Realist by inclination, childhood studies, dialectic and bodily concerns: an interview with Priscilla Alderson[1]

Priscilla Alderson and Jamie Morgan

Abstract: In this wide-ranging interview Priscilla Alderson discusses how she came to research parental and childhood consent and became a sociologist and how, late in her career, she became convenor of the critical realism group started by Roy Bhaskar at the Institute for Education in London. She discusses aspects of her seminal research over the years on multiple subjects, such as the rights of children, and reflects on what critical realism has added to her social research.

Key words: Priscilla Alderson; Critical Realism; childhood studies; second wave feminism.

Priscilla Alderson is Professor Emerita of Childhood Studies, Social Science Research Unit, Social Research Institute, University College London (UCL).[2]Alderson is perhaps best known in critical realist circles for her two volumes in the Routledge Ontological Explorations series (Alderson 2013a, 2016a), the first of which placed second in the annual Cheryl Frank memorial competition, and most recently her book, *Critical Realism for Health and Illness Research* (Alderson 2021a).[3] The latter emerged from her work as convenor of the critical realism reading group and short courses on critical realism, UCL Institute of Education (IOE). The reading group was established by Roy Bhaskar after he was appointed 'World Scholar' at the IOE in 2007 and Alderson took over the course after Bhaskar's death in 2014.[4]All of Alderson's engagement with critical realism dates from after she became emerita in 2009 and constitutes a late addition to a long and distinguished career. Her work over the preceding years is in this sense realist by inclination. Over those years Alderson worked in inter-disciplinary studies within a broadly sociological context and, initially, with particular focus on parental and then children's consent in healthcare situations (e.g. Alderson 1990b, 1991b, 1992a, 1993a, 1995c). The focus of such work undertaken in UK higher education tends to orient activity via grants funding reports for government and other organizations. This is often intended to shape structural reform, influence policy, and lead to practical interventions. Alderson has spent much of her academic life in this context, directing and raising grants for more than 40 projects.[5] This work, however, has established her as a leading figure in 'childhood studies' (see Smith and Greene2014) and this point of departure has led to further work on children's rights, research methods, the practice and ethics of research and various related subjects, such as quality of life and controversial issues revolving around genetics (e.g. Alderson 2001c, 2001d, 2002c).[6]Alderson has published more than 400 books, chapters, journal articles, reviews, reports and

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[3]Note from Jamie see Priscilla's blog on the Critical Realism Network: http://criticalrealismnetwork.org/2021/03/10/critical-realism-for-health-and-illness-research/
[4]Note from Jamie, for an example visit: https://dscal.ioe.ac.uk/event/3345070
[5]Note from Jamie: see, for example, British Paediatric Association (1992); Alderson (2001a).
[6]Note from Jamie: for example, re ethics, Priscilla and colleagues have made numerous contributions to the European Association of Centers of Medical Ethics (EACME) publication, *Bulletin of Medical Ethics*. The EACME has become a major

presentations in fora as diverse as the radical journal *Soundings*, the *British Medical Journal,* the *New Scientist* and *The Guardian* newspaper (e.g. Alderson 2007a; Alderson 1998b;Alderson and Goodey 1998; Alderson and Montgomery 1996, 1993; Alderson and Pfeffer 1992).[7]In recent years she has published a variety of works advocating critical realism (e.g. Alderson 2020a, 2020b, 2017a, 2016b, 2016c, 2016d), including several in the *Journal of Critical Realism* (e.g. Alderson 2021b; Alderson, Sutcliffe and Mendizabal 2020).

Alderson took a non-standard route into academia. After leaving school in 1964 she trained to be a teacher at Hull College of Education, 1964-1967, and then worked in two London schools until 1970, at which time she left the profession to care for her children, while also studying for a degree in English Literature at Birkbeck College, University of London, 1969-1973. During the 1970s she became increasingly involved in voluntary work in early years centres, and was drawn via her experience into the campaign for parents to be able to stay with their child in hospital. At the time, parents were allowed to visit for one hour a day or a week in most hospitals, and not at all in most neonatal units. As a voluntary branch member of the National Association for the Welfare of Children in Hospital (NAWCH) she became involved in grassroots representations to medical staff (negotiating with hospital staff, speaking at healthcare staff conferences etc.), which, in turn, led to surveys and report writing and practitioners' guides, such as *What is a Children's Ward* (Alderson 1979), *Special Care for Babies in Hospital* (Alderson 1983a) and, on care for bereaved parents, *Saying Goodbye to your Baby* (Alderson 1985).[8] She was elected national chair of NAWCH 1980-1982 and held a variety of positions on expert review and policy committees. For example, she was a member of the expert working group between 1981 and 1984 which produced *Medical Research with Children: Ethics, law and practice* (Nicholson 1986).As a by-product, she was encouraged to research parents' consent and was awarded an ESRC grant in 1984 to undertake a PhD, titled *Parents' Consent to Paediatric Cardiac Surgery* at Goldsmiths College, University of London, which she completed in 1987. While working in the charity sector she was then awarded a Wingate Scholarship in 1988 to rework her PhD thesis as a monograph, *Choosing for Children: Parents' Consent to Surgery* (Alderson 1990a). In 1989, she researched children's consent to orthopaedic surgery (Alderson 1993a). Then in 1991 she was invited to work as Senior Research Officer at the Social Science Research Unit, IOE. She was appointed Reader and then Professor in 1998 and 2000 respectively and was Co-Director of the Childhood Research and Policy Centre 1998 to 2009, at which time she 'retired' and transitioned to Professor Emerita.

During her long career Alderson has undertaken seminal research. For example, the first empirical study of parents' consent and then children's consent to surgery (the previously noted Alderson 1990a, 1993a), the first work (commissioned originally by Barnardo's in 1995) to apply concepts drawn from medical ethics to the ethics of social research with children, and in some parts led by children – work which has gone through multiple editions (Alderson and Morrow 2020), the first book on special education to begin from the views of disabled children and their parents (Alderson and Goodey 1998a)[9], the first books written in the words of school students and teachers about how they work together to promote positive behaviour and to create an inclusive school (Alderson 1997, 1999 [2013]), the first general text (commissioned by Save the Children) to explore the rights of children aged 0-8 years in the context of the 1989 United Nations Convention on the Rights of the Child, now in its second edition (Alderson 2008a) and so on. She was also jointly responsible for the first MA degree course in international children's rights and childhood studies.

Alderson has been a member of several professional advisory committees and this is indicative of her standing in the academic and healthcare professional community. For example, Royal College of Physicians,

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network of bioethics researchers. See, for example, Alderson (1990c, 1992a, 1995a, 1995b, 1998c, 1998d, 2002d, 2005d); Goodey, Alderson and Appelby (1999); Alderson, Madden, Oakley and Wilkins(1994); Alderson and Nicholson (1997). And Visit: https://eacmeweb.com

[7]Note from Jamie: for an indication of the cumulative range of Priscilla's work and collaborations over the years see, for example, Alderson (1991a, 1992b, 1992c, 1992d, 1993b, 1994, 1996a, 1998a, 2000a, 2000b, 2001b, 2002a, 2002b, 2004a, 2005a, 2005b, 2005c, 2006a, 2007b, 2007c,2010a, 2011a, 2012b, 2014a, 2014b, 2015a, 2018a, 2019a); Farsides, Williams and Alderson (2004); Williams, Alderson and Farsides (2001, 2002).

[8]Note from Jamie: see also Alderson (1982); NAWCH (1980), and Alderson and O'Toole (1981).

[9]Note from Jamie: see also Alderson and Goodey (1996,1998b, 1999).

British Medical Association, UK Central Council for Nursing, Royal College of Paediatrics and Child Health.[10] She has been a fellow of the Royal Society of Arts and visiting professor King's College, London School of Nursing and Midwifery. She has also been an editorial member of various academic journals and her work has been translated into several languages.

The following interview with Professor Priscilla Alderson was conducted by Professor Jamie Morgan for *Journal of Critical Realism.*[11]

Jamie Morgan (JM): Serendipity seems to have played a role in the careers of a number of those I have interviewed. Yours seems particularly a matter of happenstance. There seems a fascinating convergence of the personal and the professional…

Priscilla Alderson (PA): Thank you very much for inviting me to this interview, it's an honour. And thank you for the summary of my academically 'non-standard' life. As you suggest, and in retrospect, my route into academia seems 'serendipitous'. Luck has played a large part, and I have often been 'thrown' into new contexts. That said, I feel slightly awkward that the summary is more personal than some of your other interviews, although looking at my life through a critical realist lens, your summary does indicate something of the ontology and the generative mechanisms of motives, with the interplay of agency and structure involving causal processes in my academic life.

JM: Yet, the relationships and events you recount are not just 'happenstance', they were formative. An ontologically disposed journey before you even knew what critical realism was?

PA: Definitely. I like your phrase referring to me as 'realist by inclination'. In the critical tradition my work often challenges and tries to change old rules. The intellectual challenge of critical realist research is, of course, vitally important. But so are the commitments it encourages or confirms. Roy's explanatory critique criticises both poor logic and fallacies and also social ills. This has been vitally important throughout my career. I've been fortunate always to be able to do practical research, which often grew out of my experiences, and which I hoped would help to change the world as well as to interpret it. Though I have done a great deal of sponsored project work, I've been able to do research 'by the spirit not the letter', and not just because it was paid for. It should also be obvious that there is an above average relevance of bodies to my academic CV – actual surgery, morbidity, mortality, births, physical presence and absence. As you know, the body and embodiment are subjects which traditionally not all sociologists have addressed well, and this is another reason why I have found critical realism so valuable.

JM: As for your comment that the introduction to our interview is 'more personal', that certainly seems to be the case. There seem to be two facets to this, both of which speak to issues of gender, albeit with different implications. On the one hand, the events and activity that drew you into academia seem to resonate with a mainstay of second wave feminism, the notion that 'the personal is political'. So one could say that your own 'interplay of agency and structure' reflects gendered experiences and concerns. On the other, there is always the danger that gendered preconceptions have influenced the way you are being positioned to be interviewed and this can affect how you are categorised and treated. I recall a conversation I had with Margaret Archer just after she had been appointed President of the Pontifical Academy of Social Sciences (PASS). The press reported this using headlines along the lines of 'Grandmother becomes advisor to Pope', rather than 'world-leading sociologist is appointed President of PASS'…

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[10]Also, notably, the National Perinatal Epidemiology Unit precursor to Cochrane the movement that promotes EBM, evidence based medicine.

[11] See also in this series Archer and Morgan (2020); Rescher and Morgan (2020); Porpora and Morgan (2020); Norrie and Morgan (2021); Lawson and Morgan (2021a, 2021b); Jessop and Morgan (2022); Elder-Vass and Morgan (2022).

In any case, at the risk of asking you 'to speak on behalf of' rather than with 'experience of', would you suggest your own route into academia has reflected British gendered social history in microcosm?[12] Describing your route into academia as 'non-standard', of course, presupposes a structurally clichéd unimpeded and goal driven academic career track, rapidly cycling through school, college, university, PhD, and transitioning seamlessly into a lectureship. This type of anticipated career track seems to ignore gender issues, so 'standard' may not be a realistic 'typical' for all, and perhaps more so in the last century (though I guess that is arguable given how temporary contracts have affected academia of late)…

PA: I'd like to talk about gender later and yes my life reflects its time and place, but could we begin with ontology, with an example about how experiences have led me into different ways of thinking? They helped me to reflect on the ontology of being human. What is acquired and synthetic, or else innate and authentic to humanity?

Many readers will be familiar with Christian Smith's *What is a Person?* (Smith 2011). His list of 30 human capacities wonderfully unites all humanity and these capacities partly and qualitatively differ from those of all other species (Smith 2011: 42-54). They range from consciousness, to understanding time and space, cause and effect, to having volition or will, values, priorities, memories and causal agency, from using technology, to the quality of human relationships, communication, morality and love (see also Alderson 2013a: 170).

'Child', 'baby', 'youth' and 'adult' are missing from Smith's index, which could suggest that all-age personhood is present from birth. However he excludes the 'margins of life', 'under-developed' early immaturity and (the entirely different) demented old age, leaving both in some kind of sub-human limbo.

JM: Given these are states of being (child etc.) that have figured heavily in your research I expect you were immediately taken by this (inadvertent) omission? As such, some comment on it seems a useful way of easing us into discussion of your work and, of course, how it came about that you undertook it (even though this predates your interest in critical realism).

PA: Yes, thank you. Smith's emphasis is on the implicitly older person with language and long-term memories, the most 'fully developed expressions of human personhood' (Smith 2011: 21).

JM: And given you use the phrase 'unites all humanity' it is perhaps worth noting that there is a significant difference between a list of relevant characteristics or capacities of an entity and a coherent account of the constitution of personhood from combinations of those features.

PA: Yes I agree. I am rather skimming over these complex matters to use this example to illustrate age-based biases. Smith also emphasises critical realist emergence. 'Higher' levels emerge from qualitatively different 'lower' levels (just as water emerges from H^2 and O, or cakes emerge from their combined ingredients, into entirely different phenomena). He writes, 'Personhood is dependent in emergent origin and continuation upon inter-subjective social interaction, communication, and communion with other persons. Human persons are *irreducibly socially constituted,* even though at lower levels of reality they are composed of *particles of matter*' (Smith 2011: 16).[13]

JM: Still, any attempt to articulate a theory of personhood from a list of capacities invites further argument regarding degree, contingency, development and realisation as situated relational matters – and how one

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[12] Note from Jamie: for biographical social history of the time from an influential feminist see Rowbotham (2021). For realist discussion of various waves of feminism etc. see van Ingen et al. (2020); Saavedra and Pilgrim (2021); Gunnarsson et al. (2016). For an example of applied ecofeminism see Topić (2022).
[13] Note from Priscilla: my emphasis.

pursues these provides grounds for different accounts of both personhood and to what extent human personhood is different, unique etc. But your point is?

PA: Is Smith committing an epistemic fallacy? Is he losing and reducing the body into the *cerebral* social adult?

JM: And if so, there are consequences for the chain of theory – further omissions requiring elaboration?

PA: '*Irreducibly socially constituted*' ignores nature, bodies, genetics. It could be inferred that personhood is somehow magically constituted by our (implicitly verbal) interacting with other people. There is an important question regarding how emergence actually happens. I'm not sure how helpful the critical realist cliché is (which I've often used) of the mind emergent from the brain which is emergent from the lower body.

JM: And yet you suggest that sociology in general has dealt poorly with the body yet critical realism has been 'valuable'…

PA: Yes, for example critical realism is very useful in the stress on ontology independent of our thinking, and in the first plane of social being; bodies in material relations with nature. Bodies (recalling Smith's phrase) are far more than 'particles of matter'. They're highly sensitive marvellous complexities that filter all our empirical experience. For example, Margaret Archer's (2000) thoughts on our embodied non-verbal experience, knowledge and memories are very helpful. Epistemology and ontology meet in our neurons and synapses. Our knowledge and identity somehow remain stored and enduring despite all our brain cells being frequently destroyed and renewed.

JM: A personal 'ship of Theseus'?

PA: Well that would be fascinating to explore, though I'm also talking about continuity and integrity within change, complex body-brain-mind interactions. For example, bodies change in ways that can be emergent from higher mind (anorexia nervosa, or constant anxiety that raises cortisol levels which can cause illness. Our muscles and body shapes develop partly from the activities we choose to do.)
　　Dialectics may be more useful than hierarchical emergence to explain the integrity of many body-brain-mind interactions. Somehow, physical genes transfer mental inclinations and memories of trauma or famine across generations (for example, Yehuda et al., 2016).

JM: Though someone reading this might think the statement crudely Lamarckian (or even Jungian), I take it that is not what the research you refer to is suggesting?

PA: I don't know enough about either of them to be sure, though we need to draw on all kinds of thinkers to revise old dichotomies of physical versus mental, neurological versus social, subconscious versus deliberate, and to see them all interacting in many ways we do not yet understand.

JM: This raises fascinating issues regarding nature and nurture, genes and society – matters that perhaps we might return to – a person of a given ethnic origin does not live in poverty because of their genes, but equally colour blindness or sickle cell anaemia are not products of capitalism…
　　You brought up this issue though beginning with Smith in response to my initial line of questioning regarding the focus of your early work and its circumstances – retrospectively matters of bodies, childhood and the realisation of being…

PA: One example is that the notion of progress from 'lower 'physical to 'higher 'mental existence is a particular problem with childhood.

JM: In what sense?

PA: The dream of child development, from zero at birth up to fulfilled adulthood, has a long history. There is William James's baby 'assailed by eyes, ears, nose, skin, and entrails at once, [who] feels it all as one great blooming, buzzing confusion' (James 1890: 488) and John Locke's 'tabula rasa'.

JM: Andrew Sayer notes in his recent interview that a baby cries in expectation of being 'held, protected and fed in a relation of deep attachment to its primary carers'. Sayer situates this to his interest in the ethics of care and his critical ethical naturalism. He quotes Mary Midgley, 'you can't have a plant or animal without certain things being good or bad for it' (Midgley 2003: 54). Still, even if we are not 'tabula rasa' there remains scope for different interpretations of what one can cultivate and beginning from what claims about the 'child', doesn't there?

PA: Very much so. RS Peters the first Professor of the Philosophy of Education at IOE (1962-1983) accepted Freud's fallacy of childhood narcissism and Piaget's of egocentrism. Peters pondered how to get young children to 'overcome their passions and self-love' so that they respect others, and how teachers might 'sustain and cultivate a crust of civilisation over the volcanic core of atavistic emotions,' until children became 'educable' at around 7-years (Peters 1972: 87). If morality is so alien and hard to learn, where does it originate and why does it matter?

     Family life is a rich resource to help social scientists see beyond these misleading epistemologies to the actual and real partly unknowable ontologies.[14] The psychologist Judy Dunn (1993) thought child psychology transformed away from men directing experiments in labs when mothers began to return to work after caring for their young children.

JM: 'Transformed away' is an odd phrase, you might usefully clarify that…

PA: I could have said psychologists 'developed more useful realistic methods and theories'. These women had far more understanding of children's actual competencies in their everyday lives and the value and skills of observing their daily life within social contexts. Analysis of videos of babies' gaze and startle reflex led psychologists to believe that from birth babies think like scientists and philosophers (Gopnik 2010). No one can explain time and space, cause and effect, their hands, their relationships, concepts of justice, to pre-verbal babies. They have to work out all these meanings and realities for themselves with intense concentration, self-taught. You've already referred to Mary Midgley. Her thoughts on complex social animals open understanding about how highly social preverbal babies are (Midgley 2002). Primatologist Frans de Waal (2013) and others have long argued that morality is not a social veneer, wholly learned to cover our innate selfishness. Innate morality within evolved human nature is partly shared with other animals when their survival and wellbeing depend on social cooperation.

JM: And you would place great emphasis on the cultivation of cooperation?

PA: I've now left London because of COVID-19 and live at my daughter Anna's horse therapy centre, where the ethos of the herd, and friendships between individual horses, seem to help newly-arrived distressed horses. The dogs, goats, pigs and chickens all raise questions about animals' relationships and communication (Alderson 2018b).

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[14] Note from Jamie: emphasizing of course that ontology is still theory… theory whose situational argument and claims are different than epistemology.

JM: And humans are animals within a spectrum of characteristics and behavioural possibilities?

PA: Indeed. To follow on from your quote from Midgley in your interview with Andrew Sayer, in *Why Things Matter to People* Sayer said, 'Critical social science needs to acknowledge its often hidden or repressed premise – that its evaluations of practices imply a conception of human flourishing' (Sayer 2011: 245). Is that not everyone's constant daily concern, including of the youngest children, the pursuit or hope of flourishing? Being the eldest of six children, and now with eight grandchildren, I've always been interested in childhood and how each baby arrives as a unique person from birth.

JM: Which brings us to the early events mentioned in the introduction regarding your route into academia.

PA: One route was in 1981, I was invited to join the working group looking at medical research with children. The group met regularly for three years, starting with dinner at London's Reform Club. Eminent members included Ian Kennedy (law) and Richard Hare (philosophy), and a Countess, among others. Looking round the table I felt that I recognised all the successful members, everyone except me the 'token parent'. It was fascinating to hear the basics of British paediatric medical ethics standards being developed, challenged and defended. We were influenced by the new bioethics (such as Beauchamp and Childress 2013 [1979]) while we discussed the ethics of parents' consent to medical research. Our report was edited by Richard Nicholson (1986).

As you note in your introduction, it was suggested that I research parents' consent to medical treatment. Elliot Shinebourne, a paediatric cardiologist, thought I could research consent to heart surgery (though this was certainly not a specialty I would have chosen), as a PhD. This was to be supervised by the sociologist David Silverman. David generously introduced me to sociology, which I had never read, believing it to be common sense wrapped up in jargon. I attended his MA module on health and illness and a module on theory, quickly discovering what a great discipline sociology is, and I wrote a funding application, which David edited so that we won an ESRC scholarship. I was also granted research access to two children's heart surgery centres.

JM: 'Was to be' suggests things did not progress smoothly…

PA: Problems began when it became clear that David and I had very different views on research. If I remember rightly, he advised me not to make a list of interview questions, but mainly encourage parents to talk. And I was not to attend to the details, because we could never be sure how accurate these were in the social constructionist view that 'there exist multiple, socially constructed realities ungoverned by natural laws, causal or otherwise' (Guba and Lincoln 1989: 86; Silverman 2021). Instead, I should use David's ethnomethodology approach of analysing interviewees' discourse of 'moral accounts' to see how they presented themselves as good parents.

It is easy now to summarise the problems, but was very hard then. I was a complete novice, trying to learn the basics of sociology, research methods, the law and ethics of consent, and some basic cardiology. And in those days we started collecting data during the early weeks, not the second year of the PhD research. There were no taught doctoral courses then.

JA: But you had reservations even if you could not clearly articulate all of them immediately?

PA: Yes, the problems with ethnomethodology include deception and a basic tension, given the research topic. It is impossible to research moral accounts (about how they would typically represent themselves as good parents) if interviewees are aware of the research method and have given their informed consent. But it is a contradiction to research consent without participants' informed consent. Moral accounts methods isolate and

atomise participants from their social contexts, whereas consent involves parent-doctor relationships within highly relevant social contexts. Truth and trust are central to consent, but are irrelevant inhibitors in moral accounts research.

JA: A realist might suggest there are background assumptions regarding 'what must be the case' for a method to apply…

PA: If only I had known then that helpful retroductive question: What must the world be like if moral accounts are the main forms of communication? Or if parents' consent to heart surgery is taken seriously? There is covert positivism in assuming that the only accuracy researchers can rely on is in interviewee's subconscious construction of their accounts. My research needed empirical and realist understanding of actual surgery, and how accurately doctors explained the details, but I also needed interpretive *Verstehen* methods that respected parents' own understanding and decisions. Today I would add two further problems of moral accounts research from a critical realist point of view: theory/practice inconsistency and therefore the lack of 'seriousness'. Ethnomethodologists treat participants in ways they would not apply to themselves or to their colleagues. I thought that, if you must research parents' moral accounts, do it in shoe shops, but not on what may be for parents the most devastating experience of their life. After a year, in 1985 David told me to find another supervisor.

JM: Given this was early in your career and like everyone else at that stage ignorance is at its greatest and 'you don't know what you don't know' (and thus one does not know the boundaries of one's ignorance either), I expect this was a daunting prospect (it was for me).

PA: Very daunting. Beginning to learn sociology was like being in a dim ocean with vague shapes looming and then fading in confusion. I felt like a taxonomist with no idea how to identify or classify these strange entities. But Ted Benton's *Philosophical Foundations of the Three Sociologies* was immensely helpful in giving three 'pigeonholes': positivism, interpretivism and Marxism. I could begin to sort the various shapes of the authors and types and concepts of sociology – and understand them in relation to one another.

 Philosophical Foundations appeared around the time of Roy's early work and mentions it, but I did not encounter critical realism until much later, after decades of doing practical research while I became increasingly questioning and puzzled by the limitations of sociological paradigms. One of the first benefits of studying critical realism was to learn much more about the strengths, weaknesses and contradictions of the three sociologies.

 Most fortunately, two Marxist colleagues of David agreed to be my supervisors, feminist sociologist Caroline Ramazanoglu and philosopher Victor Seidler. Vic was writing his book on Kant's disrespect in over-valuing reason and neglecting emotions (Seidler 1986). Vic alerted me to women philosophers such as Mary Midgley, as well as Susan Mendus on Kant's narrow-mindedness (Kennedy and Mendus 1987), and the psychologist Carol Gilligan's (1982) critique of Kohlberg's Kantian six stages of moral development. Kohlberg's stage six, universal ethical principles, is achieved mainly by men, but Gilligan showed how a ten-year old girl can have profound insight by reframing moral questions 'in a different voice', an ethic of care rather than justice.

JM: So, you 'fell on your feet', so to speak?

PA: I'll always be grateful to Caroline and Vic. They helped me with other challenges too. On the theme of agency and structure, which involve causal mechanisms, connected to motivating beliefs about how we understand our place in the world, these were changing my life. My grandfather was a priest and my father was an obstetrician and gynaecologist (born in 1903), kind and good men, but both with plenty of books on the many pathologies of Woman and superiorities of Man. The London University English BA course had started

with Anglo-Saxon *Beowulf* and 'modern' English literature ended at 1880. You mentioned second wave feminism and its relevance earlier, this was swirling around Goldsmiths' sociology department. I was hardly prepared for it.

JM: Though the activity you engaged in via the National Association for the Welfare of Children in Hospital (NAWCH) seem to intrinsically speak to this…

PA: NAWCH was about campaigning for the rights of women and children, though these were usually presented as needs, and our feminism involved respecting mothers, fathers, children and care rather than emphasising emancipated individualism. Looking back, I think those years were the basis of my later research: observing and listening to staff and families about care in hospitals, reading the personal and professional and policy literature, directly seeing the great distress of separated families and the great benefits of family-centred care in reformed hospitals, having to negotiate with hostile senior staff. We used to visit a 'sub-normality hospital' where children with learning difficulties and on the autistic spectrum lived in large desolate wards for their whole life, and we campaigned for these places to be closed.

JM: And campaigning involved early writing duties? And an implicit orientation to the nature and purpose of research?

PA: I summarised agreed professional and policy standards of care in children's wards and neonatal units into clear booklets (Alderson 1979, 1983a) so that everyone could easily see where there were differences between the actual current practices and resources, and the high standards that were officially recommended. Thousands of copies were ordered by local NAWCH groups, Community Health Councils[15] and many other agencies. I also summarised high standards in the *Charter for children in hospital* (Alderson 1983b). NAWCH persuaded hundreds of professional, voluntary and other agencies to endorse and publicise the Charter. There was soon a European Charter, and an updated Australasian Charter has recently been relaunched.[16] My middle brother died of cancer when he was nine, and one of my children died when a baby of a heart defect. Of course I never mentioned this when doing research, but in a way my research is for them and for children in their position and their parents.

JM: Or more generally is about constructive social intervention?

PA: I always hope so. This raises the question of how objective or biased my research has been. Ben Geiger (2021) looked at sociologists' 'credibility work', how they 'perform as nonpartisan' in their published reports to gain trust. This is important, but I think being open-minded and impartial matters most during the first stages of designing research, planning questions, collecting data, listening to all viewpoints. These days I would add searching for ontological realism, and respecting epistemic relativism in the great range of views and interests and degrees of understanding. Then in later data analysis and report writing, the potential 'bias' of judgmental rationality comes in, when being fair, objective and impartial includes respecting voices that are too often unheard, looking for silences and absences, and working to redress wrongs.

JA: And doing a PhD with family commitments involved accommodations for everyone?

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[15] Note from Priscilla: NHS Community Health Councils (CHCs) during 1974-2003 in England were composed of volunteers and local authority councillors. They officially represented patients, formally evaluated local health services and could work very effectively to raise standards of care. I was a CHC member 1976-1980.

[16] Note from Priscilla:
For the European Charter visit:https://each-for-sick-children.org/each-charter/
For the Australasian Charter visit:https://children.wcha.asn.au/sites/default/files/australian_version_final_210911web.pdf

PA: It certainly did. Doing a PhD can be very challenging and life-changing for the whole family, and my children supported me throughout my research. For example, I had no idea how to switch on my new Amstrad (an early kind of home computer) but my 9-year old son knew exactly what to do and has always been my technology expert. If I may, I'd like to quote from my research on children's heart surgery to give a flavour of the experiences that my family had to cope with even if I kept quiet about the details (Alderson 1990: 32-33). 'Brian' was 18-months old and his mother told me that his operation had been cancelled three times. Cases were overbooked to ensure that theatre time was not wasted. Brian had to be kept starved for hours in case there was time to fit in his operation. His mother said:

> They've got to patch up two holes and a couple of valves have got to be enlarged I think…My two other boys are rather clingy. We're not on the phone so I send them postcards. My boyfriend's looking after them…I'll have to draw some more benefit soon because he hasn't got any money or a job…Seeing them laying there asleep, they look so comfortable. You feel funny inside. The longer you wait the harder it seems to be.

Brian's mother's double bind included that she could only draw supplementary benefit (SB) from her local post office far from London but she could not leave Brian; if left more than two weeks SB could be withheld; and if it were known her boyfriend was living with her, SB would be withdrawn. That evening she walked around holding Brian, and told me she had not had supper but he screamed if she left him. I wrote, 'I offered to look after Brian and enjoyed holding the warm little boy. Next day, Brian died during his operation.' This happened to one in ten of the children, when much of the surgery was still experimental. The parents and nurses made a collection because Brian's mother could not afford the fare home.

JM: So this was an early experience of the kinds of difficult circumstances that formed the basis of large parts of your research? I am reminded of Andrew Sayer's work again, a quote regarding the hazards of concepts of objectivity for social science:

> It seems that becoming a social scientist involves learning to adopt this distanced relation to social life, perhaps so as to be more objective as if we could be more objective by ignoring part of the object. . . . Values and objectivity need not be inversely related. For many social scientists, assessing well-being is a step too far, a dangerous importation of the researcher's own values. But well-being and ill-being are indeed states of being, not merely subjective value-judgements(Sayer 2011: 6).

Empathy, of course, is an important reason why some kinds of research matter to us, but your example is a reminder that research can, perhaps, have emotional costs. Has that been the case?

PA: Your quote from Andrew Sayer is so valuable to defend engaged research that takes well-being and ill-being seriously, and from the viewpoints of those concerned. We've researched children's consent again recently in Great Ormond Street Children's Hospital heart surgery department, and it has transformed over 40 years. We are co-authoring papers with the staff that show how avidly they promote respectful, kind, child-centred care (Alderson et al. 2022).[17]

Innate heart defects are now usually detected during pregnancy but, in the 1980s before today's refined prenatal technology, defects were usually diagnosed after birth. Many parents did not accompany their baby who was rushed by ambulance to one of the nine children's heart surgery centres, and all parents were

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[17] Details of the research and reports are on
https://www.ucl.ac.uk/ioe/departments-and-centres/centres/social-science-research-unit/consent-and-shared-decision-making-healthcare/heart-surgery

very shocked and distressed. The main question for my early research was: Can emotional parents give informed consent to their child's heart treatment and surgery, or are requests for their consent to such essential treatment an empty formality?

With help from the philosophers I mentioned, I came to think of giving consent not as the event of exchanging information and signing the form, but as the process of parents' empathic journey through moral emotions, from fear and rejection of high risk violent surgery (a circular saw cuts through the sternum), through doubt and anxious weighing of risk, towards trust in the clinical team and growing confidence, courage and commitment (Alderson 1990).

JM: And you were able to draw attention to issues or concerns that were in many ways self-evident but unremedied because of inattention or structural inertias of practice?

PA: Yes. Brian's mother showed the social context, which complicates and magnifies the real risks that parents agree to undertake when they consent. Some risks and harms were avoidable. For example, parents had to say goodbye perhaps for the last time ever to their child, who was often screaming, at the lift door before the porter took the bed up to the operating theatre. A senior nurse, concerned to raise standards of care, asked me to work with her to design and conduct a 'stress and satisfaction' questionnaire survey of the nurses' views about their work (Comer and Alderson 1986). When the 70 nurses (all women) read our report, they were surprised that their personal private worries were so widely shared among their colleagues. They summoned the senior surgeons, cardiologists and anaesthetists (all men) to a meeting and insisted that, when the parents agreed, the children should be able to have a parent with them, staying in the anaesthetic room until the child was unconscious. The senior doctors all asserted that was impossible, but within a few weeks the policy changed and the new routine was working well. There was less moral distress for the staff too.

JM: Simple acts of consideration and kindness can humanise a situation it seems – a hospital may be sterile but cannot operate according to some quasi-Tayloristic account of efficient actions as though it were some imaginary factory production line. If we return to Midgley, 'you can't have a plant or animal without certain things being good or bad for it'. It is a basic tenet of critical realism that research should be tailored to its object of study but this, of course, also implies in critical normative social science that adequate treatment of social subjects begins from what kind of being they are and can be (how they flourish and are harmed).

PA: Certainly. In institutions 'good or bad' may be defined as what is efficient for the institution rather than good for the people. Yet sensitive research, for example in neonatal units (Mendizabal 2017), shows that really efficient effective care is based on understanding how premature babies flourish and suffer, what kind of beings they are.

JM: Along these lines of 'being', it is perhaps also worth noting a strand of research that highlights how in the history of medical research and practice the nature and status of women's bodies have tended to be positioned in terms of those of men – involving contradictory impulses; an 'othering' of women which focuses on single differences (such as 'reproductive capacity' and to which attendant characteristics of psyche etc. are then attached in a blurring of gender and odd claims about biology, such as 'female hysteria') and, curiously, involving deviations from a standard male form but where a male biology is presumed to be relevant to specificities of a female form, causing numerous conditions to be under-researched, misdiagnosed or ignored. The work I have seen on this though is relatively recent and this is a different sense of how one humanises and specifies being (for discussion see Jackson 2019).

PA: Yes, you are reminding me of the textbooks my father kept, which he'd studied in the 1920s. Lesbianism was an illness that must be treated, for instance. And senior practitioners have always been trained 30 or more

years previously. They may not have seriously questioned their older received wisdom, so that to change ideas about biology and morality, like those you mention, can take many decades.

Another humanising change in the 1980s was that more women were beginning to return after maternity leave, instead of leaving their profession when their first child was born. A ward sister and a play specialist who were particularly hostile to parents returned after a few months away, well-educated by their babies to understand parent-child relationships, and to be far more kind and supportive towards parents.

JM: Your PhD thesis though, was not only original but in some sense unorthodox. Did this cause you concern?

PA: I expected my thesis would be failed (there were other problems with my research that also caused me to have doubts), and I began working for CancerLink. But in the end my viva went well.

JM: 'Went well'?

PA: Since you ask, the external examiner Margaret Stacey, a founder of British medical sociology, said mine was the best thesis she had read in over 20 years of examining. She told me to apply for a grant so that I could write a book about my PhD and plan further research and 'be a sociologist'.

Fortunately the scholarship enabled me to work at home, just when my son, William, became very ill. After some months, when at last the problem was diagnosed, the surgeon told us William's spleen would have to be removed and his gall bladder had become damaged. It could be removed too, or left in to see if it recovered, and we could decide – ironically, while I was writing the book about parents' consent.

I said to William, 'Keep your gall bladder and see if it recovers,' to reduce what I saw as the violation of his body. He said, 'No way, I'm not going to risk having to go through the operation twice.' I said, 'I have to be the one to decide because I am the adult. You are not old enough to understand risk or be responsible for your decisions, and if it goes wrong you'll need to blame me.' He replied, 'Of course I am old enough to be responsible for my decision and the risks. I'm the one going through them.'

JM: Given the transition in your work from parental consent to children's consent and what you went on to write about age and medical consent, I take it this is another instance of formative personal experience?

PA: That's right. William transformed my plans for researching children's consent to surgery and I wondered if I would discover that the 'age of competence to consent' is around 12-years.

JM: Given there is a difference between the context of justification and the context of discovery as well as distinctions between motive and adequacy of focus and explanation (which is not to denigrate experience, hermeneutics or standpoints), your personal interest should not be conflated with lack of commitment to adequate method for the purposes of evidence and theory etc. What approach did you adopt in exploring children's consent – there cannot have been much to draw on insofar as you were part of inventing a field?

PA: We mentioned bias earlier. And yes, methods are vital and I had few examples of social research with children to draw on in 1989. Years later, a paediatrician told me that, when he was asked to review my funding application, he advised rejection because 'it is impossible to interview children aged under 12-years'. After reading my book (Alderson 1993) he agreed he had been mistaken. I used the anthropologists' approach of ethnography, and as if I was visiting 'a strange island' and needed to observe and question every aspect of the culture in the hospitals. The 120 children aged 8 to 15 years were very keen to talk and happy to be tape-recorded, just like adults. Only one boy refused. I chose orthopaedics because then there are three reasons for having surgery: pain, immobility or deformity, such as a curved spine or twisted limb. The person in the body, who *is* the body, is the main expert in all three criteria. Some surgeons deferred to 8-year olds: they would

operate on a slightly curved spine if the child were very distressed about it and, if treatment was not urgent, they would leave a more seriously curved spine until the child was ready and wanted to have surgery. Each case showed the importance of combining medical, legal and ethical concerns with children's and parents' personal and social concerns, if their informed voluntary consent is to be respected.

I was constantly learning from the young patients. One of my first interviewees was 'Amy' aged ten, who has achondroplasia (dwarfism). When she was 8-years old, Amy had made the huge decision to have leg-lengthening surgery followed by a year of agonising treatment (now much more controlled with pain relief but not then). When we met I asked, 'So you're having the tops of your legs made longer?' Amy replied with great dignity, 'I suffer from achondroplasia and I am having my femurs lengthened' (Alderson 1993: 7). Her mother, a physiotherapist, seriously understood the treatment and said, 'Only Amy could make this decision. No one else could decide for her.' Though we were interested in age, age is far less salient than experience as a generating mechanism of competence to consent or to refuse treatment.

Children can also be agents of change, but this too can be complex. Other parents admired Amy's fortitude and described her as a role model for their children. 'Tina' aged 12-years and also with achondroplasia was as determined as Amy, but she wanted to refuse all heightening treatment. Later they both spoke at a conference, and Tina said, 'Society in general should change to accept people of all types and respect everyone's right to make their own decisions once they have all the facts' (Alderson and Mayall 1994: 5).

JM: Consent seems a kind of research that by its very nature involves a drive to explanatory critique; in this case, as understanding of its relevance diffuses, changes to attitudes and practice seem necessarily to follow. What kind of impact did your work (and those of others who followed a similar track) have?

PA: Yes consent does challenge power and generate change. Even into the 1990s, there was slow acceptance among many researchers and practitioners of respect for consent. For example, paediatricians' ethics standards agreed that taking blood samples for research was of 'minimal risk'. So epidemiologists relied on head teachers' permission when routinely taking 1,000s of blood samples from schoolchildren. In 1992, we four 'lay', mainly non-medical, members of their Ethics Advisory Committee wrote new standards that said the clinical risk might be 'minimal', but in the view of many children their pain and fear about needles meant the risk to them was at least 'low'. Therefore children and parents must be informed about the research, and their consent or refusal be respected. Many doctors were outraged. I was told that a rubbish lorry arrived to take away the 4000 printed copies of the new ethics standards, but a sympathetic secretary managed to rescue them. The Royal College delayed for eight years before they formally published our report (RCPCH 1992/2000).

This delay over recognising consent was also illustrated by meetings we arranged, three each year for the campaigning group CERES, Consumers for Ethics in Research. These were reported in the newsletters I edited. Each meeting was addressed by a researcher, a practitioner, and someone with a medical condition or their carer or representative, and was attended by people who belonged to one or more of those five groups. Many present worked hard to raise funds for research.

For example, the meeting on Parkinson's was addressed by the professor who chaired the Parkinson's Disease Society Research Board and who was granted much of the funding to search for a cure – still not yet discovered. He was asked how he explained his research to his participants, and replied that he could not do so, it was too complex. Members of the audience asked how he could gain the participants' informed consent, which did not seem to have occurred to him. The audience's position was also that, much as they supported research to find a cure, they wanted some of the funds they raised to be devoted to developing better ways to support people living with the condition (Hogg 1996). We hoped our meetings would help to rebalance the medical/lay power in these charities, and increase attention to social as well as to clinical, scientific and technical research. The fairly new local research ethics committees (RECs) and other agencies ordered thousands of copies of the CERES booklet *Spreading the Word on Research* on how to write and assess clear detailed patient information leaflets in order to help potential research participants to give informed consent or

refusal (Alderson 1994b).Every REC member was sent the monthly *Bulletin of Medical Ethics,* edited by Richard Nicholson, and we kept them informed about children's interests (for example, Alderson 1990c, 1991c, 1992a, 1995b, 1998c, 1998d, 2002a, 2005d; Alderson et al. 1994, 1997; Goodey et al. 1999).

JM: But following on from this research, begun in 1989 you were then invited to work at IOE, a decade or so after joining the medical research working group in 1981 and beginning a PhD in 1984…

PA: Ann Oakley at IOE phoned one evening in 1991 while as usual I was catching up with housework. She said she had read the book based on my PhD and would I join her new Social Science Research Unit (SSRU) dedicated to policy relevant research. Against initial opposition, Ann started her PhD in 1969 on the sociology of housework, and then moved on to research 'Becoming a Mother', which she has repeated with the same families over decades. She is well known, among many other things, for her chapter on interviewing women and how inappropriate the then recommended standard of the detached, unfeeling, masculine approach could be (Oakley 1981).

JM: I expect the job invitation was particularly welcome since it offered the prospect of security of employment. Despite having begun to develop seminal work your position seems to have been relatively precarious up to this point – something that has become more of a norm of late for aspiring academics.

PA: You mentioned research grants in your introduction. Like almost all the researchers at SSRU (mostly women) I constantly had to raise grants for my work. So the precarity continued until I was granted tenure in 2000.

JM: It might be worth reminding ourselves here, given the point I made about two aspects of gender right at the beginning of this interview, gender is not simply a category which affects only those who are required to think explicitly about the gendered nature of their experience of the world and, as a subset, a female gendered experience – the difference Motherhood makes, what it means to view the world as a woman rather than a man (within, as theorists have it these days, a complex set of 'intersectionalities' that extend to many different designations beyond the binary).[18] It may be a relevant aspect of a line of questioning because it has been something that has mattered to work done and the constraints it has been done under, but just as the life and work of every person I have interviewed has involved an interplay of agency and structure, it has also involved gendered components, at minimum because a dominant group takes its own route through the world as typical (see Jablonka 2022). In any case, joining the SSRU provided the usual benefits of location within an academic institution as well as the specific benefits of joining the SSRU?

PA: Yes, there were definite benefits. I was glad to become one of the group of eleven like-minded researchers at SSRU. Being a researcher in a hospital or school can be very lonely: outside the two main social groups of those who either provide or receive the service. Trying to maintain the trust and confidence of both groups who are sometimes in opposition; carefully respecting everyone's confidentiality; asking challenging questions but trying to avoid stirring up trouble; long hours of travelling and working alone.

Another gift was the SSRU office space – to work in a house in Bloomsbury overlooking the trees in the garden square in 'a room of one's own', in the words of Virginia Woolf who had lived in a nearby Square. Ann supported whatever we wanted to do, and we fairly easily raised grants from charitable trusts. A trust administrator once contacted me to say, 'You are coming towards the end of your grant so let's meet to discuss your next project.' We soon grew to 20, 30 and now 40 staff, researching childhood, education, gender, disability, health and other topics. SSRU is now best known for Evidence for Policy and Practice Information

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[18] Note from Jamie: see, for example, Flatschart (2017).

(EPPI). The EPPI Centre transfers research methods in evidence based medicine (randomised controlled trials, systematic reviews, meta-analyses) into all areas of social research, though I have never been part of that.

JM: Graham Scambler, author of *Sociology, Health and the Fractured Society* (Scambler 2018) is likely a familiar name to critical realists from UCL who works on medical sociology, health and healthcare. Did you come across him?

PA: IOE had little contact with UCL until they were merged in 2014, but yes I knew about Graham and his work through national and London medical sociology meetings. His lectures stood out for his expertise on research theory and for his very clear explanations.

JM: And the SSRU provided new opportunities to bring the personal and professional together?

PA: Yes. For example, on Lady Day in 1993 (the day I'd passed my viva in 1988) we arranged a meeting of our SSRU researchers with a few of our older and younger relatives to explore generational experience. We heard each speaker, born in a different decade of the 20th Century, talk about her life and work and the great changes that occurred over ten decades. Our colleague Gill Bendelow researched gender, pain, the body and emotions, and we began with Gill's grandmother Mary Wright born in the 1900s who had been a maid in an aristocratic family's Castle. She was followed by my mother Dorothy Clift, a physician born in 1919, then our colleagues, one from each decade, and we ended with Mary's great-granddaughter Tess Bendelow born in 1982. My daughter Juliet served a beautiful lunch and her daughter Harriet represented the 1990s generation.

An example of a project that developed from our personal experiences was a study of how (slim, fit) children aged 3- to 12-years, who develop Type I diabetes, share in managing their care. My colleague Katy Sutcliffe's daughter developed diabetes when she was 1-year old, and later we co-authored a paper with Ruby who explained how, when she was 5-years old at a birthday party, she checked her blood sugar level to see if it was all right for her to eat some cake (Sutcliffe, et al., 2004). My granddaughter Harriet developed diabetes when she was 4-years old and she was very ill for months before it was diagnosed. These children had to have two or more insulin injections and finger-prick blood-tests daily. Adults needed to ensure that the children understood the nature and purpose of their treatment so that they could give their consent, if there were not to be daily battles over the dreaded needles. Harriet told me, 'Insulin is the key that turns sugar into energy,' deeply knowing what her words meant when she had so severely lacked energy in previous months.

JM: This seems to speak to the way your work has resonated with realism and involved realist inclinations since this kind of research required you to be thinking according to realist themes: about the nature of causal mechanisms and the complex processes of our socially-situated material bodies.

PA: Coming later to critical realism, I realised how powerfully it validates our health and illness research in ways you mention that positivist and interpretive traditions cannot do. The young interviewees eloquently recalled vivid memories of their embodied experiences. 'Mr Football' (they all chose their research pseudonym) remembered when he was 6-years old being alone in a room in hospital, on a drip. 'There was nobody, no one to talk to, there was no little boys…I was almost dead.' Managing their diet is very complicated. 'Moogum', diagnosed when she was 5-years, said: 'Everyone when they have a sweet…my sisters say [high, chanting tone], "You've got diabetes, you've got diabetes," and then I feel sad and I go up to my room and get in my bed and do nothing' (Alderson et al. 2006b). Our recent paper in *Journal of Critical Realism* looks at young children's consent and dialectics (Alderson et al. 2020).

JM: This is research that exposes how different groups reflect on relevant processes…and then in some cases draws them into collaboration in the research? This is also a main staple of Action Research and sometimes adopted by those who work with Ray Pawson and Nick Tilley's Realistic Evaluation approach to realism.

PA: Yes, Realist Evaluation attends to differing viewpoints and involves 'stakeholders'. It is said to be derived from critical realism (Pawson and Tilley 1997). Yet the two are different, as the fascinating debate between Ray Pawson and Sam Porter shows (summarised in Alderson 2021a: 82-3, 123-4, 161-2; and see Porter 2015).

JM: Before we turn to your engagement with and use of critical realism it is perhaps also worth emphasising (if this is not already obvious from your comments on your supervisors and critique of 'moral accounts') that your work has always been inter-disciplinary and has involved working with philosophers and the philosophically minded – Chris Goodey, Bobbie Farsides etc.

PA: I agree that most of my work is collaborative and interdisciplinary. My research interests, the relevant literature and guiding ideas and research participants have been wide-ranging. For example, Ann Oakley and I raised a grant for general work on consent and I organised eight conferences and published the proceedings, such as on young people's consent to psychiatric treatment (Alderson 1992d), on women's consent to breast cancer randomised controlled trials (Alderson 1994a) and on children's decisions (Alderson and Mayall 1994). Each conference speaker came from a different discipline and background.

I have also been very fortunate to work with colleagues from a range of disciplines including philosophy. Chris Goodey and I have researched children's, parents', teachers' and local politicians' views and experiences of disability and of special (segregated) and inclusive education. We compared policy and practice in Newham, a highly inclusive inner London local authority, with Kent, a highly segregated mainly rural local authority (Alderson and Goodey 1996, 1998a/2013, 1998b, 1998c, 1999; Alderson 1999/2013). Chris's daughter Ellen has Down's syndrome and she acts, sings and writes poetry and lyrics, co-writes and co-directs drama, and has her own website.[19] Chris with his wife Linda Jordan worked with the local council in Newham London in the 1980s to close all the special schools except two, and transfer the funds and resources into the 'ordinary' inclusive schools. Chris's 'under-labouring' on how learning difficulties and intellectual development are historically and socially constructed – constructed through the Christian notion of the Elect, and via Pascal, Locke, Leibniz and Rousseau – has been vital to our work (latest version in Goodey 2021).

JM: And Bobbie Farsides?

PA: Bobbie is a philosopher of clinical and biomedical ethics and was then at the Centre of Medical Law and Ethics, King's College London. We briefly alluded earlier to nature and nurture, genes and society. Around 2000, there was talk of genetics taking over the health services. I raised funds to interview 70 hospital practitioners, and then for Bobbie to hold eleven audio-recorded discussions with small groups of those practitioners, with mixed professions and grades, asking for their views and experiences of the 'new genetics'. Two sociologists, Clare Williams and I, were there to observe and serve the food – and later to analyse the transcripts. This plan grew out of an earlier multidisciplinary group about genetics and children (Alderson 1998a). Bobbie brilliantly led the practitioners to question their assumptions. They tended to start by being enthusiastic but gradually to talk about their reservations and the limitations of genetics-based medicine (Alderson et al. 2001e; Farsides et al. 2004; Williams et al. 2001, 2002).

JM: Genetics has become a controversial subject in recent years for many reasons – not least because of the way it has become entangled with disability rights, sexuality, gender identities etc. as the scope of medicine, medication and 'corrective' and 'transformative' surgery have opened up new possibilities which cannot but invoke complex matters of ethics, rights and representations. You've had some experience of this…

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[19] Note from Priscilla: http://www.ellengoodey.co.uk/

PA: Indeed, during 2002-2004, the Hastings Bioethics Center in New York convened four residential multidisciplinary seminars on cosmetic surgery for children, with academics and practitioners as well as affected people (Alderson 2006b; Parens 2006). At the session on leg-lengthening, we in the main group were joined by an orthopaedic surgeon and President Clinton's human rights lawyer who both had achondroplasia. Another session was on innate atypical genitalia. An immaculately attired leading surgeon explained how, in those days before genetic diagnosis was possible, he would quickly decide which sex the newborn baby seemed most likely to be, and reshape the genitalia accordingly as an emergency. Advocates from the Intersex Society of North America, which had hundreds of online members, said there was no emergency. They knew from their members that often surgeons make the wrong choice whereas, if the adults wait, by around 18 months children usually make clear their preferred gender. The advocates added that surgery should be delayed until the child clearly wanted to have it. The debate became heated and the surgeon stormed out of the meeting. In the sociology of health and illness it is clearly vital to attend to ontology and epistemology and the dialectic between them.

JM: Yes, though there seems no clear guide to what right answers are for much of this. For example, the status of being 'trans' remains a matter of dispute – and one strand of the argument from some trans groups is 'stop treating us as a subject for argument' ('our existence is not up for debate'). This strikes me as a subject where realists ought to tread carefully, since it is all too easy to be misunderstood when a term like 'realism' is being used (given how it can slide quickly into issues of reduction, determinism etc. and a lot of debate can end up being at cross-purposes between people who all want some kind of social situation that resolves itself in the interests of respect and inclusion – albeit with different primary concerns for the latter).[20]

PA: Thanks very much for picking me up on this. My words could have implied a certainty that I do not have. I agree with you that realists should be very wary about pronouncing on sex and gender with the risks of reduction and determinism. And social researchers also need to be wary of launching into talking about health specialties they have not studied. I was there at the four sessions on 'surgically shaping children' because I know about childhood and a little about orthopaedics, but the other types of cosmetic surgery we discussed were new to me. The question from the Hastings Center meeting that I wonder about is how some individuals, among the very diverse group of people with gender dysphoria, might have been affected by surgeons choosing to shape them into the wrong sex when they were babies.

JM: In any case, given we are discussing controversial matters and given your field, I am curious as to your take on the prospects of the NHS. A mainstay of UK politics of the last 50 years has been the consensus that the existence of universal healthcare free at the point of need is non-negotiable, and yet the Right have gradually been chipping away at this in various ways. The long-term context has become one that highlights an increase in spending on the NHS as a proportion of all government spending, partly because of an aging population and partly because demand for health seems to be without limit and innovations in medicine, surgery and health services are continuous. The NHS, of course, is not perfect, and adverse publicity periodically arises, such as AlderHey (the unauthorised removal and retention of human tissue and organs 1988-1996), and more latterly on Maternity Care failings (the Shropshire baby deaths). These, however, are packaged as scandals, and multiple other routes are taken to emphasise the negative…

PA: Thank you for these questions which I'd happily discuss. However, my paper about the NHS and neoliberalism has just been published in *Journal of Critical Realism* (Alderson 2021b) and maybe it would be better if I avoid repeating myself?

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[20] Note from Jamie: the exchange between David Pilgrim and Jason Summersell illustrates something of the range and different concerns and foci. For example, Pilgrim (2018); Summersell (2018).

JM: Let's move on to other more prosaic matters as a segue into how you became involved with critical realism after your 'retirement'. I expect you have observed quite a few changes over the decades at the SSRU?

PA: Yes, there have been great changes at SSRU and in research generally. Two changes are related to finances and to research methods, and I think they both reduce opportunities to promote critical realism in higher education.

On finances, we noted earlier, many academics and most university researchers are on short term contracts. While doing paid work on the current research project, there is also the unpaid work of finishing off, writing up and trying to publish previous projects, while planning and trying to raise funds for future projects. There were always colleagues leaving SSRU because they could not raise new grants. Over-worked university staff seldom have time to learn about philosophy and social theory, such as critical realism.

JM: And the nature of finance and funding and the pressures to secure it have changed quite markedly over the last three decades – a more instrumental neoliberalised approach to education and knowledge in the UCL and elsewhere – exacerbated by austerity politics…

PA: That's right. Mirowski's (2014) analysis of the neoliberal takeover of economics affects social science too. State agencies set the research topics, questions and even the methods when they commission research and invite research teams to make competitive bids for contracts.

JM: There is a kind of market ideology or logic to all this, but the format is not a 'free market' of bids nor a free market of ideas?

PA: Definitely, and in any case, the financial challenges became much harder by 2004, when we were told to stop applying to charitable trusts. Trusts do not pay for overheads, whereas the government agencies – government departments and Research Councils – give up to 100% overheads for administrative costs, which have massively risen over recent decades. The government has, in effect, nationalised university research, though in neoliberal ways. So many researchers apply, and the success rate is so low, that this is a huge waste of mainly unpaid time and effort. To their credit, the SSRU directors are very successful at winning grants and retaining staff and they have created the larger teams now essential for survival.

JM: Yes, though doing well in a bad system (not least one that expects randomised control trials in and for open system uncontrolled social contexts and calls this evidence based) has diminishing returns and significant constraints…

PA: This relates to the second problem: research methods. I think the commissions (the sources of funding) tend to ask unhelpful questions and require unhelpful methods, but I have criticised them elsewhere (Alderson 2021a: 26-40, and 2021b). Critical thinking and theorising are actively discouraged.

JM: This brings us neatly to your role as convenor of the critical realism reading group and short courses on critical realism at IOE, your recent book *Critical Realism for Health and Illness Research* (Alderson 2021a) and the two volumes for the Ontological Explorations series (Alderson 2016a, 2013a).

PA: I started attending Roy's fortnightly doctoral reading group at IOE when I 'retired' in October 2009 and suddenly had time. At first, I found critical realism dense and hard to understand. But I kept attending the course, learning all the time. Maybe it's never too late to start critical realism.

JM: Since you kept coming back and became increasingly involved I take it you found the subject matter stimulating?

PA: Fascinating and I thought the sessions were a model for university courses: free and open to anyone.

JM: And in the sessions Roy drew on the expertise of others across the social sciences making them a collective initiative…

PA: That's right. Others from the Centre for Critical Realism and IACR were involved. Friends of Roy such as Alan Norrie, Mervyn Hartwig, Leigh Price and Gary Hawke and Roy's PhD student Tim Rutzou all helped with the teaching, and other friends from around the world dropped in to join the discussions.

At the time Roy was commissioning the Routledge Critical Realism: Interventions series (the 'pure' philosophy and social theory series), and the Ontological Explorations ('applied' research) series. Roy asked me to write an applied book about childhood. This grew into the two books (Alderson 2013a, 2016a).

When Roy died in 2014, no one on the IOE staff was available to convene his group. I did not feel well qualified, but Gary Hawke (who edited a set of transcribed talks with Roy – *The Order of Natural Necessity*, Bhaskar 2017) and I decided to continue the meetings rather than see them close down. The course is still based on Roy's programme of themes and concepts in basic and dialectical critical realism with now and again a little on MetaReality. But it has changed very much from being mainly philosophical and based on reading and discussing Roy's texts, to now being mainly about critical realism applied to research and referring to a wide range of authors. There is more discussion, with practical exercises in pairs and small groups. Students explain their research to one another and then work out together, often using a page divided into two, three or four sections, how critical realist concepts apply to their work.

JM: So the approach is compatible with other themes and projects being developed through the Critical Realism Network?[21]

PA: Yes and integrated into it in some ways. A present or past student presents their research to show how the concept being discussed illuminates their work. I aim to clarify the ideas, sometimes with images such as a landscape and river constantly reshaping one another to illustrate agency-structure dialectic. I started short courses for 'beginners and refreshers' and then attempted 6-hour day meetings. These were popular. Scores of people attended each one, including some from Scotland and Ireland, all eager to learn and discuss critical realism. Each year, more people attended the fortnightly ten session evening course; 70 people signed up for the 2019-2020 series, a few travelled more than a 200-mile roundtrip to join us. Masters students were very receptive to an 8-hour 4-session introductory course.

JM: A lot of standard books on research methods include a chapter or section on critical realism these days, and, of course, Andrew Sayer's *Method in Social Science* has had enduring appeal, as has Berth Danermark et al. *Explaining Society*. Initiatives can also be found in various disciplines – in his recent interview, Dave Elder-Vass, for example, refers to the work he and Bob Carter did convening the British Sociological Association (BSA) Realism Study Group.[22] There is also a strand of economics in which realism has remained influential – heterodox economics – closely associated, of course, with Cambridge Social Ontology, but also partly as a legacy of the late Fred Lee and over the years work by Andrew Mearman and others who provide annual research training for PhD students from around the world under the auspices of the Association for Heterodox Economics; though many are not strictly 'critical realists' they are interested in pursuing themes built around the basic insight that all theory entails an ontology.

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[21] Note from Jamie, visit: http://criticalrealismnetwork.org/
[22] Note from Jamie, there is, of course, also the Centre for Social Ontology currently hosted at Grenoble: https://socialontology.org/about/

PA: I've found there is great 'demand' for critical realism courses and PhD supervision, and far too little 'supply'. Many interested students have supervisors who do not understand critical realism and some who oppose it (typically based on misunderstandings of what it is). I aim to help to increase this next generation of critical realist advocates, researchers, lecturers and supervisors.

JM: Perhaps you might illustrate?

PA: Rob Faure Walker was one of the range of doctoral students who presented their work at the IOE course and illustrated critical realism's range and flexibility. Rob had taught in a London secondary school with 95% of the students being Muslims. They enjoyed their twice-daily class sessions with him when they discussed almost anything, including extremism, terrorism and Islamophobia. Rob thought it was vital for them to be able to talk freely and openly, and to challenge and sometimes gradually moderate their own and one another's views. Then the Government's Prevent Programme began and the students immediately stopped talking about these topics for fear of being reported to the police. Rob left teaching, and for his PhD on this problem he used critical discourse analysis and critical realism. He analysed the generative mechanisms when the language of counter-extremism can actually promote violence. 'Understanding the potentially oppressive properties of language can help us transcend them through an immanent critique of the most pernicious aspects of the global War on Terror' (Faure Walker 2021).

Rob is now an ESRC post-doc at IOE, and in January 2022, thanks partly to his technical expertise, we were able to restart the evening course on Zoom after the Pandemic had stopped the sessions for two years.

It's a great loss not to have live contact with the group, but a great gain to have a virtual course that involves students and lecturers from around the world. We liked to invite authors to talk about their work, and the current Zoom course has opened new opportunities. Andrew Sayer, Leigh Price, Doug Porpora and others very kindly agreed to present sessions this Spring term, 2022. Over 300 people signed up.[23]

The Centre for Critical Realism ran a course on Zoom during autumn 2021 with three versions of each of the six sessions for different time zones, and use of polls and other interactive teaching methods. The total 150 places were quickly filled and many more people have watched the recordings (Critical Realism Network 2022).

JM: And you have also supervised students who have drawn on critical realism and engaged in collaborative research with them…

PA: A good example is Tamaki Yoshida's work. Before 2011, Tamaki lived for many months in the slums in Dar es Salaam in Tanzania. She spoke Swahili (besides working in Japanese and English). She squeezed into the crowded local minibuses, and observed life in two schools for her PhD ethnography on corporal punishment. She brilliantly showed how critical realist concepts and frameworks, such as the four planes of social being, deepen analysis of bodies, pain, shame and children's physical, social and emotional education as well as their intellectual education. Tamaki sustained delicate respectful relationships with the primary school children and with the violent teachers while quietly doing her radical work (Yoshida 2011). She and I also reflected briefly on children's early (universal) agency in relation to Tamaki's young son in Tokyo and my youngest grandson in Dorset (Alderson and Yoshida 2019).

JM: So while the SSRU is a UK based research centre interests are global?

PA: Yes, besides much international work, UCL has by far the highest number of students from abroad among UK universities, over 17,000 this year (2021-2022). Many are Chinese and my student Xiao Qu (2019) applied

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[23] Recordings of the critical realism course are on https://www.youtube.com/channel/UCeod4lGHw8s18DVo7t-w5KQ.

critical realism to her study of inclusive education in China. She concluded that, rather than using Westernised human rights discourse, inclusive education in China is better advocated through Confucian precepts.

The campaign mentioned earlier for parents to be able to stay with their child in hospital was won in the UK after almost 40 years' work, but is waiting to be won in some other countries. Our aim was for nurses to be advocates and supporters of parents, and to work with them as respected partners. This moves away from nurses pressuring parents to stay away, claiming that parents upset their children and make then cry, and increase the risk of infection, claims that have long been refuted (Platt 1959).

When researching for her critical realist PhD in two Mexican neonatal units, Rosa Mendizabal similarly sustained respectful relationships with opposing groups: healthcare staff and lower class parents who use the under-funded public hospitals. Rosa's tragic time map of the neonatal unit, where one in four of the babies died mainly from infections, shows tracks of the staff criss-crossing the unit, constantly moving among all the babies without always going to a sink to wash their hands, whereas the parents' tracks stay near their child and they took great care with hand-washing (Mendizabal 2017).

Rosa dramatically illustrated contradictions between empirical discourse about preventing infection versus actual detailed embedded practices that propagate unseen cross-infection, and also differences between epistemology and ontology. She contrasted the doctors' and nurses' epistemic gaze centred on the vital monitor recordings of babies' respiratory rate, blood pressure and oxygen saturation, with parents' concentration on the actual real baby. Rosa drew on Heidelisa Als's (1999) research with premature babies, discovering their memories and their interpretations of daily interactions. And Rosa's detailed study shows real generative mechanisms that produce high mortality rates: the poverty of parents' daily lives that include fathers having to sleep on the pavement outside the hospital; class and ethnic differences between the families and the healthcare professionals; cruel routines that stop mothers being able to breastfeed contrary to the constant discourse of promoting breastfeeding. Critical realism gave Rosa the confidence to make these connections and extend her data analysis.

JM: Maintaining relations in order to facilitate research seems to be important and presumably, more fraught than one might at first think. I hadn't really thought about this recently until you brought it up in terms of your own work in health service environments. There seems to be a lot to be aware of and negotiate (in both senses of that word).

PA: We can't be an invisible 'fly on the wall'. But to encourage people to behave and talk to us openly, we researchers have to be as anonymous and discrete as possible. And the very complications of relating to the range of such different participants and power relations give us plenty to reflect on when trying to understand the social dynamics we observe.

JM: So, there have been a variety of different types of application of critical realism by students over the last decade?

PA: One of the strengths of critical realism is its potentially endless flexibility. Kate Martin (2017), for example, researched the four planes of social being with young people in mental healthcare wards. Initially, the first plane, bodies in material relations with nature, might seem irrelevant to psychiatry. Yet Kate shows the need to anchor an effective service in caring for bodies as well as for minds, and the dangers of the inattention of senior staff to young people's physical needs and physical presence.

JA: But your interest has been broader than encouraging specialist research or in hosting discussion of the nuance of philosophical critique for its own sake…

PA: I'm very grateful to the philosophers and other theorists who keep expanding and deepening our understanding of critical realism, though empirical researchers do this too. But I'm mainly interested in helping

people onto the first rungs of the critical realism ladder so they can use it in their research and, increasingly I believe, in their daily life, looking at the world from this slightly higher perspective or overview and insight. Blogs like Tom Fryer's[24] are welcome and Stuart Hofer Green and I have worked on critical realism in diagrams and images (Alderson and Hofer Green 2021).

I think critical realism should be taught in schools, not just used by adults to plan pedagogy and curriculum, but as a set of tools for children and young people to apply. Maybe it's already being done? Humanity's most pressing problems and questions are how we can live together in peace and justice, and how we can stop destroying the eco-sphere: the narrow layer around the planet of fluids and gases and living species. For this we urgently need realistic realism and critical thinking.

JM: I'm reminded here, of the themes and substance of Hubert Buch-Hansen and Peter Nielsen's introductory textbook *Critical Realism: Basics and Beyond* (Buch-Hansen and Nielsen 2020; Morgan 2021). The book recently won the Cheryl Frank prize and provides a simple and easy to read introduction to critical realist theory, concepts and perspectives: depth realism (complex structured sources of powers and potentials, which may or may not be expressed in events and which may or may not be observed or experienced), stratification and emergence, open system cumulative causation, the triad of ontological realism, epistemological relativism and judgmental rationality, identification of ontic and epistemic fallacies and the distinction between the transitive and intransitive etc. The book is specifically focused on providing a teaching aid that builds around making sense of and empowering students to address core contemporary problems – climate crisis and socio-economic fragmentation.[25] The book, however, has relatively little to say about Bhaskar's later work and this brings us neatly to the content of your three works, insofar as you (which should also be clear from your previous comments on your students)make use of Bhaskar's four planes of social being etc. You have already alluded to MELD, perhaps you might briefly set out what the two volumes on childhood seek to achieve and how they are structured?

PA: The two books (Alderson 2013a, 2016a) introduce readers to critical realism and also to childhood studies, or the sociology of childhood. This began around 1990 and is very critical of child development psychology. Concepts of childhood, and what children and adult-child relations are like or ought to be like, are seen as social constructions contingent on their time and place. This potentially emancipates children and adults from oppressive traditions and frees them to seek alternatives. Yet social constructionism can be relativist and can deny many things, such as embodied experience and inalienable universal human rights.

JM: 'Inalienable' insofar as rooted in material beings who can flourish or suffer accordingly? Matters covered in various ways by Andrew Collier, Sayer, Bhaskar and various other realists…

PA: The work on social and embodied flourishing and suffering potentially increases our understanding of rights. Though many people have reservations, if rights mean selfish individualism. Another view is of *our* rights, mutual obligations. Whenever I claim a right, I claim or imply or at least do not deny everyone's equal share. The United Nations (1948) *Universal Declaration of Human Rights* and the United Nations (1989) *Convention on the Rights of the Child* say in their Preambles: 'Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,' and UDHR adds, 'Whereas disregard and contempt for human rights have resulted in barbarous acts which have outraged the conscience of mankind…'. Like the *Nuremberg Code* on medical research (1947), which opens '1. The voluntary consent of the human subject is absolutely essential,' the 1948 *UDHR* partly emerged from the Nuremberg Trials, and they both express hope and faith in the future. Maybe I

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[24] Note from Priscilla: (http://criticalrealismnetwork.org/2020/10/30/a-beginners-guide-to-critical-realism/?doing_wp_cron=1640780754.6031429767608642578125)

[25] Note from Jamie, for a special issue of *Globalizations* on this subject, including work from the well known realist Clive Spash see introduction Gills and Morgan (2021).

think these assertions are so vital partly because I'm a Quaker and we believe 'there is that of God in everyone'. Critical realism is very helpful for understanding the depth reality or natural necessity of humanity and of rights: at the empirical level there are often fallible, transient, contingent attempts to interpret humanity and rights, and at the real causal level rights are powerful mechanisms that impel people to escape from oppression and injustice, such as in the history or myth of *Exodus* 600 or 800 BCE, and so on over the millennia.

There are so many ways for critical realism to clarify and strengthen childhood studies. Chapters 2 and 3 of volume 1 are based on Roy's course, explaining problems with other paradigms and 'twelve main concepts' in critical realism. The main chapters are based on the four planes of social being at personal levels: real bodies, space and interpersonal relations, time and social structures, inner being and flourishing with thoughts on theories about the person and self through the millennia.

JM: And in concluding volume 1 you bring this together in terms of comment on personhood and draw on Chris Smith, which brings us back to some of the issues we began this interview with, bodies, tabula rasa problems, inadvertent omission of childhood as a developmental state of being, as well as dementia later. You don't specifically highlight these in the final comments but these resonate with your suggestion that research is needed into 'how these capacities endure over each lifetime in continuity from youth to age' etc. (Alderson 2013a: 170). In any case, volume 2 develops the argument by…

PA: Yes, in volume 2, the same four planes are examined at broader political levels: ecology and human relations with nature, economics and interpersonal, intergenerational and international relations, emergence and social structures, and finally ethics and emancipation in reimaging the politics of childhood. This draws on utopian research methods, including Ruth Levitas (2013), Roberto Unger (2007) and Olin Wright (2010).

JM: Given your lifelong interest in consent and the way your work has evolved in its concern to treat children as more than hollow vessels, passive objects of interest or mere subjects for research, your conceptualisation of 'The politics of childhood' seems to create great scope for practical intervention and you suggested earlier that you think critical realism ought to be taught to children in schools, though clearly you don't mean in the didactic sense of conveyed to them for confirmation where it is simply recounted to or explained to them as a subject they should know about (in the order of 'Henry the VIII had 6 wives'). I take it you mean something pedagogically different according to inspiration you have taken from DCR?

PA: Yes, through interactive learning. For example, the vital importance of constantly working through dynamic MELD in personal and political life can easily be shown by what I call 'malign MELD'.[26] At 2E, President Trump built a wall to keep out migrants. It did not work, so he stuck at 2E and tried to extend the wall. Most short term policy starts and stops disastrously at 2E. To solve the problem requires starting with 'benign MELD' at 1M: what absences and negations are causing migration? 2E: how might these negative causal mechanisms be addressed and possibly negated? 3L: how does the intervention affect, and how is this affected by, the larger social contexts and political economies? 4D: what can we learn from this process of personal and political transformative change, and how can we apply the new insights during the next MELD cycle?

JM: This seems quite complex, and without seeming to sound patronising, complicated for children, given many adults have struggled with Bhaskar's *Dialectic*.

PA: Children are so under-estimated. At primary school they could understand this, through literature and drama and most of all through their interactions. I was writer-in-residence to two primary schools, where the

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[26] Note from Priscilla: I'm assuming readers are familiar with the four stage MELD dialectic, an acronym for 1M first moment, 2E second edge, 3L third level and 4D fourth dimension.

staff and school students explained how they worked together to run the schools (Alderson 1997, 1999/2013). At one school council, the children (democratically elected representatives) relaxed in easy chairs around a coffee table where the head teacher knelt while she took the minutes (crucially, everyone was on the same eye-level). This head teacher said to one class that as Peter was bullying other children she would ask his parents to come to talk to her. (I can trace 1M and 2E here, in retrospect.) The class replied, that they would write a letter to invite the parents to come to talk with them at their circle time, when a ball might be rolled to each new speaker in turn to ensure everyone listened. This forum was used in many ways to promote peace and justice in the school. They all discussed the problem and the class agreed with Peter and his parents to help him with 'guardian angels', 'bully busters' and other tried and tested routines that the children used in the playground and around the school (1M, 2E, 3L). They arranged to meet later to review their progress (3L, 4D). This became the usual routine. The head teacher commented, 'I used to spend almost all my time dealing with behaviour problems. But now I spend very little of my time doing that, the children do it' (Alderson 1999: 43).

Both books (Alderson 1997, 1999/2013) are filled with excellent ideas that worked well in the schools, but since the late 1980s the government and since 1992 OFSTED have been extending their mainly malign micro-managing of schools that constrict children's and teachers' agency.

JM: Though one would expect that IOE has tried over the years to promote progressive education policy… Hasn't this had some effect – if no more than in the sense Tony Lawson has suggested is possible in another otherwise adverse environment – 'Eudaimonic bubbles'?

PA: Politicians pick their preferences. IOE's research income from government agencies has soared during the recent austerity years, which suggests the IOE research agenda is powerfully influenced by government, rather than influencing government. From 2010, Michael Gove and Dominic Cummings applied in schools ideas developed at IOE, which are claimed to be a social realism derived from critical realism citing Bhaskar (Young 2008). The two realisms are actually very different. Social realism prizes 'powerful knowledge', hard scientific theories and predictions validated in closed systems, and it centres the curriculum on these, stripping away the humanities, arts and sports, and denigrating as worthless the common sense and 'everyday knowledge' children bring with them to school (Alderson 2020a, 2020c). Punitive school exclusions greatly increase the risks and costs in later life of being workless, homeless, in mental hospital or in prison. They endorse populist public attitudes of intolerant rejection. 'Zero tolerance' discipline, with no right of defence or reply, teaches and forces all children and teachers in the school to accept and comply with injustice.

JM: Yes, the general tendencies in politics that stand behind this over the last few years have surely been dismaying to any person with a sense of integrity (imperfect though we all are) or justice, irrespective of whether they are to the left or right. We have come to expect the worst in politics and yet still find ourselves shocked, if not surprised, when what we now expect turns out to be worse than we imagined. Our language is ripe for irony but it is ill humour these days and statements such as 'that well-known liar has lied to us' expose the absurdity of our situation.

PA: Critical realism reminds us that it is not enough, for example, to teach children or adults the facts about climate change – or about politics. Education needs to occur on many connected levels, shown in laminated systems (Bhaskar and Danermark 2006).

Desmond Tutu said, 'Those who turn a blind eye to injustice actually perpetuate injustice. If you are neutral in situations of injustice, you have chosen the side of the oppressor.'[27]And the ontology of the informal curriculum that teaches, for example, ruthless competition, through interaction and example may have deeper subconscious and more lasting effects than the epistemology any formal curriculum may have (Taylor Gatto

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[27] Note from Priscilla: https://www.jpost.com/diplomacy-and-politics/desmond-tutu-israel-guilty-of-apartheid-in-treatment-of-palestinians-344874

2010). Many schools suppress and punish young children's critical awareness. 'Why?' is one of their favourite words. Critical realism would help to right these wrongs and support education for peace and justice.

JM: We seem to have turned the focus from material bodies to aspiration rooted in abstract concepts (peace, justice etc.), though I expect most realists would suggest adequate abstraction does not detach concepts from what is real, but rather positions concepts in ways that must be made sense of in realist terms… whatever that means (and much ink has been spilled on this – an odd metaphor to a twenty first century human… many megabytes have been consumed?).

PA: Yes there are close interactions between, say, the abstract and the real and the physical. Maybe some readers of this interview will feel surprised, perhaps uncomfortable (given some of the subjects we have ranged over), and think is it somewhat inappropriate and distasteful of me to keep going on about bodies. And this again brings us to personhood. Serious attention to embodied ontology can perhaps rescue morality. I'm thinking of the American Pragmatist philosopher Nicholas Rescher's idea of personhood, which you summarised in a review essay:

> Being a person…involves the capacity for modes of thought and action that can – in theory – function outside the biological realm as usually understood. There is no reason in principle why non-human organisms (aliens) or purely spiritual beings (angels) or purely mechanical beings (robots) could not have the abilities needed to qualify as persons. Personhood is not a biological but a metaphysical category (Rescher, 2017: 172). To value oneself is thus to be a unit to which is attributed intrinsic worth and since this is the same for other persons based on a general set of characteristics of personhood, then the valuation extends from the self to others in valuing themselves (they are legitimately doing the same) and from the self to other selves (if I have worth they have worth) (Morgan 2019:12-14).

JM: Rescher's point is that personhood is a set of features that need not be restricted to the human, and he makes an additional argument regarding the *recognition* of personhood as mutually necessary. Both, of course, are arguable (like many of Rescher's arguments they turn on claims about reasoning as an attribute of an entity) and neither tells us what is empirically the case regarding human personhood and its generation through emergent processes that supervene on a material body. But what are you reading into this?

PA: You know far more than I do about Rescher's work, and apologies if I have misread this small extract. Yet do you think there might be an epistemic fallacy, which also underlies Locke's denial of rights to slaves and colonised people, when an intellectual elite chooses who counts as a person? MacIntyre (1959:89-90) challenged these arbitrary 'fundamental moral principles as without any basis. The principles are his [the rational person's] because he has chosen them…[when] neither moral utterances nor moral action can be vindicated by reference to desires or needs,' and I'd add 'desires or needs' are always partly embodied.
 Vic Seidler (1986:223) argued that Kant's 'autonomy of morality' presupposes self-sufficient independence. Yet Vic believes that respect for others' dignity and worth involves enriched 'respect for our emotions and desires as well as for our history and culture [to transform] prevailing relations of power and subordination' in Marx's terms.

JM: I don't think Rescher would disagree with any of that, though political philosophy was not really his subject. In any case, in what sense is this making a point about the scope and appeal of critical realism, as well as the role of bodies?

PA: As we have noted in this interview several times, critical realism helps us to realise that the ontology of morality and human rights is rooted in our actual embodied capacity to suffer and flourish and therefore our real causal motives to empathise.

JM: Though one must also bracket "universal" at least in the sense of multiplicity of means to achieve ends where real beings are also ends in themselves and where rights are honoured or violated, written and recognized, rooted in culture, legal system etc. Rights are in this sense something to realise (in both main senses of the word). You have done considerable work in pursuing this subject for children…

PA: Yes, as you mentioned in the introduction to our interview, Save the Children commissioned me to research whether every right in the *Convention on the Rights of the Child* (United Nations 1989) could possibly relate to children aged under-8 years and even to babies (Alderson 2000/2008). I consider that they all do, and was helped by seeing how all rights are experienced and expressed through our bodies.

JM: This seems an interesting way to start to draw this interview to a close. Work on rights and your work in schools may seem to be operating at quite different levels, but there is a connecting thread surely… preparing children for the damaged world we are bequeathing them. Perhaps you might reflect on your work over the decades in terms of how it speaks to future prospects?

PA: There is always more to do. Chapter 9 in my *Politics of Childhood*s book (Alderson 2016) is about how MELD combined with other critical realist concepts assists intergenerational work on climate change, which I'd like to develop further. Your 'realist by inclination' phrase is very relevant to that work of trying to use theories to serve practical politics. Reviving the IOE critical realism course through Zoom opens new international opportunities to follow up. And I live in hope that my colleagues, and academia generally, will realise the value of critical realism for their work.

Thank you Jamie for this slow-motion interview through emails, and for your helpful questions. You've led me to reflect on my past and present in new ways and to appreciate more the lucky breaks and serendipitous patterns.

Notes on Contributors

Priscilla Alderson is Professor Emerita of Childhood Studies, Social Science Research Unit, Social Research Institute, University College London. She is the author of numerous of books and articles. Additional detail is given in the interview.

Jamie Morgan is Professor of Economic Sociology at Leeds Beckett University. He co-edits the *Real-World Economics Review* with Edward Fullbrook. He has published widely in the fields of economics, political economy, philosophy, sociology and international politics.

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