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Theories, Methods and Practices

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INVESTIGATING WAITING

Interdisciplinary thoughts on researching elongated temporalities in healthcare settings

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Introduction

Lisa Baraitser

When we wait, time does not "pass" in regular or ordered ways. Waiting time can be agonisingly or deliciously elongated, depending on what we are waiting for – a bus, a diagnosis, news of a death, the longed-for return of a loved one, to be released from prison, to eat when we're hungry. But whilst we wait, time does not just stretch out, but hesitates and stutters, slowing down and speeding up, as if by whim. Waiting itself could be thought of as an interruption in the otherwise unremarkable flow of time – a temporal hiatus that can produce felt experiences of time as "stuck," suspended, apprehended, or delayed. This "stuck time" can both evoke a "cautious openness" as Kracauer (1922) puts it, or be felt as oppressive, even within the same waiting period.

Research that becomes curious about forms of time "not passing" may require an approach, both conceptually and in terms of field practices, which can tolerate and stay attuned to this irregularity, and the range of affective responses it produces. Furthermore, to approach something like waiting – as an experience, a practice, an object, a research subject, a form that power takes – we are not, as researchers, just attending to the "happening" of the social world, as Celia Lury and Nina Wakeford describe social research (2012), but we also participate in its happening. As we research forms of time that don't flow or easily pass, we too, as researchers, find ourselves "stuck" in time, jolted by its irregularity and its failure to "move on."

This chapter curates accounts from three projects that are part of a larger interdisciplinary investigation of the relation between time and care, called *Waiting Times*.[1] The project takes its cue from the ways that waiting times in healthcare contexts have become synonymous with experiences of lack of care.

In the UK National Health Service, long waiting times are a marker of its failure as a service: if we are made to wait, we are surely not being cared for. Yet counter to this discourse, effective healthcare, and care more broadly, is reliant on the capacity to wait. From the "watchful waiting" offered by doctors to their patients to see how a symptom develops or a medication takes hold, to the time it takes to build relationships of trust that are central to therapeutic or palliative care, waiting is in fact at the core of practices of care. Even the most urgent medical interventions – the use of cardiopulmonary resuscitation during cardiac arrest for instance – requires a tiny yet careful wait between chest compressions in order to mimic the interval between heart beats. Yet, despite this, our understanding of the role of waiting in care remains thinly conceptualised and under-researched. *Waiting Times* aims to fill this gap, working against the common assumption that time in a post-industrialised, global, digital world has only speeded up, and that social life is now lived at a disorientating pace in which we have lost our capacity to wait (Wajcman, 2015). *Waiting Times* proposes that waiting indeed reappears, or may even be "made," precisely through practices of care. It is the impeded time of care – the time, for instance, that it takes to raise children, to make and remake social relations, to stay alongside those who are chronically unwell or to offer ongoing support to those living with disabilities, that constitutes the "undertow" of speeded up or accelerated time so characteristic of "modern times" (Baraitser, 2017).

Yet, how does waiting "appear" in research? As Rachel Thomson and Julie McLeod (2015) state: "all research takes place in time, and research that is attentive to temporal processes and durational phenomena is an important tradition within the social sciences" (p. 243). Researchers who investigate how time shapes social life, for instance, may use time-use data both quantitatively or qualitatively to tell us something not just about how we use time, but how time uses and "makes" us (Gershuny, 2003). There is also a tradition of qualitative longitudinal research that engages ethnographic, narrative, biographical, and archival research to track many aspects of social and individual change (Thomson & McLeod, 2015). Yet waiting, and other forms of suspended time, are particularly difficult to elucidate. This is in part because, as Harold Schweizer (2008) puts it: "waiting is neither interestingly melancholic nor despairingly romantic. Between hope and resignation, boredom and desire, fulfilment and futility, waiting extends across barren mental and emotional planes" (p. 2). In other words, waiting is a fundamentally unappealing research subject. Working on waiting and care has therefore led us to experiment collaboratively with forms and concepts through which elongated time might be made less unappealing – to take care, if you like, of this form of time. Lury and Wakeford (2012) would call this an "inventive method." If, as they argue, the social world is open-ended and always on the move, then methods need to be equally open and mobile, allowing a reflective criticality that can evaluate contemporary ways of making knowledge at the same time as engaging them, even when the very same methods entail feeling stuck and "suspended" in time.

The projects that this chapter describes sit within the disciplines of publicly engaged literary studies, artistic practice-as-research, and psychosocial studies.

Each project attempts to apprehend the temporal activity of waiting in health settings where waiting is linked to practices of care: the hospice, general practice, and the care networks that support and enable individuals with sensory impairments. In each setting, the demand of having to find a way to render the experience of waiting gives rise to tentative practices that prioritise attunement to multiple coexisting temporalities, irregularities, and blockages to the flow of time. This way of working also requires careful research processes for handling and holding the temporal dimensions of the research encounters, lest they slip away unnoticed, or collapse under the pressure to spatialise time (we are often asked why we do not focus on the waiting room, for instance). One project finds a metaphorical method for holding the wells of time that have gathered in material objects over the course of a lifetime, in addition to the collective, intersubjective temporalities created by the act of relating such narratives. Another recovers the infinitesimal qualities of time in moving images, showing its endless collision with the human senses. The third attempts to materialise the activity of "making time" in the time-starved health service itself. By bringing these three accounts together, we share some of what has been learned from our experiments in researching "stuck" time, without losing sight of the demands placed on the researcher to register time as an experience of the material world with qualities that infuse the senses and remain inchoate. These experiments might all be thought of as ways of "making time" as a practice of care. They are responses to the task of having to invent the very relations needed to give the temporal a recognisable form, prior to its integration as an intelligible research subject.

I
"The time can be quite heavy"

Kelechi Anucha and Michael J. Flexer

> You get to a certain age when you become aware of your own mortality. You don't actually sit and think about death or dying, but you're aware that time goes on and you must make the most of it.
>
> *Amy (in her 80s)*[2]

Our engaged research with a Hospiscare day hospice in the south-west of England led to the development of a programme of workshops called "Messages in Bottles" wherein the bottle serves as a metaphorical and literal container of stories created and shared by workshop participants. Hospice service users, nurses, professional carers, volunteers, and researchers met together to tell stories over several weeks, and then presented them for the extended hospice community including friends, relatives, and former and future service users. The more we all learned about the organisational structure of the hospice, the clearer it became that the offer of care made by the hospice as an institution is essentially an offer of time. This offer is premised on understanding that the remaining time of service

users is limited yet open to the chronicity that characterises the never straightforward processes of dying. In a recursive way, as we as researchers grasped that time *was* care in the context of the hospice, so too did we begin to understand the extent to which particular conceptions of time are central to considerations of method. Our "inventive method" entailed an imaginative shift from seeing time as a problem – in terms of its scarcity for the service users, their families and healthcarers – to understanding the research process itself as a temporal activity that co-created care and new forms of futurity. Care and futurity were manifested as messages, stories, songs, videos, and insights bequeathed by participants to their families, friends, the research team, and the hospice community.

Time as a problem

> To me, going through my path at the moment, I feel that, okay I know what the doctors have said . . . I've got it until day dot, but in my head, day dot is not existing. As far as I'm concerned, I'm here and, as I've told my doctor, he's got me for the long haul and I mean it. I do. So, you've got to put up with me for a long time.
>
> *Brenda (in her 80s)*

Despite the spirited defiance exhibited by many of our participants, the reality of their lives is that "day dot" haunts the present imminently. Certainly, day dot is the core structuring element of their healthcare, and the affective context for the work we found ourselves doing and the stories we told together. Funding constraints and limited provision bring into focus the difficult reality that the current structure of care is premised on the expectation that people are dying and will die, and indeed must die, to make space for others. In the patient care data reported in 2017, Hospiscare calculated that the mean stay in their inpatient ward was 8.8 days. Users of the day hospice service are offered a regular session for up to six months, often in the understanding that they are within the final months of their lives. However, in these circumstances time behaves in a peculiar way. Strange ironies emerge – the palliative and social care offered by the hospice has, anecdotally, extended as well as enriched life, with some service users outliving the time of their prognosis. It is not uncommon for service users to be discharged from the day hospice care, at least for a period, and then re-enter the service. Living in "prognosis time" isn't straightforward and the days prove to expand and contract in unexpected ways (Lochlann Jain, 2013). When service users themselves reflect on the foreclosed timescale of their prognosis, some address this as a challenge, as something to beat or bamboozle, and are by turns bullish, playful, and ironic in their relationship to it. As one exchange between participants had it:

COLIN (in his 70s): I suppose really, at this time of life, the question is: are we waiting to die? You've had numerous dates with death and walked away from it.

DAVID (in his 60s): It gets worrying. The boss don't want you!

Time as a process

> When I really really want something to happen or something to do, I just think, "well, give it time." Enjoy what you're doing at the moment. It will come.
>
> *Elizabeth (in her 60s)*

We came to understand time as intrinsic to the research process. Whilst the nature of our work more generally was shaped by the time conventions built into the working structure of the hospice offer, it was also temporally bound in other ways. For instance, we worked with a Tuesday, Wednesday, and Thursday group at different stages of wellness so that the work was already temporally stratified by moving chronologically through the week. There was a clearly defined structure to the sessions – once a week for 90 minutes at the same time of day. These sessions were followed by a "showcase" – an informal event where stories and other workshop outputs such as printed booklets, videos, and music were shared with friends and family. With each group, the timeline of the research depended on the outcome of that first set of sessions.

During showcases, we were struck by the tension between direction and diversion – the balance between the use of story prompts and the flow of sharing and memory. There were several examples of people holding the floor when an informal convention of turn taking had been established. There were also pragmatic constrictions and constraints on the group time. The workshops took place in a multi-use space, so the time threshold of the 12:30 lunch break would manifest literally: chairs moved, tables rearranged. The bureaucratic health care context would reassert itself on the work, and sometimes – when we were most immersed, transported, or held – these re-eruptions of the flow of the working day of the hospice were particularly jarring.

We also considered the temporal dimensions for us as researchers not based near the hospice. The "hidden time" of travel, logistics, ethics applications, and early consultation reveal how different conflicting temporal demands exert pressures, but also helped consolidate the sense of the hospice/session as a privileged temporality, distinct and removed from these every day, routine rhythms of living and working. Finally, we were reminded of the stakes of the work and the absolutely fundamental sense of the shortness of time in a different way when it became clear that not all of the service users we worked with in the early stages of the research would be there to see it through to the end.

Time as a promise

> I got over the stroke immediately, but picked up some chest infection in the hospital and they keep me there for four weeks, and that was a period of just waiting and waiting to be able to say, look for God's sake let me go home. Eventually, they did. But then started another period of waiting, a sort of recuperation. Waiting, waiting, waiting, which gave me time to think about what was going to happen.

> And I find that waiting process was probably the best thing that happened because I could reassess my life.
>
> *Amy (in her 80s)*

Our involvement revealed networked and partially hidden structures of integrated care operating at multiple levels and with many moving parts. Aside from the inpatient ward and the day hospice, there was the transport system that brought service users from their homes all over rural Devon, consistently supported by the time donated by regular volunteers and the community teams making home visits. The inpatient ward, which dominates our collective hospice imaginary, both within the research team and as a wider social construction (Lawton, 2000), represents only a fraction of its everyday presence and function. The key learning emerging from heightened intimacy with these structures was that unconditional offers of time are an important part of allowing a person approaching death to feel cared for and *held* through processes of difficulty and uncertainty.

Our task was to integrate this key learning into our inventive methods for engaged research. Our thinking was greatly informed by Donna Haraway's theories of holding and mutual responsibility. Through telling and creating together, the stories not only produced and brought into the present some past and distant narratives, but also constituted the group itself as a collective, embodied, and time-situated narrative, responsible to each other in the sense expressed by Haraway (2016): "[r]esponse-ability is about both presence and absence, killing and nurturing, living and dying – and remembering who lives and who dies and how" (p. 28). As such, not only did we generate tales of other temporalities but we made a temporality of shared waiting in the group of the type delineated by Schweizer (2008) who, developing the ideas of Simone Weil (1951), argues that "to wait with the dying is not a matter of length or efficacy but of proximity and sympathy" (p. 89). On reflection, we discovered that this temporal, affective holding, and co-experiencing was present from the start in the organisational metaphor of the bottle. Ursula Le Guin (1996) states:

> I now propose the bottle as hero. Not just the bottle of gin or wine, but bottle in its older sense of container in general, a thing that holds something else.
>
> *(p. 150)*

From being a scant and vanishing resource, a lack or a problem, time became the very thing that we were generating, both in terms of the time in the room and possible futures for the participants' thoughts, words, stories that were being created in the moment. Our sessions became time machines: machines that made new times for the people there, and times rich with reflective, creative promise.

Time as a product

> The time on dialysis is dead time. . . . The time can be quite heavy. . . . I realised early on if I was to allow myself to get bored, I wouldn't in fact last very long. Making the time productive was a key part of the therapy. The poems are the current product of that.
>
> *Colin (in his 70s)*

We didn't go into the hospice with any therapeutic intention. We wanted collaboratively to find ways of meaningfully exploring ideas of time and waiting together. But the time that we made together became also a time that made things together, and made people, in some senses, better, together. We aren't claiming this as our achievement as researchers. We were just in the room where and when it happened.

AMY (in her 80s): You think you've led an ordinary life and when you go back and look at the things you've done and been, it's quite incredible. So, we're not all boring old farts.

FRED (in his 90s): It's quite fascinating how slowly it has developed into something.

GRAHAM (in his 50s): I think we all learnt a lot about each other. It has made us open up.

The diachronic linearity of time, which was the plane of the problematic scant time, gave way to an expansive synchronic moment that could be charged with agency, and operate as a palliative to the loss or foreclosure of time. There was, in effect, more time within the time that the participants had, and this compacted time could be opened up and explored, and more deeply lived, as a developing connective between the participants and researchers. Significantly, here was a temporal interval in which the group of participants (re)created themselves, for themselves collectively and individually.

Our experience here chimes with the methodological values Virginia Braun and Victoria Clarke describe: an openness to change and a temporality that is recursive and reflective rather than linear and "efficient," can be productive of remarkable and unanticipated insight (Braun, see Chapter 1). The temporal structure, the constraints, rationing and imperatives we inherited from the situation, became a framework that allowed for pauses, returns, and temporal breathing spaces through which novel interpretative possibilities – for the researchers, our participants, and our partner carers – could flourish.

II
Time being

Deborah Robinson

> *I do, I undo, I redo*
>
> *(Louise Bourgeois, 2000)*

Our short film *Time Being* grew out of an artistic collaboration (2018–2020) between myself and a young creative adult, Ruairí, who has complex needs. The able-bodied world's response to these needs means he may have reduced visibility within mainstream culture as either creative agent, or as its subject (Hedva, 2016). This project used film-making to capture experiences of time whilst working with Ruairí, whose being-in-the-world does not include some common assumptions about time. Working with Ruairí led me as a researcher to reflect on and question my experience of time as a practice-based researcher working with sense perception within a research system that generally prioritises the speed of production and the written word.

From the outset, I was aware that whilst working with Ruairí, who has the genetic condition Adrenoleukodystrophy 2 (ALD2) that can lead to sight loss, hearing and speech difficulties, Asperger's and epilepsy, it was often neither possible, nor appropriate, to impose my personal sense of time on the process. Prior to starting, one of Ruairí's carers explained that there would be a non-predictable quality to the time Ruairí and I would spend together – that if things didn't feel right for him, maybe for reasons that might never become clear, it would be necessary to go with this. As we worked together, response and adaptation were key to both process and content. Additionally, there was the awareness that should Ruairí decide he did not wish to continue to participate in the project, he could step out at any time.

Originally, the intention had been to make a relatively standard documentary film focusing on Ruairí as a person whose life is structured through medical waiting. His condition means that communication may be unusually slow, and this slowness can create an atmosphere whereby people who are not living with ALD2 feel encouraged to adjust their tempos and communication to match the pace of life and thought of those who are living with it. In this "slowed time" with Ruairí, the interface between him, as research participant, and myself, as artist-researcher, blurred, leading to a re-orientation of the project towards the co-production of a research method in which the "subject" became time itself. This entailed us entering a more suspended and ambiguous time frame, putting aside some of the usual demands that relate to output production, and instead cultivating a way of being together where non-verbal interactions, intuitions, and increased attunement might develop. This required not only letting go of pre-set ideas about content, but also, on my part, consciously stepping back – letting go of control and scripting in order to simply pay attention. I noticed that through cultivating my own vulnerability and finding shared interests, Ruairí gradually had more agency in co-making the research. Judith Butler answers the question "can the vulnerable use their vulnerability as an agent of change?" with the following answer: "I think perhaps vulnerability shifts registers, and I'm talking about primary susceptibility, but even in conditions of primary helplessness there is responsiveness" (Butler, 2005). This comes close to my experience of working with Ruairí. Although Ruairí is rightly categorised as a "vulnerable adult," this is not a static situation. In describing this aspect of the process,

ethical questions about vulnerability surface. In past work I have found that these emerge when the division between subject and object is less defined and where empathy is engaged, sometimes to a point of moral danger – an identification with an "other" that obscures difference, for instance, wherein one is subsumed into the other.[3] And yet, alongside this there is potential for co-creativity and imagination to emerge, and for "entangled" collaborations to develop. Karen Barad describes a "diffractive methodology" as one in which entanglement is central (Barad, 2007). It is at this point of vulnerability and empathy that one needs to have increased sensitivity to the dignity, boundaries, and trust of the "other" with whom one is working.

As an artist, my interests lie in capturing time shifts and atmospheres within which humans and non-humans co-mingle. Previous projects have involved experimenting with approaches to research that expand the collaborative process to be inclusive of, and changed by, for example, statues, snails, weather and water. Subject/object relations are deliberately "jammed" and messed up. I have explored situations where agency may be enabled – sometimes unexpectedly – from those who are "othered" through the appropriation of their time, which is unwittingly made to accommodate the time of researchers.

On first meeting Ruairí, I became aware of the profound importance of touch and sound; for him, this is sometimes experienced as inseparable from vibration. In *Time Being*, following a yoga Nidra meditation, a Tibetan sound bowl is placed on Ruairí's stomach that enables him to sense sound at the level of vibration.

Sensory engagement with the world through touch is the means by which Ruairí forms an understanding of the world, and how he works creatively. Whilst free-modelling clay, Ruairí immerses himself in imagination, creativity, and the

FIGURE 2.1 *Time Being* (still)

Source: Deborah Robinson, 2020

discovery of form to a point where time seems to gather around him and can be sensed as stilled or expanded. The viewer's attention, unguided by narrative, may at such points be held moment-by-moment. What emerges is a very particular flow of time that Ruairí enters into through the materiality and slowed time of clay. As Jane Bennett (2010) puts it, in *Vibrant Matter*: "A lot happens to the concept of agency once non-human things are configured less as constructions and more as actors, and once humans themselves are assessed not as autonoms but as vital materialities" (p. 21).

Ruairí's hands became the visual focus fairly early on in the project and the camera-person, Stuart Moore, worked with close-up shots that would convey the intimacy and close bodily dimensions of Ruairí's world, rather than middle or distant views. Ruairí suggested it would be fun to film himself filming himself. We figured out a way to do this using a GoPro camera. Initially, the camera was strapped to the front of his head where it operated as a kind of third eye; however, Ruairí found this position uncomfortable and we settled for the use of a body strap. This proved to be an ideal viewpoint that lightly bore the trace of the embodied presence of Ruairí – a viewpoint that was intimate – a kind of cradling of the world as depicted from the body outwards through the arms. It also drew attention to his hands as he worked creatively or learned through touch. In this way the viewer does not "look" at Ruairí; rather, our aim was that they might experience Ruairí's world together with him. The filming of the final section of the film, *Metal*, was instigated by Ruairí and entirely filmed by him with the help and permission of his metalwork teacher. It was supported by his whole care team, including his family.[4]

FIGURE 2.2 *Time Being* (still)

Source: Deborah Robinson, 2020

FIGURE 2.3 *Time Being* (still)

Source: Deborah Robinson, 2020

Reviewing the footage that Stuart and Ruairí amassed involved working very slowly (sometimes at a frame by frame rate) whilst attempting temporarily to put on hold preconceptions of what the finished film might become. It can be creatively destructive to move towards image resolution too fast as this tends to flatten the necessary mutations of time that underpin my projects.[5] During my PhD, I developed strategies for artistic practice that might facilitate a shift away from familiar patterns of thinking. In this project, whilst responding to raw footage, I found it helpful to cultivate a liminal space, an almost non-visual sense of atmosphere and temporality out of which the insights into potential themes of the film might be glimpsed. The prolonged holding of threshold space (where insights may or may not happen) is easy to overlook in research planning, but as a transitional space, a "being with" raw footage (data), allows the beginnings of a translation into film.

I worked with the footage beneath a specially constructed small black tent-like structure that covers myself and the screen. In isolation and darkness, an intimacy and immersion with the imagery are enforced and the result is a heightening of "affect."[6] This can help in letting the not-yet defined "subject" emerge. Between periods of time spent viewing footage, I "waited" for images to gain some kind of persistent presence in my mind – images that may cut across everyday activities. Darkness, or at least low-level light, seems to facilitate imagination and a potential flow of connections between things that are not harnessed to verbal narrative. Moving away from a structure carried by words seemed to enable time embedded within the imagery to emerge – a lens-based witnessing of Ruairí's lived time and the careful selection of footage that I came to see as an exploration of "time being."

The film is structured around the materiality of air, wood, clay, and metal that Ruairí engages with, and this shifts the documentation of his activities away from an identification with clock time. A space is then opened for the viewer within which each element has its own materiality, texture, and embedded time, and this is revealed through the rhythm of interactions with Ruairí. His own "time being," with touch as the basis of creativity and knowledge inquiry, become present. In writing about the collaborative process with Ruairí, I have tried to attend to and describe periods of time, slowed or deliberately withheld, that may be overlooked due to normative expectations associated with speed in research production.

III
General practice

Stephanie Davies

What are we observing when we observe time in general practice? One of the earliest aims of my ethnographic study of waiting in contemporary general practice has been to observe how everyday healthcare processes often rely on the kind of work that only "time passing" has the potential to really "do." But from initial investigations into watchful waiting at a surgery in central London, I found out early on that even short durations of uneventful time tended to be rendered negatively in relation to care, in favour of practices seeking to vouchsafe immediate access, shorter durations, and speedier outcomes wherever possible. By comparison, examples of working definitions of time as an operative force in its own right appeared almost altogether absent from the scene (if they had even been there to begin with). The ensuing methodological predicament for our project of observing waiting time in its positive aspect, has been to think this mode of time through its own *qualities*, or at least through those of its qualities we might be capable of grasping. The following exchange was recorded as fieldnotes during an observation of a general practice consultation:

PATIENT: Have you ever been in a situation doctor, where you needed to get from one place to another but you didn't have the directions to tell you how to get there?

DOCTOR: Yes, yes I have.

PATIENT: What did you do? What can you do in a situation like that?

DOCTOR: I think I do hear what you're saying, about being in a difficult situation . . . but what can I help you with today?

PATIENT: I'm trying to give you a metaphorical picture of what's been happening to me. It's the only way I can explain what's really going on in my life.

DOCTOR: Yes, I appreciate that but, I suppose what I need to know right now, what I'm asking you *now* is, "what can I help you with *today*?"

(*Fieldnotes during an observation of a GP consultation*)

From an empirical perspective, it can feel counterintuitive to speak of gathering and handling time as though it were an entity capable of being touched. If we are to conceive of time as an object, or substance, through what senses do we apprehend it? The philosopher Michel Serres talks about time as a substance that will not conform to what can be known through the senses. The mélange[7] qualities of the temporal and its chaotic hybridity exist, he argues, at the border of the body (Serres, 2008/1985). Here, the one who feels mixes with the felt, and this tends to preclude attempts at objectification. The temporal appears to be without any "centre" that could either distinguish it from all the other "things" it is mixed with or provide it with an outline clear or consistent enough for a conceptual likeness to be taken. Time has no trace or "skin" clinging to it that could make it comprehensible to any of the five senses (2008/1985, p. 60).[8] As a result, the task of trying to apprehend a particular mode of time using whatever bodily resources are available to the researcher presents certain challenges. It involves having to find other ways of perceiving "time passing" that can take account of how a temporal mode is unlike an event that befalls a person. It is more like the affective mode through which the body experiences *going on* in the world – what David Bissell (2007) in his phenomenological study of waiting describes as a "variegated affective complex" (p. 279). From this position, we cannot "hold" the temporal or "look at" it; we can only be held by it, look out of it, attempt to describe what "it" is from a position of being contingent to it. We leave ourselves open to the ways that grasping time constantly eludes us – accepting the parts that we cannot really comprehend.

Establishing a relation with time that is both agnostic (cannot be known through our senses) and symbiotic (is lived through the body), can complicate the most straightforward questions about how "waiting," an experience "made out of time," is to be either recognised, observed, or described in healthcare settings such as general practice. In this respect, the situation of the researcher whose object of study is waiting does bear some resemblance to that of the healthcare practitioner, in that they both have need of forms and practices for assembling material that it is not really within the scope of their human bodies to "know" about.

This is a predicament that has a special significance for practitioners and patients in general practice, where the signs and symptoms of pathology can still be at the stage of being worried or deliberated over, and where timeframes for care especially in the case of chronic illnesses are often unpredictable, fluctuating, and drawn out. In healthcare work of this kind, it may often turn out to be necessary, for something to be "done" with time, whether that means delaying the end of a care episode or waiting longer before a diagnosis is made or allowing more time to pass before a treatment is attempted. But without knowing for sure what the *actual* effects on the patient of more "inactive" time will be, how can the parameters for such an arrangement be negotiated, monitored, or narrated using the language of contemporary medicine? The task of working this out might be better understood in terms of how time is handled intuitively in a way

that shows sensitivity to what a given healthcare situation may be most in need of at the point that help is being sought.[9]

For example, in the scenario outlined, where there seems to be no other way "of getting from one place to another" for the patient, time may need to be gathered to a decisive point. The doctor repeatedly asks the question to hold time in a particular way: "but what can I help you with *today*?" Or conversely, it may be necessary for time to be handled in such a way that it can be retained, held up, or kept in circulation. This is the idea that the event of *time passing* can itself exert a reparative force that works on the matter at hand in the hope of yielding results over a longer duration – the production of a form of care that, as Baraitser and Brook have argued, *calls for no decision*, that appears to continue a state of crisis through the offer of more time (2020). In this sense the offer of waiting whilst *time passes* can take effect without betraying the body's limits to "know" exactly *how* time gestation is doing its work of maintenance, maturation, or repair.

Outwardly, this mode of time – time that simply passes – can appear almost entirely absent from the combinations of elements needed to "make" healthcare. In official definitions, forms of waiting that achieve visibility for the NHS tend to be those used for measuring how much time "elapses between the making and attending of an appointment" (NHS Digital, 2019). Categorised as time that has been lost or has simply slipped away in the sense implied by time that has "elapsed," these forms of elongated yet suspended time receive attention from the organisation only insofar as they represent a digression from the core business of medical intervention. They become something of an "unmanageable remainder"[10] (Highmore, 2006 p. 146). When grasped through experience, however, time lived out in general practice *uneventfully, yet intentionally*, might be said to be in possession of "core" qualities of its own – for instance, its capacity to accumulate, without reifying the flow of time; to be successive, multiple and generative, but to be so imminently, indistinctly, and "without precise outlines" (Bergson, 2001/1913, p. 104). Such temporal qualities are required for the perseverance of materialities still in the process of forming, reforming, or reproducing such as skin, bones, organs, consciousness – the corporeal materialities, in other words, of health. In this sense, we could conceive of time that has been "left to itself," as a quality rather than as a quantity – and as one composite amongst many, whose activity the practitioner attempts to coordinate in the service of what might be called an "ontological choreography" of care (Cussins, 1996, p. 600).

Serres' suggestion for how to communicate an empirical reality which is essentially incoherent and which we ourselves are a part of, is to carry out a "visit." In this context, a "visit" means "to see," at the site visited, what is local to us, but not in a way that separates the activity of seeing from its seat in experience and perception (Serres, 2008/1985, p. 27). Through an attunement to the lived nature of time and its accumulative effects on the world of the patient, an observer can perceive in all kinds of routine healthcare work the deep dependencies on certain modes of "time passing" for the achievement of ordinary outcomes. This includes the careful activity in general practices of inferring what

will be the likely effects of inviting the patient to endure a little more time, and the production of the different modes of waiting that follow on from this. As a researcher, my fieldwork attempts to observe such modes of waiting, not by trying to break them free from the flow of everyday life, but by following the intuitive tactics of practitioners themselves, as they work pragmatically, and to some extent unknowingly, with materialities in which the passing of time plays a crucial part.

Conclusion

Lisa Baraitser

In this chapter, we have offered three accounts of "inventive methods" that have emerged in the *Waiting Times* project as ways of apprehending the elongated time of waiting. In the first account, attention is shifted from time as problem to time as process, promise, and product, whereby the collaborative research process doesn't just track time but produces time. The time produced is both the present time of the "happening" of the research and a future time that is gifted to those who remain after the end of the life of those who are dying. In the second account, the slow time of collaborative film-making practice that develops between an artist-researcher and a creative young adult with sensory impairment allows an understanding of the ways that time is folded into the material world as it is experienced through touch. This inventive method entails a certain "stepping back" or "withholding" of an obviously progressive time during the collaborative process, to enable the time embedded in materials to be released. In the third account, paying very close attention to how care in general practice unfolds through the deliberate offer of waiting enables us to apprehend how healthcare practitioners work with time as a healthcare resource in their everyday practice, despite the ways that discourses around "time for care" in general practice seem to overlook the very thing that is deemed to be so precious. In all three projects, investigating time seems to require a certain mode of care-ful attention that is less about observing and more about the reflexive process of becoming aware of what it is like to tolerate the experience of being in "stuck" time, of waiting with our research participants as they wait in situations in which care is taking place. Indeed, in all three projects, it was not always clear who is the carer and who the cared-for, as in the hospice-work where the group itself "made" care between participants, carers, and researchers. Karen Barad (2007, p. 141) describes this as "intra-action," in which agency is not the property of an individual that can be exercised in relation to another already established individual, object, or thing, but a dynamism of forces in which all designated "things" are constantly exchanging and diffracting, influencing, and working inseparably. The three projects therefore draw loosely on a "new materialist" perspective in which the sensible and the knowable remain necessarily and productively entangled, each diffractively engaging the other to produce creative and unexpected outcomes

(Barad, 2007; Lury & Wakeford, 2012, p. 18). What we have learned is that we can only come to know about waiting through an experience of waiting that can then be folded back into the situation out of which it emerged as a practice of care.

Lury and Wakeford (2012) identify this productive entanglement as a movement between the specific and generalisable:

> On the one hand . . . inventive methods or devices are tools, instruments, techniques or distinct (material-semiotic) entities that are, in part, alienable from specific problems or situations, able to be used in multiple contexts and continually introduced to new ones (Fuller and Goriunova). On the other, they are also always part of an ensemble, assemblage, configuration or apparatus, modified in specific uses, undergoing transformation – being brought to life, bodying forth, grasping – in relation to particular situations, particular problems.
>
> *(p. 11)*

We hope that the inventive methods offered here to investigate the elusive nature of waiting are transferable to multiple contexts, whilst being understood in their entanglement with the situations of care out of which they emerge.

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Notes

1 See http://waitingtimes.exeter.ac.uk/
2 All participants' names have been changed.
3 See *Like a Signal Falling*, Deborah Robinson (2016). Exhibited at Glenside Psychiatric Hospital Museum, Bristol 2006. Filmed at Monks House, Rodmel, whilst it was shut to the public, it explores empathy and vision in relation to an unfinished statue of Virginia Woolf through the use of experimental film techniques.
4 The activities filmed followed Ruairí's daily routines included training courses provided by the Royal National Institute of Blind People to support semi-independent living; power walking; meditation (with support worker Mary McNicol); learning about horticulture at West Hill horticultural centre (part of the WESC Foundation – a specialist day and residential centre for young people and adults with visual impairment including complex needs in Exeter, Devon); archery; clay modelling at Unearth Studios, Exeter; metal work at Seale Hayne College and sitting around the kitchen table with family.

5 My approach to film-making derives from my original practice as a large-scale abstract painter which involved moving around a canvas stretched out flat on the floor, intermittently pouring paint and then waiting and watching attentively whilst trying to intuit form in response to liquidity. I would then attempt to draw this out. Key to the process was holding back from preconceptions of the form and instead, layer by layer, enabling its emergence through intra-actions between self and other (as liquidity) – working at the cusp of ambiguity. In this I was influenced by second generation Abstract Expressionist Helen Frankenthaler, (1928–2011) was an influence, especially her interest in painterly form and structure and how this might be related to ideas put forward in Seven Types of Ambiguity, 1930, an iconic essay by literary theorist William Empson.
6 H. Bergson (2004/1896): "Affection is, then, that part or aspect of the inside of our body which we mix with the image of external bodies that part or aspect of the inside of our bodies which mix with the image of external bodies" (p. 60).
7 Michel Serres' preferred allegorical figure for the non-linear chaotic, mixed and multiple.
8 "The skin comprehends, explicates, exhibits, implicates the senses, island by island, on its background" (Serres, 2008/1985, p. 60).
9 In their study of how time is "used" by the GP in consultations with patients, Jespersen and Jensen (2012) attempt to observe how GPs handle time skillfully by cultivating "sensitivity to the flows, the multiplicity and the folding of times' during sit-in observations of GP consultations" (p. 348).
10 Ben Highmore (2006) uses this term to describe Michel de Certeau's project of constituting an ethnography in the plural: "What is being imagined is a writing that will give space to an unmanageable remainder (the body, love, libidinal saturation etc.)" (p. 146).

References

Barad, K. (2007). *Meeting the universe halfway: Quantum physics and the entanglement of matter and meaning*. Durham, NC: Duke University Press.

Baraitser, L. (2017). *Enduring time*. London: Bloomsbury.

Baraitser, L., & Brook, W. (2020). Watchful waiting: Crisis, vulnerability, care. In V. Browne, J. Danely, T. Manaaghn, & D. Rosenow (Eds.), *Vulnerability and the politics of care*. Oxford: Oxford University Press.

Bennett, J. (2010). *Vibrant matter: A political ecology of things*. Durham, NC: Duke University Press.

Bergson, H. (2001). *Time and free will: An essay on the immediate data of consciousness* (F. L. Pogson, Trans.). New York: Dover Publications, Inc. (original work published in 1913).

Bergson, H. (2004). *Matter and memory* (N. M. Paul & W. S. Palmer, Trans.). New York: Dover Publications, Inc. (original work published in 1896).

Bissell, D. (2007). Animating suspension: Waiting for mobilities. *Mobilities*, *2*(2), 277–298.

Bourgeois, L. (2000). *I do, I undo and I redo. Commissioned by Tate Modern, 2000*. Installation: Steel, Stainless Steel, Marble, Fabric, Glass and Wood. 658 x 96 x 96 in.

Butler, J. (2005, February 6). *Can the vulnerable use their vulnerability as an agent of change*? [Video file]. Retrieved from www.youtube.com/watch?v=vwLLElRWp4M

Cussins, C. (1996). Ontological choreography: Agency through objectification in infertility clinics. *Social Studies of Science*, *26*(3), 575–610.

Gershuny, J. (2003). *Changing times; Work and leisure in postindustrial society*. Oxford: Oxford University Press.

Haraway, D. (2016). *Staying with the trouble: Making kin in the Chthulucene*. Durham, NC: Duke University Press.

Hedva, J. (2016). Sick woman theory. *Mask Magazine*. Retrieved May 22, 2020 from www.maskmagazine.com/not-again/struggle/sick-woman-theory

Highmore, B. (2006). *Michel De Certeau: Analysing culture*. London: Bloomsbury Publishing.

Jespersen, A. P., & Jensen, T. E. (2012). Making consultations run smoothly: An analysis of doctors' skilful use of time inspired by science and technology studies. *Time & Society*, *21*(3), 330–350.

Kracauer, S. (1995 [1922]). Those who wait. In S. Kracauer (Ed.), *The mass ornament: Weimar essays* (pp. ??, T. Y. Levin, Trans.). Cambridge, MA: Harvard University Press.

Lawton, J. (2000). *The dying process: Patients' experiences of palliative care*. London: Routledge.

Le Guin, U. (1996). The carrier bag theory of fiction. In C. Glotfelty & H. Fromm (Eds.), *Landmarks in literary ecology* (pp. 149–154). Georgia, GA: The University of Georgia Press.

Lochlann Jain, S. (2013). *Malignant: How cancer becomes us*. Berkeley, CA: The University of California Press.

Lury, C., & Wakeford, N. (2012). *Inventive methods: The happening of the social*. London: Routledge.

NHS Digital. (2019). *Appointments in general practice: Supporting information*. Retrieved April 15, 2020 from https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/appointments-in-general-practice-supporting-information

Robinson, D. (2016, July). *Like a signal falling* [film]. Screening preview at Glenside Psychiatric Hospital Museum, Bristol. Produced in collaboration with the AHRC funded networking project *Modernism, Medicine and the Embodied Mind: Disorders of Self*.

Schweizer, H. (2008). *On waiting*. London: Routledge.

Serres, M. (2008). *The five senses: A philosophy of mingled bodies* (M. Sankey & P. Cowley, Trans.). London: Continuum (original work published in 1985).

Thomson, R., & McLeod, J. (2015). New frontiers in qualitative longitudinal research: An agenda for research. *International Journal of Social Research Methodology*, *18*(3), 243–250.

Wajcman, J. (2015). *Pressed for time: The acceleration of life in digital capital*. Chicago, IL: University of Chicago Press.

Weil, S. (1951). *Waiting for god* (E. Craufurd, Trans.). New York: G.P. Putnam's Sons.