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UCL

UCL MINDS

Lunch Hour Lectures

A practical introduction to critical realism

Virtual Event
1pm
Thursday 2 November 2023

A Practical Introduction to Critical Realism

A philosophy of the natural and social sciences

Not research methods

The most practical start to any research

is to sort out the theories

= ways of seeing the world

Sociology research on Consent to children's heart surgery 1984-1987 and 2018-2021, in two London hospitals.

1980s – 10% surgical mortality rate, partial success in many cases, shorter lives

2020s - <1% surgical mortality rate, more complex dangerous surgery, much higher success rates – healthy childhoods, long-term survival

Progress thanks to scientific research

much at UCL Institute of Child Health and GOSH

surgery and nursing techniques,

technology, scans, anaesthesia….

electronic patient records

comparative long-term outcomes

1984 My research question:

Can shocked distressed parents give informed consent

to their child’s life-saving heart surgery?

Positivism/realism	
Facts, certainties	
Demonstrable evidence	
Measure, quantify	
Separate variables, RCTs	
Certainty	
Prediction, replication	
Objective = value-free	
Inform policy - EBM	

Positivism/realism	
Facts, certainties	
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Objective = value-free	
Inform policy - EBM	

Informed Consent?

Actual procedures
clear factual information

Test patients' understanding, recall

Test different methods of informing and supporting patients

Positivism/realism	**Interpretivism/constructivism**
Facts, certainties	Experiences, perceptions
Demonstrable evidence	Accounts, memories
Measure, quantify	Describe, quality
Separate variables, RCTs	Examine complexity
Certainty	Record ambiguity
Prediction, replication	Individuals, contexts
Objective = value-free	Objective = moral relativism
Inform policy – EBM	Links to policy complicated

Interpretivism/constructivism
Experiences, perceptions
Accounts, memories
Describe, quality
Examine complexity
Record ambiguity
Individuals, contexts
Objective = moral relativism, nonjudgmental
Links to policy complicated

Informed consent?

Explore and analyse patients' reported experiences, needs, difficulties

All important information but

maybe hard to generalise among

patients and doctors and dyads

Involves processes, answers how but not why questions.

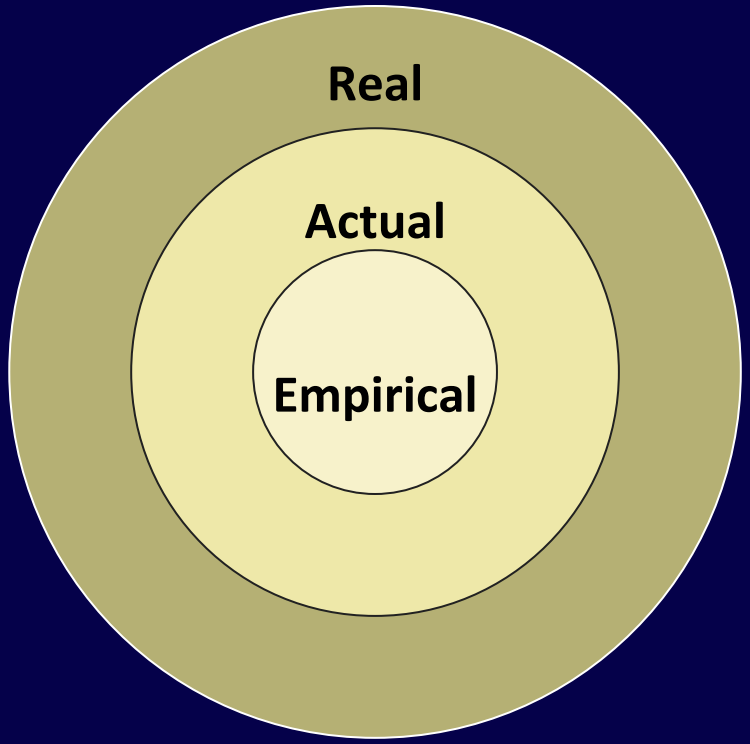
Why does consent matter?

Prevent litigation but…

Positivism/realism	**Interpretivism/ constructivism**	**Critical realism**
Facts, certainties	Experiences, perceptions	Depth realism
Demonstrable evidence	Accounts, memories	"
Measure, quantify	Describe, quality	"
Separate variables, RCTs	Examine complexity	"
Certainty	Record ambiguity	"
Prediction, replication	Individuals, contexts	"
Inform policy – EBM	Links to policy complicated	Connect policy-practice-critical research

Three domains or levels of reality

Basis for interdisciplinary reseach



Three levels of reality in physics

Falling rain

Empirical	Impressions and images of many falling objects
Actual	Specific numbers of objects fall in regular or irregular patterns or constant conjunctions (Might the patterns reveal cause of falling?)
Real	Causal mechanisms are shown in their effects: Gravity and hydrologic cycles are unseen causal mechanisms The Why Question. **Do not confuse thinking with being**

Level	Reality exists in:	Process of consent to surgery
Empirical	Thinking/feeling: explanations, ideas, descriptions, memories, statistics, facts, images, perceptions	Doctors explain, patients ask questions and discuss options to understand informed consent Exchanges in words and images

Alderson P, Bellsham-Revell H, Dedieu N, King L, Mendizabal R, Sutcliffe K. Children's understanding and consent to heart surgery: Multidisciplinary teamwork and moral experiences. *Journal of Child Health Care*. 2023;27(2):197-211. doi:10.1177/13674935221100419

Level	Reality exists in:	Process of consent to surgery
Actual	Being/doing: events, relations, structures, interactions, medical conditions, interventions, outcomes	Patients express consent or refusal, actively cooperate or resist staff may enforce treatment on children

Level	Reality exists in:	Process of consent to surgery
Real	Mainly unseen causal mechanisms; policies and economics of healthcare; design of services; personal motives, hopes, aims	Motive-led willing voluntary consent, guided by needs, emotions and values; journey from fear and doubt to trust, hope, courage, and commitment to surgery; practitioners' motives to promote health and high standards, and respect patients; consent - power, control over decisions.

Facts and values

Positivism/Realism: Objective = value-free

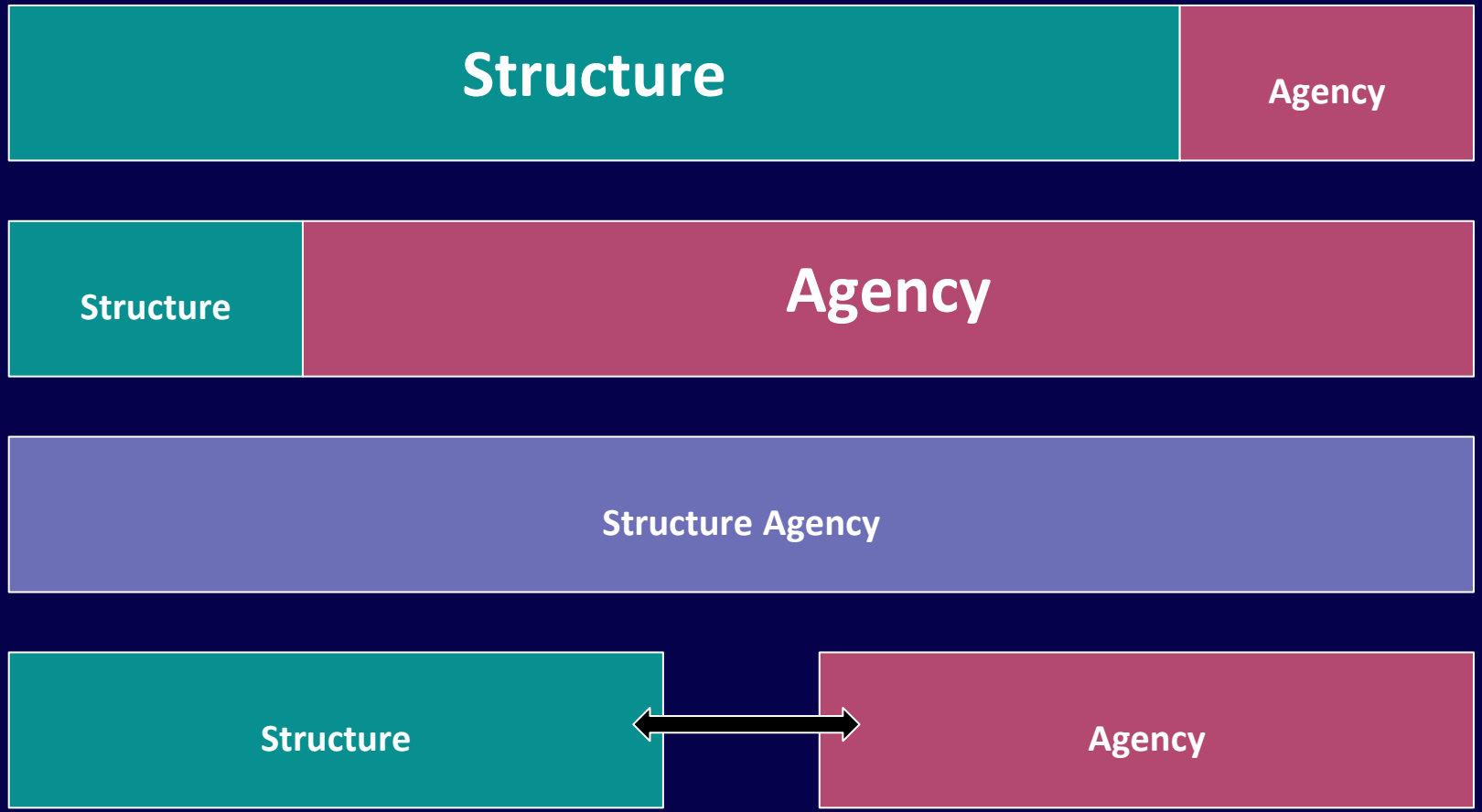
Interpretive: Objective = respectful nonjudgmental moral relativism

Critical realism: Objective = fair, morally informed

But recognise all social facts are value-laden

Consent – truth, respect, justice, rights,

moral choice


Structure
Agency
Structure
Agency
Structure Agency
Structure
Agency

Structure agency

Structure-agency interactions shape human life and society. Structures precede and outlast agents though are only enacted through human agency in continuous interaction and social change at all levels of social reality.

Agency: meaningful causal power, informed by self-aware human intention and purpose, orientated to and evaluated by future effects.

Structure agency culture

Limited agency

Conditions not of our own choosing,
we are ‘thrown’ into contexts (Bhaskar, 1975)

Actions can have unintended, counter-productive,
unwanted, unpredicted effects

The ‘least harmful choice’

Dialectic: Interactions beyond dichotomies

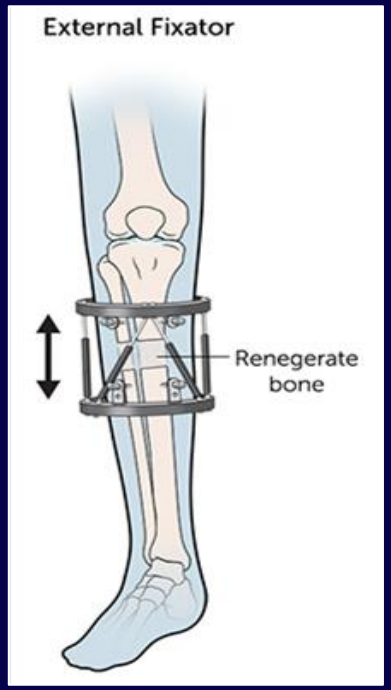
(Bhaskar, 2008; Norrie, 2007, 2010)

Do rivers shape landscapes or landscapes shape rivers?

Agents are shaped and reshaped by structures and they reshape structures through social processes, dialectic in time and space

Agency-structure changes take time
Leg lengthening

1980s – many months in hospital
All treatment organised by practitioners



Transfer of agency

2020s – patients at home can now:

perform daily distractions (lengthening)

clean the pin sites and change bandages

administer pain relief

keep in contact with healthcare staff

take and send X-rays

exercise and walk to regenerate their bone

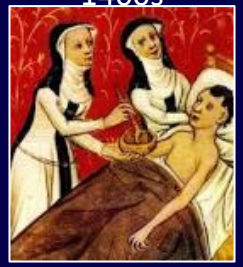
attend school and lead ‘normal’ life

Change in attitudes, routines, technology, values

https://www.dryukselyurttas.com/post/all-you-need-to-know-limb-lengthening-surgery

Margaret Archer
Structure, agency and culture SAC

1400s



1844

1890s

1948

1951

2000s

Closed system

Research methods of control and prediction
Sterile lab conditions: two single fluids interacting
Randomised controlled trials: only difference between equal groups of people is type of treatments given

Open systems shown in four interacting planes of social being

All human being and activities happen on 4 planes of reality:

1. Material relations with nature – bodies within natural world
2. Inter-personal subjective relationships – between individuals and groups
3. Broader social relations and inherited structures
4. Inner being – the stratified personality

Life is complex, often unpredictable

Data analysis – four planes for four main PhD thesis chapters

Nest small brief studies within reference to large datasets

Four stage benign dialectic over time
for any research projects

1. **Non-identity, absence:**

   stand back, suspend stereotypes, try to grasp reality/ontology, many interacting causal mechanisms;
   non-identity – do not impose meaning, search for it

2. **Negativity and power**

   recognise absence, need, suffering, contradiction, missing absent care
   intervene to negate negations, absent absences

Four stage benign dialectic over time

3. **Open totality**

   observe interventions and their effects in bigger picture, the whole person, family, community, state, culture, globalisation, political and economic contexts.

4. **Praxis, self-transformative agency towards freedom, solidarity and justice:**

   movement, change, new self-awareness,
   all working consciously and intentionally for real change.
   With new insights return to 1 and repeat virtuous cycle.

   Mini four stage process – every doctor-patient interaction

Malign process

Ignore stages 1, 3 and 4. Remain stuck as stage 2, intervention:

‘build the wall’, ‘stop the boats’.

When intervention fails, simply repeat it.

Block self-awareness, shared consciousness and work for real change, no new insights or hope of progress.

- And show the need for the four-stage process,

That starts with standing back and collecting knowledge.

Seven philosophical commitments to social science (Porpora 2015)

1. Respect each **agent** – an embodied centre of conscious experiences, intentions and motives
2. Respect objective human relations and **social structures** (competition, power, inequality working in structure and agency)

Seven philosophical commitments to social science (Porpora 2015)

3. Combine **intensive micro methods** (observations and interviews), with
4. **extensive or macro methods**. Increase trust in intensive ethnography, narrative and history as sources of valid causal explanations. Less trust in statistics explanations or predictors.

Seven philosophical commitments to social science (Porpora 2015)

5. **Meta-theory** central to sociology as a social science. Explicit critical analysis of underlying theories and assumptions in all social research (about reality, existence, belief, proof and accuracy, knowledge, perspectives and methods). Theory is much more than hypotheses and definitions. What must the world be like for this to occur? (racism, sexism, colonialism)

Seven philosophical commitments to social science (Porpora 2015)

6. Recognise **truth**. Are social science relativism and natural science fallibilism grounds for cynicism, fake news, if they remove grounds for validating truth?
7. **Inherent values in social facts** (objectivity is being fair, open, impartial but not neutral or amoral about oppression).

Interrelated political-economic-ecological-social threats to health, peace and justice

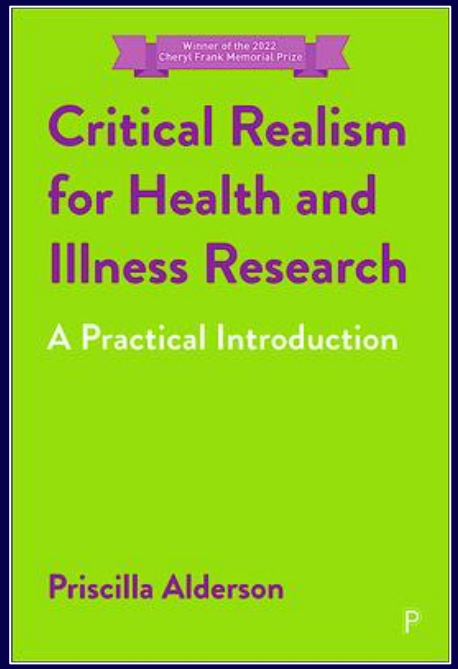
- Global heating, rising sea levels, warming oceans, floods, storms, polluted water, air and soil
- Droughts, growing deserts – famine, conflict, migration
- Loss of interdependent species - pollinating insects, vultures
- Pandemics, ‘wildlife’ in farms, labs and markets, antibiotic-resistance
- Land used to feed livestock
- Poor housing, design of cities, transport, energy planning and infrastructure
- Inequality of income, education, careers, life-styles, diets, exercise

Interrelated political-economic-ecological-social threats to health, peace and justice

- Ruling class are highest emitters of CO_2, climate crisis deniers, users of private services, reducers of state care
- Neoliberal refusal to pay reparations, forgive debts to World Bank and IMF
- Global finance, trade, advertising, social and mass media, education
- High child mortality and lack of contraception services lead to high population growth
- Populist governments blame the poor, unemployed, migrants and incite violence
- Wars, civil unrest, gun crime, police, prisons….

The point is to change it

Critical realists aim to work together for ‘a normative order informed by the values of trust, solidarity, sensitivity to suffering, nurturing and care in universal, reciprocally recognised rights, freedoms and duties’ (Bhaskar, 2008:296)



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Free Ten part critical realism series on
https://www.youtube.com/channel/UCeod4lGHw8s18DVo7t-w5KQ

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