narrative achieved on good days. By contrast, the controversy of self-concept interruption of bad days can be dismissed as inauthentic: 'ill people often say, "I'm not myself today."' (p. 52). Indeed, '[u]nder these conditions, people feel *out of self*. That is, the self presently experienced bears little resemblance to someone's "real" or "ideal" self' (p. 52, emphasis in original).

But when bad days begin to predominate and the ability to enact a coherent self-concept through good days becomes scarce enough, it might not be possible to dismiss the controversy of the bad days to a background bracketed from a coherent self-concept. Instead, in this *immersion* in illness, "[i]llness and disability stay in the foreground – ever present and ever vexing. For such people, illness and disability affront self" (p. 79). Unable to scaffold a coherent self-concept over any significant period of time through bracketing the controversy as a temporary aberration or as a superficiality, instead the dialectical self shrinks the time over which the narrative of self can be established. People instead live "one day at a time", allowing a coherent self-concept to be constructed over short-term time periods (p. 178). "It gives a sense of control over one's actions and, by extension, a sense of control over self and situation" (p. 178). But at its most extreme illness can mean that even such short-term coherence cannot be achieved. Charmaz calls this experience "existing from day to day" rather than simply 'living' day to day (p. 185). Existing day to day "occurs when a person plummets into continued crises that rip life apart. It reflects loss of control of health and the wherewithal to keep life together" (p. 185). Here "life is beyond control", of "[c]onstant crises" (controversies) "with no viable solutions, no resolutions" (p. 186).

Yet, as discussed in Scarry's (1986) *againstness* (see Chapter 2), there exists the enactment of a sort of primal exclusive division between a coherent self-concept and an entity that *almost* penetrates it, where the multiplicity of the controversy within the self-concept is never actually established. As Kleinman (1988) notes, "[c]hange, caprice,

and chaos, experienced in the body, challenge what order we are led to believe” exists, but this order is nevertheless something that we “need to believe” exists (p. 55). Pain is thrust aside as not oneself in a foundational ontological move, a drive that is “almost impossible to extinguish” (Biro, 2011, p. 61) as the dialectical self engages in an endless struggle to resolve crises into splendidly isolated singularities, singularities that have already been established in a foundational ontological move as a *potential*.<sup>a</sup> For the chronic illness suffer this “means struggling to rest, worrying, watching television, perhaps, reading, but most likely, simply trying to exist” (Charmaz, 1991, p. 188). The lack of a clear promise of coherence as an outcome to such struggle simply results in a struggle for coherence fought with increasing desperation, such that the self-concept only ever slips to a never-ending *edge* of coherence, a quickening of the cycle of ‘movement’ from one singularity to another rather than the multiplicity of flux (Cooper, 1998 – see Chapter 6). Thus, “existing from day to day means living on the edge – the edge of control, the edge of coping, the edge of desperation” (Charmaz, 1991, pp. 189-90), but never actually falling out of control and into flux.<sup>b</sup>

Indeed, for Charmaz the dialectical self and its enactment of a coherent narrative self-concept (either as actuality or potentiality) from the controversy of illness-induced self-concept disruption constitutes the conditions of possibility of illness experience. Whilst she brings an attention to this process, the possibility that this process might be (or indeed is) enacted otherwise is never seriously considered. Thus, for “most people” (p. 257) illness is experienced as a point in a continuum between the “reevaluation and renewal” (p. 258) of a coherent self-concept, and the “loss of self” (p. 257) that only actually ever reaches an edge of control and coherence defined by the desperate struggle of a dialectical self that has already created the coherent self as an undeniable potentiality. That is, illness experience is necessarily dialectical, where coherence is achieved actually or potentially. This primacy of coherence as a good is both implicit and explicit throughout the book, perhaps most prominently in characterising ‘good’ days as those where coherent self-concepts can be established (and, conversely, the ‘bad’ days where that appears threatened). Moreover, Charmaz takes for granted that

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<sup>a</sup> Drawing upon Jonathon Lear’s (2006) concept of *radical hope*, Frank (2013) alludes to this in his assertion of the “important human need” (p. 209) to aspire to “new practices that express virtue and excellence” (p. 208) even after the ability to narrate specific aspirations becomes inhibited by illness, that is, even “after losing the world where it was possible to aspire to certain virtues and forms of excellence” (p. 210). This is a “new and viable form of hope that does not mean hoping *for* some pre-decided outcome” (p. 209, emphasis in original), but “believing in the future, and acting to bring that future into being, in the absence of any specific imagination of that future” (p. 217). Indeed, “[w]hat is radical, or paradoxical, about this hope is that at present, those new forms of living cannot be imagined” (p. 217).

<sup>b</sup> Likewise, in discussing *radical hope*, Frank (2013) asserts that his book “is about ill people’s capacity to act when constructive action *seems* impossible” (p. 212, my emphasis).

the loss of self is something that should be avoided, with her reflecting at the end of the book on what “changes can be made in the system [of care for chronic illness sufferers] that would promote autonomy and, therefore, reduce loss of self” (p. 263).

This thesis has suggested that such a mono-vision focus on singularity instigates a representational paradox that has undesirable implications not only methodologically but also existentially. It instead seeks to provide a narrative account of experience and self that makes visible both multiplicity and singularity, not simply the latter. In *Good Days, Bad Days* this comes closest in two instances. The first is the recognition that a “few people reveled in the freedom that they found in loosening [of...] anchors” of a coherent self-narrative (p. 90). One woman “influenced by Zen Buddhism” thus contended that the narrative distribution of self into the space and time of an Euclidean time-space container constituted a form of “bondage” (p. 90). However, this thread is never explored in any detail, being Othered into the realm of “spiritual discovery and development” and the black-box of an oriental (versus occidental) philosophical system (Zen Buddhism) that does not impact the assumption that loss of self could be anything other than impossibly horrific.

Secondly, and perhaps more significantly, Charmaz discusses an experience of time she terms the “intense present” (p. 245). The intense present involves an experience of the self that is not partitioned into temporal units of past, present, and future, but only ever as an integrated entity in an ongoing present. There is a disconnect of self-concept from past and future: the “past separates from the present and the future grows distant” (p. 245). Echoing an argument elucidated by Tolle (1999/2016), this involves a realisation that consciousness is not the self-concept scaffolded in time, but can only ever be the ongoing present: “[t]here was never a time when your life was *not* now, nor will there ever be” (p. 41, emphasis in original). As one of Charmaz’s (1991) participants similarly notes of the intense present: “you can always savor it; it never goes away” (p. 250). Not having “the pressure of mapped futures”, people “can anticipate selected future events without feeling trapped by them” (pp. 249-50). Likewise, they can “look back on the past with less regret” (p. 249).

This can be read as a fractional understanding of self, where the controversy initiated by the enactment of a singularity is built into the understanding of self as it is located in an ongoing present. Yet this fractional reading is subverted in Charmaz’s book, leading to an epistemological reading of *Good Days, Bad Days* that provides no possibility of an alternative to the dialectical self. Thus, Charmaz contends that “[s]ituating the self in the intense present tends to be a fragile arrangement”, arguing that “daily routines dull and supersede the intense present” (p. 249). Indeed, she argues that an intense present

is frequently initiated by an extreme crisis that creates the dissociation of self-concept from a temporal distribution within time, but that the self-concept becomes gradually re-built into past and future as time since the crisis passes, almost as an inevitability. We might link this fading to a tendency to embrace the present as only a coherent temporal entity, even whilst the implications of such a location must involve the necessary noncoherence associated with the ongoing nature of processes constituting that intense present. The “positive paradox” (p. 245) of an intense present which embraces life *through* the immediacy of death is subverted when the coherence it initiates is embraced alone without the noncoherence that makes that coherence possible.<sup>a</sup> Here noncoherence is Othered into absence, leaving only the ‘self’ as an exclusively coherent entity scaffolded in time through the “hope for a future” (p. 242).

But in Stephanie’s ‘second movement’ a narrative of self is cast where the multiplicity of a controversy cannot be resolved into temporal or spatial singularities, either actually or potentially. What is made visible in this narrative is that the coherence of Stephanie’s self-concept is itself dependent on the enactment of noncoherence, a consciousness lacking in narratives of chronic illness that cannot offer an alternative to the ontology of a dialectical self (largely) found in texts like *Good Days, Bad Days*.

## INTERVIEW REFERENCES

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- <sup>1</sup> I1:648-9
  - <sup>2</sup> I1:176
  - <sup>3</sup> I1:184
  - <sup>4</sup> I1:184-5
  - <sup>5</sup> I1:275-6
  - <sup>6</sup> I1:281
  - <sup>7</sup> I1:292
  - <sup>8</sup> I1:299
  - <sup>9</sup> I1:488-9
  - <sup>10</sup> I1:341-3
  - <sup>11</sup> I1:356
  - <sup>12</sup> I1:657
  - <sup>13</sup> I4:353
  - <sup>14</sup> I4:387
  - <sup>15</sup> I4:381
  - <sup>16</sup> I4:384
  - <sup>17</sup> I1:557-8
  - <sup>18</sup> I1:600-1
  - <sup>19</sup> I2:344-5
  - <sup>20</sup> I1:1001
  - <sup>21</sup> I3:616-19
  - <sup>22</sup> I3:855
  - <sup>23</sup> I2:366
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<sup>a</sup> In Appendix 1 I discuss this as a *temptation* towards the exclusivity of certainty that inhibits *faith* in the uncertainty of the present that is (‘paradoxically’) necessary for such certainty.

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24 I3:938  
25 I2:459  
26 I1:213  
27 I1:244-6,250-2  
28 I1:957-60  
29 I1:76  
30 I1:78  
31 I3:835-6  
32 I1:35  
33 I2:467-9  
34 I1:655  
35 I1:907-8  
36 I1:385-6  
37 I4:436  
38 I2:55-7  
39 I2:57  
40 I4:315-16  
41 I1:619 (see also I2:78-9,93;I3:162,376)  
42 I1:723  
43 I3:174-5  
44 I2:688  
45 I1:744-6  
46 I2:700  
47 I2:700  
48 I1:930-3  
49 I5:387-9  
50 I2:367,383 (see also paraphrasing at I2:405;612-13)  
51 I3:260-2  
52 I1:1001  
53 I5:569  
54 I3:318-21  
55 I5:583-4  
56 I3:264-5  
57 I2:112  
58 I1:108  
59 I4:487  
60 I2:662  
61 I4:663  
62 I4:663  
63 I4:666  
64 I1:127  
65 I1:575  
66 I1:746  
67 I2:549  
68 I2:549-50  
69 I2:597  
70 I2:650-1  
71 I2:732  
72 I4:855  
73 I3:139-40  
74 I4:857  
75 I1:35  
76 I4:911-13  
77 I4:913-15  
78 I4:855  
79 I3:247  
80 I5:146-9  
81 I5:258  
82 I1:640,655,707,786,892  
83 I5:389

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84 I5:387  
85 I5:311  
86 I5:146  
87 I5:149  
88 I4:235-6  
89 I3:239-41  
90 I5:51  
91 I1:619 (see also paraphrasing at I3:379-80)  
92 I3:160  
93 I1:638  
94 I2:99-101  
95 I2:78-9  
96 I5:239  
97 I5:235-7  
98 I2:96  
99 I2:95-6  
100 I3:177  
101 I3:160  
102 I2:179  
103 I2:175  
104 I1:975-81  
105 I2:636-8  
106 I5:337  
107 I5:345  
108 I5:331-3  
109 I5:396  
110 I3:285  
111 I5:728-9  
112 I5:732-3  
113 I5:735  
114 I5:746  
115 I5:752  
116 I5:754-6  
117 I5:915  
118 I5:928-9

## CHAPTER 10: ERIC

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### FIRST MOVEMENT: THE AVOIDANCE OF DECLINE

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Eric, aged 80 and retired, experiences persistent back and leg pain. Eric's chronic pain experience can be characterised as a challenge posed to his identity as a successful, active, motivated man (or 'younger man'). His narrative is split into three parts: (1) problems with pain and painkillers, and a potential solution in exercise. However, this is confounded by (2) lack of motivation that strikes at, and reveals, a fundamental challenge to his 'younger man' identity, and (3) oscillation between three possible routes of resolution.

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#### (1) PAIN, PAINKILLERS, AND EXERCISE

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Eric talked about being "besotted with pain, you know, totally dopey. Cannot concentrate or do anything with pain"<sup>1</sup>. His pain started approximately 5 years prior to our interviews, and he "was told that it was because of a calcium build up in my spine"<sup>2</sup>. Eric received surgery to remove some of the calcium deposit, and whilst this initially led to improvement in pain, it returned with time ("for a while I felt really good [...but] I just seem to have deteriorated"<sup>3</sup>). Further surgery is not a realistic option ("very few if anybody has ever had a second operation"<sup>4</sup>). The failure of surgery to provide a permanent solution expressed a more general feeling of lack of support from the medical profession. This derived from poor advice following his recovery from surgery, lack of explanation from doctors ("he didn't explain anything"<sup>5</sup>), clinical neglect (being told to simply "go home"<sup>6</sup> when he was haemorrhaging blood), and administrative errors. Indeed, when discussing the medical profession he said "I've been on my own [...] with pain"<sup>7</sup>. These feelings should not be misunderstood as lack of faith in medical *solutions*, however, or even in the competence of all medical professionals, as will become clearer later in the chapter.

Eric relies on painkillers to lessen pain, taking them three times a day (sometimes more). He "couldn't possibly live without them"<sup>8</sup>. However, they also make him tired and lethargic ("I'm totally dopey and dizzy with painkillers"<sup>9</sup>), as was apparent during our interviews:

Looking at you now [...] I am sleepy. I could just shut my eyes. If there was anywhere to lie down I would go out like *that* (*emphasis, and clicks fingers simultaneously*). (*Clicks fingers again*). This happens to me at home. When I'm tired I usually go and lie down and that's it (*clicks fingers*) for about an hour. [I2:357-61]<sup>a</sup>

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<sup>a</sup> When Eric indicated tiredness, I offered a break or to end the interview. However, on each occasion he stated that he wished to continue.

Eric said that this painkiller-induced lethargy meant he was “not living a full life”<sup>10</sup>. For example, it meant household tasks like cutting the grass are “much more of a struggle and there’s less job satisfaction than there used to be”<sup>11</sup>. Whilst painkillers prevented the unbearable sensation of pain, they had a life-affecting side effect that meant he was ultimately dissatisfied with painkillers as a solution to pain.

However, Eric had recently attended a pain clinic workshop where he was inspired to resolve his pain through physical exercise. In particular, the experience of fellow chronic pain sufferers at the workshop, who had stopped taking painkillers because of the effect of exercise, had persuaded him that this was a realistic solution to his own pain. Eric was thus “trying to stop taking the pills so as I’m not dopey”<sup>12</sup>, having decided that “I’ll try and overcome this with exercise”<sup>13</sup>. Eric realised that the positive effect of exercise on pain was in fact reinforced by his own experience (“when I do [exercise], I do feel better”<sup>14</sup>). With a range of gym equipment in his house (including a treadmill, free weights, and a weight-lifting machine), and having followed a relatively intensive daily regime of aerobic and resistance exercises in the past, he was now determined to stick with exercise so that he could reduce his pain and come off painkillers. He said “I feel that if I did all my exercises every day I’ll be a young man again”<sup>15</sup>.

What was variously referred to in the interviews as a ‘young man’ or ‘younger man’ signified a particular identity that Eric had held over his whole life, one characterised by an array of positive traits, most of all being high achievement (success). Being pain and painkiller free (or close to it) meant more to Eric than simply lack of pain sensation or drowsiness. It meant he would be able to enact a persona he had always identified with, a “full life”<sup>16</sup> that had been threatened by pain and painkillers. Indeed, the very performance of the exercises constitutes the enactment of this identity since it demonstrates fitness and, above all, the *motivation* to act. Being motivated is the fundamental move at the heart of positive traits of the *younger man*, just as success is the main final outcome. Yet Eric encountered a crisis in motivation that threatened not just his ability to exercise, but his default identity as a ‘younger man’.

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## (2) MOTIVATIONAL CRISIS AND ERIC AS THE ‘YOUNGER MAN’

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Despite being inspired to exercise, Eric had found it increasingly difficult to find the motivation to act on it. He said “I feel that my motivation is so low and [it] is so difficult to do anything”<sup>17</sup>, with him encountering problems in functioning beyond simply exercising:

I am not as motivated as I want to be. Even for 80, I’m not. I am aware of that because I know what I can do at home, around hobbies and things like that, and I really have to drive myself to do things that I love doing. [I4:162-5]

Specifically on exercising, whilst lack of motivation meant he was unable to overcome his problem with pain and painkillers, his inability to motivate himself to exercise had a deeper emotional impact:

You feel guilty. You feel a wimp because you're thinking well you've only got to get yourself moving, which I know and I do get myself moving on occasion. But I cannot do it. Every morning I got up and I used to do all my exercises while the kettle was boiling, [and...] when I went in the workshop I did my other exercises. [...W]hat else can I say? I'm, I'm losing my motivation. [I1:172-8,182]

The possibility that Eric could be losing his motivation had such a significant emotional impact because Eric relied on motivation to enact a longstanding identity. This involved Eric as a successful and achieving individual who was superior to others in all that he does, but it was one that required constant enactment: “when I analyse myself at 80 years of age, it possibly is a type of (*pause*) arrogance or feeling a bit superior [to others] and then having to prove it! (*Laughs*)”<sup>18</sup>. Lacking the motivation to ‘prove it’ anymore, Eric was “becoming frustrated”<sup>19</sup>, such as when he reflected on the fact that he now hired a gardener:

God! I'm paying somebody to do the garden. It's unheard of! I've got everything you need. I've got a rotavator, a self-propelled mower with four gears (*takes a sharp breath in*) and I'm paying somebody to do the garden. [I1:268-71]

Eric spent much of our time giving examples of his actions that demonstrate the performance of this identity throughout his life. Given the significance of this identity, I will now spend time discussing its nature.

Eric gave many examples of achievements that demonstrate him as both successful and skilled. These included being elected to a high post within his profession of ship building, giving regular lectures at various educational establishments, and being elected as a parish councillor (“even my grandchildren come [sic] and read how many votes I'd got”<sup>20</sup>), amongst other achievements. As Eric noted, “I have achieved a lot of notable things in my life. And so I've always, *always* (*emphasis*) been trying to do something”<sup>21</sup>, emphasising the link between being a successful person and actions that prove it.

Proving his success requires an audience to prove this to. In the interviews it seemed I was his audience, and on several occasions I felt obliged to praise him for his successes. In discussing the landscaping of his former riverside home, which required the technically difficult feat of adding piles to the riverbed, Eric already had me in mind as his positively affirming audience: “if you go around [to the property] now, ever, next summer, when I'm dead, whatever, you'll say ‘oh, Eric did that’. And it was me. I didn't hire anybody. I did it”<sup>22</sup>. Often the audience was present within the stories of success themselves. Thus, in another story where Eric made a speech at a town council meeting opposing plans for a car park, immediately after he had finished the speech:

There was a stunned silence. Anyway, when it come [sic] to the vote it was unanimous. They never got it (*laughing slightly*). The vote was unanimous against. Now probably some people hate my guts. I don't care. [...] When I left, some of the councillors came up to me and they said 'Eric, you've always got something to say'. And it was meant as a compliment. [14:822-31]

Eric's demonstrations of achievement extended to his family, with him producing two sons that are both "absolutely highly successful"<sup>23,a</sup>

Eric's achievements are amplified through understanding the "primitive"<sup>24</sup> conditions he overcame in his youth. This included having no water or electricity at his home, and an outside toilet without any flush. It also involved being in an isolated village that required him to cycle up steep valley sides to get to school or work ("it was a hell of a climb out of that village [...and] I did that *every (emphasis) morning and every night*"<sup>25</sup>), and even needing to row a boat in stormy conditions across the river beside his house ("I went to night schools three nights a week with all my books, lashing down with rain in the little boat to row across [the river] to get the bus"<sup>26</sup>). Eric also alluded to some deeper trauma during childhood, but, on his request, I did not pursue it ("the early years were very, very traumatic, but I'm not going into that"<sup>27</sup>). Eric said "my early life was really tough"<sup>28</sup> and that he had "a very rough bloody childhood"<sup>29</sup>, yet had succeeded despite it all.

Achievement means being *brave*, such as not being scared to take on difficult jobs at work. Moreover, being so active in achieving also means being physically fit. Thus, these related traits define what it means to be the *young man* for Eric, traits that ultimately lead to the success that validates this identity. As noted, achieving also means being better than others, and having the "arrogance"<sup>30</sup> to presume so ("I've always felt that I could do things better than anybody else"<sup>31</sup>). Being better creates jealousy in others, however, such as from other managers at his workplace ("there was a hell of a lot of jealousy that I was in charge"<sup>32</sup>) or the head of the parish council ("he's jealous [so] he doesn't want me to have any kudos in the council"<sup>33</sup>). The idea of Eric being better than others was traced to his childhood, where he was brought up by his mother to believe that he was "a different class"<sup>34</sup> from others in the village: "mum used to say [...] 'you don't want to end up like them', and there would be a bit of that in it to motivate me, and it stuck"<sup>35</sup>. As a result, Eric deliberately maintained distance between himself and others in the village, and sought to prove this separation through achieving things that they could not.

Whilst achievement is very important in defining who Eric is, it was not the only dimension of the *younger man* identity. Alongside success were actions that demonstrate good *morality*. This involves Eric standing up for justice, such as fighting corruption on the parish

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<sup>a</sup> Eric provided specific details of his sons' prestigious qualifications, forms of employment, and awards. They have been omitted here in order to reduce the likelihood of deductive disclosure.

council (“I’m thinking ‘that’s not right’ ”<sup>36</sup>) or foiling the plot of a neighbour manipulating others (“he thought he could [...] manoeuvre people and get them to do this and do that. And I took umbrage to this”<sup>37</sup>). It also involves Eric showing kindness in helping others, such as sitting for “hour after hour”<sup>38</sup> every day comforting his terminally ill mother-in-law, an action that *proved* his morality (as *greater than that of others*) to staff at the nursing home (“the staff were quite impressed. They said nobody’s done that [before]”<sup>39</sup>). Overall, Eric believed that “I haven’t been [...] a bad guy, you know (*laughing slightly*)”<sup>40</sup>. In each example his moral action is *successful* (he manages to achieve justice or provide a high level of care), emphasising the importance of achievement even in the enactment of morality.

Yet Eric now found himself lacking the motivation to perform the actions that enact the morality and (above all) the achievement that defines this identity, provoking a crisis for him. Eric felt “shame”<sup>41</sup> at being unable to take everyday opportunities to prove himself, having instead to become dependent on others for his wellbeing. Indeed, the *young man* identity means being able to look after himself and his family through his own successful actions, with dependency being anathema (“I do not like to have to get people to do things for me”<sup>42</sup>). The possibility of *not* enacting achievement where the opportunity presents itself was a position that Eric could not exist within:

L: What’s wrong with not achieving things? [...] What’s wrong with not being able to achieve?

E: I don’t want to be there!

L: Why not?

E: I don’t know, I just, [it’s] just not me. I just don’t want to be there.  
[I2:720-3]

Indeed, it provoked a challenge to his very existence (“I couldn’t live if I [...] wasn’t proud of myself”<sup>43</sup>), and, as the next section discusses, one serious possible resolution that Eric saw to a wider degeneration (of which loss of motivation was a part) that prevented him enacting the *younger man* identity was choosing to die through euthanasia. This competed with two other possible resolutions that involved regaining motivation, in a constant oscillation between hope and a fatalistic acceptance of decline characterised by a need to choose death. Unable to conceive of an identity not based around enacting achievement, what was at stake in this oscillation was Eric’s very life itself.

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### (3) UNCERTAIN RESOLUTION

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Eric’s crisis in motivation can be understood as part of a wider spectre of decline that haunted him. This decline was characterised as “getting older”<sup>44</sup>, and (appropriately) getting older meant motivational and physical impairments that made the enactment of the *young man* identity increasingly difficult, something he found hard to accept:

Well I'm trying to explain that I- (*breathes out*), I'm reluctantly becoming aware that I cannot do things. Whereas I used to feel I not only could do things, I could do them better than any bugger else! But I'm having to accept that I can't, and I don't want to do that. [15:450-2]

His attempts to demonstrate superiority over others were "having to disappear because of my age and my health"<sup>45</sup> He noted that:

I have found myself backing away [from tasks]. I'm not a coward but I have found myself, if I knew that something was beyond me, I've found myself backing away and just leaving it. That will probably become greater as I get older. [12:625-9]

Backing away induced feelings of "cowardice"<sup>46</sup> and being "lazy"<sup>47</sup>.

Eric had also developed several medical problems, something largely left out in our interviews in favour of his frequent demonstration of his *young man* attributes, but reluctantly admitted at one point ("I can't tell you too much but (*pause*), I wouldn't say I've hidden a little bit [from LR], but I've got quite a few medical problems"<sup>48</sup>). In addition to chronic back and leg pain, these included prostate cancer (previously controlled, and although it was now "coming back"<sup>49</sup>, he was not worried because the tumour was only slowly growing), a stroke, asbestos in his lungs, high blood pressure, and persistent cramping in his fingers. Moreover, between our third and fourth interviews Eric was diagnosed with diabetes after suddenly developing a number of symptoms (including temporarily losing sight in one eye).

Decline was associated with major illness, something that had horrified him in his experience of the illness of friends and family, and which now threatened him through his own growing list of medical conditions. This horror was twofold: the suffering endured and the indignity of failing functionality. His mother-in-law had died of throat cancer, which he found such a "*horrible (emphasis) way to die*"<sup>50</sup> due to the pain endured that he "just couldn't bear to see her fed because it was just prolonging the agony"<sup>51</sup> (she stated an intention not to eat or drink). More significant than the suffering, and related to the failing enactment of the *young man* identity, was the inability to function even in the most basic ways. Thus, he described a friend (he had known since childhood) with dementia, and considered how this would affect his own sense of identity if it happened to him:

I mean, she's in a terrible state, and when she comes to our house she'll say 'why are we here' and 'are we going home now' and all this. What a carry on. She's terrible. If somebody gave me a needle I couldn't stick it in, if you know what I mean. But if I get to that stage (*sighs*), I'm a guy who's been captain of industry. I was! I was elected [high post within profession], toasting Her Majesty at [government building...]. And so to come down to that. I don't want to be remembered for that. I want to be remembered for the things I've done. [12:423-7,430-1].

For Eric, it was better to die whilst still “independent”<sup>52</sup> as a successful *young man* rather than risk it being undermined by dependency during old-age decline:

I saw the Three Musketeers recently. The modern film, which I don't like much. But as they were all going to die towards the end of the film [one of the Musketeers...] said 'come on' and he says 'let's face this lot. I don't want to die an old man. Now. I don't want to die in my own piss'. That's what he said. You know, incontinence and all the rest of it. And I thought well (*laughing*) that just about sums it up! [I1:662-71]

Reflecting this, Eric was writing a letter he referred to as a “living will”<sup>53</sup>, which he completed and presented to his family by our fourth interview. This expressed his wishes for euthanasia if he became “really old and gaga”<sup>54</sup>:

So I am writing this letter and I'm flannelling around it saying things like 'when a baby is due [...] there's great celebration in the family, everybody's expecting and buying clothes and at that time [people] wondered if it would be a girl or boy and when the baby comes there's all celebrations and, you know, everybody's happy. *Why can't (emphasis) you leave (emphasis) the planet in a similar manner to what you came? Which means that you're celebrated and you're sent on your way.* [I1:597-604]

He said “I do not want to just fade and fade and fade”<sup>55</sup>. To be clear, Eric was not arranging a euthanasia procedure at the time of our interviews, nor did he seem suicidal. Indeed, he said “the euthanasia is only much, much longer term”<sup>56</sup>. However, with the spectre of decline present in the motivational and physical impairments he associated with getting older, the possibility of euthanasia was nevertheless on the horizon. Thus, at one point in our interviews Eric said he foresaw the possibility of a level of decline that would justify euthanasia in “six or seven years from now”<sup>57</sup>.

Such apparent uncertainty over what will happen in the future with regard to decline meant that throughout our interviews there was an oscillation between pessimism associated with decline and optimism about renewing motivation. Thus, after talking about finding himself “backing away”<sup>58</sup> from tasks (see block quote, earlier) we see a fatalistic acceptance of decline quickly met by a stubborn *refusal* to accept it:

Well, I mean I'm human like everybody else and I mean I'm not immortal, *but I'm not ready (emphasis)!* I mean my wife keeps saying to me 'take it easy, you're nearly 80'. I don't want to be 80! (*Laughs*) I feel that 80 shouldn't be a problem to me. [I2:639-42]

The refusal existed as more than an emotional reaction, however. Eric foresaw that decline could be halted, and even reversed, through two possibilities for the return of motivation. The first involved a medical fix, which itself came in two forms. Earlier in his life Eric had had high levels of thyroxine in his body, a hormone controlling “how energetic [you feel: whether...] you want to go and do [something] or whether you just want to lie in a chair and go (*groans*) (*laughs*)”<sup>59</sup>. However, after taking two doses of radioactive iodine to slow his

thyroid's output of thyroxine, it became necessary for him to take thyroxine orally every day (and he had done so for decades). Early in our interviews Eric tended to attribute his lack of motivation to lack of thyroxine: "I feel that my motivation is so low and [it] is so difficult to do anything that I feel my thyroxine's way down below where it should be"<sup>60</sup>. The solution to his motivational crisis was simple: increasing his dosage of thyroxine. However, this first required a medical measurement of his thyroxine levels, and he had scheduled such a test between our second and third interviews. There were "great hopes"<sup>61</sup> that the thyroxine was the cause of his lack of motivation, but there was always the possibility that it might not, and the pessimistic spectre of decline thus haunted our first two interviews:

L: But I suppose what I'm getting at is this [...] idea that if you can't motivate yourself and if you can't get the motivation back with a medical fix...

E: That will be major.

L: Then that will be major.

E: It will be. [I2:275-9]

However, by our third interview it was confirmed by Eric's doctors that his thyroxine was "a bit low"<sup>62</sup> and that "it should be upped"<sup>63</sup>. Jubilation greeted this news and Eric felt that "I'm one step up the ladder"<sup>64</sup>, with him immediately taking an increased dosage. Whilst the effects of the extra thyroxine were yet to fully materialise ("I've been on these extra pill [sic] now for over a week and it's just beginning to hurry me up a bit"<sup>65</sup>), and that his dosage might need increasing even further (in his opinion), there was optimism for a positive future where he was able to prove himself as the *young man*:

[...] once it gets up to a level that suits me, I will be the younger man. There's no doubt in my mind at all. I can leave 60 year olds behind once I get going (*laughs*). I feel very good that way. [I3:382-7]

However, between our third and fourth interviews Eric experienced sudden health problems that meant our fourth interview was postponed for several months. Symptoms included loss of sight in one eye, problems walking, and a large reduction in blood pressure (to below-normal levels), and he was (after some time) eventually diagnosed with diabetes. In the face of recovering motivation based on the thyroxine medical fix, this health setback shook the optimism observed in our third interview. Nevertheless, by the fourth interview Eric was again confident in a medical fix for decline. Not only was his loss of eyesight and balance quickly restored upon diagnosis ("[the doctor] sent me straight round to the diabetic nurse. I got these pills. And within 24 hours I was cured"<sup>66</sup>), but low blood pressure now replaced thyroxine levels as the chief culprit of lack of motivation ("I don't think it's the thyroxine. I'm pretty sure now it's blood pressure, and I'm hoping that the doctor will let me raise my blood pressure a bit because I feel that that's why I'm lethargic and tired"<sup>67</sup>).

Whilst Eric hoped a medical fix would resolve the motivational crisis, the possibility that this might fail was met with a final backup of mustering motivation within himself. Thus, he said “if it’s not my thyroxine I’m going to have to prick myself with a needle or something and get moving”<sup>68</sup>. He would have to “give myself a good shake”<sup>69</sup> because “I’m not going to let myself get into decline”<sup>70</sup>. This required applying *willpower*:

[...] I have been able to apply myself. I *have* (*emphasis*) achieved things with willpower. And alright it might take me a bit longer as I’m getting a bit older, but I haven’t given up. I have *not* (*emphasis*) given up. [I2:715-19]

Of course, such strong protestations simply invert the fear that decline is inevitable. The final move against decline after the medical fix has failed, it is a climax of the tension between recovery and decline, between the glorious vitality of a young man and the shameful death of an old one. Here within such moments the oscillation between pessimism of inevitable decline and optimism of renewal clash as an internal battle for self-motivation, to be fought (“my attitude is that I’m going to fight”<sup>71</sup>) with the doubting promise of a confident man now filled with self-doubt: “I promise you I’m not going to let it beat me”<sup>72</sup>. A tension unresolved in our interviews, a resolution nevertheless threatened throughout.

## SECOND MOVEMENT: FAILURE AND THE ABJECT

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### THE THREAT OF THE OTHER

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Eric’s recounting of his successes in life dominated much of our time together. In terms of developing the interview narrative of Eric’s lived experience, as the interviews went on I found them increasingly un insightful for this purpose since they seemed well-rehearsed (and often repeated) intermediaries serving a message I had already fully received: *Eric is successful*. After the third interview I wrote a note of reflection stating I “felt frustrated that I could not take the topic away from Eric demonstrating how successful he was”. This went on to consider how my frustration was a symptom that I had stopped ‘following the natives’ in favour of my own expectations of identifying excess (which did not happen). That is, I was not ‘naive’ enough, and there was a conflict between my *a priori coding* that expected two movements versus following what happens (being empirical) (see also Appendix 1). However, I reasoned my frustration was not actually about something missing that I as a researcher *wanted* to be there, but that there really *was* something there but ‘barely’ being Othered into absence. My frustration expressed the presence of a *something else* not openly stated but nevertheless implicitly acknowledged. Eric’s endless success stories seemed an *overcompensation* (*the lady doth protest too much*), and suggested that far from being secure in an identity of a successful person, this was actually in doubt.

Certainly, his successful identity was being put into doubt because of the motivational crisis he was now experiencing, and the prospect of failing health in general. Overcompensation might thus be perfectly expected on this basis, being consistent with the first movement narrative of a newly-threatened identity. But his stories seemed so well rehearsed, following a style that Eric must have perfected long before his current motivational crisis and health problems, something that does not fit with the first movement narrative of Eric having always been a successful person throughout his life. This was my inclination, anyway. And in our interviews it prompted an exploration of what he was overcompensating about, of some *Other* to success that threatened it.

This Other manifested itself as the population of his childhood village. The first movement noted how he felt superior to them, and more than this, he *feared becoming them* unless he worked hard, as his mother warned: “she would say you’ll end up like them if you don’t [...] do your work, you know, schoolwork and stuff like that”<sup>73</sup>. In pinpointing exactly who Eric felt superior to, at times he referred to the children he grew up alongside, but there seemed to be a broad brush stroke over the entire village based on economic class. “I can’t get away from class”<sup>74</sup>. The rest of the village “were all [...] a different class”<sup>75</sup> to his family, “what we would all call lower-working class”<sup>76</sup>. This divide manifested itself materially: “our house was bigger than anybody else’s, and it was isolated, a little bit, it was segregated”<sup>77</sup>. Segregation was not simply physical or economic, but also *moral*, with Eric describing these Others as “lowlives”<sup>78</sup>. A ‘lowlife’ is conventionally understood as a “criminal or disreputable person” (Lowlife, n.d.), and might be regarded as a harsh moral stigmatisation that unsettles conventional societal norms about judging others, particularly entire social groups like a village or economic class. This was not lost on Eric, but he nevertheless used the term for its truth: “it’s a word I don’t like to use but it’s a fact. [...] It describes it exactly”<sup>79</sup>.

Whilst not (necessarily) criminal, they were nevertheless disreputable in their moral inferiority. For a start, they cared little for education (“they couldn’t give a monkey’s, [...] nobody wanted to study”<sup>80</sup>), and were financially irresponsible. Moreover, they “had no motivation to do anything in their life at all”<sup>81</sup>, expressing an *individual responsibility* for their inferiority. And this meant Eric too was individually responsible for not becoming a lowlife through following his mother’s counsel to validate a different identity by *being successful*. And Eric had been successful, thus managing to overcome the threat of becoming the Other of the lowlife.

This Other to success is made present in the first movement narrative, but as an entity segregated from Eric’s identity as a *young man*, where the threat of it infecting this identity was only ever a vague potentiality that never materialised. Yet this conception of a solid boundary did not account for why Eric seemed to try so hard to prove his success.

The possibility of a better explanation came after our fourth interview, as my post-interview reflection recorded:

After the tape was turned off I said that I want our challenge next week to be to explore the things that are driving his desperation to maintain the successful, independent, motivated, superior identity status. He then said we could talk about the “nightmare of failure”.

Whilst the interviews up until this point sought to explore what “not achieving”<sup>82</sup> meant, the word ‘failure’ had hardly been mentioned by either myself or Eric. Indeed, in the first four interviews words with the stem ‘fail-’ were not used by either of us other than two instances that related to an NHS notification of Eric’s ‘failure’ to attend a medical appointment<sup>83</sup>. And Eric stressed that this was not *his* failure – “[t]hey failed”<sup>84</sup> (my emphasis) – since he did not receive any communication about the appointment. By contrast, our fifth (and final) interview explicitly explored the “nightmare of failure” in Eric’s life, and words using the stem ‘fail-’ were used 35 times.

Initially in this interview ‘failure’ was something he admitted to, but was qualified as something he has always managed to narrowly escape from. “[It is] total arrogance [...] if I said I’ve never, ever failed. But when I’ve had a failure I’ve managed to wriggle out and put it right (*laughs*)”<sup>85</sup>. When asked to discuss what he meant by “nightmare of failure” he said he “*very nearly* had a bad failure once in my life”<sup>86</sup> (my emphasis), when he was a manager building a particular ship. It “was *almost* a failure”<sup>87</sup> (my emphasis) insofar as there was a risk the ship would not be completed. But Eric escaped even ‘almost’ failing through positioning himself as *not responsible* for the circumstances producing it. Eric noted that building was beset by poor planning and poorly skilled labour, such that a previous manager had quit because “he couldn’t stand it”<sup>88</sup>. Eric was assigned as his replacement, but “there was an *enormous* (*emphasis*) amount of work and testing to do”<sup>89</sup>, and skilled labour was already taken up building ships in other shipyards within the company (which therefore “had all the best men, all the best foremen. All the skills were on their ships”<sup>90</sup>). It “was just a no-win situation and I was put on there and (*pause*) it was like walking in deep mud (*laughs*)”<sup>91</sup>. When the ship was finished “there was a lot of grief and a lot of unhappiness about all of it”<sup>92</sup>, with Eric noting that “I thought at one stage I was going to get the sack”<sup>93</sup>. At a meeting with his bosses “I remember saying that if I got the sack, which they never mentioned, that in such a small town nobody would speak to me and [...I would have] been remembered for a lifetime”<sup>94</sup>. When asked by me “why would you be seen as responsible [by his bosses] if you are saying that it wasn’t your fault”<sup>95</sup>, Eric replied: “they were looking for a scapegoat”<sup>96</sup>.

Thus, this 'failure' for Eric is not just 'almost', but one he is *not responsible* for. As discussed earlier, whether a person enacts the success of the *young man* or the failure of the *lowlife* depends on actions the individual is responsible for. But where the choice to enact their own success or failure is not available, their identity cannot be defined by the outcome of the action. Thus, this 'almost' failure does not infect Eric's *young man* identity, yet he is nevertheless able to incorporate these potentially inconvenient but unavoidably empirical events into his narrative of success. Whilst the Other of failure is here more of a threat than the lowlives of his childhood village, it nevertheless does not penetrate the boundary segregating his identity of success from failure.

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#### POLLUTING SUCCESS

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The hypothetical Other that Eric was overcompensating for thus involves failure (and not just 'almost' failure) for which he is *responsible*. Having previously recognised the importance of heeding his mother's advice of succeeding, towards the end of our fifth interview I sought to explore the Other of failure by asking if there were instances where he hadn't lived up to his mother's expectations of success. Eric thought that "if she was around I think she'd be pleased as punch"<sup>97</sup> with his achievements, but nevertheless admitted that if he had failed he would not disclose this to her: "I would never tell my mother if I had a failure. Not out of arrogance. I just know she would be upset"<sup>98</sup>. Reflecting on this led him to talk about an important episode of failure in his life:

E: Oh my mum would care [if he failed]. But I would find a way to disguise it knowing that other things happen. You know, once in my life (*pause*) wait a minute, yes, you could talk about failure. A failure that we haven't discussed.

L: Oh yeah?

E: Mostly because I've forgotten about it, but it was quite a big failure. [15:640-44]

Whilst Eric said "I'm not going into it, it would take too long"<sup>99</sup>, he nevertheless proceeded to tell the story of this failure, a failure where "it was me that made the mistake"<sup>100</sup>. Whilst working as a manager in the shipyards Eric was asked to provide advice to "a very rich man in the town"<sup>101</sup> on the purchase of a ship, being directed to give information to the rich man's associate. Subsequently, Eric proposed a separate venture to this associate: that they buy a ship together and run it as a business (seemingly as a trading ship), a proposal that the associate accepted. After buying a ship, his new business partner ran it on their behalf, and kept Eric informed with updates indicating its success:

[...] he came along one day and he said 'we're making an absolute bloody fortune', and he had this sheet with everything written down. I remember in one place it had 'nylon rope - 8 pound. And I

thought, by, he's really gone into details here. He said 'it's now time to buy the second ship and then you pack your job in'. [I5:707-10]

Convinced by the success of the first ship, Eric agreed to purchase the second, with the funds obtained by mortgaging the childhood house he lived in with his mother, wife, and two children, on the advice of his business partner ("he says 'it'll mean putting your house up'"<sup>102</sup>). However, after leaving his job in the shipyards to work in the business, and providing his business partner with the funds for the second ship, he found out that the documents indicating the financial success of the business had been falsified. "[W]e weren't making a bloody fortune"<sup>103</sup>. His partner had presented Eric with false information in order to obtain further investment in the failing business. "He was hoping that buying the second ship would pull things round. Well it didn't"<sup>104</sup>. Eric hired an "international solicitor"<sup>105</sup> (it was not clear whether this was to deal with the deception or the legal obligations relating to his financial difficulties), but it "turned out [the solicitor...] was [his business partner's] bloody pal. They'd been at school together"<sup>106</sup>. The solicitor was "in cahoots"<sup>107</sup> with his business partner and "all he did was run me up a hell of a bill and do bugger all"<sup>108</sup>, something that he was alerted to when he received a letter from a well-wisher warning Eric that he was (still) being deceived.

Eric's financial situation meant that "I lost my house"<sup>109</sup>, with the bank taking ownership. This was the childhood house expressing his family's superiority in the village. Ownership enacted the success that *segregated* his family from the failure of the lowlives, and foreclosure due to Eric's bad decisions (that he accepted responsibility for) is an uncomfortable breach of the boundary of success by failure. That his mother, the ethical voice of the imperative to maintain the purity of success, was forced to leave and move in with her sister serves to reinforce the contrast between the first movement narrative of an Other of failure completely contained and segregated from his successful identity and a second narrative where this boundary is spectacularly breached by failure.

Whilst instances of Eric's overcompensation might have been the spark prompting the exploration revealing this contrast in narratives, their objections to being positioned as intermediaries for Eric's narrative of success were relatively subtle. By contrast, the subsequent revealing of the foreclosure of the house provides a stark objection to the house's role as such an intermediary. It has become a mediator that *also* offers an alternative account of failure that must be Othered into absence in the first. But this contrast did not arise simply because of a random retracing of historical events previously lost to absent-mindedness (as Eric seemed to suggest), where the narratives are only connected in time and can be conveniently distributed into its splendidly isolated singularities (see Chapter 6). It arose because Eric failing was both impossible to the enactment of the first movement narrative of a successful identity yet also entirely necessary for it.

To enact the *young man* identity required the possibility that Eric might fail. Each enactment was thus a roll of the dice that, whilst could be stacked in favour of success (through motivation and inherent skill), might end in failure. And because of the many occasions for the *possibility* of failure, there were occasions when he *did* fail. These were occasions that had to be Othered into absence in the first movement narrative because the division between a successful *young man* and a failing *lowlife* is a sharp division that maintains the purity of success and failure. The enactment of the *young man* required him to always succeed, but the need to enact success meant that failure was inevitable at some point and to some degree (“[it is] total arrogance [...] if I said I’ve never, ever failed”<sup>110</sup>). In Eric’s narrative the ‘arrogance’ to assume he has never failed, and would never do so, is necessary to maintain the purity of success and failure and yet is also grasped as an impossibility.

Eric’s moments of failure are akin to Julia Kristeva’s *abject*, which is the point that the strict division between self and other, life and death, are shown to be seamlessly connected in the materiality of, for example, the rotting flesh of a corpse (Felluga, 2011a). In the abject the division disintegrates, to be barely purified by practices of horror such as a veil put over the face of the corpse. Similarly, we see that success and failure are seamlessly connected in the materiality of the foreclosed house, at once an intermediary for the segregation of Eric’s success from the failure of the *lowlives* yet also perhaps the most potent infection of his success by failure, just as the corpse is “death infecting life” (Kristeva, 1982, cited in Felluga, 2011a, par. 5). With this extended field of vision we similarly see that the *lowlives* of the village are repugnant to Eric not simply because they are the opposite of what he wants to be, but *also* because he sees in them the failure that he has already enacted, a seamless connectedness of himself to their failure that is established by the very conditions of what it means to succeed (that an action might fail), just as life depends on the materiality of flesh that might die. Deferring failure and death to some (purposively bracketed) future where they exist as singularities set apart from present singularities of success and life (respectively) can work to maintain the boundary only until the seamlessness of success and failure, life and death, are visible in the (controversial) *abject* of the foreclosed house or corpse.

## THESIS AS PINBOARD, INTERVIEW AS FIRE OBJECT

Whilst this thesis aims to construct the vantage point of the pinboard from interview data, an end product that intervenes on the centred singularity of a method assemblage, this is an arbitrary stoppage that is never the end of the story for interview practice. And in our interview the failure of Eric's house-loss had another element – of what happened after Eric was confronted with this nightmare of failure:

[...] it was quite a big failure. And a very senior legal person said to me 'go home, tomorrow's another day', knowing that this thing would hang on for a lot longer. But he said 'in a year from now your life will change'. He says '*don't (emphasis) worry yourself*'. And I've often thought of that. And when things look really bad around you, even for two or three days, you know that in a year's time it'll be all different. You'll have either gone down in the world and accepted what's around you or it'll have disappeared and you're your old self.  
[15:644-51]

Here Eric's acceptance of failure into his identity contrasts with his rigid refusal to accept failure in the first movement narrative, where he would rather choose death through euthanasia. This contrast prompted the consideration that he might accept having 'gone down in the world' through decline, something I put to Eric ("so when we talk about your loss of motivation [...] and your increasing dependency, why don't you feel that way about that?"<sup>111</sup>). Eric did not offer an immediate explanation ("I don't know. *(Pause)* I don't know"<sup>112</sup>), and time constraints limited further exploration, but what is significant is that making visible this Othered-into-absence element served to offer the possibility of a *transformation* of the first movement narrative.

In the practice of the interview, controversies don't have to remain unresolved, held still on a pinboard for the purpose of intervening on epistemology. Rather, the narrative(s) of the interview acted like a *fire object* (Law & Singleton, 2005), where presences are not only "generated in, and generative of, realities that are necessarily absent" (p. 343) but that realities Othered-into-absence can "work upon those presences and transform them" (p. 345). Indeed, "[f]ire objects [...] depend upon otherness, and that otherness is generative" (p. 344). This contrast between the construction of a surface that makes visible a juxtaposition that is both necessary and impossible to a first movement narrative and the subsequent reaction to this captures an issue to do with how the pinboard enacts time, and this is taken up in Chapter 14.

## INTERVIEW REFERENCES

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- 1 I1:20-1
- 2 I1:65
- 3 I1:78
- 4 I1:22-3
- 5 I1:126
- 6 I2:196
- 7 I1:90-3
- 8 I1:30-1
- 9 I1:21
- 10 I1:113
- 11 I5:286-7
- 12 I2:372
- 13 I1:24
- 14 I1:49
- 15 I1:202
- 16 I1:113
- 17 I1:141-2
- 18 I5:11-12
- 19 I5:16
- 20 I1:339-40
- 21 I3:585-9
- 22 I3:640-1
- 23 I3:674
- 24 I3:83
- 25 I3:92-3,100-2
- 26 I3:731-2
- 27 I3:495-6
- 28 I3:84
- 29 I3:492-3
- 30 I1:760;I4:477;I5:12,108,272,308
- 31 I1:761-2
- 32 I4:681-2
- 33 I1:382-7
- 34 I4:550
- 35 I4:511,513-14
- 36 I1:401
- 37 I5:582-3
- 38 I1:549
- 39 I1:551
- 40 I5:441
- 41 I4:443
- 42 I1:306
- 43 I5:254-5
- 44 I5:533
- 45 I5:438
- 46 I2:633
- 47 I2:633
- 48 I2:747-8
- 49 I2:755
- 50 I1:540
- 51 I1:561
- 52 I1:697
- 53 I2:216
- 54 I1:637
- 55 I4:368
- 56 I2:298
- 57 I2:404
- 58 I2:625

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59 I1:149-50  
60 I1:141-4  
61 I3:2  
62 I3:21,23-4  
63 I3:24  
64 I3:28  
65 I3:34-5  
66 I4:51-2  
67 I4:909-11  
68 I2:62-3  
69 I1:232  
70 I2:252  
71 I5:433  
72 I2:737  
73 I5:33-6  
74 I5:28  
75 I4:550  
76 I5:29  
77 I4:552-4  
78 I4:546  
79 I4:646-8  
80 I4:580,581-2  
81 I4:578  
82 I2:720  
83 I1:128,137  
84 I1:137  
85 I5:108-10  
86 I5:113  
87 I5:137  
88 I5:131  
89 I5:129  
90 I5:134-5  
91 I5:136-7  
92 I5:139-40  
93 I5:138  
94 I5:165-6  
95 I5:141-2  
96 I5:143  
97 I5:605  
98 I5:619-20  
99 I5:687  
100 I5:701-2  
101 I5:690  
102 I5:711-12  
103 I5:715  
104 I5:715-18  
105 I5:721  
106 I5:724-5  
107 I5:735  
108 I5:729  
109 I5:718-19  
110 I5:108  
111 I5:661-2  
112 I5:663

## CHAPTER 11: ALICE

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### FIRST MOVEMENT: THE (UN)MAKING OF ILLNESS

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Alice is a middle-aged woman who experiences chronic back pain alongside a range of other neurological symptoms. Her narrative can be understood as tension between the failure of medical authorities to legitimise, or *make real*, her bodily sensations, and a telic demand for definition that these sensations exert. Her narrative is split into three parts: (1) living with *functional neurological symptoms* (FNS), (2) persistent regression to a 'void' of *unreality* where she struggles to explain her bodily sensations, and (3) the contested attempt to fill this void through performing work to make FNS real.

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#### (1) FUNCTIONAL NEUROLOGICAL SYMPTOMS

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From my first contact with Alice she was clear in her understanding of her pain: it is a symptom of a medical condition known as *functional neurological symptoms* (FNS). At our informed consent meeting she directed me to a website (Stone, n.d.) written by a neurological specialist (Dr Jon Stone), a website she herself had been directed to by her neurologist. Through this website she had become knowledgeable about FNS. As the website notes, FNS (which is given various different names on the site) is not a disease that involves tissue damage to any part of the body (including the nervous system). Instead, it is understood as dysregulation in nervous system functioning ("something that has caused the system to get out of sync"<sup>1</sup>, to use Alice's words), producing a range of symptoms (the website lists 25) that patients may have more or less of. Stone in particular champions the notion that such bodily system dysregulation is a "normal part of being a human being" (Stone, 2014), and can be potentially reversed.

Alice noted that, in addition to back pain, she experiences lesser (and more intermittent) pain in her right arm, dystonia (where limbs curl into abnormal postures), 'drop foot' (where she cannot move her foot voluntarily and which "just kind of hang[s] down"<sup>2</sup>), weakness from her hips downward and in her right arm (leading to "clumsiness"<sup>3</sup> such as knocking things over or dropping things), tiredness and fatigue ("I was hit with this thing where [...] I just felt like I could sleep all day"<sup>4</sup>), variable eyesight, jerking and twitching, and inability to gauge bladder fullness (requiring regular toilet visits).<sup>a</sup> She had had short episodes of these symptoms earlier in her life, but had not attributed them to FNS until a bout of back pain (that had persisted for approximately 3 months) significantly worsened

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<sup>a</sup> Alice also talked about having sciatica in one leg, but this was only briefly mentioned and seemed insignificant to her in relation to the symptoms she identified as FNS.

about one year before our interviews. At this point “the pain symptoms came within a few days, getting worse and worse and then other symptoms [...] came in after that”<sup>5</sup>.

Whilst Alice initially thought she would recover, as she did with earlier episodes (“when this first started I thought [...] ‘I’ll be back to work in a week or so”<sup>6</sup>), it became increasingly apparent that her condition was not temporary (“three months down the line and [...] you’re still not back to work and you’re thinking hmmm, you know, this is, this is obviously something bigger”<sup>7</sup>). She now understood her past symptoms as typical progression of FNS: “it’s usually women [...] in their 40s. They’ve usually had episodes before and then they have a final big wham (*laughing very slightly*), you know, that’s it. And they find that they don’t recover from that”<sup>8</sup>, although elsewhere in our interviews she expressed hope in recovery.

At the onset of her latest episode of symptoms Alice experienced shock at how her normal life was replaced with a sudden and unstoppable deterioration:

[...] it’s kind of more a [...] shock thing, I suppose, that, you know, you were so well and, you know, carrying out fully your life looking after a child, working full-time, you know, weekends filled with activities, and then suddenly within, you know, a week, a fortnight things are just [...going] down and down and down and getting worse. [I3:80-4]

Despite her symptoms Alice still has practical responsibilities (“you still have to do everything”<sup>9</sup>), and she has found it difficult to fulfil the (often self-imposed) practical demands of day-to-day living:

I’ve got to do my washing up and I’ve got to stand and do it. If I don’t do it then it’ll just annoy me. [...] I don’t like mess or anything like that. So I’m my own worst enemy because I’ll go over the top [...] doing stuff rather than [...] doing it in bits and pacing yourself. [I4:711-14]

In particular, she noted juggling caring for her teenage son (as a single mother) with tiredness and fatigue: “I’ve still got a 17-year-old son that needs taking to football or [...] whatever. You don’t [...] get that recovery time”<sup>10</sup>. Indeed, getting her son out to school on a morning involves “this mad ‘in one hour let’s just do everything what you can’ ”<sup>11</sup>, followed by a “collapse”<sup>12</sup> after he leaves the house (“I can crash after [son] has gone”<sup>13</sup>). These practical demands are exacerbated by her choice to emotionally protect her son from detailed knowledge of her illness:

He doesn’t know the ins and outs because I don’t think he needs to, you know. He’s got other things on his mind, girlfriends and rugby, and he doesn’t need to know what’s wrong with mum because it’s just too complicated. [I1: 478-81]

As a result, she attempted to make life as ‘normal’ as possible for him:

You’ve got to get on with it when you’ve got a child involved. You can’t drag a child down with you. You’ve got to keep on an even

keel, really. You've got to keep going as much as you can and what I tend to do is I tend to act normally [...] as much as I can when [son's] around [...]. [I1:684-9]

However, the various demands left her “exhausted”<sup>14</sup>, which was compounded by the mental stress of worrying. She experienced financial concerns because of being unable to work. Help from welfare benefits is limited because of money invested in the marital home occupied by her ex-husband, even though Alice rented and would otherwise be eligible for assistance with this (“they told me that because I’ve got money in property, [...] I can’t get any help”<sup>15</sup>). Moreover, FNS is a condition with an uncertain prognosis, leading to anxiety about what will happen in the future:

I think it's not knowing, because it's a condition where basically you can say: how long is a piece of string? So it's not like 'oh, right, you've had a hip replacement. Six weeks, you'll be fine'. There's just [...] no end to it. There's no light at the end of the tunnel, I suppose. So you don't know if you're ever going to get better. [I3:882-6]

Alice discussed FNS as a condition that is relatively new and under-researched, and as such there was great uncertainty not only in prognosis, but also in terms of treatment efficacy. Besides taking various medications (including drugs designed for Parkinson's disease), which carried side-effects (causing her to slur her words), her treatment regimes were sometimes experimental, such as manipulating her dystonic leg into a 'normal' position before undergoing walking exercises in an attempt to “change the [neuronal] signals round to [...] normal”<sup>16</sup>. Whilst Alice expressed great certainty in her diagnosis of FNS, it was a diagnosis that lacked much explanation, and could only *promise* to provide one some time in the future:

[...] like every disease or every illness they're finding more drugs [...] and more ways to treat them, so [...] I'll probably be, in 10 years time, thinking different [...] because they've obviously probably researched more into it and they can kind of come up with more answers for you. [I3:304-10]

FNS offered a potential source of *answers* for Alice to some question concerning the nature of her illness experience. Its failure to adequately provide such answers, which are deferred instead to a promise of future definition, left Alice with an 'unreality' of uncertain bodily sensations that nevertheless demanded them, as the next section discusses.

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## (2) LIVING AN UNREALITY OF ILLNESS

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As discussed, FNS is a condition lacking identifiable tissue damage. However, conventional medical diagnosis seeks structural bodily change to account for symptoms, to be revealed in diagnostic tests, particularly through visual means (see Chapter 1). Before Alice was diagnosed with FNS she underwent many diagnostic tests seeking evidence of this structural change, but none was found. This left Alice without explanation for her symptoms:

[...] I couldn't quite underst[and] because tests come back [negative], and you're not medically trained yourself, you're wondering why then, why then can you feel this pain? Why have you got this dystonia if there's no reason for it? [I2:113-15]

The failure of these tests to identify structural changes produced doubts in the reliability of Alice's own senses. She questioned whether her bodily sensations were *real*, even when her doctor tried to reassure her of their reality:

When [...] you go with [...] such a [...] disability and such a lot of pain, you think that there must be something causing it, some kind of disease causing it. But when [...] all the tests are coming back negative, and the consultant said, he did say it is a very real thing that's happening to you, but [...] you do think, you know, this is odd. Why is this happening? Is it really happening? [I1:118-27]

Yet this doubting of her symptoms because of an inability to find evidence of structural change pressed against an undeniability of her *feeling* of pain coupled with the involuntary visual presentation of her body:

[...] I knew it was real because I could feel these pains. I could feel the pain and I could see the symptoms. I could see the drop foot. I could see the dystonia as well. So I knew them symptoms were there, but if somebody, or a profession, doubt this sort of thing then you start to doubt it yourself and think well, if somebody who is supposed to be a professional, a medical professional, doubts it then surely they must be right. [I2:66-73]

With pain as an againstness that cannot be personally denied (Scarry, 1985 – see Chapter 2), and symptoms being unable to be visually denied, this is (for Alice) an undeniable reality of bodily sensation that clashes with a simultaneous deferral to a medical authority that fails to confirm the reality of those sensations. For Alice, being caught within this conflict risks developing “psychological symptoms”<sup>17</sup>, or what she frequently referred to as “the wrong route”<sup>18</sup>. She described the ‘wrong route’ as maladaptive rumination on the uncertainty in explaining her problematic bodily sensations. It is “the route of ‘oh why me? Why me? Why is it always me? Why am I like this? Why am I, you know, in so much pain?’ ”<sup>19</sup> This involves a turning-in on oneself away from the activities of daily life, of “living in your pyjamas”<sup>20</sup>, of not looking after oneself, allowing for a physical deterioration that could eventually result in death. The wrong route (which she also referred to as the “death route”<sup>21</sup>) constitutes a mental illness generated by the misunderstanding of a medical authority that then perversely *makes real* the mental illness: “you could just, you know, get [...] signed-off with stress and *mental (emphasis)* illness because you're not being understood”<sup>22</sup>. Indeed:

I think if I was doubted by my GP, if I was doubted by the consultant and [...] the people around me then it'll be a whole different story, I would have thought. I'm sure there is patients that have got this that have just gone down the-, the wrong route, you know [...]. [I2:549-53]

The wrong route can produce desperation in seeking any medical answer regardless of its prognosis:

[...] some people would go in [...] thinking 'I hope it's this because then it gives me an answer [...of] what the pain is'. And they're hoping it is a [structural] disease, which [...] you don't really want to do because that's [...] thinking wrong and going down the psychological [route] of wanting it to be something [...] nasty to [...] make them feel a bit better [...]. [I2:486-91]

To prevent herself from the rumination of the wrong route she relied on regular routines to maintain “normality”<sup>23</sup> in her life. Keeping normality also establishes a routine of sustained activity to help physical rehabilitation, something she identified as important by virtue of her former job in a physiotherapy department (otherwise “you'll go down that slope of getting weaker and weaker and weaker and weaker”<sup>24</sup>), and normality also protects her son from knowledge about her illness (see last section). However, avoiding rumination was talked about as the primary goal of keeping normality. It involves “building up [a] weekly [routine] of what you're going to be doing to keep your mind going and to [...] stop going [...] down that ['wrong'] route”<sup>25</sup>. Regimes of normality provided distractions from rumination, and people were particularly significant to Alice in this regard:

[People] are distractions because I suppose if you hadn't got somebody there all the time, or you hadn't got stuff to sort out, if you were just sat in the house on your own you would think more about it. You would think 'well how long's this going to go on for?' Or 'how long will I have to [...] take these painkillers?' And all the rest of it. [I4:536-9]

When lacking distractions she would look for others to “fill that gap”<sup>26</sup>. This could be “any distraction. They're just [...] filling the gap”<sup>27</sup>. “[Y]ou try and distract yourself all the time”<sup>28</sup>. The problem arises when she is unable to fill the gap:

It's when you stop thinking about anything and you've got nothing to think about, nothing to look after, nobody around you, and you've just got this empty void in your head. That's when you start to lose that grip, [...] but I tend to [...] always [...] have another distraction ready. [I4:1082-8]

Distractions had limited success, however. Occasionally they would fail and she would “have a real good cry”<sup>29</sup> (“I can go probably 6, 8 months and then just have a night of just crying”<sup>30</sup>). What Alice ultimately needed to prevent slipping into the death route was a means to adequately explain her bodily sensations, of having answers to the void's ruminating questions rather than relying on distractions:

[...] if I couldn't get myself out of that void because I haven't got answers and I don't know when the pain's going to get better then that void will lead to me not having a life because I haven't got answers. [I4:1246-8]

As a fundamental solution to the unreality of the void, these answers need a medical authority to legitimise them. However, the execution of this authority in *making real* her illness is contested and uncertain, always threatening collapse back into the rumination of the void, as the next section discusses.

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### (3) MAKING FNS REAL

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FNS offers the promise to provide the answers Alice is looking for to explain her bodily sensations, and because it is legitimised by a medical authority it is *made real* for her. Thus, Alice discussed when her consultant neurologist explained his diagnosis of FNS to her:

[...] he explained it very, very easily so that you could say 'oh, yes, I do, I get what you mean there'. And then you do, you do think well, yes, I have got a real problem here. [...The] consultant explained [it] in a very real way to me [...]. [I1:96-100]

Indeed, her neurologist's "passionate"<sup>31</sup> knowledge about FNS is important to Alice because it provides legitimacy to the bodily sensations she feels:

So he's very understanding of [...] this condition, and that helps because he tells you what you're feeling is real, what I'm seeing is real, but it's the problem with the signals from your brain. There's been a, you know, a mix up in signals, so that's what's causing the problem. It isn't [that] you are making it up. [I2:100-6]

The presence of a *network* of medical professionals who all 'understand' (and subsequently *enact*) the reality of FNS for Alice was similarly important to her. Thus, she talked about the significance of:

[...] the more and more people, it's silly to say, but you have on your side, that understand it. I have a very good GP that really, really understands it, and I've got a very good neurologist who really, really understands it, and I've got a very good physio, who's a neurophysio, who understands it, so they can treat you better [...]. [I2:144-9]

Having "this good team around me"<sup>32</sup> means dealing with her bodily sensations is "not as much as a problem as if I was left in this big bubble on my own"<sup>33</sup>. What is significant is that "they actually believe. They believe that the condition is real. And I think that's important as well, believing that the condition is real"<sup>34</sup>.

The authority of members of this medical network to make FNS real to her is increased through evidence of their interest and research into the condition. Thus, her physiotherapist had "gone to lectures"<sup>35</sup> on the topic, and her GP was "interested in this sort of thing"<sup>36</sup>. Moreover, her neurologist did not simply rely on the pre-eminence of Dr Jon Stone for his understanding of FNS, but was conducting his own research:

[...] he does, you know, believe a lot of what Jon Stone says, but he does also have his own ideas as well, and he's doing his own little

bit as well, and he's [...] doing a [...] study into this sort of thing.  
[14:635-41]

FNS becomes enacted (is made real) through the *encounters* with this medical network:

[...] I suppose if I had somebody who didn't (*pause*) understand this condition then I'd probably think about it, [...] I would constantly dig deeper and think oh what, what is this? Why, where, when, you know, and all the rest of it. Where[as] I don't. I just think, well I know this is the condition. I know I've got to deal with it. I know I have to go to physio. I know I have to go to see the consultant. I know I have to go and see my GP, and I know I have to go-, so now it's like putting down the framework, the bricks, to make my life [...] the best it can be. [12:790-800]

In laying this foundation (the 'framework' or the 'bricks') of the reality of FNS through encounters with her authoritative medical network, it offers answers to the void of unreality.

However, because of the inherent uncertainty in the medical understanding of FNS, Alice encounters doubts about whether FNS actually provides the answers explaining her bodily sensations: of whether FNS is actually real. That is, there is always the threat of *unmaking*<sup>a</sup> FNS, of regressing to the void of unreality.

This uncertainty comes in three main forms, but in each case it is managed in an attempt to make FNS real. The first area of doubt is the uncertain prognosis of FNS (as noted earlier). FNS lacks both an established treatment and a clear course of long-term development. As the answers Alice is seeking to her problematic bodily sensations have the ultimate aim of removing or 'curing' them (or, to use Scarry's, 1985, term, *disembodying* her from her pain), the answers that FNS offers are notably lacking. FNS cannot even provide certainty over what will happen to her body in the future. However, Alice deals with this uncertainty through deferring FNS answers to some future date ("probably [...] in 10 years time"<sup>37</sup>), having faith in advances in medical research ("we're still researching it and we are further on than we were five years ago"<sup>38</sup>). Indeed, she is a willing participant in experimental treatments in order to be a part of the fulfilment of this promise of future definition, something that would make her diagnosis of FNS "more real because they're giving you more answers"<sup>39</sup>.

The second area of doubt in FNS is lack of medical recognition. Alice noted having gone to medical practitioners (including a consultant) in relation to previous neurological episodes and felt she was dismissed ("told to go away"<sup>40</sup>). Constituting a medical authority that is *not*

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<sup>a</sup> 'Unmaking' is a term used by Scarry (1985) to denote how pain renders representational forms meaningless in the face of the immediate urgency of the bodily sensation of pain. At its extreme there is nothing else but a colossal *body in pain*, nothing but the "mute facts of sentience" (p. 256). See Chapter 2.

enacting a reality of FNS poses doubts about how real FNS is for her. However, Alice presents these past episodes as an issue of medical misinterpretation due to the newness of FNS as a medical condition (“in years gone by it has been very misunderstood”<sup>41</sup>). She asserts the medical authority of the condition (granted by medical professionals like Jon Stone and her neurologist) and characterises the dismissals as a misinterpretation to be resolved through increasing recognition of FNS by other medical authorities:

I’ve been told by a neurologist that it is a condition. A recognised condition, and [...] it’s getting more and more recognised now than it used to be. So hopefully there won’t be healthcare people in the healthcare [...] profession that [...] say it’s a load of rubbish.  
[I2:223-9]

The third and perhaps most significant unmaking of FNS lies in Alice’s intuition that structural change in her body must be the cause of her symptoms, something that FNS as a theory fundamentally denies:

I think with this kind of condition where there isn’t anything to show for it on a test, there has to be some kind of niggling ‘well, why?’ [...] here’s nothing on a scan to show for it, and even though they tell you what they *think* (*emphasis*) is happening through research and they tell you ‘yes, it is happening’ from your symptoms, you still have [...] niggling thing, you know, because you think well, there isn’t anything there, so how can it cause [symptoms...]? [I2:1048-9,1053-8]

This intuition is particularly apparent in the sensation of pain, with its *againstness* (Scarry, 1985 – see Chapter 2) serving to posit an object to be identified and got rid of:

I think it’s [...] hard to understand [FNS] when there’s so much pain involved. If you have a good day you can understand it more if [...] your pain isn’t as bad or your symptoms aren’t as bad. You think oh, I can. Oh, I can really understand this, yes. But then when you have a day where you’re in so much pain it’s [...] hard to understand sometimes. [...] I do understand but [...] sometimes I think I’ve got so much pain in this leg [...] that] you think [...] it must be something in the leg, [...] but because [...] there’s nothing *there* (*emphasis*) you think God, how can that cause so much pain? [I3:366-71,373-7,380-2]

The medical authorities making FNS real can only *speculate* (‘think’) about answers, an epistemological uncertainty contrasted with the certainty of a positive result on a diagnostic test. Of course, Alice recognises that *theoretically* FNS posits that her symptoms can arise despite no structural change, but this fails to placate the intuition that structural change is the cause. This intuition intrudes upon her ability to grasp the theoretical basis of FNS that attributes symptoms to dysregulation rather than damage: “it’s so hard to get your head round because there’s nothing to actually see. There is no underlying disease to cause [...] such a big problem”<sup>42</sup>. However, for Alice the unmaking of FNS through this intuition is mitigated through characterising the intuition as erroneous and illogical, to be overcome through logically appreciating the theory of FNS. Indeed, the continued presence of this

intuition is attributed by Alice to the complexity of FNS rather than the intuition constituting good sense, arising only because of the difficulty she has had in understanding such a complicated condition (“it’s took a long time to understand it”<sup>43</sup>), reflecting the inherent complexity of the main organ involved in FNS: the brain (“it’s a very complex thing [...] the brain, and it’s [about] understanding that”<sup>44</sup>). Indeed, “even the experts don’t understand it fully”<sup>45</sup>, and as a result “how am I going to understand it when [...] the people that are studying it don’t fully understand it?”<sup>46</sup>

When rationality fails to overcome the illogical nature of the intuition, the unmaking of FNS is prevented through simply ignoring the intuition’s questioning of FNS. This means distracting herself again: “if you keep yourself busy then you don’t question it so much”<sup>47</sup>. But distracting herself from the ruminating questions does not provide the answers to such questions, which is the most important thing that FNS promises to do for Alice. As a source of answers FNS proves distinctly lacking in such moments, allowing for the potential of these processes of unmaking to shift her back into the ruminating questioning of the void of unreality.

In such moments of the unmaking of FNS there is the possibility of making new illness realities – diagnoses that may offer her better answers than FNS can. During our interviews Alice expressed fear about her symptoms being regarded as psychological, and expressed relief when the authority of a “neuropsychologist”<sup>48</sup> “explained [there...] wasn’t anything mentally (*laughing*) wrong with me. I [...didn’t have] any psychiatric problems”<sup>49</sup>. However, despite her making a clear separation between FNS and any psychological symptoms and causes,<sup>a</sup> and distancing herself from the psychological in the process, she nevertheless remained fascinated by the possibility that there was a psychological cause to her condition. She repeatedly expressed the possibility that her symptoms emerged from an emotional conflict related to her past (“you don’t know if it’s something from way back”<sup>50</sup>, something “in the back of my mind”<sup>51</sup> such as the relationship with her “horrible”<sup>52</sup> father or her difficult marriage). Alice even looked towards making a new illness reality around this emotional trigger through using myself as an apparent authority to make it real. Thus, she sought confirmation from me that it was possible that her “upbeat”<sup>53</sup> nature could simply be masking an emotional conflict, and seemed to consider me in the role of opening up repressed memories:

[...] I’m one of them people that can’t remember back, where[as] some people can. So maybe that’s a block, you know. It could be. You know, if you put somebody in front of me who’s like yourself,

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<sup>a</sup> This is actually in contrast to how FNS is discussed on Jon Stone’s (n.d.) website, which takes a biopsychosocial approach that incorporates psychological symptoms and causes.

or who [...] really can bring out things, then maybe they'd be able to. [I3:748-53]

The unmaking of FNS through its inherent uncertainty also allowed another alternative illness reality to arise. Multiple sclerosis (MS) shares many similar symptoms with FNS, and as a result it is relatively easy to shift towards making MS real over FNS:

[...] there [have...] been diagnos[es...] where they've said it's [FNS...] and then [...] so many years later it's turned out to be MS when more symptoms show up on the scan, [...] because it takes so many years to show scarring on [...] the spinal cord with MS [...]. [I2:178-84]

Whilst she expressed relief that her authoritative medical network had decided to make FNS real over MS ("there was a lot of relief when [the neurologist...] said 'right, it's not MS' "<sup>54</sup>), her understanding that such diagnoses may be inaccurate and subject to change with time meant she could no longer completely rely on such statements. Faced with a potential unmaking of FNS and the making real of MS, she seemed to again turn to a simple ignoring of her doubts about FNS, this time based upon her preference for an FNS diagnosis:

[...] I would rather have, in the end, functional neurological [symptoms...] and a calliper on my leg than a disease [like] motor neurone disease or MS. That's how I think, so in the end [...] I just think yes, I've got [FNS...]. [I2:211-19]

Yet any "diagnosis is better than no diagnosis at all. Even if it's one of these funny diagnoses that are all a bit weird and you can't understand them a lot. It's better than none at all"<sup>55</sup>. Caught within the tension between a void of unreality of bodily sensation that demands answers and the inability to find authoritative explanations that can fully provide these answers, Alice finds herself between processes of making and unmaking of illness realities that characterise her experience of chronic pain.

## SECOND MOVEMENT: MULTIPLE MULTIPLICITIES

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Alice's second movement is more complex than those of the two participants discussed in the previous chapters because rather than finding one mediator, *three* were identified. However, the difference between a first and second reading, between the vantage point of a method assemblage and the extended field of vision of the pinboard, between an intermediary and a mediator, can be very slight, as the thesis has sought to make clear throughout. Indeed, a second reading can be more or less convincing than a first. In this second movement I contend that two of the mediators identified (in 'Part I' and 'Part III' of this section) can also be readily read in an epistemological sense. By contrast, I suggest it is much harder to read the other mediator (which is discussed in 'Part II' of this section) epistemologically, and much easier to read fractionally.

I suggest these differences in first-versus-second readability arose because of the inherent complexity in the process of collecting and analysing interview data where there were three different sets of objections pertaining to three different mediators. Objections in this process were not neatly split into three parts like this completed *second movement*, but were intertwined throughout. Moreover, even the identification of the objections into three separate types was only something fully realised at the end of the analysis, and not something that was identified by myself on a moment-to-moment basis within an interview or at each point in the analysis. What this meant was that in the performing of the interviews there was not one direction following the objections related to one particular mediator, but a *wandering* amongst the three. Moreover, only one particular set of objections could be pursued at any one time, which resulted in variations in the amount of extension of the field of vision that occurred in relation to each of the three. Ultimately, one particular set of objections of one mediator (found in Part II of this section) became a focus when performing Alice's interviews, and this served to positively reinforce its own visibility at the expense of the other mediators, providing one main 'route' of extended field of vision.

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#### PART I: FINDING HUMANITY

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By our fourth interview I had become aware how much the enactment of reality for Alice depended upon social relationships (I noted to Alice that "one thing that really struck me though [from our third interview...] is that you talked a lot about the importance of other people"<sup>56</sup>). Prior to this interview Alice's social relationships were understood in two main ways: a team of medical professionals making FNS real, and friends and family establishing regimes of normality that prevented Alice from falling into unreality. Both forms acted as intermediaries enacting the real-unreal narrative of the first movement. It was in exploring social relationships further that Alice first expanded on other people's role in establishing these regimes of normality by characterising them as *distractions* from the rumination of the 'wrong route':

L: [...] is that why people are important then because they [...] are distractions? [...]

A: Yeah. I would say so, yeah.

L: Yeah?

A: Yeah. They are distractions because I suppose if you hadn't got somebody there all the time or you hadn't got stuff to sort out, if you were just sat in the house on your own, you would think more about it [(ruminate more)]. [I4:532-8]

However, I felt characterising social relationships with friends and family as a distraction from unreality to be equated with "a book or a TV programme"<sup>57</sup> (my words), as a *tool* to be used to help her, seemed quite cold and inhuman. Yet on the other hand Alice had given

suggestions of warmth and humanity in social relationships where the reverse was true: where she would use herself to help others.

This was particularly apparent in physically and emotionally providing for her son despite her illness, as discussed in the *first movement*. Moreover, I had personally found Alice to be very friendly, and to be caring *for me* rather than considering how I could be used to better care for herself. My intuition was that social relationships for Alice stood for more than their enactment as tools creating regimes of “normality”<sup>58</sup>, as I suggested in the fourth interview:

I wonder if there is [...] another, [...] more fundamental sense [...] that people [...] hold a [...] particular significance that isn't necessarily to do with [where...] they're just this kind of a normal[ity] regulator, you know what I mean? There's something that to say, to describe them as that, is to do them an injustice[. ...] I just got a sense of that. [I4:445-50]

Exploring the significance of social relationships in the fourth interview revealed further examples of Alice's caring humanism, of the *use of herself* in caring for others. This included a significant (yet non-reciprocated) commitment to assisting her (now ex-) husband in his daily functioning during their marriage. She said “I got him up in the morning with a cup of tea and toast and all that kind of old-fashioned thing, but then I [also] went to work”<sup>59</sup>, and that she “did *everything (emphasis)* for him”<sup>60</sup>. By contrast, “in all the years that I was married to him he never once made a cup of tea or washed-up. He was never there for me properly”<sup>61</sup>. When he informed Alice one morning that he had been having an affair with a work colleague for the previous 11 years (something Alice had suspected), he asked to be given another chance. Alice was prepared to offer this (“soft me said ‘oh yeah, okay, I'll give you another chance’ ”<sup>62</sup>), only for him to have changed his mind and re-established the relationship with the other woman by the time Alice returned home from work that day.

Alice moved out of their house immediately, but responded to her ex-husband's requests for emotional support in his relationship with the other woman: “then they split up again and he was forever on my doorstep wanting to talk. ‘Do you think she'll come back? Do you think she'll come back?’ I was like his counsellor”<sup>63</sup>. Following one separation with the other woman Alice's ex-husband again asked to be given another chance for a relationship with Alice: “I said ‘yes, we'll try but I want to keep [living in the house she had started renting...]', knowing that in the next three days that he'd get back with her, which he did”<sup>64</sup>. Despite Alice's separation from her ex-husband and the means by which it occurred, Alice still had feelings for him (“the love had gone but I cared for him”<sup>65</sup>), something that was ongoing (“even to this day if something happened to him, [...] he's the father of my child, so I'd be upset”<sup>66</sup>).

Following this separation she continued to have a close relationship with her mother-in-law, despite the fact that her mother-in-law was herself estranged from her own son (Alice's ex-

husband). “He has nothing to do with her so [...] in a way [...] I’m all she’s got”<sup>67</sup>. With her mother-in-law having had a daughter who died, Alice felt that “I’ve taken over the place of her daughter”<sup>68</sup>. Whilst Alice’s mother-in-law transported Alice (by car) to our interviews (which were held at the University), Alice described the relationship in terms of Alice providing care for her mother-in-law (rather than the reverse), particularly given her mother-in-law’s diagnosis of cancer (something her mother-in-law kept secretive – “she won’t let anybody go [to treatment] with her”<sup>69</sup>). Thus, Alice said:

[...] I’ve always, in a way, looked after her. I kind of, you know, I bulk cook. You know, if I do [...] a chicken casserole I do a big chicken casserole, I do some for her. And I look after her because she’s on her own and, you know, she’s not well anyway, you know.  
[15:846-50]

Moreover, in a similar way to the ‘counselling’ offered to her ex-husband, Alice described being a sounding board for her mother-in-law’s relationship difficulties with both her own son (Alice’s ex-husband) (“she always brings [ex-husband] in and she slags [ex-husband] off. She’s been doing it on the way here [to the interview]”<sup>70</sup>) and her grandson (Alice’s son) (“she’s just had a real good rant about [Alice’s son]”<sup>71</sup>). Whilst finding her to often be too opinionated, unwelcomingly dictating to Alice what she should do, Alice nevertheless took care to protect her feelings in communicating this diplomatically (“And I try and make it a joking [sic] but I’m trying to get across [that] please, just, just leave it, you know. I’m going to [...deal] with it in my way [...]”<sup>72</sup>). Indeed, Alice cared significantly for her mother-in-law, commenting that “I will always look after her. I’ll always make sure she’s okay”<sup>73</sup>.

There were other examples of this humanism in Alice’s social relationships, including those with her mother and friends. These humanistic elements objected to social relationships being regarded as a cold, inhuman tool to prevent dysregulation, enacted in my expression that positioning them as tools was “to do them an injustice”<sup>74</sup> (my words) in light of the humanism that I had picked up, and which we subsequently explored. In this sense, social relationships become converted from an intermediary enacting a real-unreal first movement narrative to a mediator where they *also* enact Alice’s humanism, a humanism nevertheless also juxtaposed to their meaning as (inhuman) tools.

Yet this second (fractional) reading was not necessarily convincing, since another reading (epistemological in nature) is also offered where humanism can be seen as a *more fundamental* meaning of social relationships than that developed in the first movement narrative. Indeed, in our interviews I talked of how other people were regarded as “merely”<sup>75</sup> or “simply”<sup>76</sup> tools, and that there seemed to be a humanism in Alice “more fundamental”<sup>77</sup> than the superficiality of social relationships as tools (all quotes my words). This is akin to what Law (2002) defines as an *interest story*, which is a “strategy of depth, of seeing deeper” (p. 84), of “going beneath the surface to fundamental and coherent places

that are said to be more real” (pp. 84-5). Here the inhumanities of Alice’s social relationships as tools are treated “as symptoms or superficialities” (p. 84). This strategy of depth may combine with a distribution of multiplicity over time, where present inhumane superficialities are contrasted with an absence of humanity that nevertheless *should* be there, a *should* offering the promise of the future presence of humanity (see box, below).

### *TWO READINGS OF (IN)HUMANITY*

I have suggested that the objection raised to Alice’s ‘inhuman’ practice of using people as tools arose because of the presence of humanism in her social relationships that did not fit with this characterisation. But this intuition probably also derived from a cultural expectation that, in situations where people are involved, humanity *must* be there underneath, or if it isn’t, it *should* be made to be (this moral fundamentalism evident when I described the characterisation of Alice’s social relationships as tools as “an injustice”<sup>78</sup>). This expectation is coded in the *Universal Declaration of Human Rights* (United Nations General Assembly, 1948), which speaks of the “equal and inalienable rights of all members of the human family” (par. 1). As the associated United Nations webpage explains, the document is a reaction to the “atrocities” of the Second World War (United Nations, n.d., par. 1). It expresses and enacts a schema where inhumanity can be banished to a wicked past, where humanity *should* have been. And where inhumanity still exists it *will be* replaced with humanity thanks to the collective willpower of humankind: “the international community vowed never again to allow atrocities like those of that conflict happen again” (par. 1).

A parallel is found in academic research. Marzano (2012) notes how the principle of *informed consent* arose from the treatment of inmates at Nazi concentration camps, namely ‘the reduction of their bodies to “objects” in the hands of experimenters devoid of humanity’ (p. 443). Like the *Declaration*, informed consent involves banishing inhumanity to a wicked past. In addition to Second World War atrocities, research ethics training teaches students about a by-gone age of inhumanity in academic research, epitomised by infamous experiments like the *Milgram Experiment* and *Stanford Prison Experiment*. The possibility of a return to inhumanity is actively policed by extensive research ethics processes<sup>a</sup> that did not exist before, in the same way that the inhumanity associated with human conflict is actively policed by various state and inter-state organisations like the United Nations.

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<sup>a</sup> Such as the NHS research ethics process this project had to pass through.

Inhumanity can (and does) return, however. But in this schema they are positioned as abnormal events that only temporarily replace humanity. This might include a rare catastrophic accident, or because of extreme individuals (who are also rare instances). Inhumanity is prevented from being anything but a temporary aberration (significant though it may be) that can be separated out from the humanity of everyday life. The inhumanity of an event or person is total, experienced as *abject* (see previous chapter) like the horror of an accident or the anger at the 'evil' or 'crazy' people who inflict suffering and death on others. The boundary between inhumanity and humanity remains clearly separated and extensively policed. This is the first reading of (in)humanity.

A second reading pays attention to the objections that occur in this ordering. It identifies mediators that enact both humanity and inhumanity at the same time. The controversy enacted by such mediators is more easily explained away in some instances than others (as I would suggest is the case for Alice's social relationships), but where they are made prominently visible the observer is forced to understand humanity (or inhumanity) not simply as an either/or, but as an interference between the two. Ironically, such a second reading can be readily identified in one of the most prominent exemplars of the historic past of inhuman research: Stanley Milgram's obedience experiment. Milgram (1963) sought not simply to *prevent* the repeat of the atrocities of the Second World War, where "millions of innocent persons were systematically slaughtered on command" (p. 371) in concentration camps, but to explore an objection to the idea that inhumanity is a rare event that can be separated out from everyday humanity. As Milgram put it: "[t]hese inhumane policies may have originated in the mind of a single person, but they could only be carried out on a massive scale if a very large number of persons obeyed orders" (p. 371). From a first reading of (in)humanity it is not possible for these people to have had humanity when they were taking part in such inhuman acts, and the likes of Milgram's experiment can be read as trying to understand why they had *lost* their humanity. His participants willingly inflicted pain on another but only because of 'obedience' to the authority figures of the researchers, and 'obedience' has thus been read as an inhuman psychological mechanism that robs people of their humanity. But this ignores what Milgram understood 'obedience' to be, for its constitution is not simply based on the "tendency to obey those whom we perceive to be legitimate authorities" (p. 378) but because of the enactment of the participants' *humanity* itself. Thus, Milgram suggested that one reason the participants obeyed was because:

The experiment is, on the face of it, designed to attain a worthy purpose – advancement of knowledge about learning and memory. Obedience occurs not as an end in itself, but as an instrumental element in a situation that the subject construes as significant, and meaningful. (p. 377)

Obedience also derives from a *sense of care* from the participant to the researchers since the participant “has made a commitment, and to disrupt the experiment is a repudiation of this initial promise of aid” (p. 377). Of course, this obedience also means the inhumanity of believing they are inflicting (significant) suffering on another. Thus, this act of ‘obedience’ means to act with *both* humanity and inhumanity, an impossible controversy though this is: “the subject is forced into a public conflict that does not permit any completely satisfactory solution” (p. 378). Indeed, “[o]bedience may be ennobling and educative and refer to acts of charity and kindness as well as to destruction” (p. 371). Like the controversy of (inhumanly) using friends and family as tools whilst also deeply (humanly) caring for them, obedience is here read as mediator.<sup>a</sup>

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## PART II: THE VOID AS RECLUSION

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As noted in the *first movement*, Alice discussed having episodes where she would have “a real good cry”<sup>79</sup> every 6 or 8 months. Towards the end of our third interview Alice explained more about these occasions:

[...] I’m just absolutely [...] exhausted and the pain and [...] maybe [...] [son’s] on holiday so I’m on my own. So you’ve only got yourself to talk to, I suppose [...] and I don’t want to bother [...] anybody else. [13:870-3]

From this I picked up on the possibility of *loneliness* within these events (“what makes you feel down. What is it th-, I mean you talked a little bit about the feeling of loneliness, maybe?”<sup>80</sup>). Of course, this could also be interpreted as expressing a lack of good distractions as opposed to something particular to being alone. But as noted in the last section, there was an intuition that the lack of people had a particular significance above and beyond their role as distractions.

Thus, in our fourth and fifth interviews the theme of loneliness was present in Alice’s fears of losing significant relationships in her life, which were characterised as important but fragile. In particular, she feared losing the close relationship with her son. This possibility

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<sup>a</sup> Law et al. (2014) describe a similar ‘mode’ of fractionally knowing what it means for nurses to *care* for dying patients. These nurses face a contradiction between “two different logics” of care: the care of actively attending to the patient versus the care of leaving visiting family members alone with the patient (p. 182). The nurses studied managed the controversy in a manner that “strikes balances” between the two, “but balances that are constantly being rebalanced” (in a very dialectically-sounding way) (p. 183).

was expressed in a battle with her ex-husband over her son's affection. She said "I've got the upper hand over his dad because his dad is more strict with him so he'd rather come to me"<sup>81</sup>, "but then there's things that he can do with his dad that I can't do with [son and his friends]"<sup>82</sup>. This included holidays abroad and activities like snowboarding due to her ex-husband's greater financial status ("He was essentially what I call 'buying a child' "<sup>83</sup>, "I thought well he can easily buy him and I can't give him what his dad can give him"<sup>84</sup>). Whilst Alice no longer felt threatened by this ("luckily [son] isn't one of these children"<sup>85</sup> who favour those who treat them), Alice also feared that the relationship with her son might degrade because of her illness, either because of a burden placed on him to help her ("I fear losing him if I put that responsibility on him. Then he's not going to want to come because he knows if he goes to mum he'll have to do this for mum and do that for mum"<sup>86</sup>), or because she might "lose him because it's an embarrassment to go round"<sup>87</sup> to her house with his friends. For similar reasons to her son Alice feared that the burden placed on her friends and other family members would result in the degrading of those relationships, with her reassuring friends that they should not feel obliged to visit and that her illness is hopefully only temporary ("I've repeatedly said 'well I don't expect you to come, you know, it's alright. I'll be all right'. They've drilled it into me that they will [come]"<sup>88</sup>).

This fear of a lack of social relationships (of aloneness) was linked to the concept of the void of unreality. When discussing my intuition of the significance of others as more than simply distractions (in our fourth interview), Alice noted that:

[...] when I know that [son] is going to be away, because I speak to my friends daily and I say '[son]'s away next week', they're always suddenly like 'oh, right we'll bring a takeaway', and they fill that gap quickly. It's like they fill a void. [I4:925-7]

Rather than social relationships being tools to prevent her from experiencing the negativity of the void of unreality (madness and death), here the negativity of the void is characterised by the (lack of) social relationships themselves, as I suggested to Alice in our fourth interview:

[...] what I'm saying though is something more fundamental [...]. It's not just about that [...] you need to distract yourself because otherwise you're going to start dwelling on it and so forth, [but] that what's being avoided is not necessarily the symptoms and the pain and so forth, it's the fact that when you don't have these people that you are alone. [I4:956-66]

Indeed, loneliness characterised the void:

L: Yeah, well what's that empty void like then? I mean what...

A: Well it is-, it is loneliness.

L: Mmm.

A: Because there's no one there. You start thinking well there's no one around, [son]'s on holiday, dog's not here, I'm not seeing my mum until Monday, it's New Year's Eve, everybody's celebrating, [...] then you start thinking what have I got to celebrate? [14:1104-9]

She referred to this as “that void of loneliness”<sup>89</sup>, of “your lonely time”<sup>90</sup>. Whilst Alice's social relationships were important in the first movement narrative for preventing her from going down the ‘wrong route’ of the void of unreality, our discussion of the significance of social relationships suggested that they played a role not just in the prevention of Alice entering the void but in constituting the nature of that void itself.

It is not difficult to see aloneness as *complimenting* the characterisation of the void in the first movement, part of the general absence of things characterising its *unmaking*. However, whilst Alice's need to be close to others served to characterise the void as lonely, this picture was complicated by a negative side of being close to others that prompted a need for distancing. Thus, there was the possibility of betrayal, something she had experienced in her past. This was found not only in the infidelity of her ex-husband during their marriage, but from those around her who were complicit in concealing this affair from Alice:

[...] these people, they stand back. They don't come to you and say 'oh well actually I was on a course today and'-, they just stand back and they don't do anything about it. Where[as] if I was in that position I would probably say 'come on, you know, he's messing you about, you know. You're better than that, [...] you deserve better than that'. But nobody did. They all just stood back and [...] let it go on [...]. [15:830-4]

Alice's mother-in-law was one of these people (“even [mother-in-law] knew”<sup>91</sup>, “she didn't tell me that he was having an affair”<sup>92</sup>) and even though Alice remains close to her, “you've got to have that in the back of your mind”<sup>93</sup>. “That's why I've got that stand-back relationship with her”<sup>94</sup>. Indeed, “in the end [...] she is very, very kind-hearted, but you can't trust her fully”<sup>95</sup>. Overall, she said “the only people I can trust is probably [son] and my mum and dad”<sup>96</sup>.

In our fourth interview I posited the possibility to Alice that “there is something threatening about engaging with life that means you go into voids”<sup>97</sup>. Specifically in light of social relationships being at once something that Alice valued (and as an end, not as a means) yet also something that caused her great hurt, I suggested a “devil's advocate argument that you [...] place yourself, whether unconsciously or subconsciously or whatever, [...] into the void as separate from other people”<sup>98</sup>. This reflects an understanding of pain as a mechanism permitting regulation of the degree of closeness in a person's social relationships (Shapiro, 2006; Smith & Friedemann 1999), as discussed in Chapter 4. I posited that the aloneness of the void might be beneficial since “although you want to be with other people and [the void is...] a very lonely place, it's also a *safe* (*emphasis*) place insofar as nobody can hurt you”<sup>99</sup>.

Whilst accepting the idea that the seclusion of the void was (also) positive, Alice did not suggest this was as a means of protecting against the hurt of betrayal.<sup>a</sup> Alice talked instead about it as a refuge from dealing with the demands of others who are close to her:

[...] sometimes [...] I think oh, I could do with a bit of peace from my mum [...] and from [mother-in-law] and from my friend that rings every night and just go into that void and just [...] sit there and think, you know, just be alone, if you know what I mean. Because it might be in my case, I suppose, that I've got too many people round me who care. And they've all got different opinions, and sometimes you just want to be on your own, I suppose. [15:1284-93]

Thus, rather than simply a place of loneliness where Alice is without the social relationships she so values (complimenting the negativity of *unmaking*), the isolation of the void is also a place where she is able to escape the unwelcome demands placed upon her by the very relationships she values so much. In particular, these unwelcome demands take the form of attempts to control her, something that had been particularly apparent in her recent search to buy a property: "I'm wanting [family and friends...] to back off, you know, at the moment with the house. Just back off. You've given your opinions. I've listened to your opinions. Now that'll do. I've had enough"<sup>100</sup>. Her mother-in-law was also identified as someone giving unwelcome 'lectures' about what Alice should do in her life:

[...she] starts wub-wub-wub-wub-wub in your ear. And I was rolling my eyes in the car [*illegible*] (*sighs*) (*laughs*). But I'm not nasty enough to say 'shut up'. [...]he'll give you a big lecture, 'and I'm not here to lecture you and I'm not going to lecture you', but then she does because she can't help but lecture you. [15:1351-5]

Her past romantic relationships were characterised by the presence of unwelcome controlling behaviour by her partners. One relationship since separating from her husband was "all fine and dandy"<sup>101</sup> to begin with, but it became problematic when "he wanted to start controlling"<sup>102</sup>. This took the form of him attempting to make decisions for both of them, such as proposing they buy a property together but with him choosing the type of house and location to live in, despite the fact that Alice opposed it:

[But] I don't want to live in [location] and I don't want to live in a bungalow. And it got to the stage where [he said] 'well I want a bungalow so you're going to live in it', and I was like, I've had this [in a previous relationship]. And this alarm bells [sic] started to go off and I thought, I've had this [...]. [15:1531-3]

Indeed, she said "if I'd bought that house with him, you know, and then he'd start controlling and then I'd be in the same position that I was with [ex-husband] for 11 years"<sup>103</sup>. With regard to controlling behaviour from her ex-husband during their marriage, Alice noted that

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<sup>a</sup> Such a notion can be related to the concept of *betrayal trauma theory*, which considers how someone manages situations in which they experience trauma caused by betrayal by a person or institution they depend upon (Freyd, Klest & Allard, 2005).

he had used his strength of will to overpower her suspicions about his affair: “I could never prove [the affair] because he was always the stronger person. He was always the one who said ‘*eugh* (*disgusted or dissatisfied sound*), I’m not having an affair. What’re you talking about? Are you mad? Are you making it up?’ ”<sup>104</sup> Alice

couldn’t get proof. I couldn’t follow him or [...] anything like that. So I just stuck it out and thought well one day it’ll get to the stage where he’ll have to tell me and he’ll have to tell me the truth, [...] and one day he did. [15:762-66]

And when her husband decided not to pursue the second chance that he had asked from Alice (and which she had granted), she reflected that it provided a feeling of relief for her (“I think I was relieved actually”<sup>105</sup>): “it was like I could go and he’d admitted to it and I could go with a clear conscience that I’d done my best as a wife”<sup>106</sup>. Alice also accepted an unfair divorce settlement (“I’m coming out alright but really I should have had a lot more”<sup>107</sup>) in order to avoid having to enter into dialogue with him and risk an engagement with his controlling behaviour:

[...] just take it and run, you know, and do what you can with it, type of thing. Don’t [negotiate about it] because [...] he’s such a strong person and he can always talk over you and talk you down, you know, and belittle you and everything. [...] I just think it’s best to take it and run. [15:1202-5]

In her subsequent relationship, when Alice identified the same types of controlling behaviour, she felt “I’ve gone stronger that way where I think: no, I’d rather be on my own. [...] I’d rather be on my own”<sup>108</sup>. This is a voluntary reclusion that responds to the negative side of being close to others for Alice (their tendency to impose unwelcome controlling behaviours), expressed in the choice of entering the void of unreality *because of* the isolation from others. Indeed, the concept of the void for Alice expresses the controversy in social relationships between a need to be close to others and a need to maintain distance from them because of controlling behaviour that such closeness allows. Not simply a place of loneliness associated with the loss of closeness with others, as part of a wider unmaking to be avoided at all costs (as per the first movement narrative), in this second movement it is revealed as *also* a welcome refuge from the controlling behaviour established by that very closeness, expressed in the void’s twin yet contradictory concepts of loneliness and voluntary reclusion.

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### PART III: ON THE ONTOLOGY OF PAIN

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The first movement narrative replicates the ontology of pain outlined in Chapter 2 insofar as Alice’s ‘void’ of unreality is at once an *absence* of pain that cannot be given representational form, and *present* in undeniable sensations that demand definition. As discussed in earlier chapters, the attempt to find a definition that might cure pain is often entirely feasible. In

this sense a representation can be quite reasonably deferred to a future time, allowing pain's absence and presence to exist apart as distinct singularities in time, separated by the *promise of definition*. In the first movement narrative keeping the presence of pain to a promise of future definition depends on the reality-making ability of FNS. But when this falters (and where Alice's distractions are not sufficient backstop) there is a risk that this temporal division between absence and presence might collapse into a controversy in her present experience.

Certainly the conflict between the reality of her felt sensations and the unreality of their lack of representational form might be regarded as such a controversy. But despite the apparent collapse of a temporal division in a controversy, such collapse *never fully occurs* because the telic demand for definition constituting this temporal division forms part of the most basic ontology of what it means to experience of pain. As Chapter 2 noted, even when there is a lack of answers for sensations, the *feeling* of pain sensation initiates a spatial division through its sheer *againstness*: '[e]ven though [pain...] occurs within oneself, it is at once identified as "not oneself," "not me," as something so alien that it must right now be gotten rid of' (Scarry, 1985, p. 52). Pain is separated as not-self, as *absent* to the self. Yet pain objects to its positioning in this ontology when Alice feels pain as also *part* of herself, as present *as* herself. But its demand for presence is projected away from the self into external (non-self) presences. In this most naturalised, *ontological* aspect of pain (its *againstness*), pain is maintained as an *absence* whose undeniable presence is bracketed in the promise of definition in external entities. Thus, concepts of the *telic demand* (Leder, 1990), of Scarry's (1985) *intentionality* (a take on Husserl), and pain as a 'void' of absence to fill with words (Biro, 2011) constitute the conversion of the objection of bodily sensation to being denied presence as part of the self into a quest to seek (substitutes for) that presence (elsewhere).<sup>a</sup>

What is (perhaps somewhat confusingly) being absented into Otherness is that Alice's void is also made present, not simply as a *potentiality* in a promise of something to come, but as an *actuality* right now alongside its absence. It is an entity she talks about, an object of representation. It is easy to forget that it is an object at all because the emphasis is on a lack of objects to define it. Indeed, enacting *the void* as a concept constitutes a subtle epistemological appropriation that allows pain's presence to be acknowledged but then Othered into absence through projecting presence into an external entity that can fill what is (an) empty (object) at some unspecified future time (see box, below).

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<sup>a</sup> The bracketing in this sentence reflects the bracketing that occurs in the ontology of pain being discussed.

## POTENTIALITY, ACTUALITY, AND BEETLE BOXES

Chapter 6 discussed how reading *attention to practice* as revealing that reality might *potentially* be made otherwise is a way in which multiplicity could be seemingly acknowledged but nevertheless distributed into singularities of time. The notion of potentiality deflects from an attention to practice that shows an *actuality* of multiple realities being made present in a *controversy*.

This epistemological appropriation occurs when enacting the ontology of pain outlined in Chapter 2, an ontology that runs through Alice's first movement narrative. That chapter notes how Biro (2011) used Wittgenstein's *beetle box* thought experiment to demonstrate Wittgenstein's point of a fundamental disconnect between the world of language and whatever might be inside the box (which can't be described even as a *something*). In highlighting this disconnect, Biro satisfies the condition of the ontology of pain outlined in Chapter 2 (and Alice's first movement) through making pain entirely absent, with no possible connection to presence (in language). Yet he must then confront the problem that Alice also feels her pain (the beetle in the box) as something undeniably present, even if she cannot find a name for it. Here we see absence and presence as a controversy: both impossible to one another yet seamlessly connected in her present experience. Yet Biro adds something onto the argument by suggesting the beetle in the box is a *something* in the form of a *void*. Pain is made present as an object, but an *empty* object waiting to be filled with other objects. It is impossible to make the beetle in the box as a *something*, as an object (even an empty one), but nevertheless entirely necessary because of the undeniability of its presence in felt sensation. Yet in being an empty object the void's presence as an object (an actuality of presence) can be subtly masked such that it can take the role of perfectly singular absence, to be filled with presence distributed to a singularity in some *potential* future time.

Here the actuality of an absent-present ontology of pain becomes converted into one where presence and absence are separated into a (current) absence that can be (in the future) provided with presence of definition through conceptualising pain as a void or as *elusive*, two of the 'compromise words' discussed in Chapter 7 that attempt to acknowledge the empirical undeniability of the actuality of multiplicity whilst subtly distributing it into singularities through the concept of *potentiality*.

In this ontology Alice's pain is enacted as an entirely absent entity, an empty object defined only by unmaking, and with a terminus where everything has been unmade (Scarry, 1985).

During our first few interviews Alice talked about it being important to make things real to prevent herself going down "the wrong route"<sup>109</sup>, which was characterised as a place of

madness and (ultimately) death. Early on I suggested this is a “contrast between [...] real versus unreal”<sup>110</sup>. But this understanding simply describes the consequences of unreality, rather than what that unreality is. That is, unreality is enacted as absent and never present, seen only in its effects, in an *unmaking* described in terms of an adjective rather than a noun. Yet in our fourth interview Alice introduced unreality as something that had a tangible presence, as an object that was being desperately avoided through seeking medical answers, as my post-interview reflection noted:

The old structure [(first movement narrative)] of the need to avoid the emotional symptoms associated with unreality, whilst maintaining hope in processes of making real, still asserted itself. But what was uncovered, what was given birth to, was the significance of the object of avoidance itself, which was given a name in the concept of “the void”.

The term arose whilst discussing the significance of family and friends in her life in the fourth interview, where Alice said that when her son went away she felt friends “fill that gap quickly. It’s like they fill a void”<sup>111</sup>. It was only in this interview after Alice made reference to these terms (‘gap’ and ‘void’) (and which hadn’t been mentioned by either of us up until that point) that unreality became striking as an object that was being made present. This was an object whose presence I could further explore in my questioning: “what’s that empty void like then?”<sup>112</sup>

This exploration was not to fill an empty space of absence with presence (in an either/or of singularities distributed in time), but to understand the forms of presence being made to constitute that absence. That is, not to provide ‘answers’ to fill the void but to understand the contours of the void itself. This exploration characterised the void as *loneliness*, as the previous section noted. But if the shock at identifying the void as an object that must necessarily be made present in order to enact its exclusive absence is an extension of the field of vision identifying an aspect of Alice’s experience hitherto Othered into absence due to its impossibility in the first movement narrative, then I contend this unbracketing is not wholly successful. For aloneness can be read as an empty object defined by the *absence* of people, with presence projected to people filling that void at some future time. Indeed, the concept of being isolated from others is a well-established aspect of the ontology of pain outlined in Chapter 2, and compliments this ontology (as the previous section noted). If *the void* becomes a mediator once its name becomes visible, it can also be readily read as complete absence, an intermediary serving the ontology of pain established in the first movement narrative.

## INTERVIEW REFERENCES

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- 1 I1:89-90
- 2 I1:275
- 3 I1:580
- 4 I1:394-5
- 5 I2:80-2
- 6 I3:121-2
- 7 I3:123-5
- 8 I1:132-6
- 9 I1:457
- 10 I1:457-8
- 11 I1:408
- 12 I1:408
- 13 I1:486
- 14 I4:496
- 15 I1:772-3
- 16 I1:186
- 17 I2:356
- 18 I1:838;I2:162,331,420,553
- 19 I3:659-60
- 20 I1:468
- 21 I4:154
- 22 I2:388-9
- 23 I1:466,488,489;I3:975,991,993;I4:868,1346,1393,1396,1410,1413,1419;I5:226,232,242,246,247,  
283,287,318,380,433,534,554,1094
- 24 I1:901-2
- 25 I3:902-4
- 26 I4:927
- 27 I4:939
- 28 I4:1120-1
- 29 I1:766
- 30 I3:662-3
- 31 I2:97
- 32 I3:525-6
- 33 I3:528
- 34 I4:626-31
- 35 I2:1216
- 36 I4:622
- 37 I3:306
- 38 I3:406
- 39 I3:433-4
- 40 I2:403
- 41 I1:67-8
- 42 I3:55-8
- 43 I3:67-8
- 44 I1:237
- 45 I4:1272
- 46 I3:398-9
- 47 I3:385
- 48 I1:87
- 49 I1:88-9
- 50 I1:716
- 51 I2:764-5
- 52 I2:767
- 53 I1:679
- 54 I4:1229
- 55 I4:1354-9
- 56 I4:328-31
- 57 I4:775

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58 I1:466,488,489;I3:975,991,993;I4:868,1346,1393,1396,1410,1413,1419;I5:226,232,242,246,247,  
283,287,318,380,433,534,554,1094  
59 I5:808-9  
60 I5:904  
61 I5:980-3  
62 I5:1001-2  
63 I5:1180-1  
64 I5:1184-7  
65 I5:801-2  
66 I5:1191-3  
67 I5:835-6  
68 I5:837  
69 I5:896  
70 I5:914-15  
71 I5:943  
72 I5:1358-9  
73 I5:889-91  
74 I4:449  
75 I5:78,79,559  
76 I5:83  
77 I4:445  
78 I4:449  
79 I1:766  
80 I3:878-9  
81 I5:441-2  
82 I5:446  
83 I5:603  
84 I5:621  
85 I5:605  
86 I5:475-6  
87 I5:384  
88 I5:501-2  
89 I4:1262-3  
90 I4:1344  
91 I5:834  
92 I5:1199-200  
93 I5:852  
94 I5:835  
95 I5:898-9  
96 I5:1471  
97 I4:1374-5  
98 I4:1460-4  
99 I5:1256-61  
100 I5:1344-7  
101 I5:1524  
102 I5:1525  
103 I5:1551-2  
104 I5:1158-60  
105 I5:1148  
106 I5:1154-5  
107 I5:1201-2  
108 I5:1539-40  
109 I1:838;I2:162,331,420,553  
110 I2:28  
111 I4:927  
112 I4:1104

## CHAPTER 12: JUDITH

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Judith is the only participant whose 'second movement' cannot be readily read as a pinboard (and so is not actually a second movement as it was defined in Chapter 8). Since the intention of this analysis is to produce fractional accounts of the lived experience of pain (as an intervention on epistemological accounts of it), Judith's analysis as a purely epistemological account is not relevant to this aim. However, as an epistemological or fractional reading can be more or less convincing rather than a digital either/or, this chapter identifies a fractional reading within Judith's analysis. More significantly, it reveals how an embryonic multiplicity becomes distributed into isolated singularities. Whilst not constituting a convincing intervention on epistemology, it offers information on the execution of the pinboard method (outlined in Chapter 8) that contributes to improving that method. As Judith's analysis in full is not directly relevant to either this wider aim, nor providing an intervention on epistemology itself, it is summarised to provide brevity whilst offering context for the fractional reading. The full analysis can be found in Appendix 6.

### FIRST MOVEMENT NARRATIVE (SUMMARISED)

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Judith is in her late 50s and has chronic back pain. Her first movement narrative can be described as an ongoing journey of *restitution*, with her experience of chronic pain closely bound to depression. This narrative is split into four parts.

First, Judith experiences a conflict between motivation to undertake certain activities and caution in such functioning. Motivators include a practical need to perform essential tasks like shopping, a need to be social with others, and desire to undertake physical activity with her active husband. However, the most significant motivator is a need to enact an identity as *competitive, motivated, and daring*. Yet she is cautious in undertaking such activity because of limits to the physical functioning of her back and her capacity to deal with emotional stimulation following a major depressive episode.

The second part of her first movement narrative outlines an idealised model of action that negotiates between these two conflicting pressures, allowing her to take actions enabling progress towards physical and psychological normality. Her physical journey of restitution begins with lowest functionality in her back and greatest pain sensation, where she hands autonomy of her body to the doctor and waits for it to heal itself. However, a point is reached where she feels capable of sufficient physical activity to make choices to push her physical functioning, something that can strengthen her back muscles and permit further functioning gains in the future. This 'testing phase' involves being attuned to her bodily sensations so she does not 'overdo' activity and cause damage that regresses her to an

earlier stage of recovery, but also not 'underdo' activity and not make progress. A similar psychological 'testing phase' begins when she feels ready to take on emotional stimulation associated with activity. This involves pushing herself to accept higher stimulation in order to challenge perceptions that she will be overwhelmed by it. This relies on an intuitive awareness of her emotional capacity to prevent both over-stimulation (which can result in a return of depressive symptoms) and not encountering enough stimulation to allow progress towards psychological restitution. Both physical and psychological aspects of the model involve incremental increases in activity, with the promise of complete restitution.

The third part of this narrative highlights inherent uncertainty in knowing her physical and psychological limits that inhibit the efficacy of this model. Despite relying on evidence from her bodily senses, there remains an unknown quantity regarding these limits. As such, there is always doubt about each decision over whether it is sensible, reckless, or too cautious: of whether her decision-making voice is her 'sensible head', 'reckless head', or 'scaredy cat'. Moreover, whilst being reckless is negative for restitution, it is positive insofar as it enacts her identity as competitive, motivated, and daring. Likewise, there is also a constant preoccupation with weeding out any 'scaredy cat' tendencies that are the antithesis to this desired identity, something that makes her more likely to take reckless actions.

The final part of Judith's first movement narrative is fear that her desired normality might be out of reach, or will be soon. Normality is not an absolute end point for Judith, but means being able to undertake activities sufficiently enough to satisfy the demands outlined above, particularly for her identity. This can have tangible targets, such as completing 18 holes of golf. However, she had doubts that she could reach physical and psychological normality because of (1) physical deterioration of her body with age and (2) the ingraining of the 'scaredy cat' as a potentially irremovable personality trait following her depressive episode. In response to these concerns, Judith had tried to accept lower levels of normality, and considered that *trying* a particular activity is enough in itself (regardless of the level of performance). However, this logical acceptance did not seem enough to dampen the emotional need to undertake activity, and these two disparate elements of her first movement narrative were partitioned into seemingly irreconcilable logical and emotional impulses.

### 'SECOND MOVEMENT' NARRATIVE (SUMMARISED)

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The manner and frequency with which Judith talked about her sociability seemed greater than its marginal role in the first movement narrative that became fleshed out over her first few interviews. Therefore, its significance was explored in greater detail in our later

interviews as a potential boundary to the first movement narrative. This produced an additional narrative to the first movement, and has been split into two parts.

First, Judith experienced loneliness due to difficulty getting close to others. When Judith became depressed she actively avoided others, which she described as being unlike her usual sociability. This tendency to isolate herself was accompanied by an 'aleness' that was frightening for her. However, despite creating an image of a highly social person with very good social skills in the first movement narrative, Judith went on to note that, actually, she has always felt lonely – since childhood. She described difficulty making friends at school, and later in her life when she started work. She talked about how her sociability was a 'persona' that belied her social isolation and loneliness. Moreover, this involved a self-imposed tendency to isolate herself, something she attributed to some familial trait (genetic and/or nurtured) that could also be found in other family members, particularly her father.

The second part of this 'second movement' narrative is how Judith tried to deal with the problem of loneliness. The enactment of a social persona can be regarded as one way she attempted to overcome loneliness (by trying to be social), but one that reveals itself as a superficiality when it is unable to successfully Other into absence inconvenient facts like Judith's lack of friends. Three other defences against loneliness were identified, however. One involves 'going with' isolation, something that she enacted significantly in her teenage years. However, whilst it is easy to accept her tendency to isolate, it is less easy for her to accept being alone. A more widely used defence for Judith involves being competitive to create a 'successful' identity that others would want to be friends with. The competitive, motivated, and daring identity noted in the first movement as the primary motivator for her need to undertake activity here becomes reconceptualised from some foundational part of who she is to a persona performed in order to generate a socially attractive identity. Like the social persona its enactment is understood as a superficiality determined by a deeper structure of the loneliness accompanying her tendency to isolate herself.

A final defence against loneliness identified by Judith is being more open with others. Something she noted she has gradually learned with time, this involves being aware of her impulse to isolate herself when it arises, and to then choose to behave in a social rather than antisocial manner in response. Importantly, this involves her being open with others about her impulse to isolate, rather than simply trying to enact a persona to hide it. Thus, when she was forced to enact an uncompetitive (and therefore an apparently less socially attractive) identity when attending a more advanced golf class than the one she would usually attend, rather than not engaging with other students and discretely leaving the lesson (which she said she would usually do in such a situation), she chose to explain to another student how she was feeling. Learning to be more open with others offers an

alternative defence against loneliness that negates the need for her to enact a successful identity through being competitive, and thus significantly reduces the pressure for her to be able to function at a particular level of activity. As such, the conflict that forms the basis of the first movement narrative (between the need to undertake activity and the physical and emotional limits on such activity) becomes moot, since the elements that make up this conflict are made visible as superficialities determined by an underlying conflict (between a tendency to isolate and the aversive loneliness that accompanies this isolation) that has a promising resolution in a strategy of learning to be more open.

Thus, Judith's 'second movement' can be read as an *interest story* (Law, 2002) (a concept discussed in Chapter 11), where the first movement narrative is reconceptualised as a superficiality determined (as an intermediary) by the deeper narrative revealed in her 'second movement'. That is, rather than produce a fractional account of the lived experience of pain where intermediaries become converted to mediators that seamlessly link impossible narratives together, instead an epistemological account is produced where the two narratives of Judith's lived experience become distributed into singularities connected (but not overlapping) through a hierarchy of 'realness' based on depth. In this sense her 'second movement' isn't a second movement at all according to its definition in Chapter 8.

## SEARCHING FOR SECOND READINGS

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This thesis has argued that whether a particular text can be viewed as a first (epistemological) or second (fractional) reading is not a digital choice. Instead, a particular reading can be more or less successfully established, and that the dividing line between the establishment of a first and second reading is often very subtle. Within Judith's analysis we could identify several elements that approach a second reading. In this vein I here present one particular section of Judith's analysis as a second reading but then demonstrate how the multiplicity becomes distributed into temporal singularities.

The first movement narrative enacts the concept of the *reckless head* as something that prevents a return to her competitive, motivated, and daring identity because of the high risk of 'overdoing' physical or emotional activity resulting in regression to a physical or emotional state even further removed from normality. Whilst some instances of undertaking risky behaviour will not result in regression, in other instances it will and *has*. Yet the first movement narrative also enacts the reckless head as a necessary component to the competitive, motivated, and daring identity. Enacting the reckless head is something that is both necessary and anathema to the (re)establishment of the identity *at the same time*. This is a fractional reading.

However, there was never an instance where the two contradictory meanings were enacted at the same time. They were instead distributed into separate temporal singularities where there is no overlap. The risky behaviour of the reckless head was always understood *in hindsight* as thoughtless, even whilst the motivation for enacting it *in the moment* is nevertheless also made present. This temporal division is evident when she decided to try the risky activity of unicycling, which was regarded in hindsight as “a really stupid thing to do”<sup>1</sup>, a logical side that only arose after the initial motivation to be risky to prove her identity:

L: [...] I'm wondering [...] is there a sense that [...] even though you know the reckless head is bad for you, you still need to go ahead and be reckless sometimes to prove to yourself that you're still the old Judith?

J: Yeah.

L: Yeah?

J: Without a shadow of a doubt, yeah. I mean although I did try [unicycling...], I realised after the third attempt that it wasn't going to work. [...] Then my logical head came on and said, you know you've tried it three times and you've overbalanced three times so I've done the reckless head now. And it wasn't even scaredy cat that time it was sensible head (*laughs*) said that if you fall the next time you might break your wrist or something, because I've already broken my ankle and broken my wrist. [14:31-42]

Here there seems to be a *negotiation* between the need to enact risky behaviour yet the need to avoid it. Negotiation suggests the presence of a controversy, and the need (in an epistemological system) to make choices between multiples. Yet Judith made clear that such was the temporal separation of these two needs that there was no overlap that even required making a decision between them:

L: [...] you said there [were...] the two voices. [...Choosing to unicycle] wasn't the best decision for one kind of sensible side but on the other hand, you said that you wanted to do it because...

J: Yeah.

L:...You wanted to...

J: These weren't happening at the same time, these thoughts, either.

L: Yeah.

J: It was go ahead, take the risk. Do it.

L: Mmmmm.

J: And then, as I was doing it, I then thought: mmm maybe this isn't the best idea. So it was literally two complete [sic] separate trains of thought as well.

L: Yeah.

J: It wasn't as if I have to make a decision.

L: Right. Okay.

J: If that makes sense. [I4:111-125]

Indeed, when I still continued to insist that “maybe in a way there was a bit of negotiation going on there”<sup>2</sup> between the two voices, Judith again stressed that “it wasn’t like I was having two parallel train of thoughts [sic]. One definitely came first and then the other”<sup>3</sup>. There is a sharp division in time when she “realised it was maybe a foolish thing to do it”<sup>4</sup>. Without the overlap of these two opposing notions of risky behaviour there can be no pinboard: no mediator emerges that makes visible the simultaneity of multiplicity within the singularity of a mediator. As Julia Kristeva noted of the *abject* (see Chapter 10), mediators *show us* the connectedness between two impossible things just as “corpses *show me* what I permanently thrust aside in order to live” (1982, cited in Felluga, 2011a, par. 4, emphasis in original). Unlike the other mediators of the previous three chapters we do not observe a thrusting aside (Othering into absence) of some aspect that does not fit with the first movement narrative. Instead Judith makes fully present the contradictory aspects of her risky behaviour and nullifies the contradiction by distributing them into singularities of time.

#### *EVALUATING THE EXECUTION OF THE PINBOARD METHOD*

In Judith’s analysis she resolves the controversy between the two contradictory definitions of recklessness through partitioning them (without overlap) into separate impulses that emerge at different points in time. But this prompts further questions because overlap is nevertheless implied, for example, in an implicit assumption that Judith constitutes a single subject. We might ask if Judith sees herself as ‘one’ person, and if so, how can she reconcile this with having two completely distinct impulses. Such questions were not explored further in our interviews, however, with the thread of sociability being explored instead. Not following through with particular threads might be regarded as a failing to ‘follow the natives’ once the objections arise. This in large part reflects, I suspect, that I was sometimes preoccupied with the theoretical structures established during analysis between interviews (and sometimes within an interview) at the expense of being aware of the objects being made present, as opposed to using that theoretical structure to inform my understanding of those objects. This preoccupation involves *expectations* of what *should* happen in the interview, and is discussed more fully in Appendix 1.

As noted in Chapter 8, evaluating the execution of the pinboard method in this manner is an aim of this thesis so that it might be used to enhance the method for future use. A key assumption here is that the method should produce a fractional account, and

indeed all of the reflection that occurs on the performance of the method is intended to be used to enhance its ability to produce fractional accounts. This stems from *global assumptions* that to know is the interference of one process on another (a controversy), and that conventional ways of knowing tend to engage in a misrecognition of the controversy in favour of the interpretive omnipotence of singularities (see Part I). The global nature of these assumptions provides the grounds with which the pinboard can be developed as a method that *should* realise fractional accounts. That is, the pinboard method is a plan (outlined explicitly in Chapter 8) that is attempted to be realised.

In this sense, the method is based on assumptions that have already decided in advance what the furniture of the world should look like (to paraphrase Latour, 2005). Yet the very nature of this pre-determination in method requires a naiveté that does not permit pre-determination. The attempt to realise the goal of the method ‘paradoxically’ involves letting go of any goals beyond those provided by the natives being observed, including those found within pre-determined plans like a method.<sup>a</sup> Yet this is itself a fractional understanding, and we should be careful to understand it fractionally as *both* the realisation of a plan *and* the dismissal of plans entirely rather than being forced into an *either/or* choice. Indeed, the execution of the pinboard method can be evaluated in a way that attempts to identify and *dialectically* synthesise unanticipated (*non-relational*) elements into the singularity of a synthesis (forming newly pre-determined assumptions to realise in future practice) *and* retain a commitment to a radical empiricism characterised by naiveté as part of that pre-determination. Here we can observe how the coherence of the pinboard method as a practice is necessarily sustained by its noncoherence. As discussed in Chapter 7, the practice of the pinboard itself occurs in conditions of possibility that are necessarily fractional.

## INTERVIEW REFERENCES

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<sup>1</sup> 11:545

<sup>2</sup> 14:139

<sup>3</sup> 14:144-6

<sup>4</sup> 14:107

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<sup>a</sup> In the same way, for example, that the Buddhist’s desire to reach Nirvana can only be attained when desire is itself dropped.

## CHAPTER 13: MARY

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### FIRST MOVEMENT: COORDINATING CONFIDENCE AND ANXIETY

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Mary is a retired woman in her 60s with rheumatoid arthritis (RA). This first movement narrative differs from those of the other participants because it did not gradually emerge as a single narrative with a set of coordinated parts but as two *separate* narratives. These barely overlapped but nevertheless emerged side-by-side in a distributed (non-coordinated) manner. These became increasingly coordinated as I directed the interviews towards lines of overlap, highlighting a controversy resolved through a dialectical production of a new narrative different from the original two but with essential elements of both. The process of centring inevitably involves resolving controversies that become Othered into absence in favour of the harmony of the final product. In so here presenting the two intermediate narratives followed by the final coordinated narrative, we can see the dialectical movement inherent in the methodological coordination of the interviews. This is something that is lost in the analysis of the other participants' interviews, where any intermediate stages are not internally coherent enough to constitute analytic representation as a narrative distinct enough from the final narrative product.<sup>a</sup> Making this visible here allows a contrast (made at the end of this chapter) between this epistemological approach to a controversy and the fractional approach provided in the second movement.

The first intermediate narrative of Mary's experience of chronic pain can be characterised as (1) a medical salvation from the extreme suffering of illness, (2) the experience of which overturns her well-established outlook on the world as full of threats to be feared. Alongside this, a second intermediate narrative emerged around *moral judgement*. This involved (1) distress at being negatively judged by others as faking illness for personal gain, and (2) reactions of both shame and defence against these judgements. Coordination between the narratives occurred as we explored moral judgements as existing threats that Mary feared, forcing the strong and confident Mary of the first intermediate narrative to confront her victimhood and fearfulness in the second, resulting in coordination of confidence and anxiety to form a final, amalgamated narrative.

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<sup>a</sup> Law et al. (2014) would suggest that other interview narratives would *deny* the noncoherence that is necessary to establish the coherence of a final narrative. *Denial* is identified by Law et al. as one 'mode' or 'style' of enacting fractionality (see Chapter 14 for further discussion).

(1) ILLNESS SUFFERING AND MEDICAL SALVATION

Mary emphasised the high degree of suffering with her RA, with its pain being “unbearable”<sup>1</sup>. Employing Scarry’s (1985) *language of agency* (see Chapter 2) this pain was described as “electric shocks all over your body [...] a searing heat [...and] a sharp pain”<sup>2</sup>. The pain was something she feared, and such was the unbearable nature of this “intense”<sup>3</sup> pain that at one time Mary had wanted to die. She had asked nurses attending her “if they would kill me”<sup>4</sup>, noting that “if I was like that and knew I was going to be like that most of the time, I wouldn’t want to be alive”<sup>5</sup>. Mary felt that her pain was so severe that few people are able to comprehend its intensity of bodily sensation.

When her RA was at its most extreme she was hospitalised. For Mary, even fellow RA patients in hospital were taken aback by the extent of suffering:

And when I used to go in you could hear them all talking and going ‘oh my god, you know, look at the state of her. She can’t move. She can’t do anything’. So I just think I had it very, very severely. [11:64-5]

She said her blood pressure would “shoot up”<sup>6</sup> and her oxygen levels would decline such that there was doubt about “whether my body would cope with it”<sup>7</sup>. Indeed, “a few times [...] the nurses didn’t expect me to pull through”<sup>8</sup>. Mary had also acquired many viral and bacterial infections because “your immune system doesn’t work”<sup>9</sup> in RA: “you couldn’t fight anything off”<sup>10</sup>, having experienced bronchiectasis (involving “constant lung infections”<sup>11</sup>) and pneumonia. Her suffering with RA also extended to her medical treatment. In one example she described the pain experienced in her “really swollen and inflamed”<sup>12</sup> hands as a doctor attempted 3 times to find a vein to attach a drip.

Suffering with illness also meant being incapacitated in different ways. The pain means that “you can’t do anything at all. You can’t read or watch the TV because you can’t concentrate on anything because the pain is so bad”<sup>13</sup>. Moreover, Mary described experiencing weakness. She noted tiredness in her legs, as if they had been “dipped in concrete”<sup>14</sup>, and as a result she had difficulty walking and was prone to falls. She described several occasions when she had fallen and had nobody around to help her. Just two weeks prior to the start of our interviews she had fallen in her garden and blood was “spurting out of my shin”<sup>15</sup> from a cut she sustained. Managing to telephone the emergency services she was unable to apply enough pressure to the wound to stem the bleeding (as she was asked to do) due to having “no strength [...] to press down”<sup>16</sup>, and the situation was only resolved when a neighbour “heard me shouting and [...] came and pressed a towel on it”<sup>17</sup>.

For Mary, the degree of her suffering with RA was such that she “wouldn’t wish it on my worst enemy. I really wouldn’t. It’s a horrible illness”.<sup>18</sup>

Initially her RA couldn’t be controlled medically. She experienced pain for “months and months and months on end, and [...] everything they gave me, nothing worked to get rid of the pain”<sup>19</sup>. Indeed, she said “I couldn’t see an end to it because it was just going on for so long [...] and even my rheumatologist was quite concerned that he couldn’t get me sort of stable”<sup>20</sup>. She had been tried on many different drugs, but these proved ineffective, and in some cases she suspected had actually damaged her (she thought methotrexate had damaged her lungs). At one point she even considered taking experimental drugs, but was persuaded against it at the last moment because of concerns from her family that she was taking too much of a risk. The incident served to highlight the desperation Mary felt where a medical solution to her suffering was not forthcoming.

However, one day Mary received her medical “salvation”<sup>21</sup>. On one occasion in hospital Mary received a ‘pulse’ of steroids (administered intravenously). Whilst she had been “stretched in, really ill”<sup>22</sup>, two days after the pulse she was “getting out of bed and making other people a cup of tea”<sup>23</sup>. She described her reaction: “I just couldn’t believe it. [...] I said to my rheumatologist ‘you, you are God. To me, you are God because you’ve given me sort of life back’ ”<sup>24</sup>.

Mary began to receive pulses every 12 weeks (the minimum necessary time between treatments), which she understood as serving to “dampen down”<sup>25</sup> her inflammation.

However:

[...] when I first started to get them done, after about 7 weeks they wore off. So then I would have to wait 5 weeks for the next lot. So that was 5 weeks of pain that every day got worse and worse and worse and more severe. [11:21-3]

During these 5 weeks Mary might be admitted to hospital. Hopes for salvation (“I did sort of think that they would last”<sup>26</sup>) gave way to a realisation that her relief would only be partial, and this 12-week pattern (7 weeks of relief followed by 5 weeks of pain) became established for 10 years. During this period Mary estimated that she was hospitalised over 40 times. However, her hopes were raised when she had become aware of “new wonder drugs”<sup>27</sup>. These were “new biological drugs, the new anti-TNF drugs”<sup>28</sup>. However, Mary found out that patients prone to chest infections are not given these drugs because it significantly increases their risk of death. Having experienced pneumonia and bronchiectasis, she was excluded from receiving them. Her desire for a solution to periods of intense pain instead

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<sup>a</sup> Anti- tumour necrosis factor (TNF) drugs. The usual (biochemical) explanation for their utility is that they block a substance in the blood (TNF) causing inflammation (American College of Rheumatology, 2019).

began to centre on the hope that the steroid pulses would begin to last longer: “maybe this will be the time when I will go longer”<sup>29</sup>. “There was always that hope”<sup>30</sup>.

In the 10<sup>th</sup> year following the start of the steroid pulses the period of pain relief began to extend beyond 7 weeks, and for the 3 years prior to our interviews had been largely effective (reducing, but not eliminating, her RA symptoms)<sup>a</sup> for the full 12 weeks. Having reached salvation, Mary was aware that the medication might not last forever. She noted that “your body gets used to it and then they stop working and so then they have to find another drug”<sup>31</sup>. How long the drug will last is down to “luck”<sup>32</sup>, but she felt it “very likely”<sup>33</sup> that it will not last the rest of her life, and she will return to the extremes of suffering she experienced years ago. However, she felt the suffering had changed her, allowing her to better cope with what it brought, and she was thus notably stoic about it: “I used to think what if [...the drug] stops working? And what if I go back to, to how I was? What if that happens? I used to think like that. But now I don’t. I just don’t”<sup>34</sup>. Indeed, she said “if I don’t stay like this and I do become [extremely ill again,] I do think I’ll cope with it better”<sup>35</sup>.

Mary felt that her suffering during illness had a profound effect on how she experienced the world around her, which was traditionally one of anxiety relating to a plethora of perceived threats. Indeed, for Mary, her experience of chronic pain included a fundamental shift in her attitude to life, as the next section discusses.

## (2) GROWTH THROUGH SUFFERING

Mary described feeling anxious about many things when she was younger, prior to the onset of RA. She said “I used to worry about everything”<sup>36</sup>. She would worry about wars, about her infant son dying, about her husband dying, and about what would happen if her husband was made redundant from his job, amongst other things. She catastrophised the threats she identified, such as when a war (namely Falkland and Gulf wars) started:

There’s going to be a war and they’re going to come over here and there’ll be no food. My child will starve to death. You know, or something will happen to me. I’ll get killed. Then what’s going to happen to my child? [I1:953-7]

She said she “used to sit and think about everything and make myself more and more and more anxious”<sup>37</sup>. She was admitted to a psychiatric hospital in her early 20s for acute anxiety, and continued to have symptoms related to anxiety for decades.

However, she observed in particular that having to endure things that provoked anxiety during her medical treatment for RA served to reduce that anxiety over time, giving her

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<sup>a</sup> Mary told me (outside of the recorded interviews) that the pain was reduced by 90% as a result of the steroid pulses.

confidence “over medical things”<sup>38</sup>. This applied both to medical procedures such as having an injection ( “I would worry all week about getting that needle”<sup>39</sup>) and the relationship she had with medical staff. Regarding the latter, Mary initially felt threatened by the authority of doctors: “I would think ‘they’re doctors’, you know, ‘they’re so clever, I can’t be on a one-to-one with them’ ”<sup>40</sup>. She felt too scared to communicate with them, even when she desperately wanted to. On one occasion (over a decade prior to our interviews) a doctor made repeated failed attempts to fit a cannula (a tube inserted into a vein to allow the delivery of fluids). This caused her so much suffering that she wanted the doctor to stop, yet Mary did not feel confident enough to voice her objection:

[...the doctor] must have tried about 15 times to get the cannula in, and the more it was going on, it went on for about 2 hours, and then the sweat was pouring off me. And then I started to cry and I was stressed out. And [husband] was there and he was pacing the floor. And I kept saying (*spoken with soft voice*) ‘I don’t want you to’.  
[Doctor:] ‘I’ve got to do it’, you know, ‘I’ve got to get this cannula in’. I don’t know why, because I didn’t even need a cannula in [...].  
[11:491-6]

At that point in her life Mary “wouldn’t dare say anything to a doctor”<sup>41</sup>. However, she explained that if “you go in hospital a lot [...] you get used to dealing with medical people”<sup>42</sup>, and Mary’s frequent hospitalisation meant that she became more confident about speaking to doctors. She said “you realise they’re just people. They don’t have answers. And all the time they make mistakes”<sup>43</sup>. Indeed, Mary had even since enrolled in a program where she is used as a source of patient knowledge directing the training of student doctors, inverting the roles of expert and non-expert. This confidence can be seen in a future medical encounter when another doctor was also having difficulty fitting a cannula:

And I remember saying to this doctor ‘No. You’ve tried 3 times and that’s it. I’m not letting you’. And he was so shocked and he went back to the, to the sister, [name], and said ‘she won’t let me do it, [name]’. She went ‘have you ever had one of those put in?’ And he went ‘no’. She said ‘well it’s like assaulting somebody’ she went, ‘so if she’s told you no and you’ve tried 3 times’, she went, ‘she means no. And leave it at that’. [11:532-6]

Mary’s successful objections to the actions of doctors on her body gave her a sense of confidence in being able to control her own medical treatment:

Now I feel, you know, that I can say to them ‘no’, you know, ‘I know my body, I know what’s going to happen, and you need to go away’. Not in a nasty way. I’m not nasty to them. You just need to tell them that’s how it is, you know. [11:545-9]

Whilst Mary identified a growth in confidence regarding medical treatment, the same process of reducing the anxiety associated with perceived threats due to a new-found belief in her own ability to take action (rather than be a passive victim) also applied to other aspects of her suffering with RA. One simple but powerful action was *endurance*: she had

refuted her anxious predictions by proving that she could endure the extremes of illness suffering. This made her feel “empowered”<sup>44</sup>:

I think because as the years have gone on, because I’ve been so ill and because people haven’t expected me to get through it and I have, I think it sort of made me think well, yeah, I can, you know, I can sort of fight back. I can do something about it. I was never, ever a positive person ever [before]. [I1:605-12]

Whilst the undermining of threats through belief in her ability to act applied specifically to those of her illness and its treatment, they had an effect on her anxious outlook in general: the power of all threats became challenged. She became a “much stronger person”<sup>45</sup> in general as she felt more able to take actions that could mitigate against perceived threats rather than retreat into anxiety as a potential victim to them. Mary described this change in outlook as “like when people have a near death experience and then their [...] whole, you know, outlook changes, you know, they feel, like, stronger in that they want to live their life”<sup>46</sup>.

But autonomy (versus passiveness) was not always an option. Mary recognised that sometimes she really was powerless to take action against threats. However, rather than ruminate on the uncontrollable possibilities of the future, she had come to realise that this rumination is futile:

[...] I do get concerned about the state of the world and about how things [are] but again I’m in, I’m in that mind-frame now where, where there’s certain things that I can’t do anything about. And worrying about it isn’t going to do anything to help them or to change anything. [I1:976-8]

In particular, she no longer dwelled on the possibility of future illness. She became more comfortable living within the confines of uncertain and potentially unfavourable prognoses, and developed an optimism that she previously lacked. Thus, she described an operation she had in the weeks prior to our interviews, where “the doctors were expecting problems”<sup>47</sup>:

[...they said] ‘you might wake up in intensive care, Mary, because your lungs might collapse. Or you might get pneumonia. And you might get this. And you might...’. And I went ‘none of that’s going to happen’. I went ‘I’m going to have this operation and sail through it. [And...] that’s what happened. [I1:854-856,858]

Through both a newly developed confidence in her ability to act coupled with a realisation of the futility of worrying (when she cannot act), Mary felt able to let go of worrying in general. Indeed, it seemed that her experience with reducing anxiety had become universalised to the extent where she sought to dismiss worrying altogether without the need to interrogate each anxious thought in terms of whether it can be acted upon or should be accepted without rumination: this meant to “just stop worrying”<sup>48</sup>, to “just chill”<sup>49</sup>, to “just let it all go”<sup>50</sup>.

(1) DISBELIEF FROM OTHERS

During our first interview Mary was discussing how she was unable to take the

new [anti-TNF] wonder drugs that everyone was saying to me, you know, 'there's these marvellous drugs that I'd read in the paper, there's a cure for reumat-, why aren't you on these drugs, what-, how come you are not getting them?' And that used to really anger me that you had [to] defend yourself to people who had no understanding of what you were going through. [I1:287-90]

This discussion of *others* brought in a new way Mary accounted for her chronic pain experience: that of being disbelieved by others. This narrative departed from strength arising from overcoming suffering that characterised the first intermediate narrative, and instead concerned ongoing victimisation.

Mary described how people suspected her of faking or exaggerating illness for personal gain, and she feared being disbelieved when interacting with others. She identified two motives others suspected her of. First, that she was "putting it on"<sup>51</sup> to gain "sick money"<sup>52</sup> and other associated benefits such as funding for a mobility car. She felt that there was a society-wide view of 'looking down' on people receiving welfare benefits "as if everybody who is on benefit is some sort of scrounger who's lazy"<sup>53</sup>. This expressed itself even with friends and family. Thus, she noted one friend who

is very much against anyone who gets anything. She doesn't even know my car's a mobility car. I wouldn't dare tell her because straightaway - 'why have you got a-, you can walk, you're not-', she will be straightaway like that [...]. [I4:234-8]

She also talked about people suspecting her of exaggerating her illness in order to gain "attention"<sup>54</sup>. These people talk about Mary as a "drama queen"<sup>55</sup>, something that she found "really, really, really hurtful"<sup>56</sup>. Mary said that the stress of being judged by others could create flare-ups of RA severe enough to require hospitalisation.

Mary felt that these judgements about her genuineness stemmed from a lack of others' understanding of her situation. This was in part because of a societal tendency to misinterpret disability and suffering, expressed in the injustices of the welfare system that did not attribute welfare fairly, but also because she thought her experience of the physical sensation of pain was beyond the apprehension of others ("even though [others...] might say they do [...] I don't think they could fully understand it because, you know, it is quite unbearable pain when you get it"<sup>57</sup>).

## (2) REACTIONS TO DISBELIEF

Mary reacted to this disbelief in two ways. First, she felt “ashamed”<sup>58</sup> and “embarrassed”<sup>59</sup>. This sense of shame applied particularly to her being on welfare benefits: “I always feel really ashamed that I’m on benefit. [...T]hat really, really does bother me”<sup>60</sup>. Referring to a sort of interpellation by a suspicious societal gaze, Mary discussed “how people perceive unemployment and benefits”<sup>61</sup> comes to define her identity:

You see all these headlines, don't you? 'Benefit scroungers', 'benefit scum'. And they just think everybody-, do you know what I mean? And that really gets to me. I think god, well is that me? Am I benefit scum [...]? [I3:130-2]

Here she becomes “just one of the masses and you, I think, you lose your self-respect and your dignity”<sup>62</sup>. However, the fact that Mary explained being ashamed from the perspective of a societal interpolation that fundamentally misunderstands her experience (showing she has an awareness of it) suggests a rejection of this position. Indeed, she was quick to identify the media as promoting an overly-harsh and distorted view of people who receive welfare benefits, and she criticised a tendency to misunderstand the situation of those with illness or disability. Instead of (or in addition to) being ashamed as a contemptible exploiter of valuable state resources or as a ‘drama queen’, Mary positioned herself as being the wrongfully-targeted victim of these accusations. And in response to this victimisation Mary attempted to *defend* herself against the negative judgements, which is the second reaction to disbelieving judgements identified in this intermediate narrative.

The predominant form of defence against those who disbelieved her involved protesting with an alternative account, such as against the accusation of her being a ‘drama queen’ (“it’s not a drama. It’s an illness that you have no control over”<sup>63</sup>). Even when describing details of her illness to me Mary seemed to feel a need to add qualifications, as if she were pre-empting disbelief:

You can have one day where you're feeling really well and your joints are good and you can move about quite well, and then the next day yo- you can't even get out of bed. And that's just something that happens and that, and I don't think people believe that is possible, but it is possible. It does happen. [I2:42-5]

Moreover, when discussing how her legs “start to stiffen up”<sup>64</sup> she immediately added: “so I really do need a car”<sup>65</sup>, the *really do* being a defensive move against a threatening manifest absence where she *really doesn't*.

Mary’s defence was not simply about refuting disbelieving attitudes about her own specific circumstances, but was grouped as part of a defence of a wider group of people receiving welfare benefits. This involved criticising the suspicion levelled at the authenticity of benefit receivers’ illness or disability. Addressing a generic accuser she said: “I think, well, you don’t

know the circumstances. [The accused...] might have something wrong with them that you can't even see like heart problems and they can't breathe"<sup>66</sup>. This defence extended to welfare benefit receivers more generally (not just those with illness or disability), with Mary suggesting that accusers had overestimated the potential gain to be had, being seduced instead by empty rhetoric ("I don't understand how people think living on benefits is blissful and you get everything, because a lot of it is-, it's just talk, isn't it?"<sup>67</sup>).

Much of Mary's interviews involved a vehement defence of victims of *injustice*, conjuring passionate moral outrage to defend the victim and right the injustice. Whilst the original injustice we discussed concerned the disbelief others had towards those receiving illness or disability benefits, and for those on welfare more generally, this quickly extended to a diverse range of situations. Thus, Mary expressed the same kind of outrage in discussing those in poverty forced by economic circumstances to participate in experimental trials of drugs<sup>68</sup>, historic medical experimentation on soldiers<sup>69</sup>, the treatment of Hiroshima atomic bomb survivors as guinea pigs rather than as people to be helped<sup>70</sup>, the treatment of Syrian refugees entering Europe ("as if they were cattle in a field"<sup>71</sup>), the "atrocities"<sup>72</sup> of the Syrian civil war and lack of access to medical treatment for casualties ("I just think it's appalling"<sup>73</sup>), and the relatively recent case of a Royal Marine controversially convicted of unlawfully killing an enemy combatant in Afghanistan<sup>74</sup> ("I'm incensed at what they've done to someone who is fighting for his country"<sup>75</sup>). Her moral outrage against injustice also took the form of political affinity, with her identifying as a member of the working class fighting against the economic and social injustices of British society, an identity prompting much discussion as it resonated with my own background. She said "I hate to see injustice of any kind".<sup>76</sup>

I argue that Mary's defence was enhanced because she was presented as a morally praiseworthy victim who is entitled to the righting of injustice.<sup>a</sup> In particular, the story she presented of her experience of welfare was strongly contrasted with the societal suspicion of benefit recipients as people seeking a comfortable lifestyle but being too lazy to work for it. Thus, in contrast to a comfortable lifestyle Mary talked about how her family had experienced significant economic hardship ("we've been there where we haven't had a penny. Where we've put our hands down the settee [...to] see if there's any money slipped down, and I haven't had the money for a loaf of bread"<sup>77</sup>). In contrast to being lazy, Mary talked about how her husband had wanted to work but was the victim of multiple redundancies, and had even took a difficult job as a cleaner in a hospital that was both unsanitary ("he had to clean poo off of the floor"<sup>78</sup>) and dangerous to his health ("after about

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<sup>a</sup> I hear treat Mary's rhetorical practices through the guise of perspectivalism, where the truth of Mary's account becomes partialised to the specific moral demands of the interview encounter. Note that as this is Mary's *first movement*, the promise of (perspectival) epistemology remains.

8 years the chemicals he was putting in the machine [...] to clean the carpets affected his chest and lungs”<sup>79</sup>) for minimal pay (“if he was a scrounger why would he be doing a job like that for a hundred pound a week?”<sup>80</sup>). Indeed, she said:

[...] I would be glad if I’d never, ever had to be on benefits if I was healthy enough to work all my life and [husband] could work all his life without being made redundant. I think then you’re really blessed if that happens to you. [14:253-8]

Whilst a suspicious societal attitude might expect a potential benefit recipient to be very active in trying to make welfare claims, Mary, in contrast, is someone who was not cognisant about making such claims, and only made them once medical staff had prompted her to do so:

I wasn’t even claiming what I was entitled to until I went in hospital and they were saying ‘are you getting this? Are you getting that?’ I said ‘no’, and they said ‘oh well, you should-, you need to be claiming this, that, and the other’. [14:79-84]

Similarly, it was “my rheumatologist [who] said ‘you really need to put in for [...a mobility] car’ ”<sup>81</sup>.

Whilst the ‘scrounger’ would choose to invent ill health in order to exploit benefits, Mary would (by contrast) much prefer to give up benefits if she could avoid illness: “I always think I would much rather be healthy and not in pain and they could have the benefit back and they could have the car back”<sup>82</sup>. Where she had received any form of help she expressed gratitude, noting that she is “more than well looked after”<sup>83</sup> by the NHS. More than this, however, she gratefully ‘gives back’ through assisting as a patient-volunteer in the training of student doctors: “I’m more than glad to do it to help because of all the help I get”<sup>84</sup>.

Finally, Mary’s exposition as venerable victim is completed through deflecting societal suspicion onto the ‘real’ scroungers who give others a bad name: “there is like that 5%, the ones who go in the paper bragging ‘why should I work, I have no intention’. That lot just make it bad for everybody else”<sup>85</sup>. Mary even joins in with the castigation of this 5% for not-working-without-good-reason, singling out one neighbour of her father who has “never, ever worked. And he doesn’t want to work”<sup>86</sup> and yet who had the audacity (from Mary’s perspective) to complain that an inexpensive and simple repair job to his rented property (fitting a 60p clip to a drain pipe) had not been completed speedily enough by his landlord.

In being positioned as such a contrast to the intended villains of societal suspicion, Mary simultaneously serves to both discredit the disbelief about her as well as emphasise just how wronged she is to receive such disbelieving attitudes. It emphasises how much of a victim of injustice she is and rationalises the moral outrage she harnesses in response to injustice. However, whilst this moral outrage takes the form of a protest expressed to others

against the injustice, it seemed very limited in its ability to right wrongs. Indeed, this moral outrage does not capture the same sense of belief in her *ability to act* that epitomised the first intermediate narrative. Instead, it only emphasises how she (and the wider world) continues to be victimised, where there is a sense of anxiety about the state of things, where injustices persist at every turn: “I think the world we live in is appalling, Leigh, I really do. I think it’s getting worse and worse and worse. And I really worry for the future of, of mankind”<sup>87</sup>. This is the precise opposite of the spirit of the first intermediate narrative.

To protest an alternative account was not the only defence against disbelieving attitudes, however. A second form of defence accepts that she is unable to change the opinion of others (but still thinks they are wrong), and seeks to limit the information with which they could use to make a judgement of disbelief. This specifically concerned welfare benefits, with her noting that: “I don’t advertise the fact that I’m on it”<sup>88</sup>. Even when explicitly asked by others about welfare she said she simply denies receiving it if it is not important for them to know (“I just say ‘no’. I just think well, it’s nobody’s business”<sup>89</sup>).

A third form of defence similarly accepts that she is unable to change others’ opinions, but here she chooses to simply ignore negative judgements. This often means cutting links with others, reconciling herself to close family and friends who she feels trust her:

There’s people in my life who are important to me, who I’m close to, who matter to me. And, I’ll just, you know, stick with them. I haven’t got the energy every time for people who think you’re some sort of, you know. [I1:327-9]

This third strategy comes closest to connecting the second intermediate narrative with the first because here we get a sense of Mary having learned to ‘let go’ of the worrying associated with the negative judgements of others. Indeed, talking specifically about being disbelieved by others she said:

[...] I don’t let it [bother me]. I don’t dwell on it much now because it doesn’t do you any good. You just upset yourself and make yourself-, so I just don’t dwell on it anymore, you know, now. Or I’m not aware that I do. [I2:277-9]

I suggest such statements constitute moments of *coordination* between the two narratives. However, this third strategy seemed to swim against the tide of protestation suggesting she does dwell on the injustice of others’ disbelief. However, throughout the interviews my efforts to understand the claims made in both narratives prompted questions that served to coordinate them further. The resulting coordination of a narrative of overcoming anxiety (she will *act* where she can, and *accept* where she can’t) with a narrative of a persistent state of anxiety (victimisation supplemented with an impotent moral outrage) resulted in the transformation of both into something different, as the next section discusses.

The first intermediate narrative made a statement about who Mary was: that she had overcome anxiety through action and acceptance. The second intermediate narrative made an opposite statement: that Mary persists as a victim to the world, and that her only response is anxiety about it accompanied with an impotent moral outrage. As Mary noted when this contrast was put to her<sup>a</sup>: “it’s a contradiction isn’t it?”<sup>90</sup>

We explored this contradiction over the interviews, and changes to the nature of the narratives developed as we began to coordinate towards a single narrative that merged the two intermediates together. The discussion of this is split into two sections: (1) an initial maintenance of distribution followed by rejection of each intermediate narrative in turn, and (2) their transformation into a single coordinated narrative.

### (1) DISTRIBUTION AND REJECTION

One response Mary had to the contradiction was that she does not actually have an ‘answer’ to explain it. She argued that the contradiction isn’t something that she has thought about before, and therefore she doesn’t have a way of coordinating between the two intermediate narratives:

[...] it’s something that I, I’ve never even ever thought about ‘till you, ‘till you’ve mentioned it. It’s not something that even enters my head, ever. Until you mentioned it. And I haven’t really got an answer because I, I don’t know the answer [as to] why I’m like that. I don’t know. *(Pause)* You know, I wish I did. [I3:319-27]

Indeed, Mary suggested that identifying the contradiction is symptomatic of thinking “about the deeper things”<sup>91</sup>, something she said she does not do as a matter of course. She positioned herself as being only concerned about ‘simple pleasures’ as opposed to the complexities of self-reflection:

[...] so even the most simplest [sic] pleasures in life really make me happy. Going in the garden and dead-heading the flowers and, and my little dog sitting up to me, next to me for a cuddle, and my grandchildren coming for their tea after school and chatting to them. And all things like that just make me really happy, and I don’t really think about the deeper things. [I3:962-9]

In this way Mary maintains distribution between the two intermediate narratives through banishing coordinating statements to a realm of complexity that goes against the way she lives her life and which can therefore be absented. This response wasn’t the end of the story, however. For a start, whilst Mary seemed to consider such ‘deeper’ thinking as foreign, she

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<sup>a</sup> I talked about how (on the one hand) she can claim to be able to not let things make her anxious, yet (on the other hand) worry so much about what other people thought about her (see I3:20-30).

also saw value in pursuing it. She appeared enthusiastic about my coordinating questioning and commented in this regard that “I just don’t think about things enough”<sup>92</sup>. Moreover, an adequate empirical accounting (epistemological or fractional) means exploring controversies when they arise, and I thus persisted with the coordinating questions.

When faced with this controversy, one coordinating response from Mary was to reject one narrative in favour of the other. Thus, she began to question whether she actually had the confidence the first intermediate narrative suggested (“now I’m starting to think that I’m not confident at all like I thought I was”<sup>93</sup>). Alternately, she dismissed the anxiety associated with disbelieving judgements through asserting that she does not allow them to affect her like she did in the past. Indeed, she said she does not “dwell on [disbelieving judgements...] anymore”<sup>94</sup> (to re-use a quote from earlier), before then reasserting how her discussions with me had made her realise how confident she actually is (“I wasn’t aware until then that yeah, I am more, more, like, confident, now”<sup>95</sup>).

## (2) TRANSFORMATION INTO A COORDINATED NARRATIVE

Maintenance of distribution through rejecting coordinating statements as foreign, or through rejecting one intermediate narrative in favour of the other, gave way to a shifting of the nature of each narrative so as to enable their competing claims of confidence and anxiety to be *partitioned* within a single coordinated narrative. The partition enabled the core claims of confidence and anxiety to remain, but pared back to non-overlapping domains so that there is no longer a contradiction.

The partition involves identifying victimisation as an error of thinking. In doing so, Mary drew upon several stories from her past to highlight such errors. Many of these involved reappraising the moral outrage she felt at higher-class individuals for their apparent victimisation of the working class. One such story went as follows:

[...] when I was younger we were ‘working class’ and anyone who was rich was (*pause*) a ‘snob’. You didn’t even know anything about them, but ‘oh they must be stuck up. They’re snobs. They’re rich, they’re that’. That was our attitude. We were brought up with it because we were, like, poor. We were working class. And it was only when [name], my friend, we went to London that time, and I told you all the little kids [were] in their uniforms from the private school and I was going (*gasping*) ‘look at them, the stuck up little buggers!’ And they were only little kids, the poor little things! And she went ‘Mary, they can’t help being born into a wealthy family or a rich family or, you know, you’re born into the family you’re born into. It’s nothing to do with them’. And that always struck me. It really struck it home to me about, you know, the working class snobbery. [13:328-43]

In so identifying the thinking that establishes victim and abuser as flawed, the anxiety associated with victimisation is removed. In this particular example, she inverts the victim-

abuser relationship such that the working class snobbery becomes “as strong as, if not stronger than, the other”<sup>96</sup>. Upon my invitation, Mary began to invert other victim-abuser situations (“sometimes when people bully it is because [...] they’re getting bullied”<sup>97</sup>), including her victimisation through others’ disbelieving judgements (“she was probably bullying me because she had no self-esteem”<sup>98</sup>). In this way the universalising confidence of the first intermediate narrative becomes transformed into a logically idealised outcome of the elimination of flawed thinking. Meanwhile, the anxiety of moral outrage associated with the many injustices of the world (such as disbelief of her illness) becomes transformed into an illogical *temporary* present that promises to be weeded out with the careful application of logical thinking.

For the first intermediate narrative this involved restricting confidence to the medical domain only:

It might be that I’m confident more, like, over medical things with myself. [...] I don’t worry any more about medical things or going in hospital or procedures. And I think, so I think I’ve got confident that, that way. But I’m maybe not as confident in other things. I might think I am but then when you look into it, maybe I’m not. Maybe I’m not. [I3:147-56]

Indeed, in the subsequent interview she said “definitely on the medical side I’m more confident, but [not on being disbelieved by others] because of the stigma attached to being on benefits”<sup>99</sup>.

Cast into the illogic of flawed thinking that threatens to be eliminated entirely, the continued persistence of the anxiety of victimisation is explained through constituting it as an ingrained habit from childhood. This habit-formation involved learning to feel inferior, and applied particularly with regard to family wealth. She said “there were loads of people I thought were posh, and I did used to think they were better than me because it was just my, my concept of things”<sup>100</sup>. This inferiority was expressed even in the places she later chose to shop, with her having felt that “people who shop at Marks & Spencer’s were like a better class of people, so I should be in Woolworths”<sup>101</sup>. She was, instead, a “Woolworths person”<sup>102</sup>. Perhaps more important for her sense of inferiority, however, was educational attainment. Having left school without any qualifications, she said “I would feel inadequate”<sup>103</sup> when talking with anyone who had higher levels of education. She even noted being “a little bit intimidated”<sup>104</sup> by me because of assumptions about my educational level. For Mary, being educated means “not only can you [...] get a good job, but I, I think it’s more to do with that you can mix with people and not feel inferior because you, you’re, like, on the same level as them”<sup>105</sup>.

Mary identified several instances where she was made to feel insecure, including being repeatedly humiliated at school by a maths teacher. This involved being made to stand at

the blackboard for the whole lesson and him “hitting me on the head”<sup>106</sup> with a “wooden pad”<sup>107</sup> (possibly a blackboard eraser) when she could not solve a problem, a memory that “even now [...] really upsets me just thinking about it”<sup>108</sup>. Throughout such stories the familiar moral outrage at the injustice wrought upon the pitiable victim is in the air, and one might argue that through moral outrage the anxiety of victimisation is partitioned into an *emotional* (versus rational) habit. The attempt to right the injustice she experienced in her maths lessons was evident in the approach she took with her son:

That’s why I used to always say to [son] when he was at school, you know, ‘if you can’t do it you just can’t do it. Don’t let them bully you [...] and if anyone says anything to upset you, [or] the teacher tries to put you down, just, you know, come back and tell me what they’ve said’. [I3:893-6]

Despite school serving as a source of insecurity, Mary felt the relationship with her mother was more significant. Mary noted:

[...] I didn’t have a very good childhood because my mother was one of these people who was always taking overdoses, and writing her obituaries and saying you have to put this in the paper tomorrow. All things like that. So I was always very insecure as a child. [I3:836-40]

Mary felt the kind of insecurity associated with her mother’s negligent parenting “affects other parts of your life”<sup>109</sup>, including the anxiety she experienced into adulthood. In general, when reflecting on the anxiety she has experienced she said “I think all of that stems from the insecurity as a child and [...] experiences that happened”<sup>110</sup>.

Thus, it is suggested that confidence and anxiety are coordinated into a single narrative through being partitioned into dualisms that position anxiety as an illogical, emotional, habitual entity that has dominated her past, versus a logical, rational, reflexive confidence that she hopes for her future.

## SECOND MOVEMENT: LOVE AND HATE

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### MOTHER AS ABUSER

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Because of the apparent significance of Mary’s relationship with her mother as a reason for the persistence of the (irrational) victimisation model, the possibility of better understanding this model through understanding this relationship (and thus of better fleshing-out a first movement narrative) prompted my exploration of it.

Mary talked about her mother as having engaged in selfish behaviour that resulted in the hurt and neglect of those around her, which led Mary to feel outrage: “My mother was all about herself. And for years I was very angry about it and it used to affect me”<sup>111</sup>. Her

mother's behaviour involved a significant *moral* transgression for Mary. Indeed, Mary noted that her mother "just has no morals and she doesn't care who gets hurt in the process"<sup>112</sup>. In particular, Mary described how her mother was very promiscuous, having affairs whilst she was married, and with married men. Indeed, "she wanted to go off with men all the time. She went off with her best friend's husband and another friend's husband and another friend's husband. She was just always going off with men"<sup>113</sup>. Mary's dad (one of four husbands), described by Mary as "a good husband to her"<sup>114</sup>, was positioned as a victim to Mary's mother as she selfishly indulged her carnal desires. Other victims included those of the marriages she broke up, but the most significant victims for evoking moral outrage for Mary were the children her mother neglected through her selfish pursuit of men. Thus, Mary described one incident where her mother (who had by this time divorced her father) had met a man:

She'd invited him for tea and she had all this food, and [...] I said 'where's all this food from?' 'Oh well, he's come for his tea'. I said 'well, how come we can't live like this normally?' She went 'well I haven't got any mon-'. I said 'well, if you charged them we'd have loads of money. We'd be living like bloody lords the amount of men you have!' [I4:1120-4]

Said with anger, this story not only serves to position her mother as morally contemptible because of neglect of her children (that she only provides good meals for men she had met), but in Mary's sarcastic suggestion that her mother is akin to a prostitute without any of the monetary benefits places her mother as more disgraceful than one of the most morally unacceptable cultural figures.<sup>a</sup> At least the prostitute might be absolved of their immoral actions because of the need to feed a starving family.<sup>b</sup> Her mother is given no such excuse. Indeed, Mary's sarcastic suggestion that she accept money from her liaisons with men suggests that being a prostitute would not actually be morally damaging to her mother's character, such is the depth of depravity already achieved by her promiscuity. Beyond promiscuity, her prioritising of relationships with men meant that she "married this man who didn't like the kids and was quite cruel"<sup>115</sup>.

Neglect of her children came in other forms. Thus, after one of Mary's sisters chose to go and live with her father, her mother reacted in anger by "burn[ing...] all her clothes and toys out of spite"<sup>116</sup>. Mary also noted how her mother would treat herself but not her children:

Like if the ice cream van came round: 'I can't get any of you[...]children an] ice cream because there's too many of you'.

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<sup>a</sup> Thus, Benoit, Jansson, Smith and Flagg (2018) note that sex workers are associated with "disparaging discourses" associated with "disrespect" and "devaluation" that are "entrench[ed...] in public discourse and knowledge" (p. 460).

<sup>b</sup> Benoit et al. (2018) note accounts that position sex workers as "victims of others' wrongdoings" rather than "agents of their own fate" (p. 458). For a popular cultural example, see William Hogarth's (1732/2016) *A Harlot's Progress*.

There was five of us then, so we'd all get a two-penny packet of nuts and she'd have a big Mr Whippy with the flake in and two bars of chocolate to go with it. [...] She was just that type. Very, very selfish. [I4:564-8]

Indeed, Mary noted that as a parent “you would give your life to save your child. [...] It's just what you would do”<sup>117</sup>. Yet Mary felt “my mother wouldn't. She would save herself”<sup>118</sup>. Mary also talked about how her mother gained custody of her children after her divorce from Mary's father for the sole purpose of being able to live in the marital house (which her mother had moved out of), a callous lack of love contrasted with the love Mary had for her siblings:

And I loved our [brother] and [little sister] [...]. But she only took them because she wanted the house back that my dad lived in that was our, like, [family] house. And she knew that if she got off on her own, she wouldn't get the house back. [I5:520-2]

However, whilst living in another house with her mother in the interim, Mary's older brother decided to move back with his father, who was then granted the right to live there on the basis of needing to provide for a child. And “when she didn't get the house she was so furious that she got my dad the sack from his job where he'd been for about [...] twenty-odd years”<sup>119</sup>. This involved giving information to the police to incriminate Mary's father. Not only was Mary “really disgusted with her”<sup>120</sup> for doing this but even the police officers, with their duty to report crime, were reluctant to take the information because of the spitefulness involved:

[...] the police came, the detectives, and they said to her ‘do you know what you're doing? This man will lose his job. He'll have to go to court and everything’. He went ‘is that what you want to do?’ And she went ‘yes, it is’. And I wasn't there at the time, [but] our [sister] was, and these detectives said ‘well all I can say [is] you're a-, you're an evil woman. You're very evil’. And our [sister] said she's never forgot what they said. [I5:561-9]

Mary also described how her mother was very manipulative, noting that she “was a very good actress”<sup>121</sup>. In particular, she said her mother would seek to “get sympathy”<sup>122</sup> through frequently making suicide attempts during Mary's childhood. Mary felt that her mother (who was still alive at the time of our interviews) had never intended to kill herself. Even when her mother came close to death after taking an overdose of tablets (“they said she'd got the last rites and everything”<sup>123</sup>) this was attributed by Mary to miscalculations on her mother's part in executing her plan to get sympathy. Upset that Mary's older sister was not speaking to her because of reporting her father to the police, Mary's mother had kept “coming down all day [from upstairs] and saying ‘I'm just going to take a few more tablets and then I'll go back up to bed’ ”<sup>124</sup> in an apparent bid to flag a suicide attempt and gain sympathy from her daughter. However, both Mary and her sister reacted with disdain rather than sympathy (“our [sister] said ‘well go on then. No-one's stopping you’. Because she'd

had enough of her because she'd done it loads of times"<sup>125</sup>), something that Mary thinks her mother did not anticipate. As a result "I think she was expecting us to ring an ambulance a lot earlier"<sup>126</sup> than they did. Despite being close to death, and in hospital for a week, Mary felt that this "certainly wasn't a real suicide attempt. It was all for attention"<sup>127</sup>. Indeed, apparently reappraising the risk involved in such a strategy for attention, her mother "never, ever tried to do it again"<sup>128</sup>.

Mary also talked about how, when Mary was an adult, her mother sought to gain sympathy through pretending to have cancer:

And she didn't have cancer at all. It was just another thing she made up, because a lot of them weren't-, you know, I think our [brother] had fell out with her as well, so to get sympathy again she started.  
[15:647-50]

Mary noted that her mother engaged in similar behaviour whilst Mary was a child. She said "once I saw a mole on her stomach and I asked what it was and she said 'oh its cancer and when that grows the cancer starts to eat me and all that' "<sup>129</sup>, something Mary felt "you wouldn't say to a young child"<sup>130</sup>. Indeed, Mary said that her mother's actions created a great deal of anxiety in her:

I worried all my childhood away. I worried about, you know, if she was going to die, her and my dad arguing and, and her going off, and it was just awful. It's a horrible, horrible way to grow up.  
[14:948-52]

Our discussion positioned Mary's mother as an abuser whose selfish immoral behaviour resulted in the victimisation of those around her. Mary felt that for this she should be held morally accountable and be *punished* for her actions. But this had not happened: "people say '(tuts) she'd get paid back in the end', but [...] she's just swanned off and had the life of Riley"<sup>131</sup>. This was an ongoing injustice for Mary. As an adult Mary had sought to hold her mother to account for her neglectful past ("I have confronted her before. I used to say things all the time to her"<sup>132</sup>), but she "talks now as if none of that's happened"<sup>133</sup>, instead describing a happy and positive picture of Mary and her siblings' childhood. Indeed, Mary said "she has a different memory to the rest of us"<sup>134</sup> and that "she has like that false memory syndrome"<sup>135</sup>. On at least one occasion, however, Mary's confrontation about her neglectful past caused her mother to become upset: "she'd just start crying (*putting on mock crying voice*) 'oh, I can't believe you've said that!' "<sup>136</sup>. Yet Mary felt her mother had "put the tears on and [...] it was all an act"<sup>137</sup>. Indeed, "it was all an act with her always"<sup>138</sup>. To Mary her mother could never be a victim, with allusions to it being a crafty plot to manipulate others. A strict division between victim and abuser creating anxiety and (impotent) moral outrage that might be regarded as persisting as an emotional pattern into adulthood, this thus provided an interest story enhancing our understanding of the first movement narrative.

Yet one particular example of her mother victimising others did not fit this pattern. Mary discussed a time in her 20s when her mother, then divorced, became involved in a relationship. Her new partner lived in Ireland, but was staying locally (where they met) for 2 years whilst working on a maintenance project. The man was married with 10 children, but pursued the relationship with Mary's mother on the condition that it would end when he returned to Ireland:

[...] he always said to her 'after the two years there's no way I would leave my wife. She's a Catholic and there's no way I would ever leave her. And so we can have a relationship but it's only going to be while I'm here, then it's going to have to stop'. [14:1091-4]

Mary's mother "went along with that"<sup>139</sup> condition whilst in the relationship, but when "the time come [sic] for him to leave, and he did leave, she must have thought he was going to stay"<sup>140</sup>. Her mother then "wrote to his wife and told his wife all about them, and put photos in of her and [him...] together and said 'I've been having an affair with your husband for two years' and all this"<sup>141</sup>. Mary said "it was a horrible, horrible thing to do"<sup>142</sup>, asking "what sort of woman does that?"<sup>143</sup>. Here her mother's (ex-)partner is positioned as a venerable victim ("he was a lovely man"<sup>144</sup>) to the spiteful immorality of her mother, the abuser. Yet the man was guilty of one of the immoralities Mary was so outraged at her mother for (having affairs), whilst her mother was actually unmarried at the time. Moreover, I felt sympathy for Mary's mother because it seemed that "in a way he was using her"<sup>145</sup> as a "substitute wife"<sup>146</sup> (both quotes are my words), and she was understandably attached to him after two years. With the fact that the man had established a clear condition of temporariness at the relationship outset seemingly no longer sufficient to maintain him as victim and her mother as abuser, Mary sought to maintain the division through emphasising his probable passivity in initiating the relationship ("I think she'd come on to him. He never ask[ed] her out. She made a play for him"<sup>147</sup>), where he reluctantly gave in to her pressure ("I think she pestered him that much to be honest"<sup>148</sup>). Such defensiveness suggested an overcompensation attempting to Other into absence a reality where her mother is worthy of sympathy, a possible boundary to the first movement narrative prompting exploration of possible realities where Mary's mother might be a victim deserving of sympathy.

Such slippages of sympathy from Mary were observed. When her mother attempted to establish regular contact with Mary's son after many years without communication, Mary said she encouraged this because "I suppose I felt a bit sorry for her"<sup>149</sup>. This was a sympathy Mary explained away through appeals to a generic moral code caring for *anybody* ("you read in the paper about people who say [...] I'm not allowed to see my grandchildren any more and I just think it's an awful thing to do to somebody"<sup>150</sup>) in the face of outrage

specifically for her mother (“you can’t expect to [now] be a loving mother and granny and [have] all these grandkids around you making a fuss of you. You don’t deserve it because you were never there for your own kids”<sup>151</sup>). Yet elsewhere this explaining-away could not work since Mary’s sympathy was very specific to her mother, where Mary evoked affection for the mother of her past:

[...] she comes here and she sits there [...] and sometimes I feel a bit sorry for her because she got run over [...] a few years ago and, like, all the bounce has gone out of her life. She was very, very fit and very young for her age. She’s 83. And (*coughs*) she got run over [...] and now she’s like a little old woman. She has to walk with a stick. She has a mobility scooter. She looks about 90 whereas she always looked very young, you know. [I4:1063-72]

Of course, having sympathy (even only “a bit”<sup>152</sup>) risked Mary’s victimisation to her mother’s abusive manipulations, a characterisation of her mother as an abuser that alongside her feelings of affection provoked indecision about whether she can be loved or must be hated:

And she is very frail but (*sighs*) (*pause*) (*sighs*) I don’t know (*whispering*). I know she has loads of friends and everyone thinks that she’s absolutely marvellous. But she’s a good actress, do you know what I mean? [...] It’s like I don’t quite trust her. [I4:1072-4]

But this isn’t a decision that she can make. Whilst Mary can’t remove her mother from the ‘abuser’ category and give her the sympathy of a ‘victim’, she can’t help *but* do it *at the same time*:

L: So you want to feel sorry for her but you can’t quite believe, [...] you] can’t quite do it.

M: [...] I can’t quite do it. I just can’t quite get there.

L: But you want to?

M: I’m not even s-, I don’t, I don’t...

L: You can’t help yourself but feel sorry for her?

M: I, I, it’s like I can’t help it, you know. I, I do feel some sympathy for her. [I4:1075-82]

These are not simply two contradictory but separate impulses (such as emotion versus logic), since the victimisation causing Mary’s moral outrage depended on the love that Mary had for her mother as a child. It was only because she cared so much for her mother that such neglectful behaviour could hurt her:

[...as a child,] a few weeks before Christmas [...] I was saying to [...] my mam, you know, ‘I’ve got you a lovely present for Christmas’ and she went ‘show me it’. And I went ‘but it’s for Christmas’. She went ‘well, just unwrap it and show me it and I won’t say anything to anyone’. I couldn’t wait to give her it, I was so excited and when she opened it she went ‘(*tutting sound*) I don’t want that. That’s rubbish. Why did you get me that? Just horrible, cheap rubbish’.

And she gave me it back and I remember going upstairs and sitting on that bed and crying [...]. [I5:57-63]

In the first movement narrative Mary located the love for her mother exclusively to childhood. This was replaced with moral outrage when Mary came to understand her mother's neglectful behaviour ("I did love her when I was a kid [...] but then as I got older and saw the things she did, then I stopped"<sup>153</sup>). But Mary's defensiveness and her fears of manipulation suggested she maintained the affection for her mother that were necessary for the hurt to occur. Indeed, the temporal break between love and hate (distributing them into temporal singularities without overlap) occurred in the first movement narrative when Mary came to realise that her mother 'actually' didn't care for her. And yet Mary did talk about instances where her mother expressed care for her, not only as a child, but also in the present:

L: So I'm just wondering is there [...] some part of her that does love you maybe? [...]

M: I think she does. [...] Because [...] when she saw me all them years ago, I was ill and I was big on the steroids and [...the] last time she'd seen me I was like 40, fit, you know, really well, and then suddenly she saw me and I was like somebody older than her. [...] I couldn't even get my coat on and things like that. And I think she was absolutely shocked when she saw me. [I4:671,675-86]

The division of Mary's love and hate into temporal singularities (of past and present) begins to collapse in such moments. Nor is the conflict resolvable through partitioning love and hate into spatial singularities of emotional versus logical impulses (like her anxiety and confidence in the first movement narrative). Mary's hate for her mother is shown to be dependent upon the love she has for her. "It's an emotion, isn't it, anger. The same as love. So-, but I could never say to her that I love her. I couldn't say that"<sup>154</sup>. Seamlessly connected but impossible to one another at the same time.

Hating her mother isn't something she wants for herself ("it's not good [...] to have all that negativity. [...] You can't carry all that amount of anger really in you"<sup>155</sup>). Linking back to the first movement narrative, Mary presents a solution of 'letting go' of her anger at her mother. But to do so means letting go of both hate *and love*, of breaking the entirety of the emotional bond with her mother that is the mediator between love and hate, of developing *disinterest* ("if she gives me a kiss I just go 'oh, yeah'. Whereas before I'd have went 'oh! Hay! Don't!' "<sup>156</sup>). But Mary's anger at her mother was pervasive to the end of our interviews, an anger that revealed a dependence of hate on the presence of an impossible Other: Mary's love for her.

### TRANSITORY VERSUS OBDURATE MEDIATORS

Both Mary's first and second movement involve controversies – multiple accounts that do not fit together yet nevertheless overlap. In the first movement there were many options offered to resolve the controversy. Each option could quite readily be regarded as a *possibility* for resolution. However, in the second movement the option for Mary to choose hate of her mother over love was presented as an option for resolution that was *impossible*. In the second movement Mary's attempt to choose hate over love became unstuck because of the dependence of Mary's love for her mother in hating her. Law (2002) termed these stubborn mediators "obdurate interferences" or (alternatively) "obdurate incoherences" (p. 202). Obdurate interferences are "*interferences between the narratives that cannot be properly narrated within those narratives themselves*" (p. 202, emphasis in original), as observed for Mary's love and hate of her mother, but also in other chapters, such as Stephanie's stoicism and emotion, and Eric's success and failure. These accounts "are sustained as much in narrative incoherence as they are in narrative coherence" (p. 202), "as much in interference between multiplicities as they are in successful and singular enactment" (pp. 202-3).

Other options for resolution might be made present, however. An obdurate interference is only obdurate because it is made so in the processes that have produced it, and these processes of knowing are never settled. For example, a persuasive *possibility* is that Mary is able to choose love over hate, where her mother is regretful and atones for her actions ("I think she [...] must regret some, you know, [of] the things that she's done"<sup>157</sup>), and where Mary distributes love and hate into temporal singularities of future and past when she forgives her mother ("I must've forgive [sic] her some or I wouldn't even have her in my house would I?"<sup>158</sup>). Objections in the form of Mary's profound distrust, fear, and disgust of her mother prevent this from being realised, however.

Nevertheless, the presence of obdurate interferences have the effect of removing the temporal distribution of multiplicity (as a promise of resolution in *possibility*) not simply by dismissing the promise of resolution (Mary continues to sincerely insist she hates *rather than* loves her mother) but by making it a legitimate choice for resolution that is *also shown to be impossible*. As the next chapter will discuss, this is crucial for the enactment of a pinboard where the juxtaposition of multiples in the controversy is held still rather than distributed into temporal singularities, even whilst other options for resolution inevitably arise as the duration of the interview continues to flow and dialectically burn like a fire.

## INTERVIEW REFERENCES

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- 1 I1:53,203;I2:133
- 2 I1:50-1
- 3 I1:115,178
- 4 I1:8
- 5 I1:57-8
- 6 I1:205
- 7 I1:239
- 8 I1:209
- 9 I1:260
- 10 I1:259
- 11 I1:282
- 12 I1:521
- 13 I1:26-7
- 14 I2:81
- 15 I1:459-60
- 16 I1:465
- 17 I1:466
- 18 I1:334-5
- 19 I1:12-13
- 20 I1:32-3
- 21 I1:160
- 22 I1:152
- 23 I1:153-4
- 24 I1:192-5
- 25 I1:20
- 26 I1:197
- 27 I1:287
- 28 I1:275-6
- 29 I1:224-5
- 30 I1:233
- 31 I1:873-4
- 32 I1:882
- 33 I1:869
- 34 I1:811-13
- 35 I1:890-1
- 36 I1:356
- 37 I3:981-3
- 38 I3:147
- 39 I1:477
- 40 I1:780-1
- 41 I1:485
- 42 I1:909-10
- 43 I1:783-5
- 44 I1:642
- 45 I1:354
- 46 I3:248-51
- 47 I1:850
- 48 I1:1059
- 49 I1:1061
- 50 I2:496
- 51 I1:702
- 52 I1:703
- 53 I2:49
- 54 I1:319
- 55 I1:314
- 56 I1:316
- 57 I2:131-3
- 58 I2:46,70,97

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59 I4:79  
60 I2:70-1  
61 I3:215-16  
62 I3:212  
63 I1:333  
64 I2:83  
65 I2:83  
66 I3:178-81  
67 I4:247-8  
68 I3:1165-91  
69 I3:1085-95  
70 I3:993-1039  
71 I4:390-1  
72 I4:389  
73 I4:387  
74 I4:113-61  
75 I4:114-15  
76 I4:113  
77 I2:917-19  
78 I2:961-2  
79 I2:967-8  
80 I2:962-3  
81 I2:75-7  
82 I2:97-100  
83 I4:421  
84 I4:424-5  
85 I2:891-4  
86 I2:897  
87 I4:387-9  
88 I3:169-70  
89 I2:93-4  
90 I3:31  
91 I3:969  
92 I3:1137  
93 I3:797  
94 I2:278  
95 I2:281-2  
96 I3:345  
97 I5:30  
98 I5:24  
99 I4:72-3  
100 I3:493-5  
101 I4:64-6  
102 I4:60  
103 I3:525  
104 I3:566  
105 I3:666-8  
106 I3:854  
107 I3:854  
108 I3:872  
109 I4:51  
110 I4:58-9  
111 I4:615-16  
112 I5:481  
113 I5:133-5  
114 I5:131  
115 I4:583  
116 I4:1025  
117 I5:40-2  
118 I5:44-6

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119 15:552-6  
120 15:560-1  
121 14:907  
122 15:101  
123 15:99  
124 15:115-6  
125 15:88-9  
126 15:98  
127 15:108  
128 15:101  
129 14:506-9  
130 14:510  
131 15:504,10  
132 15:632  
133 14:586  
134 14:710  
135 14:576  
136 15:697-8  
137 15:708  
138 15:708-9  
139 14:1094  
140 14:1094-5  
141 14:1097-1100  
142 14:1106  
143 14:1100  
144 14:1091  
145 15:357  
146 15:354  
147 15:360-2  
148 15:368  
149 15:590  
150 14:808-11  
151 14:759-61  
152 14:1063  
153 15:77-9  
154 14:742-3  
155 14:774,776,778  
156 15:1096  
157 14:688-9  
158 14:837-8

## CHAPTER 14: DISCUSSION

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### INTRODUCTION

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Whilst the previous chapters in Part II aimed to make visible fractional accounts of participants' experience of chronic pain, demonstrating a basic viability of the method (as it is outlined in Chapter 8) used to produce them, the first part of the current chapter reflects on the execution of this method with relevance to such viability. Drawing from and building upon reflections found in previous chapters, this chapter aims to better understand how the pinboard method does, or does not, work in enacting fractional accounts, such that this understanding might be used to better enact fractional accounts in future and support the goal of intervening on epistemological ways of knowing lived experience.

Whilst reflection in Chapters 11 and 12 focussed on how the practical skill of the application of the pinboard method may be enhanced in light of the difficulty in producing fractional readings (see also Appendix 1), the first part of this chapter instead focuses on a more conceptually fundamental issue regarding the role of *time* in the enactment of the pinboard, drawing on the philosophy of Henri Bergson. The second part of the chapter examines how this refined method of the pinboard might be transported from the narrow confines of 'methodological laboratories' like this thesis to the *institutional contexts* that enact the epistemological methods that this thesis wishes to intervene upon.

### PINBOARDS AND TIME

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#### PINBOARDS AND SPACE

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Previous chapters noted that the distribution of multiplicity into singularities of space and time, into what Law (2002) describes as an *Euclidean time/space container*, characterises the methodological strategy of epistemological ways of knowing. The philosopher Henri Bergson terms this form of knowing 'analysis' and contrasts it with 'intuition' (Moore, 2012). Both are "ways of knowing a thing" but analysis "implies going all around it" because it involves representations that are (only) translations of the thing, whereas intuition implies "entering into it" (Bergson, 1965f, cited in Moore, 2012, p. 407). Indeed, intuition "dispenses with representations and symbols" and "seeks knowledge of things in their own terms" (Moore, 2012, p. 408). Bergson considered that only intuition "properly deserves to be called knowledge of the facts" because analysis involves "an intermediary veil of representation" (p. 408). The problem, for Bergson, is that whilst analysis has practical benefits, it has erroneously been regarded as "*the way to make sense of things*" (p. 409,

emphasis in original), yet conscious experience escapes being defined by representation (and can only be known by intuition). This conception describes the crisis of representation that is the concern of this thesis, and which has been described many times and in many different ways. What is useful in Bergson's description for our purposes is he conceptualises the crisis in terms of *space*, something that Law (2002, 2006) also does in conceiving of the pinboard, and which helps to clarify how the enactment of a pinboard as a metaphorical space achieved (or did not achieve) fractionality in the preceding chapters of Part II.

For Bergson, knowledge from analysis "is knowledge of the spatial", where the items being known are distinguished "by their respective positions and extensions in some space", "metaphorical" or "physical" (Moore, 2012, p. 411). Indeed, the items occupy "what Bergson describes as a discrete quantitative multiplicity" of individual spatial points (p. 412). This can be contrasted with "time *as consciously experienced*", which he terms "*duration*" (p. 412, emphasis in original). Items in duration "are not discrete but permeate one another" – the "past of duration does not terminate with the present, but continues into the present" (p. 412). The insufficiency of analysis emerges when it is confronted with overlap between items in the conscious experience of time, something that is not permitted in the distinct coordinates of space. Indeed, in knowing our being we should "be careful *not* to consider inner states as distinct and separate from one another, that is, as things that can be measured" (Guerlac, 2006, p. 96, emphasis in original). To attempt to put duration into space would be a "veritable contradiction" (Bergson, 2001, cited in Geurlac, 2006, p. 96).

The pinboard reveals the insufficiency of the discrete spatial distribution of analysis through providing a surface on which this overlap can occur. It does this through modifying the concept of space in analysis enough to permit the concept of overlap, yet at the same time retains its discrete quantitative multiplicity. For when we place items on a *literal* pinboard, one item is placed *over the top* of another item in order to overlap. They *literally* occupy discrete (non-overlapping) coordinates in 3-dimensional space. But *conceptually* the pinboard is only 2-dimensional: a *surface*. Without the third dimension of depth, items occupy the same space in 2 dimensions. So in being *both* literal and conceptual, a pinboard can permit overlap between entities that are nevertheless also discrete.

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#### SPACE AS TIME

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But where does time come into the pinboard? Chapter 7 argued that a pinboard is an attempt to 'hold' a controversy still in order to prevent its resolution into singularities. Specifically, it constitutes the dissection of a particular period of time during the naive reader's attention to the processes of a method assemblage, right when the Othering practices of that method assemblage are made visible. This involves absenting from this

account any subsequent sections of time when a resolution is attempted, and hence Craig (2015) argues that “a refusal to practice” the synthesis of lower level thematic codes during analysis (in order to maintain a juxtaposition between codes) “is definitive of the pinboard method” (p. 152) (see Chapter 8). But the experience of enacting pinboards in this thesis suggests that time cannot be constrained to such neatly cut segments. As I noted in Eric’s chapter (Chapter 10), whilst the overlap between success and failure as two entities with a very distinct (and policed) boundary was made present when his childhood house was revealed as both success *and* failure, stopping at this point felt like “an arbitrary stoppage that is never the end of the story for interview practice” (a quote from Chapter 10). Indeed, part of what was made visible in Eric’s pinboard of success and failure was the potential for resolution in the future, of accepting that times of failure punctuate times of success. Thus, despite carefully dissecting the periods of time we want to make visible, slippages into periods of time we *didn’t* want to make visible still occur. It’s not enough to ‘resist’ resolution by cutting up time, since it is possible (even certain) that projection into other time periods will occur.

In this situation the controversy being held on the pinboard becomes a controversy waiting to be resolved, “*as a flaw in need of repair*” (Harrison, 2010, p. 168, emphasis in original – see Chapter 6). It becomes a means-to-an-end that enacts epistemological conditions of possibility with its mono-vision logic of discrete singularities rather than expression of the knowing in tension constitutive of fractional subjectivity (Law, 2002, 2004).

So where did we go wrong? Bergson would contend that the dissection of ‘time’ that the pinboard performs is not really time at all in the sense he described it in his concept of *duration*. Rather, the ‘time’ we have been discussing is actually just space by another name. This is a very common convention, and indeed “for nearly all practical purposes, that is precisely how [time...] is construed” (Moore, 2012, p. 412). But this is “false to the reality of time *as consciously experienced*” (p. 412, emphasis in original). Time as duration cannot “be measured and cut up into distinct units like space” (Guerlac, 2006, p. 97). The duration of the conscious experience of the naive observer cannot be cut up into neat segments for analysis since it has the “indivisible and indestructible continuity of a *melody* where the past enters into the present and forms with it an undivided whole which remains undivided and even indivisible” (Bergson, 1975, cited in Moore, 2012, p. 412, emphasis in original).

The slippages of time emerging as promises of future resolution can be understood as the insufficiency of space-as-time in the pinboard to make sense of the duration of the naive reader’s observations. Yet (and this is important) these slippages of time become integrated into a conception of time that constitutes space rather than making visible the insufficiency of space-as-time, with the slippages given their own discrete singularities within that space-

as-time.<sup>1</sup> The *simultaneity* of the literal pinboard (as 3 dimensions, enacting discreteness of the parts) and the conceptual pinboard (as 2 dimensions, enacting seamlessness in the overlap between parts) as a fractional entity is completely disrupted since the literal and conceptual pinboards become distributed into separate spaces-in-time: as a present literal pinboard of parts (thesis and antithesis) that promises to be resolved into a future conceptual pinboard of seamlessness (synthesis) (i.e. a dialectic). Overlap never occurs since the very instant parts overlap on the literal pinboard they cease to exist as parts, now existing in some potential future conceptual pinboard where their contradiction is resolved. In short, the pinboard's appropriation (into space) of slippages of time constituting the failure of that space to contain duration means the pinboard no longer enacts fractionality, but only the discrete singularities of epistemology.

This is a crucial point for the functioning of the pinboard, and so I will clarify it. Bergson considers duration to have tendencies (*virtualities*) that become actualised as time flows. The "actualization of these tendencies in turn generates new tendencies",<sup>2</sup> and so duration is "continually growing" (Moore, 2012, p. 414). It means that "the virtual is never completely actualized" (p. 414). *Intuition* is capable of knowing duration "in its enduring self", whereas *analysis* conceives of duration "as if it had eventually come to an end", as if there was "a complete actualization of its previously ever-expanding past of virtual tendencies" (p. 414). Analysis focuses on the actual without conceiving of how actualisation makes real new tendencies, which nevertheless inconveniently emerge as the slippages of time discussed above. Deleuze (1996/2006b) discusses this in terms of the "plane of immanence" that includes "both the virtual and its actualization simultaneously, without there being any assignable limit between the two" (p. 113). On the plane of immanence the *event* (see Chapter 4) in time is understood not as space, which forms distinct singularities in a *dialectic* (see Chapter 7), but time-as-duration. Here a moment "neither takes place nor follows, but presents the immensity of the empty time where the event can be seen that is still to come and yet has already passed, in the absolute of an immediate consciousness" (1995/1997, p. 5). Analysis concerns itself with the actual only, yet the "actual falls from the plane like a fruit, whilst the actualization relates it back to the plane" (1996/2006b, p. 113).

The pinboard cannot constitute an intervention on epistemology and enact fractionality if it enacts slippages of duration as discrete singularities of space-as-time that permit a promise

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<sup>1</sup> For Bergson, to understand why this happens we firstly need to recognise that an item in the present becomes conventionally but erroneously regarded as having always been possible in the past, when in fact that possibility is enacted *with* the production of the item in the present and *not* prior to it. This 'retrograde movement' is then projected onto the future such that the future becomes a present-to-come that is spatially determined by the possibilities of a present that is treated as a past-to-come (Al-Saji, 2012).

<sup>2</sup> And therefore actualisation can be understood as "coupled to a ceaseless 'virtualisation' " (Middleton & Brown, 2005, p. 76).

of resolution. Yet this seems inevitable given that analysis has conditions of possibility that are entirely spatial. But there were pinboards established during the previous 5 chapters where a promise of resolution was revealed as impossible: in *obdurate interferences*.

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#### OB DURATE INTERFERENCES AND THE NEUTRALISATION OF SPACE-AS-TIME

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The end of Mary's chapter (Chapter 13) reflected on the difference between controversies that could be coordinated and those where it was impossible to do so, at least in the ways being attempted (an important qualification, discussed below). For Mary this involved choosing hate over love for her mother, which distributed love into a past entirely discrete from the hate of the present. Yet in our interviews it became apparent that such is the logical dependence of that hate on love that this distribution into space-as-time was impossible to enact, and we were instead faced with the seamless dependence of love and hate *even though* they were impossible to one another. These occurred in the *same*, indivisible 'time'.

Nearly all of the pinboards established in the other chapters worked on the same basis.<sup>1</sup> Stephanie (Chapter 9) was unable to choose stoicism over emotion because stoicism depended on emotion. Eric (Chapter 10) was unable to choose success over failure because success depended on failure. Alice (Chapter 11) was unable to enact the absence of her void without making it present, and the analysis of her narrative pointed towards an enactment of humanity that depended upon enacting inhumanity. However, as noted in Mary's chapter (Chapter 13), this impossibility of coordination was only the case for *one particular route of coordination*. In each case this involved choosing one of two contradictory multiples over the other. The origin of this particular route of coordination emerged from the first movement, where it had previously successfully separated the two contradictory multiples in space-as-time before the conversion of an intermediary to a mediator. In this sense the pinboard method works to dismantle the separation of multiplicity into distinct singularities of space-as-time, making any promise of choosing one multiple over the other impossible *but without simply dismissing that promise*. What is so 'obdurate' about these interferences is that the centring logic of the particular route of resolution (choosing one particular multiple over the other) is not only made impossible by what is Othered, but is *actually constituted (is made possible by) the presence of this impossible Other*. The either/or logic fails, is paralysed, and we are instead forced to confront fractional conditions of possibility.

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<sup>1</sup> The one exception is perhaps Alice's mediator of the void as both a place of welcome reclusion from others and of loneliness, where the relationship between the two concepts (reclusion and loneliness) was not established as dependent on one another but nevertheless remained seamlessly connected in the concept of her void of unreality. In this instance the obduracy of the interference seemed dependent more upon a lack of exploring possible resolutions of the conflict rather than the impossibility of particular routes of resolution, perhaps reflecting the lack of focus due to a meandering between mediators that occurred in Alice's interviews (see discussion in Chapter 11).

## EXPOSING THE VIRTUAL: TWO READINGS OF HESITATION

Middleton and Brown (2005) contend, following Bergson, that *hesitation* and *elaboration* are mechanisms within analysis “by which something of the virtual remains exposed in the ongoing spatialisation of experience” (Middleton & Brown, 2005, p. 198). That is, whilst analysis is concerned with *products* (the actual) resulting from the actualisation of virtualities, the actions of hesitating or elaborating during this process serve to make visible (in an intuitive sense) new virtualities, and thus the continually growing nature of duration. Indeed, hesitation and elaboration can be understood as making visible the virtualisation that accompanies actualisation, in the same way that this thesis seeks to make visible the decentring that accompanies centring.

Specifically, Middleton and Brown (after Hetherington, 1997) suggest that to hesitate requires a “functionally blank” object (Middleton & Brown, 2005, p. 215). Such an object has “*constitutional indifference* to existing order, meaning that it can take up multiple sets of positions” (p. 215, my emphasis). A blank object “gathers up relationships” and “might be said to collect together ‘differences’ [...] while refusing synthesis” (p. 214). That is, a blank object is the site of a controversy, of the more than one but less than many of *the pinboard*. And like the pinboard method discussed in this thesis, hesitation and elaboration work with a blank object because it “calls into question the forms of ordering into which it is subsumed” (p. 215). Such “juxtaposition [...] allows for an ambiguity” about the outcome in exactly the same way as the conversion of an intermediary to a mediator (see Chapter 7) (p. 219). And also like the pinboard, a blank object is able to juxtapose multiples, allowing for “a possible ‘elaboration’ ” or hesitation to the established order as part of the shock from the multiplication by the mediator (p. 219). Like the encounter with the non-relational it is “a break with what we expect”, producing “a kind of ambiguity” (p. 220).

For Bergson, such a controversy constitutes “juxtaposition, or mutual envelopment” of *different durations* (Middleton & Brown, 2005, p. 216), of “multiple, intersecting ‘virtual’ planes of experience” (p. 219). And crucially, the *hesitation* at the ambiguity effected by the mediation of a blank object involves making visible *other* (non-relational) durations beyond the vantage point of a particular method assemblage, a difference that throws into relief the nature of duration itself (the virtual). Indeed, the very constitution of duration as a ‘virtual’ entity relies on establishing this *intuitive* way of knowing in hesitation and elaboration: “the living being [...] has duration precisely because it is continuously elaborating what is new and because there is no elaboration without searching, no searching without groping. Time is this very hesitation, or it is nothing” (Bergson, 1992, cited in Middleton & Brown, 2005, p. 221).

But “[w]hat could it mean to hesitate before life?” (Harrison, 2015, p. 285). For Middleton and Brown (2005) it means “the extent to which we are able to delay [...] action and wait” (p. 218). The ambiguity of hesitation defers the *affirmation* (reaching the spatial coordinates of an *actual*) demanded by analysis, of “the suspension of ready-made categories in favour of a direct experience of change, of ambivalence” (p. 219). Yet “[r]esisting or deferring affirmation is not as straightforward a task as you might think” (Harrison, 2015, p. 286). Indeed, this thesis has discussed the ‘epistemological appropriation’ of fractional insight throughout. Deferral or delay, it has suggested, is one of these. Even the “*invitation to affirm*” raises the option of “a potentially infinite number” of possibilities (p. 286, my emphasis), that is, spatial coordinates to distribute multiplicity amongst (space-as-)time.

Drawing on ‘pessimist’ philosopher Emil Cioran, Harrison (2015) contends that affirmation cannot be deferred because even the invitation is affirmational. Indeed, ‘you have always already agreed to play the game, you have always already taken the bait, and it is only on the credit extended by this action that you can say “no.”’ (pp. 293-4). In this sense, for Cioran hesitation must always come too late: “It’s not worth the bother of killing yourself, since you always kill yourself too late” (Cioran, 2012, cited in Harrison, 2015, p. 294). What is at stake in this kind of ‘pessimism’ is not that the necessity of spatialisation fundamentally prevents us from any intuition of duration, but that hesitation must firstly (in a ‘first movement’) fully commit to the affirmation, to the actual that is produced. The problem, for Harrison and Cioran, is that this commitment is accompanied by a sort of vital *gratitude* to the actual, of a sort of propensity to be “grateful” for the actual at the expense of the virtual, as virtualities burn away in actualisation, ashes that are blown away and then forgotten (Harrison, 2015, p. 294). Yet “[m]ortality is not something that befalls us one sad day, but something at play from the beginning” (p. 294).

For Harrison the gratitude is to the virtualities that have burned away, visible in an always too-late hesitation of ashes (cinders). This is not a pessimism of inaction, but an active one of unpicking a gratitude to the actual from a commitment to its inevitability, with hesitation emerging as the (pessimistic) recognition that any life always already contains death, even in the very movement that conceives something as a *promise* or *possibility*. It is in this sense that Cioran might claim to have “killed the Possible” (2012, cited in Harrison, 2015, p. 293). And it is in this *impossible possibility* that an obdurate interference offers a ‘hesitation’, as a simultaneous commitment to a possible resolution to a controversy whilst also recognising the impossibility of that resolution. It is only in such a type of hesitation that the virtual, sacrificed at the altar of actualisation for the actual, can be intuited.

Whilst the *impossible possible* route of coordination within each obdurate interference, as artefacts from the first movement, can be regarded as the most predominant propensity towards resolution in each instance where a fractional account emerged, it was not the only route. Or rather, the apparent impossibility of resolution by one route of coordination initiated new possibilities where the promise *was* possible, and therefore where multiplicity could be distributed into (new) singularities of space-as-time.<sup>1</sup> Thus, for Mary there is the promise of resolving the love/hate contradiction into a seamless unity where she would be able to begin to accept her love for her mother and leave her hate in the past.<sup>2</sup> Similar possibilities were also enacted in the accounts of other participants.

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#### HOW TO ENACT OBDURATE INTERFERENCES

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As the goal of the thesis is to enact the fractional subjectivities of an obdurate interference, we might then ask: how might we perform the pinboard method in such a way so as to enhance the possibility of enacting such obdurate interferences? The simple answer is to follow the pinboard method outlined in Chapter 8. Part II of this thesis has charted several obdurate interferences, demonstrating how adherence to that method is capable of enacting them. The more complex answer is to incorporate the reflection on the importance of the clamp on space-as-time that obdurate interferences offer. Whilst Chapter 7 emphasised the importance of situating the pinboard within process – that of the practices of a method assemblage and the enactment of a naive reader that observes these practices – the pinboard was nevertheless regarded as a *product* that involves *holding still* the controversies revealed through this observation. In this vein, there is an assumption that the researcher should resist the tendency towards the resolution of a controversy when enacting a pinboard. But this chapter has argued that such a careful dissection of time results in ‘slippages’ because duration cannot be split into sections of space without resulting in slippages that are appropriated into discrete singularities of space-as-time that serve as spatial coordinates for the distribution of the controversy’s multiplicity into discrete singularities, namely as a promise of future resolution. The implied resistance to the ‘flow’ of duration is distinctly un-empirical in its futile attempt to silence the objections

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<sup>1</sup> ‘Possibilities’ should not be confused with ‘virtualities’ (Moore, 2012). A ‘possibility’ is an abstract projection that might establish metrical chains of intermediaries that become ‘realised’ (Latour, 2005). By contrast, a ‘virtuality’ becomes ‘actualised’, involving the generation of new virtualities during actualisation, which is a novel and uncertain (controversial) process (involving mediators). The actualisation of virtualities apprehends the continually growing nature of *duration*, whereas the realisation of possibilities does not. See Latour (2005) on the distinction between “realized potentials” and “actualized virtualities” (p. 59). Put differently, realising a possibility is akin to actualising a virtuality but Othering into absence the *virtualisation* that accompanies actualisation.

<sup>2</sup> Here we see the future as a *present-to-come* where Mary loves her mother, whilst her present hate is a *past-to-come* spatially distinct from it. Significantly, there is a hierarchy of importance where the present supersedes the past, and thus such a distribution into distinct spatial entities can permit a coordination where the present is chosen above the past (‘drawing a line’ under it).

of the objects we try to order in this way. Instead the reflection offered in this chapter emphasises the importance of naivety in the pinboard method, of following the natives even when that leads to the actual or potential resolution of controversies, which is precisely the opposite of resistance. It just so happens that our global assumption of the extent of fractionality means that we think we stand a good chance of enacting an obdurate interference, and it is the charting of these entities that permits a fractional reading. So the complex answer is actually a very simple and well-established one: “[t]he name of the game is to get back to empiricism” (Latour, 2005, p. 146).

Through dismantling the distribution of two contradictory multiples into distinct units of space-as-time, the obdurate interferences observed in this study offer a conceptual clamp on the process of distributing multiplicity along these predominant options for resolution. *But other options for resolution nevertheless arise.* However, the charting of an obdurate interference does not readily prompt these further options in the same way that a resolvable controversy prompts possible future resolutions. It is in this sense that obdurate interferences offer a way of knowing lived experience fractionally without epistemological appropriation, even if it is in a very modest sense.

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## FROM METHODOLOGICAL TO INSTITUTIONAL PRACTICE

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### METHODOLOGICAL LABORATORIES

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This thesis has developed a method for enacting the pinboard within interview research as a fractional means of knowing the lived experience of pain, with the intention of it being used to intervene on existing epistemological interview research practices within the integrative paradigm. This has involved ‘testing’ this method through practicing it, producing the preceding 5 chapters. Whilst the practice of this method within the current study mirrored the method assemblage used within the integrative paradigm, its practice was strictly limited to a methodological experiment rather than being embedded within the practices of academic research into lived experience. Law and Lin (2010) suggest that a trio of “metaphysics, institutions and subjectivities are mixed together and mutually supportive of one another” in the generation of ‘spaces’ of knowing (p. 147). Whilst the metaphysics of fractionality has been significantly theorised in this thesis, and then established as a method practicing fractional subjectivities on the basis of this theory, the institutional arrangements for the enactment of such subjectivities was essentially limited to a methodological exploration that is distinctly different to the “spaces of academic knowing” constitutive of integrative paradigm research (Law, 2016, p. 21). Yet it “is such conditions of *institutional* possibility that allows for their modes of knowing and makes them resilient” (p. 21, my

emphasis). We “cannot know differently without tackling the institutional and material correlates that go with the normative modes of knowing” (p. 21).

The benefit of methodological introspection should not be underestimated, however, since it has permitted the development of the pinboard method in this thesis, tested in a sort of methodological laboratory, as an explicit tool that can be applied within the institutional contexts relevant to the integrative paradigm. It is only through departing from the vantage point established by the method assemblages of the integrative paradigm through enacting such a methodological space that the possibility of intervening on these method assemblages is made *possible*. Indeed, such spaces are necessary to provide “alternative ways of knowing and being” to the epistemological ways dominating social science in ‘Euro-America’ (Law & Lin, 2018, p. 1).

#### *‘WAYS OF THINKING UNUSUAL’ IN SOCIAL SCIENCE*

One other fruitful methodological laboratory<sup>1</sup> for “ways of thinking unusual in [Euro-American] social science” is the intersection between Western and Eastern metaphysical traditions (Law & Lin, 2018, p. 12). Law and Lin draw from ‘Chinese’ culture, particularly Taoism, and provide social science accounts based on *shi* (勢), which they translate as “propensity” or “propensities of things” (p. 1). A ‘shi-inflected’ account avoids the attempt to locate “deeper truths” characteristic of epistemology but instead seeks to “see how things move within the world” (to be aware of their propensity) (p. 8). This involves accounting for things as a series of ebbs and flows that remain in some sort of ‘balance’ if propensities are encouraged, and imbalance if they are blocked.

In similar vein, Lin and Law (2017) suggest that methods of knowing in Chinese medicine might be usefully imported as alternatives since they escape the epistemological preoccupation with essentialising things into particular singularities (“thingness” or “objects out there” (p. 15)). Instead, Chinese medicine understands specific circumstances as, and takes action based on, the balancing of *yin* and *yang*, which are entities that can be named but have no specific form. This means that they can be “mobilised as appropriate, in ways that are situated” (p. 16) into “a more or less indefinite range of empirical conceptualisations” (p. 15). Far from being essentialised, the binary of *yin* and *yang* can “be made into possibilities that will move from place to place without being fixed into particular shapes” (p. 16).

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<sup>1</sup> Or set of “practical intellectual experiments” (Law & Lin, 2017b, p. 257).

Within 'Western' culture itself, a *baroque* style of knowing has been suggested as offering an alternative to the epistemological styles that dominate contemporary methods in social science (Law & Ruppert, 2016). A term typically associated with a particular cultural style in Europe emerging in the 17<sup>th</sup> Century, "the baroque made space for and fostered many of the forms of otherness" bracketed within epistemological methods (Law, 2016, p. 23). These include passion, bodies, material heterogeneity, excess, specificity, formlessness, and performativity, which nevertheless manifest themselves in epistemological methods as an uncomfortable "gap between life and its cultural representations", as "an almost palpable absence of reliable narrative frames that might provide guidelines as to how to interpret events" (van de Port, 2016, p. 166). However, the baroque offers "a storehouse of possible alternative techniques" to try to address the nature of such palpable insufficiencies (Law, 2016, p. 23).

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### KNOWLEDGE SPACES

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The incarnation of the pinboard method as it has been developed in this thesis might appear significantly less exotic to conventional Western epistemological practices than "Chinese-inflected" (Law & Lin, 2017a, p. 215) or baroque forms of knowing. Indeed, in being more empirical, it is simply asking epistemological researchers to be true to the empiricism with which they nominally engage in research practice. Making a difference on existing research practices in the integrative paradigm thus appears relatively straightforward because the pinboard offers a method that is eminently aligned to existing research methods, and thus more likely to be adopted within it. But if there were no significant differences between the practices of the pinboard and conventional interview research methods into knowing the lived experience of pain, then we would not need to have made the contrast between first and second readings, between the vantage point of a method assemblage and that of the pinboard, between intermediary and mediator. Indeed, if it were not for the differences between the method enacted in the experimental space of this thesis and that identified within conventional integrative paradigm methods then the work of this thesis would not have been possible.

We can think of the pinboard as being its own *method assemblage* that needs to make manifest some realities whilst Othering others into absence, which of course recognises the point made earlier in the thesis that any method is involved in an ontological politics (see Chapter 7). This is a method assemblage with a difference insofar as its vantage point intends to make its work of Othering into absence visible, enacting a juxtaposition between centring and decentering movements. Importantly, this should not be understood as a self-consciousness that arises spontaneously within conventional epistemological method assemblages (again, if this happened it would not be necessary to choose to intervene), but

the practice of a completely separate method assemblage that resembles the former but has some important (if relatively subtle) differences. Perhaps to emphasise the difference between the two types of method assemblage, Law and Lin have more recently discussed method assemblages in terms of “*knowledge places*” (Law, 2011, p. 8, emphasis in original), “*knowledge spaces*” (Law & Lin, 2010, p. 147; Lin & Law, 2015, p. 117), “*knowing spaces*” (Law & Lin, 2017b, p. 262), and “*space[s] of knowing*” (Law, 2016, p. 26).<sup>1</sup>

The concept of a *knowledge space* highlights, in an explicitly spatial way, the gap between the methodological knowledge spaces enacted in methodological laboratories and the knowledge spaces enacted in conventional epistemological research methods. If we are to intervene on the latter, then in this spatial analogy we need to *transport* the former into those spaces.

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#### NEGOTIATING BETWEEN KNOWLEDGE SPACES

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Law and Lin (2017b) consider what is involved in transporting the Chinese concept *shi* (勢) (see above) into conventional Euro-American practices of knowing. Doing so raises a number of questions: “What to try to carry with the term? Where to try to do the recrafting? What to leave behind? And why?” (p. 260). Such transportation would require decontextualizing the parts they want to carry from their hinterlands, whilst leaving others, and then *interfering* on certain Euro-American practices. The result of this process “would necessarily be a crafted hybrid” (p. 260). Law and Lin suggest that this process involves *negotiating* this process of transportation: “Where do we want to bend [conventional Euro-American...] terms of theory on the one hand and those of *shi* (勢) on the other? How? And to what purpose?” (p. 263).<sup>2</sup> Law (2016) makes a similar argument with regard to the *baroque* as a “possible *resource* for creating ways of knowing differently” (p. 23, emphasis in original), asking “what do we want to *learn* and *take* from the baroque – or not?” (p. 26, emphasis in original). Indeed, there may well be elements we would like to leave behind, like the “authoritarianism or conservatism” associated with the “hierarchical world of the Counter-Reformation” that constitutes the hinterland of what ‘baroque’ is understood as (p. 42).

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<sup>1</sup> Law (2011) highlights how a ‘knowledge space’ is like a method assemblage insofar as it involves things that are (1) made present, (2) made manifestly absent, and (3) Othered into absence. However, as noted in Chapter 7, he makes a further distinction by splitting Otherness into “the *practical*” that “includes institutions, authorities, systems of exchange, and the materials that are embedded in these”, and “*metaphysics*”, which are “the framing assumptions implied and re-enacted in the business of knowing” (p. 10, emphasis in original).

<sup>2</sup> Law and Lin (2017b) go further and suggest that the frame of analysis where we conceive of an object in a hinterland in this way (that of *knowledge/knowing spaces*) constitutes a *locating* of an object of interest that *shi* (勢) itself would reject, and that the terms of analysis might be shifted to reflect a frame of analysis that is more shi-inflected.

What is meant by this (in the way this transportation has been described) is to ask how we might negotiate transportation through the *science and technology studies*' (STS) concept of *translation*. This is the "STS-oriented material-semiotic translation rather than linguistic translation" (Lin & Law, 2015, p. 121), the latter of which this thesis has meant by use of the term 'translation' thus far (see Chapter 3). 'Translation' is also an important STS concept perhaps most fully explicated by Michel Callon (1986) that helps to understand how 'actors' are enticed and enrolled into particular knowledge spaces rather than others, a process involving the resolution of controversies if enrolment is attained. For Law and Lin (2017b) the issue for intervening on conventional Euro-American ways of knowing with an alternative "is how do we want to translate?" (p. 263).

Transporting the pinboard from the methodological space of this thesis to that of the institutional contexts of integrative paradigm research has a parallel with the three research scientists that Callon (1986) describes in his influential paper. Being aware of the problem of significant scallop depopulation along France's northern coast following unsustainable fishing, the researchers had "discovered during a voyage to Japan that scallops are being intensively cultivated there" using a technique that "made it possible to increase the level of existing stocks" (p. 202). "Their question is simple: is this experience transposable to France"? (p. 203).

The three research scientists produced a report, defining three actors and their interest in the problem: fishermen who need to protect their stock, scallops who are supposed to wish to "proliferate and survive", and scientists who want to advance knowledge about scallops (p. 205). This report, based around a single question of whether the Japanese technique works in France, is "enough to involve a whole series of actors by establishing their identities and the links between them" (p. 205). This is the "*interdefinition of the actors*" (p. 204, emphasis in original) around this single issue, or "*obligatory passage point*" (OPP) (p. 205, emphasis in original).

In parallel, we might thus consider how such *problematization*, the first of Callon's four "moments of translation", can define relevant actors and their interests in relation to the topic of this thesis, in addition to ourselves as methodologists (p. 203). Interdefinition seems notably lacking when we consider why other relevant actors would be interested in the *problem of experience* in the face of the pressing telic demand uniting patients and healthcare professionals around the *obligatory passage point* of 'can this pain be relieved?' Social scientists working within the integrative paradigm have also been interdefined by this OPP. Thus, Juuso et al.'s (2011) accounts of women experiencing fibromyalgia intend to help healthcare professionals better understand their needs, Gustafsson et al.'s (2004) accounts of pain patients' lived experience aim to assess the efficacy of a rehabilitation

programme, and Ong et al.'s (2006) accounts of patient experience offer an understanding of how well standardised medical surveys on quality of life and pain sensation work.

The further moments of translation identified by Callon (1986) build upon this crucial first moment. *Interessement* involves the research scientists attempting “to impose and stabilize the identity of the other actors it defines through its problematization” (pp. 207-8). It involves *interesting* actors such that they might be *enrolled* in the network of actors being defined rather than other networks with competing interests (*enrolment* being the third moment of translation). And it is this realm of the “in between (inter-esse)” that offers (in STS translation) the potential to interfere and make visible alternatives (p. 208), such as the social scientist who identifies the failure of grasping participant experience through conventional narrative accounts (Hendry, 2007; van de Port, 2016) (see Chapter 3), a chronic pain patient who might identify the problematic conflation of pain's cause and experience (Jackson, 1994) (see Chapter 2), or the healthcare professional *disconcerted*<sup>1</sup> by their failure to alleviate a patient's pain (Corrigan et al., 2011; Kristiansson et al., 2011; Lindberg & Engström, 2011; Matthias et al., 2010; Patel et al., 2008) (see Chapter 1).

#### THE STICKINESS OF KNOWING

Law (2011) writes of a “quadruple lock” of inter-linkages between the four elements of a *knowledge place/space* (p. 10).<sup>2</sup> Because of this he contends that to introduce “radically different forms of knowing” into an existing knowledge space within social science means that all elements of this existing knowledge space “need to be altered simultaneously if we are to achieve certain forms of radical change” (p. 10). In a similar argument, Law and Lin (2010) suggest that the “partial *intersection*” (p. 136, emphasis in original) between the trio of “metaphysics, institutions *and* subjectivities” (p. 137, emphasis in original) constituting knowledge spaces “makes it so difficult to think alternatives well [...] because any attempt to rethink knowledge traditions needs to be able to treat all three simultaneously” (p. 136). Such changes “require organisational, social, material, and metaphysical reworking all at one go” (Law, 2011, p. 11). And such is the extensive ramification of these Othered entities that trying to enact them all simultaneously in an alternative practice “is close to impossible” (p. 11). This is the “stickiness of knowing” (Law & Lin, 2017b, p. 257).

But then there is a more “optimistic” outlook (Law, 2011, p. 11). There is a global assumption that runs throughout this thesis that “reality relations and the practices in

<sup>1</sup> As noted in Chapter 7, Law and Lin (2010, after Helen Verran) contend that *bodily disconcertment* constitutes a controversy where an intersection of different ontologies is made visible.

<sup>2</sup> As discussed, these are *presence*, *manifest absence*, the ‘*practical*’, and *metaphysics* (Law, 2011).

which they are implied are multiple”, that “knowledge places don’t come as seamless wholes, but instead with gaps and interstices and cracks” (p. 11).<sup>1</sup> Indeed, within existing knowledge spaces “different normativities, politics and ethics co-exist and intersect with one another too”, and “if we can make parts of these explicit then they become debatable and contestable” (p. 11).

Callon’s (1986) fourth moment of translation (*mobilization*) requires understanding that certain actors come to speak for others in the network being made. In his example, the scallop larvae counted attaching themselves to collectors in St Brieuc Bay (France) were judged to be representative of the rest of the scallops in the Bay, and these “spokesmen” (p. 214) were transformed “into numbers, [and] the numbers into tables and curves” that could be presented by the researchers (p. 217). The fisherman elected union members to represent their views, who in turn supported the work of the researchers. Finally, the community of scientists were persuaded of the work of the three researchers, who came to speak for them on the matter. Thus, “chains of intermediaries” are set up that “result in a sole and ultimate spokesman” (p. 216):

A handful of researchers discuss a few diagrams and a few tables with numbers in a closed room [at a conference]. But these discussions commit uncountable populations of silent actors: scallops, fishermen, and specialists who are all represented at [the conference...] by a few spokesmen. (p. 218)

The epitome of successful translation, these “diverse populations have been *mobilized*” (p. 218, my emphasis).

But then, as this thesis has sought to make clear, practice does not stop. There is the possibility that “representivity is brought into question” (p. 220). In the case of the scallop problem it seemed that the scallops that had attached themselves to the collectors were not representative of the wider population, with the other scallop larvae being more ‘interested’ by other “intersement devices” like the sea currents that disrupt their attachment (p. 209).<sup>2</sup> It is such a *controversy* that the pinboard wishes to make visible. But in our parallel analysis of how to translate the pinboard we are interested in both making visible and *stabilising* such controversies (on a surface of juxtaposition), of making visible obdurate interferences. Callon’s description of translation can be understood as both an expression of

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<sup>1</sup> On this global assumption, Law et al. (2014) contend that “*all practices are syncretic*”, that is, the enactment of singularity is achieved through enacting multiplicity at the same time (p. 176, emphasis in original). The concept of ‘syncretism’ is discussed more specifically in Chapter 14.

<sup>2</sup> Cultural-linguistic ‘translation’ (as discussed in Chapter 3) and STS ‘translation’ can be regarded as the same concept once the latter is understood as an attempt to transpose from one site to another but which encounters the type of *crisis in representivity* discussed by Callon (1986). In this sense, just as cultural-linguistic translation involves a *crisis of representation* where it necessarily fails to translate lived experience into representation, STS “translation is also a necessary *mistranslation*” (Law & Lin, 2017b, p. 263, my emphasis).

the functioning of the pinboard (the action of both centring and decentring movements) and the means by which we might plan to transport it into the institutional settings relevant to the integrative paradigm. In the latter case, this can be understood, like the network enacted by Callon's three researchers, as an attempt to centre whilst Othering decentring movements that would threaten the coherence of the project. But the pinboard is a parcel of coherence that enacts both coherence and incoherence at the same time. It is a coherence that questions coherence, a coherent hesitation. A thoroughly centred argument, to be sure, but it "is first of all a *negative* argument" (Latour, 2005, p. 141, emphasis in original).

*Realising the potential* of the pinboard through translating it is precisely to make visible the *dissidence* involved in the controversy of representation within translation itself, a hesitation revealing virtualisation. The application of the STS concept of *translation* here captures the fractional understanding of the practice of the pinboard as a coherence of method that depends upon enacting noncoherence (see Chapters 7 and 12, and Appendix 1).

STS translation offers a framework within which we might begin to translate the pinboard and other products of post-epistemological methodological laboratories from methodological knowledge spaces to institutional knowledge spaces like that of the integrative paradigm through interdefining relevant actors and negotiating between our own methodological interests and the others that we interdefine, such as those of chronic pain patients (see box, below).

*HELPING PEOPLE IN PAIN: TWO READINGS OF THE EXPERIENCE OF  
CHRONIC PAIN*

One of the most common questions I get asked when I describe the topic of my thesis to people is: how does this help people experiencing chronic pain? What they usually mean by this is: what can your research do to help cure someone of their pain? Their question is underpinned by the ontology of pain outlined in Chapter 2, which seeks to find a name for the pain so that it can be cured, to find an image with the power to heal. When I explain, particularly to those experiencing pain or knowing someone who does, that what I do is try to understand how we come to know the experience of pain, they are usually disappointed.<sup>1</sup> They don't have time for philosophical ideas when they have a pressing telic demand to go and find the source of their pain and get rid of it.

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<sup>1</sup> Some are also disappointed that my accounts of participants' chronic pain experience largely do not directly address pain 'itself', but 'talk around' related issues. To preclude the discussion of the rest of this box, such an assertion reflects the difference between an approach that has already worked out what pain is and wishes to realise a plan, and an approach that wishes to follow the natives and chart the process of actualisation.

But as Jackson (1994) noted 25 years ago, the practical issue of finding an image with a power to heal and the experience of pain are frequently conflated.<sup>1</sup> Put in Bergsonian terms, this is the conflation of the practical issue of the realisation of possibilities with the conscious experience of the actualisation of virtualities. The former involves the attempt to make real a plan – the plan to be free of pain. This requires setting up chains of intermediaries to make that happen. This is a fine and worthwhile goal but, as with any possibility, there is no guarantee that it will be realised. Experience, by contrast, is that of *duration*, where the process of actualisation creates new virtualities at every instance. Attempting to account for the experience of duration limited to the realisation of possibilities is a misrecognition of what it means to *be*, a misattribution of the ongoing process of *being* to the finite products that may or may not be realised (see Chapter 7).

Having awareness of the process of the realisation of possibilities is to be aware of the non-relational aspects that must be confronted as part of the wider process of actualisation, where the formation of the actual results in a simultaneous virtualisation constitutive of the growing nature of duration. Like any second reading it does not dismiss the first – plans can still be realised – but it instead situates experience within a wider context of the ongoing growth of duration, where experience is an unfolding that is quite different to simply realising plans. The attempt to realise the possibility for no pain isn't a bad idea, but to equate one's state of being to such a metaphysics is, as we observed with Good's (1992) participant 'Brian' (see Chapters 2 and 8), a form of suffering in itself when this isn't readily realised. The thesis is therefore interested in how to separate the process of executing plans from the wider process of *being* within which this is situated, rather than the successful execution of a plan to remove pain.

Theorising about such awareness, i.e. of fractional subjectivity, is the easy part, however. The hard part is to enact it, particularly given the tendency towards epistemological appropriation at almost every instance. Jackson (1994) notes that “mind-body and subject-object dualisms break down in accounts of lived painful body experience” (p. 208), even whilst they are simultaneously enacted in these accounts because “since we must use language in our analyses, we necessarily create the subject-object distinction” (p. 213). The dualism is Othered into absence, or rather, becomes distributed into space-as-time and pain emerges in the accounts of lived experience as an *elusive* entity to be named at some future time (see Chapter 2).

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<sup>1</sup> Bergson refers to this as *endosmosis*, which can be understood as the “commingling” in experience of the intuition of duration with the analysis of space (Middleton & Brown, 2005, p. 65).

Planning how to enact fractional subjectivities for chronic pain patients is worthy of another thesis in itself, and beyond the scope of what I do in this thesis. Nevertheless, a notable attempt is the use of *mindfulness* with chronic pain patients. Based on Buddhist philosophy, mindfulness might be described as a fractional awareness of the inevitable overflow that occurs when representations take on interpretive omnipotence (see Chapter 4). It involves learning to “not concern yourself with the content of [...] thoughts, but with the process of observing them coming and going” (Doyle, 2014, p. 31), where “no mental event is accorded any relative or absolute value or importance in terms of its content” (Kabat-Zinn, 1982, p. 34). Within Buddhist philosophy this has been variously called “bare attention”, “choiceless awareness”, “*shikan-taza*” (Japanese, meaning “just sitting”), and “just like this mind” (p. 34, emphasis in original). It is also equated with an attention to the present that avoids living within the memories of the past or the projected narratives of the future (Strawson, 2004; Tolle, 1999/2016) (see also Charmaz’s, 1991, concept of the *intense present*, discussed at the end of Chapter 9).

Notably, many of the attempts to introduce mindfulness for chronic pain patients have involved engaging with the practical goal of reducing or curing pain, this making fractionality relevant to the OPP of curing or reducing pain and thus interdefining a range of actors relevant to chronic pain as illness. In this vein, Kabat-Zinn’s (1982) pioneering work found that chronic pain patients who engaged in a program of mindfulness meditation resulted in a long-term (7 months) reduction in pain scale ratings after the intervention. Similarly, Chiesa and Serretti’s (2011) systematic review of ten studies exploring “mindfulness-based interventions” on chronic pain patients showed reductions in pain were reported across the studies, but that more research is needed (p. 83). Whilst such a concern for the practical goal of removing pain might be regarded as colluding with an ontology that conflates *being* with the practical issue of pain reduction (meaning, in this negotiated STS-translation, that fractionality is compromised too much), it is the central tenant of the mindfulness method being applied in the intervention that such a distinction between them is established (which, in the process, may reduce pain). These interventions offer the possibility of enacting fractional subjectivities with awareness of, and relevance to, the institutional arrangements within which fractional practices might be enacted.

## CHAPTER CONCLUSION

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The first part of this chapter has reflected on the execution of the pinboard method in producing the previous 5 chapters, considering how the concept of *time* fits into that method. Drawing on Henri Bergson’s philosophy, it suggested that a pinboard is able to reveal the insufficiency of ‘analysis’ through enacting both a 3-dimensional literal space of

discrete singularity and a 2-dimensional conceptual surface of overlap between entities, thus attaining the simultaneity of discreteness and overlap constitutive of fractionality, of holding a controversy still. It suggested that a pinboard constitutes a particular dissected period of time during the naive observer's observation of the processes of a method assemblage, but that part of what is made visible in this pinboard is a projection into a potential future beyond this dissected time period, where resolution of the controversy occurs. In doing so, the controversy being made visible on the pinboard becomes a problem waiting to be resolved rather than offering a meaningful account of fractional subjectivity. This is posited to occur because of the misrecognition of space as time in analysis. Fated to enact spatial coordinates that always split the seamlessness of duration into distinct spaces, the pinboard method can nevertheless produce a pinboard (as a form of analysis) that enacts instances where particular coordination strategies to resolve controversies are impossible and thus cannot be projected as possible futures. Such *obdurate interferences* do not *overcome* the problem involved in 'cutting' duration and subsequently misrecognising the analytical bits and pieces for duration itself, but *makes it visible* (a difficult task given the tendency towards epistemological appropriation). Indeed, it is this very contrast that is posited as permitting the intuition of duration. Finally, the reflection in the first half of the chapter argued that enacting a pinboard should not involve resistance to resolving controversies, since resolution is in any case inevitable via projection into a possible future, but should follow the natives with the aim of charting the obdurate interferences that arise.

Having refined the pinboard method in light of this reflection, the second half of the chapter considered how it might be transported from a (usefully productive) methodological space of the thesis to the institutional contexts relevant to the integrative paradigm, which contain the practices that this thesis wishes to intervene upon. Using an explicitly spatial metaphor of *knowledge spaces* (as a consequence of it being a form of analysis), it suggested that such transportation might be conceived in terms of the STS concept of *translation*. This requires making visible the contested nature of parts of pre-existing epistemological knowledge spaces that can then allow for a process of *negotiation* involving the interdefinition of actors that can be enticed into a network that enacts, within these academic knowledge spaces, the 'good' elements of the fractional subjectivities identified in the methodological knowledge space of this thesis. This involves the difficult but necessary task of interesting and enrolling relevant actors of pain experience in ways that don't negotiate away the good of fractional insight.

## CHAPTER 15: CONCLUSION

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How is it possible to 'get back into duration' when, in Bergson's terms at least, we are never outside of it? (Middleton & Brown, 2005, p. 81).

Middleton and Brown contend that if we find ourselves 'out of duration' then the "problem lies with our lack of conscious awareness of duration, of change, as it unfolds" (p. 81). The form of this awareness is, in Bergsonian terms, a contrast between two registers of knowing, that of analysis and intuition. It is specifically a consciousness of the insufficiency of analysis alone to account for lived experience: "Bergson's point would be that [...the] quantitative rendering of life does not exhaust experience" (p. 193). The wider enactment of such conscious awareness can be described as the aim of this thesis, which (put differently) has sought to contribute to establishing "*the difficult subjectivities that are needed for fractional knowing*" (Law, 2002, p. 4, emphasis in original), specifically in knowing pain experience within social science in response to the representational paradox initiated by the epistemological methods conventionally employed.

As Middleton and Brown (2005) note in the quote above, we are never outside of duration if we ascribe to the kind of *process philosophy* characteristic of fractionality, and this is borne out by the way in which the thesis has constantly characterised a 'first' epistemological reading as erroneously *appropriating* a 'second' fractional reading. The former is regarded as myopic, a Cyclops that is unable to establish the kind of 'double vision' required to adequately 'see' the whole picture, even whilst it clumsily bumps into things it can 'barely' make out. The thesis has been about these two forms of conscious awareness and how, through an attention to practice, a route might be established to extend the field of vision from former to latter so that an awareness of both centring and decentering movements is enacted. The relationship between these two vantage points, and how well a pinboard can establish a transition from one to the other based on the experiment of this thesis, can be usefully discussed through Law et al.'s (2014) consideration of what it means to be *syncretic*.

A term used mainly in anthropology and religious studies, syncretism refers to "the process of combining practices taken from different [...] traditions" (p. 175). For Law et al. syncretism captures the way in which the singularity (or coherence) of a particular practice depends upon enacting multiplicity (or noncoherence). Whilst *syncretism* can be taken as (yet another) synonym for *fractionality*, it is also useful in emphasising the way in which fractionality is made to function. If all forms of knowing involve the interference of one practice on another (Mol, 2002, see Chapter 7), then we can contend that "*all practices are syncretic*" (Law et al., 2014, p. 176, emphasis in original). Crucially, these syncretic practices are not all the same. Law et al. identify six non-exclusive, non-exhaustive "modes of

syncretism” (p. 172). Perhaps the most basic of these is *denial*, which “simply refuses the possibility of noncoherence” (p. 177). This is the defining characteristic of an epistemological “will to purity” (p. 177), and might be regarded as a fundamental move for epistemology. It can be found in the ontology of pain experience outlined in Chapter 2, as an *ontologically negative againstness* that must deny that pain is a part of the self even whilst that againstness is constituted by a noncoherence of pain experience that is *both* present and absent from the self. But syncretism might be practiced with additional layers of complexity. It might work through *domestication* (see Chapter 6, p. 79), *separation* (see also Chapter 6, p. 79), *care* (see Chapter 11, p. 185) and/or *conflict* (see Chapters 5, 6, and 7).<sup>1</sup>

All five of these syncretic practices perform what this thesis has referred to as an ‘epistemological appropriation’ of fractional insight: they work to distribute multiplicity into singularities in one way or another. Even *conflict* as a conventional mode of syncretism is inflected with the will to purity, it being construed as “conflict in an arena where noncoherence is taken to be undesirable”, where perhaps “domestication is also at work” to use those controversies as a means-to-an-end (Law et al., 2014, p. 184; see Chapter 6).

An astute observer is able to make visible these processes of appropriation, which are syncretic in nature but where the necessary noncoherence is Othered into absence. As Latour (1991/1993) argues more generally: the purity of modernity relies on the enactment of impurity. It “is both pure and it is not pure at all” (Law et al., 2014, p. 174). Part I of this thesis attempted to make visible such Othered noncoherence within the centring of ‘pure’ coherent entities, thus making visible their full syncretic nature. Chapters 1 and 2 highlighted a paradox in knowing the lived experience of pain through narrative accounts where carefully crafted presences always rely on absences, and Chapter 3 linked this to a wider *rhetorical turn* that demonstrated how the process of producing ‘authentic’ translations (in the cultural-linguistic sense) necessarily involves making the foreign familiar whilst retaining that foreignness at the same time. These first 3 chapters, like accounts that make visible the five modes of syncretism noted above, underscore an important point: “[p]urity without impurity is a chimera” (p. 187).

Law et al. suggest that to think in these (fully visible) modes of syncretism might be “useful in a world in which it appears that the will to purity, and the conditions of possibility for purity, are in decline” (p. 177). In this sense, they are offered as alternative ways of thinking, namely those that comprehend noncoherence as something other than *incoherence*.<sup>2</sup> The authors stress that “what might count as a *good mode of syncretism*” is context dependent (p.

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<sup>1</sup> The sixth type of syncretism is discussed later in the chapter.

<sup>2</sup> Law et al. (2014) make a distinction between *noncoherence* and *incoherence*, the latter capturing the sense in which noncoherence is regarded as a flaw in need of repair (Harrison, 2010 – see Chapter 6).

188, emphasis in original). “Normativities do not float above the world, but are embedded instead in the materially heterogeneous practices ordered by different modes of syncretism” (p. 190). But then there is a more general position of syncretism as a ‘good’ in relation to the *will to purity*, one that is nevertheless thoroughly contextualised. This context is that the will to purity is ‘bad’ insofar as “nothing can be said” about normativity (goods and bads) “if we insist on purity and uniformity” whilst recognising all practices as syncretic (the interference of one practice on another) (p. 190). The ‘good’ identified in this thesis is the enactment of an alternative way of knowing pain experience without enacting the *incoherence* of a representational paradox in epistemological ways of knowing (a ‘bad’). It is in this vein that Chapter 4 began an exploration of what this alternative good way of knowing lived experience might look like through the concept of *fractionality*.

This was developed through Chapters 5 to 8. It involved understanding that an effective fractional intervention should be practiced rather than simply theorised about, culminating in the development of a method that was ‘tested’ by practicing it in interview analysis of five participants, producing the accounts of lived experience in Chapters 9 to 13. This practice was reflected upon in Chapter 14, including tentatively exploring how this alternative way of knowing could be transported from methodological knowledge spaces to the institutional knowledge spaces the thesis seeks to make a difference in. This emphasis on *transportation* is crucial throughout the thesis, since whilst it took care to make a distinction between a ‘first’ epistemological reading and a ‘second’ fractional one, its concern was with *shifting* the reading from former to latter and then *maintaining it*. Indeed, this was the principle concern of Chapters 4 through 8, which identified the many epistemological appropriations that could readily thwart this transportation, and how they should be avoided.

Yet making visible any of the five modes of syncretism discussed above does not permit a shift from first to second reading. Instead they establish an isolated vantage point where the attentive observer remains a non-participant observing the natives, who, obscured by a cycloptic mono-vision (unlike the binoptic observer), cannot see the necessary nature of the noncoherence they busily work to Other into absence in their *will to purity*. The same method assemblage processes are observed, but from two non-overlapping vantage points:

The will to purity does not see [*unlike the attentive observer*] that its own version of normativity only ever runs so far and that there are endless places of normative syncretism that lie beyond its writ. Indeed, it is unable to detect [*unlike the attentive observer*] that normative syncretism is the general case or (if you prefer) the general predicament. (p. 191)

There is no *porosity* between a first and second reading offered by an observer’s enactment of this form of syncretism. For a project concerned with shifting from first to second reading, there is a sort of metaphysical apartheid where the best we can hope for is that the

fractional vantage point might be “useful” once the native’s vantage point somehow collapses, relying on a world where “the will to purity, and the conditions of possibility for purity, are in decline” (p. 177). In discussing syncretism within organisations, and what this means for their management, Brown and Reavey (2017) highlight a similar lack of porosity in how the “critique of management typically proceeds” (p. 283). Such conventional critique involves, like the forms of syncretism discussed above, making visible how pure entities depend upon enacting impurity, the latter of which is ‘illuminated’ from the ‘darkness’ in these accounts. Such critiques “show how the two modes of ‘light’ and ‘dark’ depend upon one another” (p. 283), with their value being “the demonstration of how to invert the image” (p. 284). But this value “leaves management pretty much untouched, since it does little to disrupt or destabilize the internal relation of ‘light’ and ‘dark’ to one another” (p. 284). The natives may *function* syncretically, but they remain unaware of this syncretic nature because the relation between purity and impurity, centring and decentring, light and dark, continues to function on the basis of a “gestalt switch” of either/or between the two modes that permits the visibility of syncretism to be Othered into absence (p. 283). Only the privileged observer is able to see the gestalt switch in context sufficient enough to reveal syncretism, and there is no mechanism in place to transmit this extended field of vision to the natives.

The sixth mode of syncretism identified by Law et al. (2014), that of *collapse*, does not offer a porosity between the two readings directly, but can nevertheless be a useful resource within a wider project that seeks to replace a first reading with a second. *Collapse* is a mode of syncretism where contradictory logics are brought together without “concern with purity or the kinds of boundaries” associated with it (p. 186). It might be described as a pragmatic logic of using whatever works even if they clash. However, the term is specifically applied to ways of knowing that exist in non-Western knowledge spaces like Taiwan that are made visible by a modernisation revealing how people in these spaces “did not share the will to purity and [instead] happily and knowingly worked noncoherently” (p. 185). Here there is no distinction between observer and native, who are *both* aware of the coherence and noncoherence necessary in knowing. Such an intersection was discussed in the previous chapter as a potent methodological laboratory for producing methods that could be transported into epistemological knowledge spaces in an attempt to *shift a first reading to a second, to merge native and observer*, rather than maintain two distinct vantage points.

In addition, this thesis has demonstrated a form of syncretism that enacts a shift from a first reading to a second that is then maintained without epistemological appropriation. Indeed, the enactment of *obdurate interference* as part of the *pinboard method* might be described as an attempt to achieve what Brown and Reavey (2017), following Michel Serres, call an “*endoparasitic criticality*”, which is critique that is “capable of entering into” the practices of a method assemblage being observed “rather than just attaching to them externally” (Brown

& Reavey, 2017, p. 284, emphasis in original). Such enactment offers a syncretic way of knowing that bridges the perspectives of both native and observer to that of *native-observer*, or *naive observer*.

### *TWO WAYS OF ENACTING A FLAT ONTOLOGY*

In *Reassembling the Social*, Latour (2005) argues that conventional methods of sociology have sought to exclusively locate associations to particular singularities in the specificities of local sites or in the context of global structures, even though “any given interaction seems to *overflow*” those sites and structures (p. 166, emphasis in original). Indeed, “social scientists have thought that society provided a third dimension *in which* all the interactions should find a place” (p. 171, emphasis in original). This describes epistemological methods of knowing. Latour wishes to enact an alternative view of the world, which he equates to the two dimensions of *Flatland* where there is no possibility of locating associations to particular (local or global) sites. To have a consciousness of this flat ontology requires a consciousness of the 3-dimensional world to become aware that the dimension of depth is not really a place for containing things at all, even though it might appear that way. Latour’s book eloquently explains to a 3-dimensional consciousness why depth isn’t what it seems to be. In addition to revealing how five types of occasion where locating within depth is a fallacy (and which ultimately overflows), in the second part of the book he outlines “a sort of corrective calisthenics” (p. 172) that can be used to “keep the social domain completely *flat*” (p. 171, emphasis in original), to prevent the “premature *closure* of the social sphere” (p. 260, emphasis in original). Latour gives the information required to enact the consciousness of a flat ontology. Thus, global entities are *produced* in local sites. A local site is itself *made to be local* by the transported presence of other local sites. A panoramic view doesn’t capture everything *even though it appears to*, because “the Big Picture is just that: a picture” produced by a local set of practices (p. 187).

But whilst Latour’s account usefully provides such sophisticated “clamps” (p. 174) to keep the social flat, this requires the epistemologists, the ‘sociologists of the social’, to be able to constantly apply these clamps in order to enact a flat ontology, almost as if they must first enact the foreign metaphysics of *Flatland* in their imagination, as a theoretical *possibility* that they must actively try to *realise* in practice. Yet Latour also suggests the simplicity of it all: to be empirical, to follow the natives. The method this thesis has used to enact a pinboard requires only an empiricism characterised by both naiveté and exploration of boundaries that is part and parcel of what it means to be a good epistemologist. Indeed, it is in this regard that Latour can make the apparently sarcastic remark, “I am, in the end, a naïve realist, a positivist” (p. 156).

To be sure, the successful enactment of obdurate interferences through the pinboard method within this thesis is distinctly methodological, and their relevance to the institutional spaces of the integrative paradigm needs to be established. If the epistemological methods of the integrative paradigm (and beyond) already enacted the empiricism promoted in this thesis, then there would be no need for any intervention at all. Moreover, the efficacy of obdurate interferences at performing a viable syncretic visibility given that they apply only to very *specific* impossible potentialities amongst a wide range of possible potentialities being continually produced might also be questioned and explored.

Nevertheless, they offer alternative methodological means for knowing lived experience beyond the insufficient epistemological methods which have dominated (and continue to dominate) integrative paradigm research, and interview research into experience more widely. Indeed, in contributing to the methodological arguments regarding the problem of knowing lived experience, the thesis has introduced, and added to the development of, a novel practical method to address this problem in the form of the pinboard, including the extensive hinterland usually reserved for analysis of science and technology.

#### *DEVELOPING THE PINBOARD*

The thesis has developed Law's (2002, 2006) *pinboard*, in four important ways.

Firstly, in Chapter 7 it combined the conventional understanding of a pinboard as a surface of juxtaposition with the *processes* that produce it, namely of enacting a naive reader observing the practices of a method assemblage. That is, it combined the pinboard with the process of *empiricism*.

Second, it produced an *explicit method*, based on these principles, that can be readily replicated (Chapter 8). The lack of an explicit method is apparent in previous descriptions of the pinboard.

Third, reflection on the execution of the method (Chapter 14) suggested the pinboard is vulnerable to epistemological appropriation because it is unable to Other into absence the *possibility* for resolution of the juxtaposition(s) it makes visible. However, this reflection identified pairs of juxtaposed multiples where coordination through choosing one multiple over the other within each pair was impossible. One depended on the presence of the other it is juxtaposed with, *even whilst the presence of that other cannot be contained within the first*. Such *obdurate interferences* were identified by Law (2002), where accounts are sustained by *incoherence* as much as coherence, but this thesis has added to their understanding through suggesting that obdurate interferences are crucial for the pinboard in preventing the epistemological appropriation of the

controversy where it becomes an entity-to-be-resolved (distributing multiplicity into space-as-time). Whilst potential resolution of the controversy can (and does) subsequently arise through further reflection on the controversy, the presence of an impossible resolution even in an instant is enough to enact the elusive goal of fractional conditions of possibility.

The fourth contribution of this thesis to the development of the pinboard is the argument that it can only achieve its fractional conditions of possibility by allowing controversies to be resolved. This is part of a commitment to empiricism, to following the natives, as opposed to trying to resist the resolution of controversies. Such resistance has conventionally been regarded as integral to what it means to practice a pinboard, but as noted, a controversy cannot be held 'still' because projections of future resolution are inevitably also made visible. Rather, this commitment to empiricism permits actors to resolve the controversies they create, with the pinboard method being based on an assumption that the obdurate interferences required to establish fractional subjectivities will be produced if the natives are followed for long enough, and which can then be charted.

In addition to its application to the problem of experience (the concern of this thesis), the pinboard method that has been developed over the previous chapters might be regarded as contributing to a wider post-epistemological project (when correctly conceived – see box, below) intervening on epistemology, a project that this thesis has drawn widely from.

#### *TWO READINGS OF AN INTERVENTION ON EPISTEMOLOGY*

Interventions on epistemology have often been read epistemologically, an appropriation that by this point in the thesis should not be seen as ironic. Indeed, “a lot of people”, Mol and Mesman (1996) assert, “cling to some variety of epistemology, even after its death” (p. 424). Over 20 years ago Mol and Mesman wrote that for decades PhD supervisors had been advising their Science Studies students to:

Go and unravel the construction of an object. Any object! It doesn't matter what. The laws of gravity, a nuclear power plant or the HIV virus – anything will do. Just show that the thing doesn't exist by itself, but depends on something else. Which is true. But why repeat it? The only reason for doing so seems to be to undermine epistemology. Again. And again. And yet again. And once you've shown your object doesn't rest on sure foundations you can sit back and relax. (p. 423)

Mol and Mesman suggest that such interventions on epistemology ignored the significance of the content of the product being unravelled because they aimed at a separate goal of contributing to a wider project of undermining epistemology. The

objects these interventions so intricately enact serve as intermediaries for an underlying structure of a project of anti-epistemology, and those objects carry no meaning that cannot be learned from examining this underlying structure. But, of course, it is only through a careful “attending to the normative ordering of one’s field of study” (p. 424) that allow objects to object to this ordering, a commitment to naive empiricism that permits the affirmation of the non-relational constituting an intervention on epistemology. Indeed, both the motivation for, and execution of, the epistemological intervention offered in this thesis arises because of a commitment to knowing the experience of chronic pain for the particular participant interviewed.

This is a wider post-epistemological project that, as Chapters 2 and 7 discussed, is not simply driven by a methodological curiosity, but about what it means to *be*. For, as the *problem of experience* demonstrates, the duration of one’s being cannot be adequately contained by cutting it up into neat analytical segments. To think in such epistemological terms means not only to initiate representational paradoxes that cannot be comprehended, but a crisis of being that speaks to the very heart of what it means to exist. The epistemological intervention of this thesis thus speaks more widely than its narrow attention to a representational problem within the integrative paradigm might suggest:

Method? What we’re dealing with here is not, of course, just method. It is not just a set of techniques. It is not just a philosophy of method, a methodology. It is not even simply about the kinds of realities that we want to recognise or the kinds of worlds we might hope to make. It is also, and most fundamentally, about a way of being. (Law, 2004, p. 10)

### *THE FINAL WORD: ON DISCONCERTMENT*

There are, and there will always be, miserable days in the lives of researchers. These are the days when the inevitable realization that our work is utterly inadequate at apprehending the intricate textures of the lifeworld subjects of our analysis and description strikes with its mightiest force. (Vannini, 2015, p. 1)

In advancing fractional subjectivities, Law and Lin (2010) suggest that the bodily sensation of disconcertment should be cultivated because, as has been discussed, it marks when/where “radically different metaphysics intersect”, with “their disjunction [...] experienced as *bodily disconcertment*” (p. 141, emphasis in original). Here disconcertment might be understood as “hesitation [...] as bodily affect”, where “[t]hrough affect the body waits before acting” (Al-Saji, 2014, p. 143). Throughout the production of this thesis I experienced this sensation often, the traces of which, barely expressed, ebb through in the entries of the Acknowledgements section. The presence of disconcertment is indicative that the consciousness of the naive reader observing and charting the processes of a method assemblage is not as simple as it looks. There

are many more interferences encountered than those within the narrative of the participant. For a start, the naive observer charting a method assemblage must do so within word limits, within deadlines, and within certain styles. Then there are interferences between theories, trains of thought, ideas, that must be resolved into (some sort of) singular narrative if it is going to be regarded as an acceptable piece of work. The objects the observer tries to fit into these metrical chains often object, creating a controversy. But these are not controversies to be held still, to be made visible on a pinboard, as an expression of fractional subjectivity. These must be resolved, and then Othered into absence. And then there is all of that which is Othered into our 'private' lives but which in reality interferes quite readily in the 'professional'.

Moreover, whilst disconcertment reveals the juxtaposition of the controversy, this is not the enjoyment of a living in tension (Moreira, 2012), but something intrinsically negative (much like the *againstness* of pain – see Chapter 2). Dictionary example usages of 'disconcertment' are often described in emotionally negative terms (e.g. "disconcerted by their bleakness") (Disconcert, n.d. a). I suggest that, like pain, this emotional negativity carries something important about *being*. One notable definition of 'disconcert' is "to disturb the self-possession of" (Disconcert, n.d. b). This is the projection of being into a representational entity, the subsequent penetration of which is experienced as *horror* (see discussion of Lacan and Kristeva in Chapter 7). Rather than be read as fractional, disconcertment can instead be read as equivalent to the *telic demand* of pain, of a need to *resolve* the juxtaposition that has been presented. And whilst we can reflexively describe this mode of syncretism from afar (as I am doing now), its passive lack of endoparasitic criticality locks the researcher's consciousness into epistemological conditions of possibility rather than offering a viable route out.

If this *crisis of being* is an important motivator for a post-epistemological project, we might ask why its proponents continue to readily enact their consciousness within the confines of epistemological conditions of possibility in the process of trying to escape them. To truly *hesitate* means to make visible the naive observer as a blank object, as the intersection of multiple virtual planes brought together as a singularity, effecting a subject that is disconcerted, torn apart ferociously by opposing logics (see also Appendix 1). For Law and Lin (2010) this means *cultivating* disconcertment, but, in a world that *affirms life*, what would it mean to cultivate the ontologically negative? How might we approach the *horror* of 'learning to be a loser' (Harrison, 2015)? If our preoccupation with, or rather our *gratitude to*, the actual is the mask that prevents the hesitation required to make visible the simultaneity of actualisation with virtualisation (i.e. fractional conditions of possibility), what would it mean to recognise that the gift of the actual "will always (already) be the gift of death as much as life" (p. 294)?

## APPENDICES

## APPENDIX 1: REFLECTION ON INTERVIEW PRACTICE

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After each interview I wrote a reflection in which I intended to record my thoughts and feelings about the interview should I wish to return to them at a later date. Ranging from a few brief notes to a couple of pages of stream-of-consciousness text, I re-examined these towards the end of my PhD (several years after they were written), with the intention of constructing a general reflection on practice within the interviews. I was struck by the many different themes and issues that the reflections raise in relation to the ideas this thesis has discussed. For practicality, I here focus on just a few interrelated themes that focus on a central issue that I as an interviewer found most challenging in implementing the method outlined in Chapter 8: managing the relationship between certainty and uncertainty.<sup>1</sup>

Just after my final interview with Stephanie<sup>2</sup> I expressed a feeling that for Stephanie's interviews I had managed to enact the intended method. That is, being naively led in the construction of a coherent narrative with a defined boundary over which I could gradually glimpse a non-relational element that constituted something different. Thus, in my reflection after Stephanie's fifth interview I noted:

It was like childbirth. Over the interviews I had patiently sat with Stephanie as we tried to make sense of what was going on, defining ideas about her pain, pinning down the boundaries of her experience or what she thought her experience was about. And all the time the contradictions within the narrative threatened to give birth to something new, offering the transformative movement, the process, that I had hoped to encounter in these sets of interviews.

The naivety is here expressed in the 'patience' with which I had seemingly resisted my own sense of self and made the pursuit of authentically translating Stephanie's experience into a coherent narrative the priority. Or more precisely, I had managed to put into abeyance what my own thoughts and ideas about the way things *should* be, and instead *used* these thoughts and ideas as a theoretical ground of interpretation in the attempt to produce an authentic translation of Stephanie's experience. Indeed, this theoretical ground of interpretation was particularly important in the translational process, where I as interviewer acted as intermediary between a participant's lived experience and the final publically shareable account, as I suggested in a reflective note after one of Judith's interviews: it was as "if she was allowing me to build up the story based upon her experiences, and then she feeling whether the story I have constructed felt right (and it did)". As such, it was "as if we had

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<sup>1</sup> Whilst this discussion of the experience of interview practice is usefully contrasted with the formal method of Chapter 8 (which is why the first reference to this appendix is made there), it is advisable to have read Part II beforehand since this provides methodological reflections relevant to this discussion as well as a more detailed understanding of the narrative accounts being discussed.

<sup>2</sup> As noted at the beginning of Part II, all names used are pseudonyms. Each pseudonym is used consistently for the same participant throughout the thesis.

gradually constructed a working model of the meaning of her pain, and that I had attempted to produce the blueprints.”

This theoretical ground of interpretation acts as a field for unfolding centring processes to act upon rather than dictating the nature of the processes that act upon that ground. In this idealised understanding of naiveté, the only thing that decides the nature of the way things *should* be is the assumption that each participant has an experience that can be authentically translated into a coherent and publically shareable account through establishing ‘depth’ in the interviews (as part of the communicable cartography of integrative paradigm interview research outlined in Chapter 8). My reflection in the block quote above can be seen to contain this idealised understanding.

Yet even within this quote there is another ‘should’: “I had hoped to encounter” the “transformative movement” where the contradictions that gradually emerged within a developing narrative promised the possibility of something else (i.e. a non-relational element). It is in this sense that I described it as “like childbirth” (see also Chapter 11, p. 192), which has an assumption that any narrative will eventually encounter its non-relational element, with the promise that the narrative will give birth to something else.<sup>1</sup> Indeed, it is not simply a “hope” but a global claim that guides an expectation that fractional accounts will be produced. This led to me looking out for alternative narratives on the assumption that they *should be there* rather than allowing myself to be naively led by the attempt to centre a coherent, authentic account of the participant’s experience.

This expectation meant I met with surprise when I couldn’t seem to detect any signs of an alternative in Judith’s narrative, as I noted in my reflection after her first interview (which was also the first interview I performed for this PhD):

Judith’s narrative seemed pretty concrete. It didn’t seem to break down. It didn’t seem to falter one little bit. Yes, there was a conflict within the narrative, but the conflict did not threaten the logical construction of its plot but instead formed *part of* that plot. [...] Far from exploring the fluid nature of pain, I am exploring the complexity of something that is very fixed for Judith, a fixity that I readily consume and reinforce. Where are the traces of the alternative narrative, hanging in the background, masked by the certainty of Judith’s ‘therapeutic journey?’” (emphasis in original)

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<sup>1</sup> This occurs as the narrative of a participant’s lived experience becomes more complex as it is increasingly defined over the course of the interviews, developing a complexity that eventually means it grows contradictions that overflow its own (coherent) terms of possibility (to paraphrase Latour, 2005 – see also Chapter 6). Building on the childbirth analogy, as pregnancy advances there is a growing complexity of physical matter that increasingly gives rise to a performance of a new individuality distinct from the one it has arisen from (enacted in physical symptoms and, most strikingly, in frequent ultrasound images). This reaches its climax in the pain of labour, where the simultaneity of seamless connection between two individuals that are nevertheless also (elusively) distinct expresses the crisis, the controversy, of fractionality, but with a (definitively possible) promise of resolution into two splendidly isolated individuals when the placenta is finally cut.

We might consider this as a problem of how to identify the boundaries of the developing narrative – of whether an attention to the *potential* of alternatives was necessary to enact the pinboard or whether such attention provided a distraction that actually undermined the naivety necessary for the pinboard’s enactment:

[...] am I being too self-conscious of this process [of identifying alternatives], worrying too much about missing the possibilities that lie within the present, or am I justified in trying to pay more attention to other subjugated narratives that lie behind? (From reflection on Judith’s first interview)

Thinking about this early in the data collection period, I concluded that naive empiricism requires pre-established expectations about alternatives to be put into abeyance. Instead, the identification of narrative boundaries and then “attend[ing] to the textures on the margins” (Law & Lien, 2012, p. 373) was understood as the narrative being centred giving birth to some form of *resistance* to the logical direction of the interview discussion in its attempt to further flesh out a coherence to the narrative.<sup>1</sup> Indeed, it is only *through* such a naive empiricism that the expectation of producing alternatives can ever be actualised:

Perhaps I should remind myself: process will happen by paying attention to the present, not trying to force it to happen, or becoming upset when I don’t think it has happened or happened enough. I should be humble rather than expecting to chart and predict it. (From reflection on Eric’s third interview)

What this means is coming to terms with a ‘paradox’: in order to even begin to be certain about producing fractional accounts I needed to avoid projecting them as possible alternatives to what was being made in the present practice of the interview. To do so would be to already have two narratives, yet the pinboard method proposes that an alternative narrative will arise *from* and *as part of* a first narrative as it becomes increasingly defined. But like any fractional understanding of a paradox, this does not involve an *either/or*: it does not mean that the global assumption that fractional accounts will be produced should be dismissed. Indeed, the thesis *aims* to produce fractional accounts of lived experience in direct reflection of this global aim, and the method it uses explicitly establishes two ‘apriori’ themes beforehand (see Chapter 8). But achieving this aim, of being able to enact these two *a priori* themes, meant somehow being able to prevent their imposition as a distraction to the radical empirical attention to the present. What this required, I concluded, was *faith*: “faith in the process of the interview, to let it go as and how the particular moment decides” (reflection after Judith’s first interview).

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<sup>1</sup> This expressed itself as the participant providing the resistance, and myself (as the interviewer) recognising and then providing the attention to the topic of this resistance. This narrative work of resistance included participants repeating improbably vague explanations, strongly defending against something, and providing subtle contradictions (see Chapters 9 to 13 for full discussions). Note that I did not regard this participant-interviewer dynamic as provoking distress in participants.

Faith is a concept that permits a certainty through uncertainty. In this sense it captures the way in which the practice of the interview is itself enacted in fractional conditions of possibility (see also Chapters 5 and 7). The Christian *New Testament* describes faith as “being [...] certain of what we do not see” (Hebrews 11: 1, New International Version). Having faith in the centring processes I was pursuing in the interview (authentically translating the participant’s lived experience) meant that I could both be certain of the global assumption of fractional conditions of possibility *and* the uncertainty that is required to enact such certainty.

But this faith was tested. For what was at stake was not simply some abstract claim but the success of the project and my own sense of self that I attached to such success: “But where will this leave my PhD if I decide to trust the uncertainty? What if I end up in a situation where this ‘empirical’ data doesn’t show anything at all?” (Reflection after Judith’s first interview). Centring a narrative of experience without an expectation of it eventually being accompanied by the decentring movement central to this ‘success’ was a scary prospect:

[Might Judith’s narrative of lived experience] break down? It might. But what if it doesn’t? If it does it will clearly be something that shows the inherent fluidity of ideas about pain. But if it doesn’t, does this mean my work has failed? Is it useless? (From reflection on Judith’s second interview)

Indeed, much of the data collection period can be characterised as me struggling with keeping faith in the interview practice, experiencing a constant anxiety that expressed the doubts that I had in this counter-intuitive method. Moreover, where I did trust in the uncertainty of the interview process and alternative threads did begin to emerge from the participants’ narratives, the satisfaction with (or ‘gratitude to’ – see Chapter 14) such products acted as a temptation to already establish them as a certainty in future practice, with me forgetting that pulling on the finger trap in this way simply made the trap worse.

This ability to maintain certainty through faith in the uncertainty of ‘what is’, which perhaps requires a sort of *bravery*, extends beyond the mechanics of interview practice to the whole process of doing research (and, of course, to *being* in general). Discussing such anxiety about uncertainty with my supervisor, Tiago Moreira, he had suggested that answers do not follow research questions, but the other way around. In this sense:

Tiago was right when he claimed that I will not know my research question until after I have answered it. Nevertheless, the uncertainty of this process can be very disconcerting,<sup>1</sup> and it is this uncertainty that will probably be the biggest obstacle to truly achieving a process-biased account of pain. (From reflection on Mary’s second interview).

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<sup>1</sup> I wrote this reflection before encountering Law and Lin’s (2010) explicit consideration of ‘disconcertment’ and their encouraging of it. See Chapters 7, 14, and 15 for further discussion.

## APPENDIX 2: PARTICIPANT INFORMATION SHEET

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(Starts next page)

Following a request from the National Health Service Research Ethics Committee that went on to grant approval for the study, the content of this document was informed by feedback from patients involved in a *patient-public involvement* (PPI) programme, who commented on the quality of its communication.

**Note 1:** *The document has been scaled down to maintain its original formatting whilst respecting the thesis margin requirements. The original size of the document is A4. A full-sized version is available upon request.*

**Note 2:** *The name of the physiotherapist who facilitated recruitment has been redacted from the document to prevent the possibility of participant identification through deduction ('deductive disclosure').*

**Note 3:** *The document used during the study was printed in black and white (and is shown as such in the printed version of this thesis).*

**Note 4:** *The title of the study changed during the course of the study itself, and as such the title listed on the following document differs from the title of this thesis.*

## Participant Information Sheet

### ***A qualitative account of pain enactment with persons in chronic pain***

We would like to invite you to take part in a research study investigating how pain is expressed by chronic pain patients. Before you decide whether or not to take part we would like you to understand why the research is being done and what it would involve for you. Please read through the following information carefully. If you have any questions please contact the researcher using the contact details at the end of this information sheet. Your participation is entirely voluntary – you do not have to take part if you do not want to.

**Name of Researcher:** Leigh Rooney

### **What is the purpose of the study?**

The study seeks to explore what happens to ideas about pain in conversation. It suggests that whilst these ideas may *seem* very clear and definite, when we examine what happens to them in the flow of conversation we see that they are very changeable, and exist alongside other ideas about pain. For example, a patient may be certain that only a particular medical explanation can account for their pain, but examining their everyday conversation reveals lots of other ways of thinking about their pain. The study wants to enable us to become more aware of these other ideas of pain that may become 'hidden' in conversations about pain. It aims to do this by exploring what happens to ideas about pain over a series of individual (one-on-one) conversational interviews between the researcher and chronic pain patients.

The term 'enactment' used in the study's title is a technical term used to describe the process of talking about pain. Please be assured that it does not mean that a patient is viewed as 'play-acting' or 'putting-on' (pretending or faking) their pain.

This study is being undertaken as part of a PhD programme. Leigh Rooney is the PhD student, and is being supervised by academic supervisors at Durham University.

### **Why have I been invited to take part?**

You are being invited to take part because, as a person who experiences chronic pain, you will probably have ideas about your pain that you can talk about in an interview with the researcher. The researcher aims to recruit 5 participants for a series of individual (one-on-one) interviews between the participant and the researcher.

**Do I have to take part?**

No, participation is entirely voluntary. Whether you decide to take part or not, this will not in any way affect the service or care you receive from your physiotherapist or any other healthcare worker. Only the researcher and his primary academic supervisor will know who has decided to take part in the study. Nobody else will know, including your physiotherapist.

**What will I have to do?**

You will be asked to take part in a total of 5 one-on-one interviews with the researcher. Each interview is expected to last about an hour (up to a maximum of 90 minutes), with 15 minutes either side for meeting and departing. This can include comfort breaks as and when you want, and you can stop or rearrange the interview at any point during it.

During the interviews the researcher will be interested in having a discussion about your chronic pain. The researcher won't have a particular set of questions or particular topics to talk about, but will invite you to talk about any topics related to your pain that you wish.

In order to get the discussion going in the first interview, the researcher will ask you to produce a short written piece (aiming for about 1 – 4 sides of paper) beforehand explaining aspects of your pain that you feel are not understood by others. You can write this up digitally (such as on a computer or tablet), or manually (using pen and paper). The researcher can also give you a video camera to borrow should you wish to do this in a video format rather than in writing. If you would like to borrow a video camera for this study you will not be held liable for any loss and/or damage to the video camera while it is in your possession.

You can then post a hand-written or printed copy of your material back to the researcher using a pre-stamped envelope provided by the researcher. Alternatively, if you have word-processed the piece or filmed it, you can save the data to an encrypted memory stick provided by the researcher, and post it in the pre-stamped envelope. However, if you don't feel comfortable doing this, the researcher can collect it from you in person.

After obtaining your written or videoed piece, the researcher will look over it, and use it to start the discussion in the first interview. The second interview will be started using material from the first interview, and this will continue all the way through to the fifth interview.

The interviews can be arranged at locations most convenient to you, such as at your home or at Durham University (which has sites in Stockton-on-Tees and Durham

city). These cannot take place at an NHS facility, however (because the necessary permissions have not been sought). Note also that the interview locations will need to be quiet so that they can be recorded on the audio device. If you incur any travel costs getting to and from the interviews, these can be reimbursed to you in the form of high street vouchers. You would need to provide the researcher with receipts (such as bus tickets, taxi receipts, petrol receipts, and parking tickets) so that the researcher can claim the vouchers.

**What is the involvement of my physiotherapist in the study?**

The [title of physiotherapist] who informed you about the study ([--REDACTED--]) is not involved in the study beyond providing information to potential participants. No data about a participant's involvement in the study will be fed back to him, and he will not know who has decided to take part or even who has contacted the researcher about the study. Your decision of whether or not to take part in the study will not affect your treatment with him or any other health care provider.

**Will my taking part in the study be kept confidential?**

Yes. The only people who will know that you have taken part will be the researcher and his primary academic supervisor (Tiago Moreira). Neither your physiotherapist nor any other health worker will be aware whether or not you participate.

The interview will be recorded onto a digital recording device and transcribed by the researcher. During the transcription process the researcher will remove all information that might be used to identify you (such as any names or locations), including information that might be used to identify you by deduction (such as if you won a rare award that was made public). Your name or personal details will not appear on any of the reports or publications that result from this research. Quotes from your interview may be used in publications and presentations, but these will have information that could identify you removed. It cannot be ruled out that somebody who is very familiar with you would be able to identify you from published accounts or presentations produced using your data, though this is thought to be very unlikely to occur.

Your pre-interview videoed or word-processed piece will be transferred on an encrypted memory stick (unless you choose to print the word-processed piece as a hard copy and then post it). This will have a password specific to you (each participant will have a separate password), and known only to you and the researcher. This means that should the memory stick be used by anyone else, the data will not be accessible (it will remain encrypted). Once your data has been transferred to the researcher's computer at Durham University it will be deleted from the memory stick.

The audio recording, any digital material you made for the stimulus piece (see last section), and a digital copy of your transcript will be stored on a secure computer network at Durham University. Only the researcher and his primary academic supervisor will be able to see it, and only the researcher will have a password to access them. Any paper stimulus material you produce, your contact form, your informed consent form, and your transcript (when not being analysed) will be stored in a locked filing cabinet in the researcher's office at Durham University. Only the researcher will have the key to this cabinet, and only the researcher or his academic supervisor will be able to view its contents. Your audio recording, stimulus material, and contact form will be kept for a maximum of 12 months after it has been collected, after which it will be destroyed. Your transcript (which won't contain your personal data) will be kept for up to 3 years following your final interview so that the researcher has time to analyse and write about it. After this, both paper and digital versions will be destroyed. Your informed consent form will be kept for 3 years following the last interview in the study, before being destroyed.

Please be aware that if you disclose information during the study about risk of significant harm to yourself or others, or about a crime that requires the researcher to inform relevant authorities, your confidentiality may need to be broken.

**What will happen if I want to withdraw from the study?**

You are free to withdraw from the study at any time without giving a reason. You will be able to withdraw your data from a particular interview at any point up until 2 months after that interview. After this period it will not be possible to withdraw your data because it will have been analysed by the researcher, who will have no time to collect more data. You are free to withdraw all or part of your data, and you may request a copy of your transcript from the researcher.

You are free to stop an interview at any point, either to take a break and then continue, stop the current interview but with the intention of attending future interviews, or permanently withdraw from the study. You are also free to ask the researcher to change the topic of discussion if you find it too distressing.

If you lose the capacity to give informed consent during the study, your data from a particular interview will be withdrawn and destroyed if the researcher becomes aware of this within 2 months of that interview.

**Will it cost me anything to take part?**

If you decide on an interview location outside of your home, you will incur travel costs. The researcher will reimburse you for these in the form of high street vouchers equivalent to the value of your travel costs. You will need to provide the researcher with receipts for travel (such as bus tickets, taxi receipts, petrol receipts, and parking

tickets) so that the researcher can make a claim to cover these costs. Car travel will be reimbursed at the rate of £0.45 per mile.

There are no other costs anticipated.

**What are the possible risks of taking part in the study?**

It is unlikely that you will become distressed during the interview discussions, but if you do you should be aware that you have the right to stop an interview at any point. This can be to take a break, or to stop the interview entirely. You are then welcome to continue with future interviews, or you may wish to withdraw entirely from the study. You do not need to give a reason for your withdrawal. You are also free to ask the researcher to change the topic of discussion if you find it too distressing, and you can withdraw some or all of your data from a particular interview for up to 2 months after that interview. You can request a copy of your transcript from the researcher.

If you experience discomfort during the interview, you are also welcome to take a break at any point or even stop the interview.

There is a very small risk that people very familiar with you might be able to identify you from publications or presentations using your data. This is thought to be a very unlikely scenario, however (see the section on confidentiality, above).

**What are the possible benefits of taking part?**

There may be no direct benefits to you by taking part in the study. Nevertheless, you may feel better from having the opportunity to talk in depth with someone about your pain. This should not be regarded as a substitute for therapy, however.

In addition, your interviews may prove valuable in influencing academic and clinical thinking about pain, which in turn may feed back to chronic pain patients.

**What will happen to the results of the research?**

The researcher will use the findings to write a PhD thesis. The findings may also be used to make presentations at academic conferences and workshops, as well as one or more publications in academic journals. The researcher will work to remove all data that could be used to identify you (see section on confidentiality, above).

**Who is organising and funding the research?**

The research has been organised by the researcher (Leigh Rooney) as part of an Economic and Social Research Council (ESRC) studentship grant for a PhD being undertaken through Durham University.

**Who has reviewed the study?**

The study has been approved by the Applied Social Sciences Ethics Committee at Durham University, and by an NHS Research Ethics Committee.

**How will I find out about the findings of the study?**

If you chose, you can be sent a short report about the findings of the study approximately 12 months after the researcher starts interviewing. This can be sent by post or email. In addition, you are welcome to contact the researcher at any time to enquire about any publications or presentations produced from the findings.

**What should I do if I want to find out more, or if I am considering taking part in the study?**

You can fill in the contact form provided with this information sheet, and then post it in the stamped, addressed envelope provided. The researcher will then contact you to discuss the study. Alternatively, you can contact the researcher using the contact details at the end of this sheet. Note that filling out the contact form or contacting the researcher does not count as you consenting to take part in the study.

**Further information and contact details:**

If you require any further information or have any questions, please contact the researcher (Leigh Rooney) at:

**E-mail:** leigh.rooney@durham.ac.uk

**Phone** – please leave a message and contact details on **[tel. number]** and Leigh will contact you as soon as possible.

**Other contacts and complaints:**

If you wish to discuss anything with someone other than the researcher, or if you have a complaint, please contact:

Dr Tiago Moreira – Reader in Sociology at Durham University and the researcher's primary academic supervisor – **[tel. number]** or tiago.moreira@durham.ac.uk

Dr Andrew Orton – Chair of the Applied Social Sciences Ethics Committee – on **[tel. number]** or a.j.orton@durham.ac.uk

## APPENDIX 3A: CONTACT FORM (PPI VARIANT)

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(Starts next page)

This contact form was provided to potential participants on the *patient-public involvement* (PPI) programme who were contacted by post. It varies slightly to the one provided to non-PPI potential participants (see Appendix 3B), mainly in order to communicate that the patient's information held by the NHS Trust responsible for the PPI programme was outside of the control of the researcher, and that the patient would (if necessary) need to contact the Trust directly relating to this.

**Note 1:** *The document has been scaled down to maintain its original formatting whilst respecting the thesis margin requirements. The original size of the document is A4. A full-sized version is available upon request.*

**Note 2:** *The name of the NHS Trust that facilitated recruitment has been redacted from the document to prevent the possibility of participant identification through deduction ('deductive disclosure').*

**Note 3:** *The document used during the study was printed in black and white (and is shown as such in the printed version of this thesis).*

**Note 4:** *The title of the study changed during the course of the study itself, and as such the title listed on the following document differs from the title of this thesis.*



**Contact form: *A qualitative account of pain enactment with persons in chronic pain***

Please read the information sheet.

If you **want to hear more** about the study, or are **considering participating** in it, please **complete this form** and post it back to the researcher using the **envelope provided**.

Please note that filling in this form in **no way commits you** to taking part in the study. It is purely designed to let you **find out more** about it.

<i>Please tick as appropriate</i>		
YES	NO	
		I am willing for the researcher (Leigh Rooney) to contact me about the study in order to clarify information about it and to check my interest in participating. <i>(Please complete the below if you have answered YES)</i>  My name is: .....
		I would like to be contacted by telephone, my number is: .....
		I would like to be contacted by email, my email address is: .....
		I would like to be contacted by post (address already obtained).

Please use the **envelope provided** to post your form back to the researcher.

*Please note:*

*Any details you provide will only be used to make contact with you about the study, and not for any other purpose.*

*The information you provide will be destroyed immediately if you were to eventually decide not to participate, and will be destroyed within 12 months if you were to eventually decide to participate. However, data you have already provided to [NAME OF NHS TRUST REDACTED] as part of the patient public involvement program will continue to be held by them unless you contact the Trust and ask for your details to be removed.*

**Contact Form**  
Version: 1.1  
Dated: 22<sup>nd</sup> February 2015

## APPENDIX 3B: CONTACT FORM (NON-PPI VARIANT)

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(Starts next page)

This contact form was provided to potential participants who were not on the *patient-public involvement* (PPI) programme. It varies slightly to the one provided to PPI potential participants (see Appendix 3A), mainly because the PPI variant provided communication regarding PPI-related patient information held by the responsible NHS Trust, something that was not applicable to non-PPI patients.

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**Contact form: *A qualitative account of pain enactment with persons in chronic pain***

Please **read the information sheet**.

If you **want to hear more** about the study, or are **considering participating** in it, please **complete this form** and post it back to the researcher using the **envelope provided**.

Please note that filling in this form in **no way commits you** to taking part in the study. It is purely designed to let you **find out more** about it.

<i>Please tick as appropriate</i>		
YES	NO	I am willing for the researcher (Leigh Rooney) to contact me about the study in order to clarify information about it and to check my interest in participating. <i>(Please complete the below if you have answered YES)</i>  My name is: .....
YES	NO	I would like to be contacted by telephone, my number is: .....
YES	NO	I would like to be contacted by email, my email address is: .....
YES	NO	I would like to be contacted by post, my address is: ..... ..... .....

Please use the **envelope provided** to post your form back to the researcher.

*Please note:*

*Any details you provide will only be used to make contact with you about the study, and not for any other purpose.*

*The information you provide will be destroyed immediately if you were to eventually decide not to participate, and will be destroyed within 12 months if you were to eventually decide to participate.*

**Contact Form**  
**Version: 1.1**  
**Dated: 22<sup>nd</sup> February 2015**

## APPENDIX 4: RECRUITMENT LETTER (PPI PATIENTS)

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(Starts next page)

Several patients on the *patient-public involvement* (PPI) programme who had provided feedback to the researcher on an earlier version of the Participant Information Sheet in order to help enhance its communication expressed a wish to receive information about potentially participating in the study once recruitment began. They were sent a letter along with the Participant Information Sheet (Appendix 2), contact form (Appendix 3a), and a stamped addressed envelope. Each letter was bespoke in relation to feedback that the specific patient had offered. An example letter can be found on the following page.

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**Note 3:** *The document used during the study was printed in black and white (and is shown as such in the printed version of this thesis).*

School of Applied Social Sciences  
Durham University, 32 Old Elvet  
Durham DH1 3HN  
Email: leigh.rooney@durham.ac.uk  
29/04/2015

Dear [NAME],

I am writing to thank you for your recent feedback on a Participant Information Sheet for a chronic pain research project that I am undertaking. This document was amended in response to your own and others' replies. As a result of these changes, the project has now been approved by an NHS Research Ethics Committee and **[NAME OF NHS TRUST REDACTED]** (this is in addition to approval already obtained from Durham University).

In particular, your querying of the term "pain enactment" was particularly useful in ensuring that I avoid misunderstandings about the meaning of the term. I am grateful for your assistance.

You also indicated that you would like to receive information about potentially participating in the study when the recruitment stage begins. I have therefore included the updated Participant Information Sheet with this letter for your consideration. If after looking at this you feel you might be interested in participating, please return the contact form (also included with this letter) in the pre-stamped, pre-addressed envelope provided. After this, I would then be in touch (preferably by telephone or email) to answer any questions you have about the study and to arrange an initial meeting if you are still interested.

Please note that you do not have to respond to this letter, and your decision of whether or not to respond will not affect any treatment you will receive.

Thank you again for your helpful feedback.

Yours sincerely,

Leigh Rooney  
PhD student, School of Applied Social Sciences, Durham University

## APPENDIX 5: PARTICIPANT INFORMED CONSENT FORM

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(Starts next page)

**Note 1:** *The document has been scaled down to maintain its original formatting whilst respecting the thesis margin requirements. The original size of the document is A4. A full-sized version is available upon request.*

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**Note 3:** *The title of the study changed during the course of the study itself, and as such the title listed on the following document differs from the title of this thesis.*



**Study Title:**  
**A Qualitative Account of Pain Enactment with Persons in Chronic Pain**  
**Consent Form**

	Please Tick as Appropriate		Please initial each box
	Yes	No	
I confirm that I have read and understood the Participant Information Sheet dated 12 <sup>th</sup> June 2015, Version 1.5, for the above named study. I have had the opportunity to ask questions of the researcher and these have been answered satisfactorily.			
I understand that my participation in this study is entirely voluntary and that I am free to withdraw at any time without reason. I understand that I will only be able to withdraw my data from a particular interview up to 2 months after that interview.			
I understand that if at any point in the study up until 2 months after an interview I lose capacity to consent, data collected about me during that interview will be destroyed and not used in the study.			
I understand that I am being asked to take part in a total of 5 interviews, and to prepare some short stimulus material with which to initiate the first interview.			
I understand that interviews will be digitally recorded onto an audio device and then transcribed (written up). I agree that my quotes may be used in presentations and publications after personally identifiable information has been removed.			
I understand that whilst every effort will be made to remove data from my transcript that might identify me, it may still be possible for persons very familiar with me to identify me from published accounts. I understand this is very unlikely scenario, however.			
I understand that my personal data will be securely stored at Durham University and that it will be destroyed within 12 months of collection.			
I understand that if during the study I disclose information about risk of significant harm to myself or others, or where a crime is disclosed requiring the researcher to inform relevant authorities, that my confidentiality may be broken.			
I agree to take part in this research study.			

**Name of Participant:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/2015

## APPENDIX 6: JUDITH (FULL ANALYSIS)

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### FIRST MOVEMENT: A NARRATIVE OF RESTITUTION

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Judith is a woman in her late 50s with chronic back pain. The narrative she produced approximated that of restitution in progress, and her experience of chronic pain is enmeshed with that of depression, even if the events that triggered both episodes are not related. Her narrative has been split into four parts: (1) a conflict between an attitude that demands that she function and one that demands caution in functioning, (2) an idealised model of action that negotiates between the two, allowing her to take actions that enable progress towards a physical and psychological normality that resolves the conflict entirely (restitution), (3) inherent uncertainty over the nature of her physical and psychological limits that inhibit the efficacy of this model of action, and (4) an underlying fear that her desired normality is actually out of reach.

#### (1) CONFLICT BETWEEN DEMANDS TO FUNCTION AND CAUTION IN FUNCTIONING

Judith's problem with her back began about 20 years before our interviews, which she suspected to be one or two 'slipped discs' in her spine. She was incapacitated to the extent that she spent 2 months off work. This was only a temporary episode, and she recovered. However, 2 years before the interviews she experienced the same injury whilst reaching to take laundry off a clotheshorse. This was diagnosed as two slipped discs, and involved one of the herniated discs pressing against her sciatic nerve. Since then she has experienced persistent pain. The injury can (at times) limit her ability to physically function.

Certain types of physical activity can make the condition and her pain worse, and has resulted in Judith developing an attitude that is cautious about undertaking such activity. She said "I'm really being careful with my back"<sup>1</sup> and that "when you do move you move so carefully"<sup>2</sup>. There are three main reasons for the caution. First, there is fear of the sensation of pain. She said "it hurts so much you're absolutely panic-stricken about doing anything that might cause that pain"<sup>3</sup>. Second, there is a fear that if she 'overdoes' physical activity (too much, or done in the wrong way) that this will exacerbate her condition even further. In particular, as will become clearer later, Judith puts great hope in the idea that she is on a road to recovery back to normality, and overdoing physical activity can result in a backward step on this journey of restitution. Thus, she noted that "if you do something badly and you really hurt yourself [then] you're back to square one"<sup>4</sup>. She can be "in floods of tears"<sup>5</sup>, not necessarily because of the sensation of pain but "because you think I've just wasted that last week by getting to this stage"<sup>6</sup>. The third reason for her caution is her belief that as she is

getting older her body is becoming more fragile. In particular, she believed that ageing reduces the ability of her body to recover from injury, thus making it less capable of activity.

The cautionary attitude to undertaking physical activity is not entirely attributable to her ongoing back problem, however. Intertwined with this is a caution deriving from an episode of depression, which had begun several years before our interviews, after Judith had experienced a large amount of stress at work. This stress began after transferring to a new role, and due to deficiencies in training provision, coupled with a large moral responsibility involved with her job (the wellbeing of people's lives), she felt the pressure on her "mounted up and mounted up and mounted up"<sup>7</sup>. She "just woke up one morning and just this shutter came down"<sup>8</sup>. She said "I just felt very calm, and my head just said 'can't do it anymore'. [...] I couldn't even get out of bed"<sup>9</sup>. Subsequently she experienced significant withdrawal from everyday activities. "I just wanted to keep myself to myself"<sup>10</sup>. She took sick leave from work (and she has never returned) and would avoid leaving the house, spending her days "just laying on the settee"<sup>11</sup>. She spoke to few people, and only her husband was aware of what was happening to her. She described this as an episode of depression.

As with her back injury Judith conceived of a journey of restitution from her depressive state, with her gradually becoming less withdrawn and more active in undertaking everyday activities. However, there was a great fear that if she was not careful with the amount of activity she was involved in that she would get into the same "emotionally hyper state"<sup>12</sup> that had produced her episode of depression. Being withdrawn from everyday activities meant she could avoid the production of too much emotion within her, and she felt "an element of not wanting to leave that emotionless place"<sup>13</sup>. Indeed, her fear was not of the depressive symptoms themselves, which she described as almost a relief ("a comfortable feeling"<sup>14</sup>), but the emotions she felt prior to it (which were "intense and over the top"<sup>15</sup> and where she was "ready to burst"<sup>16</sup>). As a consequence she said "I do hold back on things just in case there's a risk of maybe going back to that place"<sup>17</sup>, and that she has an attitude of "keeping the emotions on a very level keel"<sup>18</sup>.

Any decision of whether to undertake a particular activity is thus affected by a cautionary attitude arising from fears relating to both her back condition and the possibility of experiencing too much emotion.

However, in opposition to this cautionary attitude are various pressures that require Judith to function. These include the practical need to participate in essential everyday activities (such as standing to answer the door or telephone, going outside to the shops, or driving), a belief that her back muscles require physical activity in order to improve (she took up golf primarily because "it could help if my muscles get stronger"<sup>19</sup>), and that focussing too much

on what could go wrong could lead to its realisation (“they can say it can be self-fulfilling can’t they, if you think about it enough it will happen”<sup>20</sup>). Moreover, she also felt a need to connect with others, and this required a degree of activity. Her withdrawal from activity resulted in isolation and loneliness, and she missed the “banter with people”<sup>21</sup> at work, noting that “talking to people is definitely something I miss”<sup>22</sup>. Judith also felt obligated to undertake activity for the sake of others, notably her husband (with whom she had participated in a lot of sport and exercise over the course of their marriage). She said “I feel I’ll disappoint him because I won’t be able to do what he thinks, what he wants to do”<sup>23</sup>.

The last (and most significant) pressure to function relates to a need to undertake activities to satisfy important elements of her identity. This identity can be summarised as ‘competitive’, ‘motivated’, and ‘daring’. Judith said “I’ve always had a bit of a competitive edge to me”<sup>24</sup>, and discussed how she has felt like this since her schooldays, where she was competitive at sport (being on several school teams). This mind-set involves “setting yourself targets”<sup>25</sup> and “giving yourself a focus”<sup>26</sup>, with the ultimate aim of *success* in the activity in question. Beyond her success as a sportswoman, this translated into her job, where she was a “grade-A performer”<sup>27</sup>. “You want to be the best kind of person. You kind of want to do the best job you can”<sup>28</sup>. This requires Judith to be *motivated*, and this forms an important cornerstone of her identity. Judith does not like to “sit and do nothing”<sup>29</sup>, something she has found hard when she has withdrawn due to physical and psychological pressures. She said it “feels like you’re wasting time”<sup>30</sup>, and that “you feel like you should be doing something all the time”<sup>31</sup>. Indeed, Judith had the attitude that “I’ve got to stretch myself”<sup>32</sup>, and this was expressed in the fact that she frequently created objectives to aim for. Often these objectives required Judith to be *daring*, to take risks with a particular activity. Since her persistent back pain began she noted one particular instance where she was given the opportunity to learn to ride a unicycle by an old friend when she was volunteering at a family festival-type event:

J: And I said ‘there’s no way I’m trying to ride a unicycle with my back’. And then I thought ‘well why not’, you know? Well I tried it and I scared myself stupid because I fell off three times. [...]

L: How do you go from a situation where [...] you can’t do gardening for half an hour to [...] trying a unicycle? What happened?

J: [...] I don’t want to be that person who will say ‘I’ll never try it’.  
[I1:550-2;555-8]

In this section I have argued that at the heart of Judith’s narrative is a conflict between pressures to undertake activity and physical and psychological fears that seek to limit it. The following section will outline an idealised model that Judith attempted to mobilise to negotiate, and ultimately resolve, this conflict.

## (2) THE NEGOTIATED RETURN TO NORMALITY

Judith's great hope is a return to a physical and psychological normality where the impediments to activity have been resolved and where there is thus no longer any need for caution to limit such activity. She presented a model of a journey of restitution that involves a steady, incremental increase in activities over time as she becomes increasingly physically and emotionally capable. Her interviews were filled with talk of "when I start to feel better"<sup>33</sup>, of when "you suddenly realise that you've taken three steps"<sup>34</sup>, "of moving forward and upward"<sup>35</sup>. The model is able to provide a negotiated pathway between the two attitudes that avoids the excesses of caution and over-activity. Judith discussed the journey in separate physical and psychological terms, although their links will become more apparent later, and for both it is possible to regress to an earlier stage as well as progress to a later one. Its starting (and lowest) point is the state of physical and psychological impairment that she experienced when she injured her back 2 years previously, and her depressive episode, respectively. Both states are characterised by the highest degree of impairment to undertaking activity.

Physically, this stage is dominated by the experience of pain sensation, attempts to suppress it using medication, and waiting for her body to repair itself. Unlike in the later 'testing' phase there is no continuous self-reflection on the best course of action. This becomes suspended, with her wellbeing devolved to the doctor, as she simply tolerates pain passively, waiting for the stage to end:

When the pain is very bad I don't need control of it. The doctor's in control then. So if the doctor's told me [to] take [painkillers...] for two months, then I will take them for two months. And then that's it. I don't even question it. So I guess it's the control issue for me is not there. You know, somebody has taken control then. And I'm just doing as I'm told. [I1:984-989]

Progression beyond this phase is characterised by Judith's pain lessening, where she starts "weaning myself off"<sup>36</sup> painkillers under the doctor's instruction, and where there is a handing of autonomy back to Judith. Movement into the subsequent 'testing' phase can only properly begin once Judith is "given the control back by the doctor"<sup>37</sup> and she starts to empirically test the competing claims of cautionary and enthusiastic attitudes.

The testing phase involves being closely attuned to her bodily movement and (in particular) pain sensation when undertaking a particular activity in order to make a judgement about whether that activity is likely to be detrimental or beneficial. She explained: "what you want to do is to be able to do the exercises and have some small movement, even the tiniest movement. If you don't get that movement and it really hurts then you can't do it"<sup>38</sup>. The point of such testing is to "see how far you can go with it"<sup>39</sup>. This can then be built upon,

setting her up to make further progress later (“it means you can get a little bit further the next time”<sup>40</sup>). Testing thus enables incremental progress towards normality. The various increments might be marked in terms of the amount of a given activity that can be performed, such as the number of holes she can manage in a round of golf.

Because it is an empirical exercise, successful testing requires Judith to not only accurately sense her bodily sensation, but to accurately ‘read’ it. For Judith her reading of her body exists within a framework of significant biomedical knowledge that allows her to interpret sensation and make decisions regarding activity between the poles of the cautionary and enthusiastic attitudes. Whilst noting that she has “never been that academic”<sup>41</sup>, she has a great drive to assimilate and apply knowledge relating to her back condition in order to progress towards its restitution:

If I’ve got a bad back I want to know how to manage it. I want to know how it works, why it’s gone wrong, and what I can do about it. I want to be able to be the one in control [...]. [11:334-5]

She also has the capability of discerning the *epistemological quality* of such knowledge. She is “able to [...] weed out the wheat from the chaff”<sup>42</sup> and thus be confident in its usefulness to her. Judith’s intimacy with, and assurance in the authority of, the biomedical knowledge she assimilates is key to the confidence she has in the method of incrementally progressing towards restitution.

An equivalence can be drawn with Judith’s psychological restitution. Its starting point is the emotionless state following the hyper-emotional one, where “everything just went on a flat line”<sup>43</sup>, and where she feared encountering any emotion again. Although Judith described this deadening of emotion as a “comfortable place”<sup>44</sup>, she nevertheless also described the isolation it brought (“you are so alone”<sup>45</sup>) as “very frightening”<sup>46</sup>. Judith waited for 4 ½ months before seeking help for her depression, which consisted of counselling and cognitive behavioural therapy (CBT). After six to eight months since the depression started she felt she was “starting to get [her...] head sorted”<sup>47</sup>, and was able to begin “the baby steps, and the testing, and the ‘can I do this?’, ‘can I do that?’ ”<sup>48</sup> with regards to the emotional demands of particular activities.

Similar to physical testing, Judith’s faith in psychological testing depends upon her being attuned to relevant sensations (this time emotional feelings), and to accurately interpret these sensations. For Judith this has two elements. First, she has faith in her intuitive awareness of whether an emotional demand is too great (“I have a lot of confidence in knowing, or feeling, that if my head sort of starts me thinking down a certain route, it tends to be the right thing”<sup>49</sup>). Second, she believes she has a good logical reasoning mechanism that can systematically interrogate psychological fears that arise. Drawing on CBT (and in

particular one self-help book she described as “my little bible”<sup>50</sup>) this is where you “listen to your thoughts but listen to them sensibly”<sup>51</sup>. Faith in this mechanism is key to giving Judith the hope that she can gradually extend her emotional capacity to reach a level of normality whilst avoiding another psychological withdrawal due to an excessive emotional burden.

Progress in the journey of restitution is accompanied with a growing “confidence” (a term used by both of us 84 times across the interviews<sup>52</sup>), and its closely related concept: “hope”<sup>53</sup>. Judith gave many examples that demonstrated the success of the physical and psychological models of action described above in progressing her towards normality. She recognised that there could be regression to an earlier stage if she ‘overdid’ activity, but this was understood as a setback to be managed against a bigger picture of progress. ‘Confidence’ meant being more able to use her back as she wanted, and being able to take on greater emotional burden. However, it also had a more fundamental sense that made it synonymous with her identity as competitive, motivated, and daring. It meant winning novice competitions at her golf club, to receive high compliments from her coach (“a natural golfer”<sup>54</sup>), and to competitively drive a sports car at a volunteering event. In this sense, the increased ability to use her back and take on emotional burdens are simply allegories for being sufficiently competitive, motivated, and daring. And what this boils down to is feeling successful in what she does, of ‘winning’.

### (3) ‘UNKNOWN QUANTITIES’: EMPIRICAL UNCERTAINTY IN DECISION-MAKING

I refer to the model discussed in the previous section as ‘idealised’ because it became apparent that its execution in practice was less than ideal. The reason for this is that although Judith expressed great confidence in her ability to read the sensations required for empirical testing, there was actually always some doubt involved for her about whether her interpretation was accurate, and thus whether her decision regarding activity was the best one. Judith talked about “the unknown quantity”<sup>55</sup> involved in such negotiated decisions. This uncertainty is realised in the physical set-backs she has experienced, and even as these are framed as temporary she talked about how her “confidence” can be “shattered quite easily”<sup>56</sup>. Perhaps the most important source of self-doubt is the hyper-emotional state she experienced from work stress. It was here that the very essence of her ‘confidence’ – her competitive, motivated, daring identity – had actually been instrumental to her mental collapse. This confidence had neglected “some argument in the back of your head that you didn’t know about”<sup>57</sup> which had protested during the stress but had been suppressed by her confidence, and which finally revealed itself in the involuntary “shutting down”<sup>58</sup> that followed. From confidence she was now “totally out of [her...] comfort zone”<sup>59</sup> and “had no idea what was happening”<sup>60</sup>. Her confidence had failed her, and might do so again.

Three possible decision making positions were discussed in her interviews. The first, and most ideal, is what we came to call the “Sensible Head”<sup>61</sup>. The Sensible Head is able to work out the optimum amount of activity that can be performed at a given increment on the journey of restitution, in accordance with the model outlined in the previous section. However, the potential presence of the unknown quantity means that the decision might actually be an overly-cautious one, and that she would miss out on the benefits of further activity. This position Judith called the “Scaredy Cat”<sup>62</sup>. Finally, there was a possibility that Judith is actually not cautious enough, and risks an over-doing of activity that results in regression. This I called the “Reckless Head”<sup>63</sup>.

The unknown quantity meant that Judith doubts which of these three positions is making the decision. Whilst each claims to be the sensible option, it is only the Sensible Head that can negotiate the path towards normality. Yet there is a danger that she might be erroneously persuaded that one of the two non-ideal positions is most sensible:

Very occasionally if I’ve done something wrong and twisted my back and I get an absolute stabbing pain in my back, then the Scaredy Cat will come in and say ‘right, you’re going to have to call it a day now because if you go to the next 12 [golf holes] you might even do even more damage and get even more pain’. But there’s sometimes a bit of a fight because the Sensible Head is, is right in a lot of cases in that sometimes you work through it. [13:784-8]

Whilst it was possible here, with the benefit of hindsight, to identify which position is the Scaredy Cat and which is the Sensible Head, that there is a “fight” between the positions suggests this distinction was certainly not clear when Judith had to make a decision at the time. Often even hindsight is not enough, however, with Judith discussing her decision to end her attempts at unicycling at a volunteering event (see above) in terms of a sensible decision (the risk of getting hurt was greater than the chance of her being able to “master it”<sup>64</sup>) before then framing it as the actions of an ingrained Scaredy Cat that she would like rid of.<sup>65</sup> The three decision-making positions are born from, and made elusive through, the uncertainty inherent in Judith’s interpretation of sensations from her body and mind.

However, there is more at stake than simply the accuracy of the assessment of the capability of her back muscles or her emotional capacity. Indeed the enactment of each position says, for Judith, something important about who she is. The Scaredy Cat is not simply an inefficient route to normality, but represents a fundamental contravention of the ‘daring’ aspect of Judith’s identity, one that is key to her wider identity of achieving success through competition and motivation. Comparing herself to a woman at her golf club she noted:

J: Before my depression I was very like her, very outgoing, very confident, very out there doing things left, right, and centre. Trying anything and everything. And I said 'now I'm this little scaredy cat that I've got to think twice before I do anything'.

L: And that bugs you?

J: Yeah. That upsets me actually. [11:494-501]

In this sense Judith is “trying to get away from the Scaredy Cat”<sup>66</sup> because it says something about who she has become. She felt that her emotional trauma had ingrained the Scaredy Cat into her character, and she was desperate to try and weed it out. As a consequence, caution is not simply negotiated through a combination of good intuition and well-informed reasoning, but can be dismissed because of its affront to an idealised version of who she sees herself as, such as the attitude that cautioned her against unicycling: “if I'd gone home and not tried it, I'd have thought well, why didn't you try, you scaredy cat?”<sup>67</sup> This meant that the Reckless Head was sometimes chosen for reasons of identity, regardless of the high risks of regression. Indeed, Judith felt “without a shadow of a doubt”<sup>68</sup> that there was a need to be reckless to prove to herself that she was the same competitive, motivated, daring Judith that she was prior to her depression.

Thus, the three different positions express more than simply the uncertainty associated with the assessment of sensations: they speak of the acceptability of the decision-making positions in defining the type of person Judith wants to be.

#### (4) NORMALITY OUT OF REACH

Judith understood 'normality' as being able to satisfy the demands for functioning outlined in the first section, particularly those related to her identity as competitive, motivated, and daring. It is not an end point but an ongoing maintenance of a high-enough level of functioning. Sometimes this level was explicitly defined for a particular activity, such as being able to play 18 holes of golf. However, Judith's hope in the return to normality oscillated with a suspicion that the normality she is aiming for is actually out of reach.

Discussing the woman at the golf club whom Judith felt jealous of (see previous section), Judith noted a “real sense of loss that I know I used to be like that”<sup>69</sup>. This “sense of loss” expresses a recognition that she is fundamentally out of reach of the normality she wants and that the idealised model cannot provide a hopeful ladder up to it. Indeed, she said “I know I'll never, ever be able to get there”<sup>70</sup>.

This doubt centred on two sources. First, a feeling that as she has aged her body has become less capable physically. She believed that as she ages “you don't heal as quickly”<sup>71</sup>, thus jeopardising the steady progression of the repair of her body to enable greater functioning:

My back doesn't seem to be getting better. My back seems to be getting worse. The pain is more constant now. When [she hurt her back...] twenty years ago [...] there were periods of time where I could just ignore it completely, and just not even think about it, and then I'd get a twinge and it would be just be like a bit of a warning. But now, I seem to, you know, there doesn't seem to be much I can do easily. [I1:360-4]

Indeed, she also believed that with aging there is a degeneration in her body that actually serves to reduce functioning (rather than simply slow or prevent restitution). She said "I almost know for a fact that I can't do what I did twenty and thirty years ago"<sup>72</sup> and that this "does depress me sometimes"<sup>73</sup>. She seemed to experience her back pain in terms of a lost past of physical functioning, noting that "you want to be 30 years younger again"<sup>74</sup>. She said "we can't do now what we did twenty or thirty years ago because we're not that [same] fit, active person"<sup>75</sup>.

The second source of doubt concerned perceived psychological changes following her hyper-emotional state. She felt that after this the Scaredy Cat became an established (and unwelcome) part of her character. Indeed, she felt that "I have changed since my depression"<sup>76</sup>. Judith noted that

it is ridiculous how even things that [...] you'd taken for granted and you'd do so easily before, somehow become difficult. So I mean like, I suppose even just getting in the car and driving somewhere. It's like you've got to psyche yourself up to do it. [I3:345-8]

The Scaredy Cat not only jeopardises a restitution of emotional capacity, but impacts in decisions concerning the use of her back. Emphasising its permanence, she said "I would like the Scaredy Cat (*laughing*) not to be there, but I think [...] it will be there. I don't think I'll get rid of the Scaredy Cat now"<sup>77</sup>. As with her physical limitation, she experiences the doubt concerning her emotional capacity in terms of a lost past. This lost past is characterised by her 'confidence' as a competitive, motivated, and daring individual. The Scaredy Cat in particular impinged on the lattermost characteristic, becoming pronounced in the contrast between past and present:

I didn't really have the Scaredy Cat before. The Scaredy Cat definitely has come in later rather than earlier. [...] somebody could dare me to do something and 9 times out of 10 I would do it, before. [I3:866-8]

This was a past where she and her husband would take part in daring activities such as "this dual parachute thing [where...] you strap yourself to a bloke, 8,000 foot up a mountain"<sup>78</sup>, where "even though we were [...] absolutely full of fear, we still did it"<sup>79</sup>.

Judith said that recognition that she has limitations that prevent her from reaching the normality she wants made her "frightened"<sup>80</sup>. This fear expressed the incompatibility

between this recognition and the sense of hope of progress towards normality. Indeed, these two strands oscillated throughout the interviews, resisting outright confrontation.

Nevertheless, their contradictory nature was present in moments such as when she said that “if I accept my limitations, that might be slightly negative for me”<sup>81</sup>. Acknowledging these limitations means “saying this is how I am. And I don’t think I want to do that”<sup>82</sup>.

Perhaps unable to ignore their conflict, it was apparent that she had thought about reconciling the two strands, and had two strategies for this. The first is to accept a lower level of normality. Thus, she said “I’ve got to take my age into account”<sup>83</sup> when considering what normality is, and that (for example) rather than becoming a “brilliant”<sup>84</sup> golfer she would be happy being “a comfortably average or slightly above average golfer”<sup>85</sup>. This strategy means letting go of “unrealistic”<sup>86</sup> goals, of avoiding being a “perfectionist”<sup>87</sup>. It means actively avoiding certain goals that would normally appeal to her, such as reaching the level of functioning (or ‘confidence’) of the lady at the golf club. Thus, she said “my goals will be *not* to be like her”<sup>88</sup> (my emphasis). “I’ve reached the point where I know I’ll not be her. And I don’t want to be her”<sup>89</sup>. This also involves having “curbed”<sup>90</sup> her competitive tendencies, of having “reined”<sup>91</sup> in the ‘confidence’ that characterised her identity: “I used to be very competitive and I’ve curbed that because I’ve realised that being very competitive is part of the problem of being a perfectionist as well”<sup>92</sup>. Her second strategy is a belief that trying is enough, even if it is not possible to reach a higher step towards normality. Thus, regarding unicycling she was “happy that I tried it and failed”<sup>93</sup>. And in challenging the Scaredy Cat she noted that “as long as I’m just doing [the challenging...] every now and again and just not doing nothing, then I feel like I’m doing something. Which is a positive”<sup>94</sup>.

Nevertheless, such negotiation seemed unable to resolve what sometimes felt like irreconcilable elements of her narrative. It felt like an emotional ‘want’ of normality that resists the logical ‘should’ of accepting limitations. Thus, when I asked if she had thought about how she could exist if she “can’t be this successful person at something”<sup>95</sup> she said “no, I haven’t, and I don’t think I want to”<sup>96</sup>. Similarly, when talking of the high levels of stress that accompanied her competitive, motivated, daring identity in a high-flying job she said: “I don’t want to go there again. They were very, very highly pressured days. But there’s an element of me thinking, you know, I do miss that”<sup>97</sup>. It seemed that the logical consequences of her limitations were never able to adequately dampen the emotional wants of restitution to enable a successful negotiation between the two contradictory elements of her narrative.

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## SECOND MOVEMENT: AN INTEREST STORY ON LONELINESS

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I contend that the controversy presented in this ‘second movement’ is not readily read as fractional but epistemological. In this sense, it is not a ‘second movement’ at all, or rather it is only weakly read as such. This is because in the interferences identified their multiplicity is readily distributed into splendidly isolated temporal singularities. This section will explore how the controversies that arose in Judith’s first movement narrative were relatively successfully established within epistemological rather than fractional conditions of possibility.

As our interviews together went on it had become apparent to me that Judith’s friendships with others were significant to her experience but that they did not seem to play a particularly significant role in the first movement narrative. Indeed, as I noted in the fifth interview: “this issue of friendship’s been raised in lots of different sessions but it’s always kind of lingered in the background”<sup>98</sup>. The identification of this potential boundary in the first movement narrative prompted my exploration of it in our interviews, and the completed analysis has been split into two main themes: (1) loneliness due to difficulty getting close to others and (2) how Judith has tried to deal with the problem of loneliness. It is my contention that rather than providing an extended field of vision that identifies a mediator connecting the first movement and an additional but impossible narrative that is Othered into absence, that this ‘second movement’ narrative instead can be readily read as an *interest story* (Law, 2002), a concept discussed in Chapter 11. The additional narrative offered concerning *loneliness* can be understood as ‘going deeper’ than the first movement narrative, many aspects of which can be reconceptualised as intermediaries for the more fundamental narrative of loneliness. However, unlike the interest story identified in Alice’s narrative, the superficial and more fundamental narratives are not necessarily impossible to one another despite their arrangement into singularities based on depth. Nevertheless, the same effect of distributing multiplicity into splendidly isolated singularities is achieved, and an epistemological reading is readily produced.

### (1) LONELINESS AND BEING A ‘LONER’

In our exploration of the significance of others Judith noted the importance of *talking to people*. Thus, having left work she noted how “loneliness and isolation”<sup>99</sup> set in because of the lack of “the banter with people”<sup>100</sup> she encountered in her work. Indeed, in this regard she said “talking to people is definitely something I miss”<sup>101</sup>, and that the social side of her volunteering work manning a stall at events (where “you’re talking to anywhere between four and five hundred people on a day”<sup>102</sup>) “probably replaces”<sup>103</sup> this aspect of work. And when these volunteering events become scarce in winter, “the golf in a way would be a

substitute for that because I could still continue playing golf, go to the golf club [and] talk to people”<sup>104</sup>. Similarly, Judith also missed the socialness of living in an urban area now that she lived in a village (“the one good thing about living in a town or a city is that there’s always people around [...but] when you live in a village, it is much quieter. And sometimes I do miss it”<sup>105</sup>). As well as it being important for Judith to talk to others, she felt skilled in being able to do so, with her noting that “talking to people has always been one of my strong points and I’ve always enjoyed that”<sup>106</sup>.

However, when she became depressed following her hyper-emotional state, she found herself avoiding interactions with others: “unusually [...] I didn’t want to bump into [anybody]”<sup>107</sup>. This lowest point in her journey of emotional restitution was characterised by “wanting to be secure and also not talking to people, which is probably completely the opposite of what I’d normally do”<sup>108</sup>. And in this isolation “there was an awful feeling of aloneness”<sup>109</sup>. This was a “frightening aloneness because you think you’ve got to deal with this on your own”<sup>110</sup>. Her episode of depression seemed to constitute an occasion where somehow her ‘normal’ socialness gave way to a tendency to isolate herself, resulting in a frightening feeling of aloneness. Yet it became apparent that this feeling of aloneness was not simply confined to her depressive episode:

J: And I think the feeling of aloneness [when she was depressed] is really scary. I didn’t like that at all, no. I felt like I was just all on my own and couldn’t cope and it was just an awful feeling.

L: Did you only get that feeling of aloneness with the depression or has it come on since?

J: No, I’ve realised now I’ve had it ever since I was in my teens.  
[I4:752-5]

In contrast to her apparent sociability suggested in our earlier discussions, Judith went on to talk about how as a child she actually isolated herself from others:

[...] I used to hold back from school. I didn’t really have any friends at school, you know, and it was part of this taking it all inside and not giving of myself really. [...] I talk[ed] to people, but I wouldn’t let them in and I kind of didn’t talk to them very much. I don’t actually know why. I don’t really know why I felt like that. [I4:757-61]

Indeed, Judith talked about “how alone I felt at school”<sup>111</sup>, of “this sense of aloneness”<sup>112</sup>. Lacking friends, she even “invented this parallel life”<sup>113</sup> to compensate:

This is going to sound really ridiculous [...but] I had an exercise book (*laughing*) with this [...invented] name on [...] and [she...] was the one who had all the friends. So I had this little book and I would write little stories in it and things that had happened, and it was all [her...] and her life (*laughing*). It sounds ridiculous, I know! But that’s the kind of thing that I think I wanted but I didn’t have.  
[I5:45-54]

She talked about how this difficulty making friends extended to adulthood, contrasting with the first movement narrative where she positioned herself as having good social skills. This narrative peeled away as she noted that, actually, “I think I’ve always been a bit of a loner”<sup>114</sup>. Even at work, which she missed because of the ‘banter’ with others, she found the friendships she formed were *superficial*. Indeed, she noted that:

[...] I found it difficult to make friends with people at work. I could be friends on the surface but where other girls were going out with other girls for a drink after work and that kind of thing, I never got invited, you know. And so I think [...] I’ve recognised that there’s always been that element there. [15:253-9]

The sociability expressed by Judith can thus be understood as a superficiality, beneath which lies a social isolation and concomitant loneliness. More than this, her attempts at being social can be understood as her trying hard to attain the friends she desperately wanted, attempts that enact Judith as a social person (as suggested in the first movement narrative) but which ultimately are revealed as an unconvincing papering-over of failed interactions and aloneness that lie more meaningfully beneath. This is not a simultaneity of two contradictory concepts of socialness and anti-socialness, but an anti-socialness that lies underneath the surface of socialness, as a singularity.

Judith discussed her tendency to isolate herself from others in terms of “not letting people get too close”<sup>115</sup>. She accounted for this seemingly contradictory behaviour (since it made her feel lonely) through appeals to some fixed personality trait determined by her upbringing (“if it’s your life with your family [...] that’s [...] made you the person you are”<sup>116</sup>) and/or genetic predisposition (“if this is in my very DNA and it’s not going to change then it’s always going to be there”<sup>117</sup>). Whilst she said she never felt lonely within her childhood home, and that her “parents were two of the most lovely, outgoing people, generous, happy, loving parents you’ve ever had”<sup>118</sup>, she nevertheless identified a familial trait of isolation that was passed down to both herself and her siblings (“my brother wouldn’t even answer the phone when the phone rang”<sup>119</sup>). Yet just as her isolationism and loneliness were hidden behind a façade (of Judith’s socialness), this was similarly the case in her childhood home.

Thus, Judith talked about her close relationship with her father: “we absolutely loved each other, you know. [...] I was definitely my father’s daughter. There was definitely a special bond between us”<sup>120</sup>. Indeed, she said “we were very close”<sup>121</sup>, and that “my dad and I used to walk down the street holding hands and smiling because we just love[d] being with each other”<sup>122</sup>. However, later in her life Judith learned that her father had isolated himself from his family as he experienced significant and prolonged episodes of depression, for which he ultimately received electric shock therapy that Judith said destroyed his memory (“it’s very difficult dealing with somebody who you love and adore who doesn’t even know who you

are anymore”<sup>123</sup>). She noted how her father did not let her or her siblings know about the problems he was facing:

He might’ve spoken to mam about it but he didn’t talk to his children about it, and I think that was because he didn’t want to. It was possibly the man thing, ‘I’m a man therefore I shouldn’t have these problems, therefore if I don’t talk about them they don’t exist’. [I5:698-703]

Through later conversations with her mother after her father had died (prematurely, in his early 60s – approximately 30 years before our interviews) she became aware of her father’s tendency to isolate himself:

[...] as I got older, when my mam was still alive, she said you’re getting more like your dad every year. And [...] sometimes I’d be talking to my mum<sup>a</sup> and you’d have these in-depth conversations and memories and all of this kind of thing, and I did find out that my dad did find it more difficult to open up. [I5:603-7]

Her father’s depression manifested itself as an inward-turning isolation, something that Judith later recognised in her father when looking back:

But now I think about it, my dad used to sit there for long periods of time and not say a lot, and you’re kind of thinking in hindsight, yeah, you kind of think yeah, [...] he’s not well. But I didn’t recognise it as that at the time, you know [...]. [I5:800-6]

A national sales manager who made it part of his job to be social with people, but who had a crippling tendency towards isolating himself, Judith identified aspects of both herself and her brother in her father. Indeed, she later learned from her mother that, like Judith, her father created a superficial social identity at work: “my mam already [...] alluded to the fact that he did the same as me in [that] he put a persona out, you know. So the work persona is different to who you actually are”<sup>124</sup>. Indeed, she said

I do think there is an element of me being very like my dad and my dad being very like me in the way that we dealt with things and that we did find it was the persona that spoke to people, whereas, you know, the real person inside just hung back as usual. [I5:637-41]

The ‘real person’ beneath (the loner) was Othered into absence through enacting sociability, but this was an enactment that failed when certain facts objected. For her father one such fact was his depression, and whilst a primitive defence against its objections is to simply ignore its presence (“it just wasn’t spoken about”<sup>125</sup> in the family), it cannot be ignored completely, as the emotionally painful process (for the family) of her father’s electric shock treatment shows. And its presence is read as revealing a more fundamental truth regarding isolation and loneliness belied by a superficiality of a social persona.

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<sup>a</sup> Judith alternated between using the words “mam” and “mum” to refer to her mother.

## (2) DEFENDING AGAINST LONELINESS

In this interest story, the social persona can be understood as an ultimately unsuccessful attempt to compensate for the loneliness that accompanies her isolationist tendency. The social persona is one type of defence against loneliness, but Judith identified three more defences that follow the same interest story structure of a fundamental isolationism and loneliness beneath superficial structures of her identity that form the defence in question. The first of these three mechanisms is embracing loneliness. Judith said that by her late childhood she had accepted being alone:

When I was actually at school, sort of 13, 14, 15 I did struggle with [loneliness...] a bit and I did wonder why, you know, why was I sort of alone, why didn't anybody want to be my friend. But by the time I got to 6th form I kind of realised that I was okay with it. [15:40-2]

Indeed, she said she actually began to embrace the differences she felt were isolating her, particularly activities she felt made her different from girls she wanted to be friends with (such as riding a motorbike): "I realised I was actually doing things that were slightly different. So I was kind of enhancing my aloneness, if that makes sense"<sup>126</sup>. The decision to embrace isolation stemmed from a feeling that this was ingrained in who she is and could not be changed: "I kind of thought to myself, you know, go with it because if that's how you are, it's pointless fighting it and trying to be somebody that you're not"<sup>127</sup>. This builds upon the social persona narrative since it constitutes an acceptance of the deeper isolationism found beneath the façade of sociability once it could no longer Other into absence inconvenient facts like Judith's lack of friends.

However, whilst embracing isolation meant "there was a comfort thing there as I realised that's how I was"<sup>128</sup>, she "still felt alone"<sup>129</sup>, albeit "not as much"<sup>130</sup>. Whilst isolation could be embraced, it was much more difficult for Judith to embrace being lonely. For this reason other defences against loneliness continued, including developing the social persona that would come to play a major role in her working life.

The second additional defence mechanism against aloneness is enacting of the competitive identity outlined in the first movement. Judith talked about the "competitiveness of trying to be like other people"<sup>131</sup>, where "you want to be friends with people and I suppose you want to be like other people in a way"<sup>132</sup>. The link between competing, being like other people, and making friends was clarified when Judith talked about her time during sixth form when she had decided to pursue the above-discussed defence mechanism of embracing aloneness. She said "I suppose if there was any competitiveness of trying to be like other people, that kind of [...] went because there wasn't any need for it to be there any more"<sup>133</sup>. In this sense competitiveness involves striving to be like other people because it creates a desirable

identity (namely, of *success*) that others would like to be friends with. Indeed, she said “sometimes I think you do do things [...] in a way [...] that will make you look good”<sup>134</sup>. And when her competitiveness does not achieve a successful identity she feels socially isolated from others, such as when she was advanced to a golfing class where the standard of the students was much higher than she was used to:

The last time I felt the aloneness was a couple of months ago when the normal class that I go to for my golf couldn't happen and I had to go to a different class with people that I didn't know and I had huge confidence loss [...] [I5:1345-7]

From being highly successful relative to the other students in her beginner's class (and therefore socially desirable to others) she was now at the bottom of the success-ladder. She noted that “when I got there I realised that the other [students...] were much more advanced than I was and so that really pushed me back a bit”<sup>135</sup>. She said “I felt I didn't belong there. [...It] did feel [...] difficult talking to them. I realised I was retreating inside myself again”<sup>136</sup>. It is better to be a ‘big fish in a small ocean’ than a ‘small fish in a big ocean’ because of the social desirability being a *big fish* brings:

I suppose it's much easier to be a big fish in a small ocean [...], isn't it? When you're a little fish and it's a big sea you get a bit lost. Whereas [...] if you're a big fish and everybody's trying to be you, then you have this huge boost, don't you? [I4:329-31]

Whilst this competitive identity in the first movement is understood as some foundational, basic element of who she is that is not connected to impressing others (this is “purely for me”<sup>137</sup>), in this additional narrative it becomes a superficial structure above a deeper self that is constituted by the struggle to escape loneliness:

[...] you kind of develop a false persona. And then, you know, you deal with things in a different way. And I do think everybody does it to a certain extent: that you [...] can sometimes want people to see you how you think you should be. [I5:222-7]

For Judith this façade took its most obvious form in her competitive identity at work: “you've heard about the power suits in the '80s. [...] And to me that was like putting on my-, that was me. That was my work persona. I took the suit off and I was just Judith”<sup>138</sup>.

If her competitiveness is reworked as an intermediary for a conflict between a tendency to isolate herself and the negativity of loneliness that accompanies this isolation, then the conflict expressed in the first movement narrative (which can be understood as a need to return to the ‘normality’ of a competitive identity versus the physical and emotional difficulties standing in the way of this) instead becomes about the conflict between isolation and loneliness, and the solution to the first dissolves into the solution to the second.

This is particularly apparent in the final (and arguably Judith's most successful) defence mechanism against loneliness that she discussed: learning to be more open with others. This involved first recognising her impulse to retreat inside herself when it arises, and then actively avoiding behaviour induced by that impulse. Feeling that she has learned to do this over many years, she said "I know when I'm holding back, and I know when I'm uncomfortable with somebody and I'm not being forthcoming, and I recognise that"<sup>139</sup>. Importantly, being open with others involves letting others know when she feels the impulse to isolate. Thus, she noted how she had learned to try and talk to her husband if she was slipping into depression (echoing her father's tendency to isolate himself from his family):

[...] I don't like to tell him that I'm feeling a bit down but I have learned that I have to do it. I do force myself to tell him. If I feel I'm dipping into it I do have to tell him, but I don't like telling him. [I5:817-20]

Similarly, when Judith was put into the more advanced golfing class and said she was "retreating inside myself"<sup>140</sup>, she "recognised it immediately"<sup>141</sup> that she had "stepped back and just cut myself off"<sup>142</sup> from the others. In the past she said she would "have just carried on and then when nobody was looking I'd have turned round and scooted home so I didn't have to say [goodbye...] to anybody or anything"<sup>143</sup>, but on this occasion she actively avoided behaving in an isolationist way and reached out to her fellow students:

[...] by the end of the lesson I'd gone up to one of the girls and I'd said to her 'I'm really sorry', I said, 'I've just suffered a minor loss of confidence, you know, I'm sorry if I seemed a bit off-ish'. [I5:1353-5]

Judith felt that "even though I know [...the tendency to isolate is] still there, the fact that now I can actually say that to somebody [means that] I've come on leaps and bounds from before"<sup>144</sup>. Judith related the enactment of this social behaviour (in the face of an isolationist impulse) to having 'confidence', a concept that figured strongly in the first movement narrative:

[...] I do feel I can handle it. 'It', whatever 'it' is (*laughing*). And I think [it is] the confidence of knowing that that then gives you the confidence to explain about [...the isolationist behaviour]. Whereas if I didn't have that confidence, [then...] I [would...] still [be] doing the turning inwards [...]. [I5:1396-9]

Rather than 'confidence' meaning having gained physical and emotional capacity, and being able to enact her competitive, motivated, and daring identity (as in the first movement narrative), here it is understood as meaning a capacity to act against her isolationist tendency. Indeed, she characterised her initial isolationist behaviour in the advanced golfing class as a "minor loss of confidence"<sup>145</sup> and (elsewhere) as a "huge confidence loss"<sup>146</sup>. Yet

'confidence' is also talked about in the same terms as the first movement narrative – as some desirable quality that she can gradually acquire with time. But unlike the first movement narrative the acquisition of confidence does not come about due to the relative ability to enact her competitive, motivated, daring identity. Now understood as a superficial surface feature in a defence mechanism against the more fundamental issue of loneliness that accompanies her isolationist tendencies, the need to be competitive, motivated, and daring becomes short-hand, an intermediary, for how to escape loneliness. And the defence of learning to be more open to others offers a solution that questions the need to enact the competitive, daring, and motivated identity at all, and thus presents the possibility of dissolving the first movement conflict between the need to return to normality and physical and emotional barriers to this (which is based on a need to enact this identity).

## INTERVIEW REFERENCES

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- <sup>1</sup> I1:682
- <sup>2</sup> I1:66
- <sup>3</sup> I1:65
- <sup>4</sup> I1:261-2
- <sup>5</sup> I1:262
- <sup>6</sup> I1:262-3
- <sup>7</sup> I2:605
- <sup>8</sup> I2:613
- <sup>9</sup> I2:613-14
- <sup>10</sup> I2:711
- <sup>11</sup> I2:708
- <sup>12</sup> I3:162
- <sup>13</sup> I3:177-8
- <sup>14</sup> I3:182
- <sup>15</sup> I3:570
- <sup>16</sup> I3:877
- <sup>17</sup> I3:581-2
- <sup>18</sup> I3:1133
- <sup>19</sup> I1:388
- <sup>20</sup> I1:636-7
- <sup>21</sup> I1:675
- <sup>22</sup> I2:399
- <sup>23</sup> I1:824-5
- <sup>24</sup> I1:383-4
- <sup>25</sup> I1:425
- <sup>26</sup> I1:426
- <sup>27</sup> I2:405
- <sup>28</sup> I5:231-2
- <sup>29</sup> I4:484
- <sup>30</sup> I4:486
- <sup>31</sup> I4:508
- <sup>32</sup> I4:383-4
- <sup>33</sup> I1:64
- <sup>34</sup> I1:67-8
- <sup>35</sup> I2:343
- <sup>36</sup> I1:960
- <sup>37</sup> I1:992

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38 I1:215-18  
39 I1:539  
40 I2:232  
41 I3:296  
42 I1:329  
43 I3:156  
44 I3:159  
45 I5:1166  
46 I5:510  
47 I2:729  
48 I2:730  
49 I3:624-5  
50 I2:458  
51 I2:804-5  
52 For example – Judith: I1:64,69,73,108,127,192,219,232,234,238,239,255,257,350,370,375,631,633,  
657,659,997,1001  
– Leigh: I1:49,93,169,194,200,226,228,233,241,248,250,252,267,340,374,417,470,666  
53 I4:190,558  
54 I1:373  
55 I2:291  
56 I1:242  
57 I3:279  
58 I3:281-2  
59 I2:698  
60 I2:698  
61 I3:750  
62 I1:497  
63 I4:26  
64 I3:721  
65 I3:703-44  
66 I1:569  
67 I1:568-9  
68 I4:36  
69 I2:382-3  
70 I2:385  
71 I1:151  
72 I1:601  
73 I1:475  
74 I1:464  
75 I1:825-6  
76 I2:898  
77 I3:740-2  
78 I3:817-19  
79 I3:887  
80 I2:309  
81 I1:540-2  
82 I1:544  
83 I2:247  
84 I2:250  
85 I2:253  
86 I1:694;I2:492,502  
87 I2:458  
88 I2:385  
89 I2:839  
90 I4:319  
91 I5:110  
92 I4:319-20  
93 I1:575

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94 I3:1183-5  
95 I1:686  
96 I1:687  
97 I2:394-6  
98 I5:19-20  
99 I1:102  
100 I1:675  
101 I2:399  
102 I1:746-7  
103 I1:750  
104 I2:422-3  
105 I2:416-17  
106 I2:585  
107 I2:668  
108 I2:674-6  
109 I5:499  
110 I5:499-500  
111 I5:448  
112 I5:451  
113 I5:56  
114 I4:609-10  
115 I4:616  
116 I5:1261  
117 I5:1200-1  
118 I5:423-4  
119 I5:422-3  
120 I5:659-60  
121 I5:664  
122 I5:794-5  
123 I5:577-8  
124 I5:630-5  
125 I5:720  
126 I5:168-9  
127 I5:186-8  
128 I5:208  
129 I5:206  
130 I5:206  
131 I5:199  
132 I5:160-1  
133 I5:199-200  
134 I5:232-4  
135 I4:247-8  
136 I4:252-3  
137 I4:773  
138 I5:243,247-9  
139 I5:912-13  
140 I5:1349  
141 I5:1351  
142 I5:1357  
143 I5:1363-4  
144 I5:1370-1  
145 I5:1354  
146 I5:1347

## REFERENCES

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- Al-Saji, A. (2012). When thinking hesitates: Philosophy as prosthesis and transformative vision. *The Southern Journal of Philosophy*, 50(2), 351-361.
- Al-Saji, A. (2014). A phenomenology of hesitation: Interrupting racializing habits of seeing. In E.S. Lee (Ed.), *Living Alterities: Phenomenology, Embodiment, and Race* (pp. 133-172). Albany, NY: State University of New York Press.
- American College of Rheumatology (2019). *TNF Inhibitors* [online]. Retrieved from: <https://www.rheumatology.org/I-Am-A/Patient-Caregiver/Treatments/TNF-Inhibitors>
- Anderson, B., & Harrison, P. (2010). The promise of non-representational theories. In P. Harrison, & B. Anderson (Eds.), *Taking-Place: Non-Representational Theories and Geography* (pp. 1-36). Farnham, UK: Ashgate Publishing, Ltd.
- Appleyard, S.E., & Clarke, C. (2018). An interpretative phenomenological analysis of the experiences of older people self-managing cancer pain at home. *Journal of Psychosocial Oncology*, 36(3), 333-349.
- Arlen H., & Harburg, Y. (1995). If I only had a heart. [Recording by MGM Studio Orchestra]. In *The Wizard of Oz: Original Motion Picture Soundtrack – The Deluxe Edition* [CD]. New York: Rhino Records. (Original work published 1939).
- Arman, M., & Hök, J. (2016). Self-care follows from compassionate care – Chronic pain patients' experience of integrative rehabilitation. *Scandinavian Journal of Caring Sciences*, 30(2), 374-381.
- Atkinson, P., & Silverman, D. (1997). Kundera's immortality: The interview society and the invention of the self. *Qualitative Inquiry*, 3(3), 304-325.
- Baier, P. (n.d.). Chronic pain. Retrieved from: <http://www.aboutrsd.com/poem.php>
- Barke, A. (2019, January 17). Chronic Pain has arrived in the ICD-11. Retrieved from: <https://www.iasp-pain.org/PublicationsNews/NewsDetail.aspx?ItemNumber=8340>
- Barkwell, D. (2005). Cancer pain: Voices of the Ojibway people. *Journal of Pain and Symptom Management*, 30(5), 454-64.
- Becker, B. (1999). Narratives of pain in later life and conventions of storytelling. *Journal of Aging Studies*, 13(1), 73-87.
- Bendelow, G.A. (2006). Pain, suffering and risk. *Health, Risk and Society*, 8(1), 59-70.
- Bendelow, G.A. (2010). The mind/body problem in contemporary healthcare. In J. Fernandez (Ed.), *Making Sense of Pain: Critical and Interdisciplinary Perspectives* (pp. 21-31). Oxford: Inter-Disciplinary Press.
- Benoit, C., Jansson, S.M., Smith, M., & Flagg, J. (2018). Prostitution stigma and its effect on the working conditions, personal lives, and health of sex workers. *The Journal of Sex Research*, 55(4-5), 457-471.
- Bergh, I., Jakobsson, E., Sjöström, B., & Steen, B. (2005). Ways of talking about experiences of pain among older patients following orthopaedic surgery. *Journal of Advanced Nursing*, 52(4), 351-359.
- Berman, M. (1983). *All that is Solid Melts into Air: The Experience of Modernity*. London: Verso.
- Berna, C., Vincent, K., Moore, J., Tracey, I., Goodwin, G.M., & Holmes, E.A. (2011). Presence of mental imagery associated with chronic pelvic pain: A pilot study. *Pain Medicine*, 12, 1086-1093.
- Bernhofer, E.I., Masina, V.M., Sorrell, J., & Modic, M.B. (2017). The pain experience of patients hospitalized with inflammatory bowel disease. *Gastroenterology Nursing*, 40(3), 200-207.
- Biro, D. (2011). *Listening to Pain: Finding Words, Compassion, and Relief*. New York: W.W. Norton & Co.

- Bissell, D. (2010). Placing affective relations: Uncertain geographies of pain. In P. Harrison, & B. Anderson (Eds.), *Taking-Place: Non-Representational Theories and Geography* (pp. 79-97). Farnham, UK: Ashgate Publishing, Ltd.
- Blomqvist, K., & Hallberg, I.R. (2001). Recognising pain in older adults living in sheltered accommodation: The views of nurses and older adults. *International Journal of Nursing Studies*, 38(3), 305-318.
- Bolaki, S. (2016). *Illness as Many Narratives: Arts, Medicine and Culture*. Edinburgh: Edinburgh University Press.
- Booth, T., & Booth, W. (1994). The use of depth interviewing with vulnerable subjects: Lessons from a research study of parents with learning difficulties. In *Social Science & Medicine*, 39(3), 415-424.
- Borer, M.I., & Fontana, A. (2012). Postmodern trends: Expanding horizons of interviewing practices and epistemologies. In J.F. Gubrium, J.A. Holstein, A.B. Marvasti, & K.D. McKinney (Eds.), *The SAGE Handbook of Interview Research: The Complexity of the Craft* (pp. 45-60). Thousand Oaks, CA: SAGE.
- Bourdieu, P. (1977). *Outline of a Theory of Practice* (R. Nice, Trans.). Cambridge: Cambridge University Press. (Original work published 1972).
- Bourke, J. (2014). *The Story of Pain: From Prayer to Painkillers*. Oxford: Oxford University Press.
- Braun, V., & Clarke, V. (2012). Thematic analysis. In H. Cooper, P.M. Camic, D.L. Long, A.T. Panter, D. Rindskopf, & K.J. Sher (Eds.), *APA Handbook of Research Methods in Psychology, Vol. 2: Research Designs: Quantitative, Qualitative, Neuropsychological, and Biological*. Washington, DC: American Psychological Association.
- Breivik, H., Collett, B., Ventafridda, V., Cohen, R., & Gallacher, D. (2006). Survey of chronic pain in Europe: Prevalence, impact on daily life, and treatment. *European Journal of Pain*, 10(4), 287-287.
- Briggs, C.L. (2007). Anthropology, interviewing, and communicability in contemporary society. *Current Anthropology*, 48(4), 551-558.
- Brodwin, P.E. (1992). Symptoms and social performances: The case of Diane Reden. In M. DelVecchio Good, P.E. Brodwin, B.J. Good, & A. Kleinman (Eds.), *Pain as Human Experience: An Anthropological Perspective* (pp. 77-99). Berkeley: University of California Press.
- Brown, S.D., Cromby, J., Harper, D. J., Johnson, K., & Reavey, P. (2011). Researching "experience": Embodiment, methodology, process. *Theory & Psychology*, 21(4), 493-515.
- Brown, S.D., & Reavey, P. (2017). Dark organizational theory. *Journal of Cultural Economy*, 10(3), 280-295.
- Bryman, A. (2004). *Social Research Methods* (2nd ed.). Oxford: Oxford University Press.
- Buchbinder, M. (2010). Giving an account of one's pain in the anthropological interview. *Culture, Medicine, and Psychiatry*, 34(1), 108-131.
- Burton, A.E., Hissey, L., & Milgate, S. (2019). Exploring thoughts about pain and pain management: Interviews with South Asian community members in the UK. *Musculoskeletal Care*, 2019, 1-11.
- Callon, M. (1986). Some elements of a sociology of translation: Domestication of the scallops and the fishermen of Saint Briec Bay. In J. Law (Ed.), *Power, Action, and Belief: A New Sociology of Knowledge?* (pp. 196-233). London: Routledge & Kegan Paul.
- Callon, M., & Rabeharisoa, V. (2004). Gino's lesson on humanity: Genetics, mutual entanglements and the sociologist's role. *Economy & Society*, 33(1), 1-27.
- Caputo, J.D. (2007). Spectral hermeneutics: On the weakness of God and the theology of the event. In J.D. Caputo, & G. Vattimo, *After the Death of God* (J.W. Robbins, Ed.) (pp. 47-85). New York: Columbia University Press.
- Chan, J., & Spencer, J. (2005). Contrasting perspectives on pain following hand injury. *Journal of Hand Therapy*, 18(4), 429-436.
- Chandler, A. (2013). Inviting pain? Pain, dualism and embodiment in narratives of self-injury. *Sociology of Health & Illness*, 35(5), 716-730.

- Charmaz, K.C. (1991). *Good Days, Bad Days: The Self in Chronic Illness and Time*. New Brunswick, NJ: Rutgers University Press.
- Charon, R. (2001). Narrative medicine: A model for empathy, reflection, profession, and trust. *The Journal of the American Medical Association*, 286(15), 1897-1902.
- Charon, R. (2005). A narrative medicine for pain. *Progress in Pain Research and Management*, 34, 29-44.
- Chiesa, A., & Serretti, A. (2011). Mindfulness-based interventions for chronic pain: A systematic review of the evidence. *The Journal of Alternative and Complementary Medicine*, 17(1), 83-93.
- Ciaramella, A., Grosso, S., Poli, P., Gioia, A., Inghirami, S., Massimetti, G., & Conti, L. (2004). When pain is not fully explained by organic lesion: A psychiatric perspective on chronic pain patients. *European Journal of Pain*, 8(1), 13-22.
- Clarke, A., Anthony, G., Gray, D., Jones, D., McNamee, P., Schofield, P., Smith, B.H., & Martin, D. (2012). "I feel so stupid because I can't give a proper answer..." How older adults describe chronic pain: A qualitative study. *BMC Geriatrics*, 12, 78.
- Clifford, J. (1983). On ethnographic authority. *Representations*, 2, 118-146.
- Clifford, J. (1986). Introduction: Partial truths. In J. Clifford, & G.E. Marcus (Eds.), *Writing Culture: The Poetics and Politics of Ethnography* (pp. 1-26). Berkeley, LA: University of California Press.
- Clifford, J., & Marcus, G.E. (Eds.). (1986). *Writing Culture: The Poetics and Politics of Ethnography*. Berkeley, LA: University of California Press.
- Closs, S.J., & Briggs, M. (2002). Patients' verbal descriptions of pain and discomfort following orthopaedic surgery. *International Journal of Nursing Studies*, 39(5), 563-572.
- Clough, P.T. (1998). The end(s) of ethnography: Now and then. *Qualitative Inquiry*, 4(1), 3-14.
- Cooper, R. (1998). Assemblage notes. In R.C.H. Chia (Ed.), *Organized Worlds: Explorations in Technology and Organization with Robert Cooper* (pp. 108-129). London: Routledge.
- Corbett, M., Foster, N.E., & Ong, B.N. (2007). Living with low back pain – Stories of hope and despair. *Social Science & Medicine*, 65(8), 1584-1594.
- Corbin, J., & Strauss, A. (2008). *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory* (3rd ed.). Thousand Oaks, California: SAGE.
- Corrigan, C., Desnick, L., Marshall, S., Bentov, N., & Rosenblatt, R.A. (2011). What can we learn from first-year medical students' perceptions of pain in the primary care setting? *Pain Medicine*, 12(8), 1216-1222.
- Craige, W.A. (2015). *The Pinboard in Practice: A Study of Method through the Case of US Telemedicine, 1945-1980* [PhD thesis]. Durham, UK: Durham University. Retrieved from: <http://etheses.dur.ac.uk/10966/>
- Crapanzano, V. (1986). Hermes' dilemma: The masking of subversion in ethnographic description. In J. Clifford, & G.E. Marcus (Eds.), *Writing Culture: The Poetics and Politics of Ethnography* (pp. 51-76). Berkeley, LA: University of California Press.
- Crawford, C.S. (2009). From pleasure to pain: The role of the MPQ in the language of phantom limb pain. *Social Science & Medicine*, 69(5): 655-61.
- Crowe, M., Whitehead, L., Gagan, M.J., Baxter, G.D., Pankhurst, A., & Valledor, V. (2010). Listening to the body and talking to myself – The impact of chronic lower back pain: A qualitative study. *International Journal of Nursing Studies*, 47(5), 586-592.
- Dansie, E.J., & Turk, D.C. (2013). Assessment of patients with chronic pain. *British Journal of Anaesthesia*, 111(1), 19-25.
- De Souza, L., & Frank, A.O. (2011). Patients' experiences of the impact of chronic back pain on family life and work. *Disability and Rehabilitation*, 33(4), 310-318.
- Deleuze, G. (1997). Immanence. A life.... In *Theory, Culture & Society*, 14(2), 3-7. (Original work published 1995).
- Deleuze, G. (2006a). *Nietzsche and Philosophy* (H. Tomlinson, Trans.). New York: Columbia University Press. (Original work published 1962).
- Deleuze, G. (2006b). The actual and the virtual (E.R. Albert, Trans.). (Original work published 1996). In G. Deleuze, & C. Parnet. *Dialogues II* (H. Tomlinson, & B. Habberjam, Trans.) (pp. 112-115). London: Continuum.

- DelVecchio Good, M. (1992). Work as a haven from pain. In M. DelVecchio Good, P.E. Brodwin, B.J. Good, & A. Kleinman (Eds.), *Pain as Human Experience: An Anthropological Perspective* (pp. 49-76). Berkley: University of California Press.
- DelVecchio Good, M. Brodwin, P.E., Good, B.J., & Kleinman, A. (Eds.). (1992). *Pain as Human Experience: An Anthropological Perspective*. Berkley: University of California Press.
- Denzin, N.K. (2003). The cinematic society and the reflexive interview. In J.F. Gubrium, & J.A. Holstein (Eds.), *Postmodern Interviewing* (pp. 141-155). Thousand Oaks, CA: SAGE.
- Disconcert. (n.d. a). In *Oxford Dictionaries*. Retrieved from: <https://en.oxforddictionaries.com/definition/disconcert>
- Disconcert. (n.d. b). In *Dictionary.com*. Retrieved from: <https://www.dictionary.com/browse/disconcert>
- Dow, C.M., Roche, P.A., & Ziebland, S. (2012). Talk of frustration in the narratives of people with chronic pain. *Chronic Illness*, 8(3), 176-191.
- Doyle, O. (2014). *Mindfulness Plain and Simple: A Practical Guide to Inner Peace*. London: Orion.
- Emad, M.C. (2006). At WITSEND0: Communal embodiment through storytelling in women's experiences with endometriosis. *Women's Studies International Forum*, 29(2), 197-207.
- Engel, G.L. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, 196(4286), 129-136.
- Eriksson, K., Wikström, L., Årestedt, K., Fridlund, B., & Broström, A. (2014). Numeric rating scale: Patients' perceptions of its use in postoperative pain assessments. *Applied Nursing Research*, 27(1), 41-46.
- Eriksson, K., Wikström, L., Fridlund, B., Årestedt, K., & Broström, A. (2016). Patients' experiences and actions when describing pain after surgery – A critical incident technique analysis. *International Journal of Nursing Studies*, 56, 27-36.
- Felluga, Dino (2011a). Modules on Kristeva: On the abject. *Introductory Guide to Critical Theory* [online]. Retrieved from: <https://www.cla.purdue.edu/english/theory/psychoanalysis/kristevaabject.html>
- Felluga, Dino (2011b). Modules on Lacan: On psychosexual development. *Introductory Guide to Critical Theory* [online]. Retrieved from: <https://www.cla.purdue.edu/english/theory/psychoanalysis/lacandevlop.html>
- Flores, C.M., Zelman, D.C., & Flores, Y. (2012). "I have not a want but a hunger to feel no pain". Mexican immigrant women with chronic pain: Narratives and psychotherapeutic implications. *Women & Therapy*, 35(1-2), 31-44.
- Frank, A. (2013). *The Wounded Storyteller: Body, Illness, and Ethics* (2nd ed.). Chicago: The University of Chicago Press.
- Freyd, J.J., Klest, B., & Allard, C.B. (2005). Betrayal trauma: Relationship to physical health, psychological distress, and a written disclosure intervention. *Journal of Trauma & Dissociation*, 6(3), 83-104.
- Garro, L.C. (1992). Chronic illness and the construction of narratives. In M. DelVecchio Good, P.E. Brodwin, B.J. Good, & A. Kleinman (Eds.), *Pain as Human Experience: An Anthropological Perspective* (pp. 100-137). Berkley: University of California Press.
- Geertz, C. (1975). *The Interpretation of Cultures: Selected Essays*. London: Hutchinson. (Original work published 1973).
- Gibson, W., & Brown, A. (2009). *Working with Qualitative Data*. London: SAGE.
- Gok Metin, Z., & Arslan, I.E. (2018). Diabetic peripheral neuropathic pain from the perspective of Turkish patients: A qualitative study. *Journal of Transcultural Nursing*, 29(6), 514-522.
- Good, B.J. (1992). A body in pain – The making of a world of chronic pain. In M. DelVecchio Good, P.E. Brodwin, B.J. Good, & A. Kleinman (Eds.), *Pain as Human Experience: An Anthropological Perspective* (pp. 29-48). Berkley: University of California Press.
- Gordon, D.R. (1988). Tenacious assumptions in Western medicine. In M. Lock, & D. Gordon (Eds.), *Biomedicine Examined* (pp. 19-56). Dordrecht, Netherlands: Kluwer Academic Publishers.

- Grinyer, A., & Thomas, C. (2012). The value of interviewing on multiple occasions or longitudinally. In J.F. Gubrium, J.A. Holstein, A.B. Marvasti, & K.D. McKinney (Eds.), *The SAGE Handbook of Interview Research: The Complexity of the Craft* (pp. 219-230). Thousand Oaks, CA: SAGE.
- Gubrium, J.F., Holstein, J.A., Marvasti, A.B., & McKinney, K.D. (Eds.). (2012a). *The SAGE Handbook of Interview Research: The Complexity of the Craft*. Thousand Oaks, CA: SAGE.
- Gubrium, J.F., Holstein, J.A., Marvasti, A.B., & McKinney, K.D. (2012b). Introduction: The complexity of the craft. In J.F. Gubrium, J.A. Holstein, A.B. Marvasti, & K.D. McKinney (Eds.), *The SAGE Handbook of Interview Research: The Complexity of the Craft* (pp. 1-5). Thousand Oaks, CA: SAGE.
- Gubrium, J.F., & Holstein, J.A. (2012). Narrative practice and the transformation of interview subjectivity. In J.F. Gubrium, J.A. Holstein, A.B. Marvasti, & K.D. McKinney (Eds.), *The SAGE Handbook of Interview Research: The Complexity of the Craft* (pp. 27-43). Thousand Oaks, CA: SAGE.
- Gudmundsdottir, G.D., & Halldorsdottir, S. (2009). Primacy of existential pain and suffering in residents in chronic pain in nursing homes: A phenomenological study. *Scandinavian Journal of Caring Sciences*, 23(2), 317-327.
- Guerlac, S. (2006). *Thinking in Time: An Introduction to Henri Bergson*. Ithaca, NY: Cornell University Press.
- Gustafsson, M., Ekholm, J., & Ohman, A. (2004). From shame to respect: Musculoskeletal pain patients' experience of a rehabilitation programme, a qualitative study. *Journal of Rehabilitation Medicine*, 36(3), 97-103.
- Harding, G., Campbell, J., Parsons, S., Rahman, A., & Underwood, M. (2010). British pain clinic practitioners' recognition and use of the bio-psychosocial pain management model for patients when physical interventions are ineffective or inappropriate: Results of a qualitative study. *BMC Musculoskeletal Disorders*, 11(1), 51.
- Harrison, P. (2007). 'How shall I say it...?' Relating the nonrelational. *Environment and Planning A*, 39(3), 590-608.
- Harrison, P. (2010). Testimony and the truth of the other. In P. Harrison, & B. Anderson (Eds.), *Taking-Place: Non-Representational Theories and Geography* (pp. 161-179). Farnham, UK: Ashgate Publishing, Ltd.
- Harrison, P. (2015). After affirmation, or, being a loser: On vitalism, sacrifice, and cinders. *GeoHumanities*, 1(2), 285-306.
- Hegarty, D., & Murphy, D. (2012). Interventional procedures in pain management. In L.A. Colvin, & M. Fallon (Eds.), *ABC of Pain* (pp. 79-85). Oxford: Blackwell.
- Hendry, P.M. (2007). The future of narrative. *Qualitative Inquiry*, 13(4), 487-498.
- Hogarth, W. (2016). *A Harlot's Progress* [engraving]. Retrieved from: <https://www.rct.uk/collection/811512/a-harlots-progress> (Original work published 1732).
- Holloway, K., & McConigley, R. (2009a). Descriptive, exploratory study of the role of nursing assistants in Australian residential aged care facilities: The example of pain management. *Australasian Journal on Ageing*, 28(2), 70-74.
- Holloway, K., & McConigley, R. (2009b). Understanding nursing assistants' experiences of caring for older people in pain: The Australian experience. *Pain Management Nursing*, 10(2), 99-106.
- Honkasalo, M.L. (2000). Chronic pain as a posture towards the world. *Scandinavian Journal of Psychology*, 41(3), 197-208.
- Huang, Y. (2012). *The Oxford Dictionary of Pragmatics*. Oxford: Oxford University Press.
- Hush, J.M., Refshauge, K.M., Sullivan, G., De Souza, L., & McAuley, J.H. (2010). Do numerical rating scales and the Roland-Morris Disability Questionnaire capture changes that are meaningful to patients with persistent back pain? *Clinical Rehabilitation*, 24(7), 648-657.
- Hydén, L.-C., & Peolsson, M. (2002). Pain gestures: The orchestration of speech and body gestures. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 6(3), 325-345.

- International Association for the Study of Pain (2017). IASP terminology. Retrieved from: <https://www.iasp-pain.org/terminology>
- Iqbal, M., Spaight, P.A., & Siriwardena, A.N. (2013). Patients' and emergency clinicians' perceptions of improving pre-hospital pain management: A qualitative study. *Emergency Medicine Journal, 30*: e18.
- Jackson, J. (1994). Chronic pain and the tension between the body as subject and object. In T.J. Csordas (Ed.), *Embodiment and Experience: The Existential Ground of Culture and Self* (pp. 201-228). Cambridge: Cambridge University Press.
- Johansen, R.E.B. (2002). Pain as a counterpoint to culture: Toward an analysis of pain associated with infibulation among Somali immigrants in Norway. *Medical Anthropology Quarterly, 16*(3), 312-340.
- Johnson, J.M., & Rowlands, T. (2012). The interpersonal dynamics of in-depth interviewing. In J.F. Gubrium, J.A. Holstein, A.B. Marvasti, & K.D. McKinney (Eds.), *The SAGE Handbook of Interview Research: The Complexity of the Craft* (pp. 99-113). Thousand Oaks, CA: SAGE.
- Jones, G.E., & Machen, I. (2003). Pre-hospital pain management: The paramedics' perspective. *Accident and Emergency Nursing, 11*(3), 166-72.
- Jordan, A., Noel, M., Caes, L., Connell, H., & Gauntlett-Gilbert, J. (2018). A developmental arrest? Interruption and identity in adolescent chronic pain. *Pain Reports, 3*(Suppl 1), e678.
- Juuso, P., Skär, L., Olsson, M., & Söderberg, S. (2011). Living with a double burden: Meanings of pain for women with fibromyalgia. *International Journal of Qualitative Studies on Health and Well-being, 6*(3), 7184.
- Kabat-Zinn, J. (1982). An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: Theoretical considerations and preliminary results. *General Hospital Psychiatry, 4*(1), 33-47.
- Kaiser, K. (2012). Protecting confidentiality. In J.F. Gubrium, J.A. Holstein, A.B. Marvasti, & K.D. McKinney (Eds.), *The SAGE Handbook of Interview Research: The Complexity of the Craft* (pp. 457-464). Thousand Oaks, CA: SAGE.
- Keefe, F.J., & Smith, S. (2002). The assessment of pain behavior: Implications for applied psychophysiology and future research directions. *Applied Psychophysiology and Biofeedback, 27*(2), 117-127.
- Kelley, M., Demiris, G., Nguyen, H., Oliver, D. P., & Wittenberg-Lyles, E. (2013). Informal hospice caregiver pain management concerns: A qualitative study. *Palliative Medicine, 27*(7), 673-682.
- King, R., Robinson, V., Elliott-Button, H.L., Watson, J.A., Ryan, C.G., & Martin, D.J. (2018). Pain reconceptualisation after pain neurophysiology education in adults with chronic low back pain: A qualitative study. *Pain Research and Management, 2018*, Article ID 3745651.
- Kipling, R. (2001). *Rewards and Fairies*. Cornwall, UK: House of Stratus.
- Kleinman, A. (1988). *The Illness Narratives: Suffering, Healing, and the Human Condition*. New York: Basic Books.
- Kleinman, A. (1992). Pain and resistance: The deligitimation and religitimation of local worlds. In M. DelVecchio Good, P.E. Brodwin, B.J. Good, & A. Kleinman (Eds.), *Pain as Human Experience: An Anthropological Perspective* (pp. 169-197). Berkley: University of California Press.
- Kleinman, A., Brodwin, P.E., Good, B.J., & DelVecchio Good, M. (1992). Pain as human experience: An introduction. In M. DelVecchio Good, P.E. Brodwin, B.J. Good, & A. Kleinman (Eds.), *Pain as Human Experience: An Anthropological Perspective* (pp. 1-28). Berkley: University of California Press.
- Kristiansson, M. H., Brorsson, A., Wachtler, C., & Troein, M. (2011). Pain, power and patience – A narrative study of general practitioners' relations with chronic pain patients. *BMC Family Practice, 12*(1), 31.
- Kugelmann, R. (2003). Pain as symptom, pain as sign. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine, 7*(1), 29-50.

- Kvale, S. (2006). Dominance through interviews and dialogues. *Qualitative Inquiry*, 21(3), 480-500.
- Latour, B. (1993). *We Have Never Been Modern* (C. Porter, Trans.). Cambridge, MA: Harvard University Press. (Original work published 1991).
- Latour, B. (2005). *Reassembling the Social: An Introduction to Actor-Network Theory*. Oxford: Oxford University Press.
- Latour, B., & Law, J. (n.d.). Social complexity, actor networks and the SPACE framework. Retrieved from: <http://www.createinnovation.org.uk/resources/research/actor-networks-and-the-space-framework>
- Law, J. (2002). *Aircraft Stories: Decentering the Object in Technoscience*. Durham, NC: Duke University Press.
- Law, J. (2004). *After Method: Mess in Social Science Research*. Abingdon, UK: Routledge.
- Law, J. (2006). Pinboards and books: Juxtaposing, learning and materiality. Version of 28 April 2006. Retrieved from: <http://www.heterogeneities.net/publications/Law2006PinboardsAndBooks.pdf>
- Law, J. (2011). Knowledge places. Version of 14th November 2011. Retrieved from: <http://www.heterogeneities.net/publications/Law2011KnowledgePlaces.pdf>
- Law, J. (2014). Working well with wickedness. Version of 6 April 2014. Retrieved from: <http://hummedia.manchester.ac.uk/institutes/cresc/workingpapers/wp135.pdf>
- Law, J. (2016). Modes of knowing: Resources from the baroque. In J. Law, & E. Ruppert (Eds.), *Modes of Knowing: Resources from the Baroque* (pp. 17-56). Manchester: Mattering Press.
- Law, J., Afdal, G., Asdal, K., Lin, W., Moser, I., & Singleton, V. (2014). Modes of syncretism: Notes on noncoherence. *Common Knowledge*, 20(1), 172-192.
- Law, J., & Lien, M.E. (2012). Slippery: Field notes in empirical ontology. *Social Studies of Science*, 43(3), 363-378.
- Law, J., & Lin, W. (2010). Cultivating disconcertment. *The Sociological Review*, 58(s2), 135-153.
- Law, J., & Lin, W. (2017a). Provincializing STS: Postcoloniality, symmetry, and method. *East Asian Science, Technology and Society*, 11(2), 211-227.
- Law, J., & Lin, W. (2017b). The stickiness of knowing: Translation, postcoloniality, and STS. *East Asian Science, Technology and Society*, 11(2), 257-269.
- Law, J., & Lin, W. (2018). Tidescapes: Notes on a shi (勢)-inflected social science. *Journal of World Philosophies*, 3(1), 1-16.
- Law, J., & Ruppert, E. (Eds.). (2016). *Modes of Knowing: Resources from the Baroque*. Manchester: Mattering Press.
- Law, J., & Singleton, V. (2005). Object lessons. *Organization*, 12(3), 331-355.
- Leder, D. (1990). *The Absent Body*. Chicago: The University of Chicago Press.
- Lee, N., & Brown, S. (1994). Otherness and the actor network: The undiscovered continent. *American Behavioral Scientist*, 37(6), 772-790.
- Leone, D., Anania, S., Fossati, I., Cassardo, C., Zagonel, V., & Vegni, E. (2012). Meeting a cancer patient in pain: Stories of difficulties. *Neuropsychological Trends*, 12, 99-106.
- Lin, W., & Law, J. (2015). We have never been latecomers!?: Making knowledge spaces for East Asian technosocial practices. *East Asian Science, Technology and Society*, 9(2), 117-126.
- Lin, W., & Law, J. (2017). Knowing between: Patterning, ziran (自然) and nature. Version of 2 May 2017. Retrieved from: <http://www.heterogeneities.net/publications/LinLaw2017KnowingBetweenPatterningZiranNature.pdf>
- Lindberg, J.O., & Engström, Å. (2011). Critical care nurses' experiences: "A good relationship with the patient is a prerequisite for successful pain relief management". *Pain Management Nursing*, 12(3), 163-172.
- Lowlife. (n.d.). In *Oxford Dictionaries*. Retrieved from: [https://en.oxforddictionaries.com/definition/low\\_life](https://en.oxforddictionaries.com/definition/low_life)

- Lucius-Hoene, G., Thiele, U., Breuning, M., & Haug, S. (2012). Doctors' voices in patients' narratives: Coping with emotions in storytelling. *Chronic Illness, 8*(3), 163-175.
- Lynch, M. (2000). Against reflexivity as an academic virtue and source of privileged knowledge. *Theory, Culture & Society 17*(3), 26-54.
- Marcus, G.E. (1998). That damn book. *Ethnografica, 2*, 5-14.
- Marzano, M. (2012). Informed consent. In J.F. Gubrium, J.A. Holstein, A.B. Marvasti, & K.D. McKinney (Eds.), *The SAGE Handbook of Interview Research: The Complexity of the Craft* (pp. 443-456). Thousand Oaks, CA: SAGE.
- Matthias, M.S., Parpart, A.L., Nyland, K.A., Huffman, M.A., Stubbs, D.L., Sargent, C., & Bair, M.J. (2010). The patient-provider relationship in chronic pain care: Providers' perspectives. *Pain Medicine, 11*(11), 1688-1697.
- McGrath, P. (2006). 'The biggest worry...': Research findings on pain management for Aboriginal peoples in Northern Territory, Australia. *Rural Remote Health, 6*(3), 549.
- Melzack, R. (1975). The McGill Pain Questionnaire: Major properties and scoring methods. *Pain, 1*, 277-299.
- Melzack, R., & Wall, P.D. (1967). Pain mechanisms: A new theory. *Survey of Anesthesiology, 11*(2), 89-90.
- Mengshoel, A.M., Heggen, K. (2004). Recovery from fibromyalgia – Previous patients' own experiences. *Disability and Rehabilitation, 26*(1), 46-53.
- Merriam, S.B., & Tisdell, E.J. (2016). *Qualitative Research: A Guide to Design and Implementation* (4th ed.). San Francisco: Jossey-Bass.
- Merskey, H., & Bogduk, N. (Eds.). (1994). *Classification of Chronic Pain: Descriptions of Chronic Pain Syndromes and Definitions of Pain Terms* (2nd ed.). Seattle: IASP Press.
- Middleton, D., & Brown, S.D. (2005). *The Social Psychology of Experience: Studies in Remembering and Forgetting*. London: SAGE.
- Milgram, S. (1963). Behavioral study of obedience. *Journal of Abnormal and Social Psychology, 67*, 371-378.
- Mol, A. (1999). Ontological politics: A word and some questions. *The Sociological Review 47*(S1), 74-89.
- Mol, A. (2002). *The Body Multiple: Ontology in Medical Practice*. Durham, NC: Duke University Press.
- Mol, A., & Mesman, J. (1996). Neonatal food and the politics of theory: Some questions of method. *Social Studies of Science, 26*, 419-44.
- Moore, A.W. (2012). *The Evolution of Modern Metaphysics: Making Sense of Things*. Cambridge: Cambridge University Press.
- Moreira, T. (2012). *The Transformation of Contemporary Health Care: The Market, the Laboratory, and the Forum*. Abingdon, UK: Routledge.
- Moreira, T., & Palladino, P. (2005). Between truth and hope: On Parkinson's disease, neurotransplantation and the production of the 'self'. *History of the Human Sciences, 18*(3), 55-82.
- Morris, D.B. (2012). Narrative and pain: Towards an integrative model. In R.J. Moore (Ed.), *Handbook of Pain and Palliative Care* (pp. 733-738). New York: Springer.
- Moseley, G.L. (2007). *Painful Yarns: Metaphors and Stories to Help Understand the Biology of Pain*. Canberra, Australia: Dancing Giraffe Press.
- Naive. (n.d.). In *Oxford Dictionaries* [online]. Retrieved from: <https://en.oxforddictionaries.com/definition/naive>
- Narayan, K., & George, K.M. (2012). Stories about getting stories: Interactional dimensions in folk and personal narrative research. In J.F. Gubrium, J.A. Holstein, A.B. Marvasti, & K.D. McKinney (Eds.), *The SAGE Handbook of Interview Research: The Complexity of the Craft* (pp. 511-524). Thousand Oaks, CA: SAGE.
- Nettleton, S. (2013). *The Sociology of Health and Illness* (3rd ed.). Cambridge: Polity Press.
- Newmahr, S. (2010). Power struggles: Pain and authenticity in SM play. *Symbolic Interaction, 33*(3), 389-411.
- Ochberg, R.L. (1994). Life stories and storied lives. In A. Lieblich, & R. Josselson (Eds.), *Exploring Identity and Gender: The Narrative Study of Lives, Volume 2* (pp. 113-144). Thousand Oaks, CA: SAGE.

- Ojala, T., Häkkinen, A., Karppinen, J., Sipilä, K., Suutama, T., & Piirainen, A. (2015). Chronic pain affects the whole person – A phenomenological study. *Disability and Rehabilitation, 37*(4), 363-371.
- Oliver, D.P., Wittenberg-Lyles, E., Washington, K., Kruse, R.L., Albright, D.L., Baldwin, P.K., Boxer, A., & Demiris, G. (2013). Hospice caregivers' experiences with pain management: "I'm not a doctor, and I don't know if I helped her go faster or slower". *Journal of Pain and Symptom Management, 46*(6), 846-858.
- Ong, B.N., Hooper, H., Jinks, C., Dunn, K., & Croft, P. (2006). 'I suppose that depends on how I was feeling at the time': Perspectives on questionnaires measuring quality of life and musculoskeletal pain. *Journal of Health Services Research & Policy, 11*(2), 81-88.
- Osborn, M., & Smith, J.A. (2006). Living with a body separate from the self. The experience of the body in chronic benign low back pain: An interpretative phenomenological analysis. *Scandinavian Journal of Caring Sciences, 20*(2), 216-222.
- Padfield, D. (2003). *Perceptions of Pain*. Stockport, UK: Dewi Lewis.
- Padfield, D. (2011). 'Representing' the pain of others. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine, 15*(3), 241-257.
- Patel, S., Peacock, S.M., McKinley, R.K., Carter, D.C., & Watson, P.J. (2008). GPs' experience of managing chronic pain in a South Asian community – A qualitative study of the consultation process. *Family practice, 25*(2), 71-77.
- Peolsson, M., Hydén, L.-C., Sätterlund Larsson, U. (2000). Living with chronic pain: A dynamic learning process. *Scandinavian Journal of Occupational Therapy, 7*(3), 114-125.
- Peters, S., Goldthorpe, J., McElroy, C., King, E., Javidi, H., Tickle, M., & Aggarwal, V.R. (2015). Managing chronic orofacial pain: A qualitative study of patients', doctors', and dentists' experiences. *British Journal of Health Psychology, 20*(4), 777-791.
- Porter, R. (1999). *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present*. London: Fontana Press.
- Rabinow, P. (1986). Representations are social facts: Modernity and post-modernity in anthropology. In J. Clifford, & G.E. Marcus (Eds.), *Writing Culture: The Poetics and Politics of Ethnography* (pp. 234-261). Berkeley, LA: University of California Press.
- Radley, A., & Billig, M. (1996). Accounts of health and illness: Dilemmas and representations. *Sociology of Health & Illness, 18*(2), 220-240.
- Ralph, L. (2013). The qualia of pain: How police torture shapes historical consciousness. *Anthropological Theory, 13*(1-2), 104-118.
- Rapley, T. (2012). The (extra)ordinary practices of qualitative interviewing. In J.F. Gubrium, J.A. Holstein, A.B. Marvasti, & K.D. McKinney (Eds.), *The SAGE Handbook of Interview Research: The Complexity of the Craft* (pp. 541-554). Thousand Oaks, CA: SAGE.
- Reissman, C.K. (2012). Analysis of personal narratives. In J.F. Gubrium, J.A. Holstein, A.B. Marvasti, & K.D. McKinney (Eds.), *The SAGE Handbook of Interview Research: The Complexity of the Craft* (pp. 367-379). Thousand Oaks, CA: SAGE.
- Rejeh, N., Ahmadi, F., Mohammadi, E., Kazemnejad, A., & Anoosheh, M. (2009). Nurses' experiences and perceptions of influencing barriers to postoperative pain management. *Scandinavian Journal of Caring Sciences, 23*(2), 274-281.
- Rhodes, L.A., McPhillips-Tangum, C.A., Markham, C., & Klenk, R. (1999). The power of the visible: The meaning of diagnostic tests in chronic back pain. *Social Science & Medicine, 48*(9), 1189-203.
- Richards, J., & Hubbert, A.O. (2007). Experiences of expert nurses in caring for patients with postoperative pain. *Pain Management Nursing, 8*(1), 17-24.
- Richardson, J.C. (2005). Establishing the (extra)ordinary in chronic widespread pain. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine, 9*(1), 31-48.
- Richardson, J.C., Ong, B.N., & Sim, J. (2007). Experiencing chronic widespread pain in a family context: Giving and receiving practical and emotional support. *Sociology of Health & Illness, 29*(3), 347-365.
- Roberts, C. (2010). Early puberty and public health: A social scientific pinboard. *Critical Public Health, 20*(4), 429-438.

- Roberts, G., Kent, B., Prys, D., & Lewis, R. (2003). Describing chronic pain: Towards bilingual practice. *International Journal of Nursing Studies*, 40(8), 889-902.
- Robinson, K., Kennedy, N., & Harmon, D. (2013). Constructing the experience of chronic pain through discourse. *Scandinavian Journal of Occupational Therapy*, 20(2), 93-100.
- Rodrigues-de-Souza, D.P., Palacios-Ceña, D., Moro-Gutiérrez, L., Camargo, P.R., Salvini, T.F., & Albuquerque-Sendín, F. (2016). Socio-cultural factors and experience of chronic low back pain: A Spanish and Brazilian patients' perspective. A qualitative study. *PLOS ONE*, 11(7), e0159554.
- Rooney, L. (2015). An image with the power to heal? In B. Kasstan, & A. Woods (Eds.), *Pain in the Medical Humanities: A Special Edition Collection* [online]. Retrieved from: <http://centreformedicalhumanities.org/an-image-with-the-power-to-heal-by-leigh-rooney>
- Rosaldo, R. (1986). From the door of his tent: The fieldworker and the inquisitor. In J. Clifford, & G.E. Marcus (Eds.), *Writing Culture: The Poetics and Politics of Ethnography* (pp. 77-97). Berkeley, LA: University of California Press.
- Ryan, C.G., Lauchlan, D., Rooney, L., Hollins-Martin, C.J., & Gray, H. (2014). Returning to work after long term sickness absence due to low back pain – The struggle within: A qualitative study of the patient's experience. *Work*, 49(3), 433-44.
- Sallinen, M., Kukkurainen, M. L., & Peltokallio, L. (2011). Finally heard, believed and accepted – Peer support in the narratives of women with fibromyalgia. *Patient Education and Counseling*, 85(2), e126-e130.
- Scarry, E. (1985). *The Body in Pain: The Making and Unmaking of the World*. New York: Oxford University Press.
- Schaffer, S. (2005). Seeing double: How to make up a phantom body politic. In B. Latour, & P. Weibel. (Eds.), *Making Things Public: Atmospheres of Democracy* (pp. 196-202). Cambridge, Mass.: MIT Press.
- Sedley, D.N. (2015). Stoicism. In R. Audi (Ed.), *The Cambridge Dictionary of Philosophy* (3rd ed.) [online]. Cambridge: Cambridge University Press. Retrieved from <https://doi.org/10.1017/CBO9781139057509>
- Shapiro, B.S. (2006). Bound together by chronic pain and trauma: A study of two mother-daughter relationships. *Psychoanalytic Inquiry*, 26(1), 92-117.
- Sheedy, J., McLean, L., Jacobs, K., & Sanderson, L. (2017). Living well with chronic pain. *Advances in Mental Health*, 15(1), 15-27.
- Smith, A.A., & Friedemann, M.L. (1999). Perceived family dynamics of persons with chronic pain. *Journal of Advanced Nursing*, 30(3), 543-551.
- Smith, J.A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: SAGE.
- Smith J.A., & Osborn, M. (2007). Pain as an assault on the self: An interpretative phenomenological analysis of the psychological impact of chronic benign low back pain. *Psychology & Health*, 22: 517-534.
- Snelgrove, S., Edwards, S., & Lioffi, C. (2013). A longitudinal study of patients' experiences of chronic low back pain using interpretative phenomenological analysis: Changes and consistencies. *Psychology & Health*, 28(2), 121-138.
- Snelgrove, S., & Lioffi, C. (2009). An interpretative phenomenological analysis of living with chronic low back pain. *British Journal of Health Psychology*, 14(4), 735-749.
- Sofaer-Bennett, B., Holloway, I., Moore, A., Lamberty, J., Thorp, T., & O'Dwyer, J. (2007). Perseverance by older people in their management of chronic pain: A qualitative study. *Pain Medicine*, 8(3), 271-280.
- Steen, E., & Haugli, L. (2000). Generalised chronic musculoskeletal pain as a rational reaction to a life situation? *Theoretical Medicine and Bioethics*, 21(6), 581-599.
- Stewart, K. (2012). Precarity's forms. *Cultural Anthropology*, 27(3), 518-525.
- Stone, J. (2014). *Functional Disorders in Neurology* [video of lecture to North British Pain Association, 7 November 2014]. Retrieved from: <https://youtu.be/w4obwKD8JLU>
- Stone, J. (n.d.). *Functional and Dissociative Neurological Symptoms: A Patient's Guide* [online]. Retrieved from: <http://www.neurosymptoms.org>
- Strawson, G. (2004). Against narrativity. *Ratio*, 17(4), 428-452.

- Takai, Y., Yamamoto-Mitani, N., & Chiba, I. (2017). The process of motivating oneself to resist being controlled by chronic pain: A qualitative study of Japanese older people living in the community. *Pain Management Nursing, 18*(1), 42-49.
- Tarr, J., & Thomas, H. (2011). Mapping embodiment: Methodologies for representing pain and injury. *Qualitative Research, 11*(2), 141-157.
- Thrift, N. (2009). Non-representational theory. In D. Gregory, R. Johnston, G. Pratt, M. Watts, & S. Whatmore (Eds.), *The Dictionary of Human Geography* (5th ed.). (pp. 503-505). London: Wiley-Blackwell.
- Throop, C.J. (2008). From pain to virtue: Dysphoric sensations and moral sensibilities in Yap (Waqab), Federated States of Micronesia. *Transcultural Psychiatry, 45*(2), 253-286.
- Throop, C.J. (2009). Intermediary varieties of experience. *Ethnos, 74*(4), 535-558.
- Timmermans, S., & Tavory, I. (2012). Theory construction in qualitative research: From grounded theory to abductive analysis. *Sociological Theory, 30*(3), 167-186.
- Tolle, E. (2016). *The Power of Now: A Guide to Spiritual Enlightenment*. London: Yellow Kite. (Original work published 1999).
- Turk, D.C. (2002). Clinical effectiveness and cost-effectiveness of treatments for patients with chronic pain. *The Clinical Journal of Pain, 18*(6), 355-365.
- Tyler, S.A. (1986). Post-modern ethnography: From document of the occult to occult document. In J. Clifford, & G.E. Marcus (Eds.), *Writing Culture: The Poetics and Politics of Ethnography* (pp. 122-140). Berkeley, LA: University of California Press.
- United Nations (n.d.). *History of the Document*. Retrieved from: <http://www.un.org/en/sections/universal-declaration/history-document/index.html>
- United Nations General Assembly (1948). *The Universal Declaration of Human Rights, A/RES/217(III)* (10 December 1948). Retrieved from: <http://www.un.org/en/universal-declaration-human-rights/index.html>
- van de Port, M. (2016). Baroque as tension: Introducing turmoil and turbulence in the academic text. In J. Law, & E. Ruppert (Eds.), *Modes of Knowing: Resources from the Baroque* (pp. 165-196). Manchester: Mattering Press.
- van Hooft, S. (2003). Pain and communication. *Medicine, Health Care and Philosophy, 6*(3), 255-262.
- Vannini, P. (2015). Non-representational research methodologies: An introduction. In P. Vannini (Ed.), *Non-Representational Methodologies: Re-Envisioning Research* (pp. 1-18). New York: Routledge.
- Viney, W., Callard, F., & Woods, A. (2015). Critical medical humanities: Embracing entanglement, taking risks. *Medical Humanities, 41*, 2-7.
- Walker, J., Sofaer, B., & Holloway, I. (2006). The experience of chronic back pain: Accounts of loss in those seeking help from pain clinics. *European Journal of Pain, 10*(3), 199-207.
- Walker, J., Sofaer-Bennett, B., & Holloway, I. (2006). The stigmatisation of people with chronic back pain. *Disability and Rehabilitation, 29*(18), 1456-1464.
- Wasson, S. (2018). Before narrative: Episodic reading and representations of chronic pain. *Medical Humanities, 44*(2), 106-112.
- Werner, A., Isaksen, L. W., & Malterud, K. (2004). 'I am not the kind of woman who complains of everything': Illness stories on self and shame in women with chronic pain. *Social Science & Medicine, 59*(5), 1035-1045.
- Werner, A., & Malterud, K. (2003). It is hard work behaving as a credible patient: Encounters between women with chronic pain and their doctors. *Social Science & Medicine, 57*(8), 1409-1419.
- Whitehead, A., & Woods, A. (2016). Introduction. In A. Whitehead, A. Woods, S. Atkinson, J. Macnaughton, & J. Richards (Eds.), *The Edinburgh Companion to the Critical Medical Humanities* (pp. 1-31). Edinburgh: Edinburgh University Press.
- Wikström, L., Eriksson, K., Årestedt, K., Fridlund, B., & Broström, A. (2014). Healthcare professionals' perceptions of the use of pain scales in postoperative pain assessments. *Applied Nursing Research, 27*(1), 53-58.

- Williams, S.J., & Bendelow, G.A. (1998). *The Lived Body: Sociological Themes, Embodied Issues*. London: Routledge.
- Winkler, S.L. (2018). The magic wand: A case study of chronic neck pain. *The Qualitative Report*, 23(1), 204-214.
- Woods, A. (2011a). Post-narrative – An appeal. Version of 17th November 2011. Retrieved from: <https://core.ac.uk/download/pdf/266868.pdf>
- Woods, A. (2011b). The limits of narrative: Provocations for the medical humanities. *Medical Humanities*, 37(2), 73-78.
- Wylie, J. (2010). Non-representational subjects? In P. Harrison, & B. Anderson (Eds.), *Taking-Place: Non-Representational Theories and Geography* (pp. 99-114). Farnham, UK: Ashgate Publishing, Ltd.
- Yarris, K.E. (2011). The pain of “thinking too much”: Dolor de cerebro and the embodiment of social hardship among Nicaraguan women. *ETHOS: Journal of the Society for Psychological Anthropology*, 39(2), 226-248.
- Yazar, J., & Littlewood, R. (2001). Against over-interpretation: The understanding of pain amongst Turkish and Kurdish speakers in London. *International Journal of Social Psychiatry*, 47(2): 20-33.
- Yeats, W.B. (1997). The Second Coming. In J. Reilly (Ed.), *“Easter 1916” and Other Poems* (p. 60). Mineola, NY: Dover Publications, Inc. (Original work published 1920).