



The ‘taking place’ of health and wellbeing: Towards non-representational theory



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ABSTRACT

For the last two decades health geography has focused on the dynamics between health and place. Although the social constructivist perspective of much research has provided many insights into the meanings of health and health care arguably, mirroring progress in the parent discipline of human geography, there could be a far more serious engagement with non-representational theory and the ‘taking place’ of health and health care. To showcase the importance and potential of this broadly, the idea of wellbeing is re-approached. The paper reflects on the ways wellbeing has been treated in research primarily as a meaningful and relatively prescribed state of life, to the neglect of process. Based on this critique, a qualitative study then illustrates the most immediate and everyday ways wellbeing might arise through ‘affect’; the pre-personal mobile energies and intensities that result from physical encounters within assemblages of bodies and objects. Indeed, theoretically the findings support the proposition that, at one level, wellbeing might not be taken *from* environment but instead might emerge *as* the affective environment. They certainly raise awareness of how much in health might originate at the surface, prior to meaning, within life’s infinite spatial doings, and thus they launch some final thoughts on the wider challenges and opportunities for non-representational health geographies.

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1. Introduction

Two decades ago a new era of research was set in motion that ultimately transformed and rebranded the sub-discipline of medical geography into health geography. Noting theoretical developments in the new cultural geography of the period, and specifically drawing on structure-agency debates and humanistic philosophy, Robin Kearns called for geographers to incorporate a dual ‘place-sensitive’, ‘post-medical’ perspective into their scholarship (Kearns, 1993). By this, Kearns meant moving beyond previous preoccupations with distributional aspects of disease and medicine by examining the meaning and significance of places (reimagined as social and cultural phenomenon) in health and health care. In doing so, they might problematize medical categorization, challenge institutional assumptions and power and, beyond pathology, realise health as both a positive mental and physical state of wellbeing. Following Kearns’ arguments – and some initial

resistance (Mayer and Meade, 1994; Paul, 1994), supplementary advice (Dorn and Laws, 1994) and further explanation (Kearns, 1994a, 1994b) – the understanding has since developed in geography that health and health care unroll in places that are acted, felt, felt about and represented. It is recognised that, as a result of the human agency, places possess basic functions (they *do* things). Moreover beyond this, in line with a phenomenological thinking, experiences of places, and the knowledge gained from being part of them or learning about them, gives rise to their intentionality (what places *are about*) and essences (how places *feel*) much being a result of purposeful designs and decisions (Andrews and Shaw, 2010; Kearns and Barnett, 2000). As a number of literature reviews have shown, a new generation of research has subsequently attempted to discover the place agencies, experiences, identities, attachments, meanings and representations associated with health and health care (Andrews et al., 2012a; Kearns and Collins, 2010; Kearns and Moon, 2002; Parr, 2002, 2004). This has involved a number of allied conversations including around the development of appropriate theory in health geography (see Dyck, 2003; King, 2010; Litva and Eyles, 1995; Philo, 1996), methodological and analytical innovation (Carpiano, 2009; Cutchin, 1999; Dyck, 1999; Elliott, 1999; Garvin and Wilson, 1999; Milligan et al., 2005, 2011;

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Parr, 1998, 2007; Wilton, 1999), the relationships between space and place in health (Jones and Moon, 1993; Kearns and Joseph, 1993), and processes in place – including the emergence of medico-corporate cultures and power (Kearns and Barnett, 1997, 1999; Philo, 2000; Poland et al., 2005), healing and therapeutics (Gesler, 1992; Smyth, 2005). These diverse conversations frame the sub-discipline's current progressive, yet largely social constructivist, 'representational' paradigm, which in the last decade has reverberated beyond health geography and has informed the character of spatial turns amongst many other health-focused disciplines including nursing studies (Andrews, 2006; Carolan et al., 2006), social gerontology (Andrews et al., 2013a; Wiles, 2005), population and public health (Brown and Duncan, 2000, 2002) and the sociology of health and fitness (Fusco, 2007; Kelly, 2003; Van Ingen, 2003). Indeed, they are conversations that have backed up the growing realisation across the health and social sciences that 'place matters' to health and health care; that where individuals are cared for, live, work, socialize, and how they use and experience their environments, have far-reaching implications (Andrews et al., 2012b).

Although a great deal of knowledge has been produced by health geography and over the last twenty years, it might be argued that in 2014 the sub-discipline once again needs to look to contemporary developments in its parent discipline for inspiration, but on this occasion specifically with respect to non-representational theory. In this regard, the current paper does three things. First it briefly introduces non-representational theory in human geography including the contributions of the few health geography studies that have thus far forged the approach. Second, by re-approaching wellbeing – an idea and concept clearly now central to health geography – the paper provides a broad and practical illustration of the fundamental importance and potential of non-representational theory. Specifically, it articulates current applications and understandings of wellbeing and proposes that research has missed the opportunity to explore the concept at a far more immediate level, and explain the processes through which wellbeing emerges in everyday situations and environments. Third, following this review, a participant observation study explores these processes in some detail. The key non-representational idea of 'affect' is employed as a study framework, indicating how wellbeing arises initially as an energy and intensity through the physical interaction of human bodies and non-human objects, and is experienced as a feeling state. Some focused observations are made on how the findings might help geographers and others rethink the fundamental nature of wellbeing, particularly in terms of it being something that emerges as environment (rather than something that results, or is consciously taken, from environment). Importantly they also anchor some final reflections on the much broader challenges and opportunities for researching and presenting non-representational health geographies.

2. Non-representational theory

With origins in the work of Nigel Thrift in the mid-1990s (see Thrift, 1996, 1997), but far wider application in the new century (see Lorimer, 2005, 2008), this theoretical orientation in human geography is based on the observation that a sizeable portion of the world – what happens 'out there' in everyday life – has been suffocated and remains unrepresented by, social constructivist research. This is attributed to social constructivism's deep philosophical commitments involving theoretically-driven interpretative searches for significance and for the sake of orders, structures and processes imposed by researchers who employ it (Dewsbury et al., 2002). In contrast, non-representational understandings do not posit an external world waiting to be represented and theorised

away by a detached observer. The idea is instead that they understand the lived world by engaging with it as an ongoing and performative achievement (Thrift, 2004). Thus, non-representational theory moves the focus of inquiry away from 'drilling down' to find meaning in things, and onto the many subtle, unspoken and often unintentional performances and practices involved in the reproduction of life. As Thrift (2007) explains, it conveys the geography of 'what happens' in the active world; the 'bare bones' and 'taking place' of occasions and the onflow of life. Moreover, non-representational theory does not privilege or elevate the human subject, but is instead interested in the human body's co-evolution with co-equal non-humans, and thus its relatedness to the world (Thrift, 2007). This involves an attention to the materiality, expressiveness, responsiveness and rhythms of practice, and its connection to human performativity and embodiment, including senses and expressions (Cadman, 2009).

No single philosophy or philosopher has been drawn on to theoretically underpin non-representational theory, rather this has largely involved re-reading many of those that have already informed 'representational' geographies over the years. As Cadman (2009) explains first (and perhaps ironically), non-representational theory has involved re-reading Heidegger's phenomenology, but instead of focussing on meanings derived from 'being-in-the-world', focussing on the consequences of humans being 'thrown-into-the-world'; being inseparable from it. This has helped foster a realization that how humans live and make the world is even more important than how they might subjectively reason it (Cadman, 2009). Second, there has been a re-engagement with vitalist philosophy to help escape phenomenology's human-centred view of the world. This has led to an understanding that scholars might avoid the enduring dualism in research of 'subjects versus objects', and instead of focussing on what objects *are to* humans, focus on the energies and liveliness of humans *doing things* with objects (Cadman, 2009; Greenhough, 2010). Third, and building on this, there has been a re-reading some post-structuralist ideas and thought – particularly the works of Derrida and others – looking beyond their ideas on the significance and meaning of things, to their ideas on their materiality, force encounters and relations. This has helped develop an appreciation of the productive and disrupting capacities of material objects (Cadman, 2009). Coming out of these re-readings have been some fundamental realignments with popular subjects and topics in human geography. At one level, for example, there have been new forms of engagement with politics focussing, beyond political thinking, on the practical spread of political ideas – and how being political can be about creating and acting new realities (Cadman, 2009; Thrift, 2004). At another level there have been new forms of engagement with ethics and society, focussing on concepts such as hope, and how they might have potential, move forward and be acted, rather than remaining hypothetical or utopian (Cadman, 2009; McCormack, 2003; Popke, 2009). In sum then, as this initial explanation indicates, non-representational theory is not strictly a theory in itself, rather it is a number of ways of understanding the active world and doing research on it, which has many obvious connections to allied developments and trends currently unfolding outside human geography in the wider social sciences (such as to sensory/performance ethnography, new materialisms and post-humanism more generally). Being an approach, it is quite resilient to attempts to reduce it to a specific subject of inquiry and thus can be – as has been – employed broadly across numerous empirical domains (Cadman, 2009).

Although health geography has not drawn on non-representational theory anyway near to the degree that some other sub-disciplines of human geography have, it certainly has not been completely disconnected from it. Many studies engage with

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