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Complicity: Methodologies of power, politics, and the ethics of knowledge production

Gregory Hollin and Ros Williams*

*This is the author order for the introduction. We will order ourselves Ros Williams and Gregory Hollin for the book.

Abstract

In this collection we develop the concept of "complicity" as a means to understand how medical sociologists might be allied in unexpected or uncomfortable ways with dominant structures of power. After giving examples of complicity from our own research, we introduce existing scholarship on complicity, describing it as a concept that comes coupled with a sense of responsibility and that is related to, yet distinct from, a range of other terms including reflexivity, collusion, guilt, and shame. We also discuss how complicity has been described to occur at the level of the institution, within theoretical frameworks, and during mundane moments that we face on a day-to-day basis. Building on this review, we hypothesise that medical sociology – where access to fieldsites is often hard won, where "researching up" in medical and scientific institutions is common, and where our own work frequently concerns matters central to medical institutions themselves – is a discipline wherein mundane complicity is likely. Following this gathering exercise, we introduce the interventions that comprise this collection: interventions from a diversity of sociologists of health and illness who, perhaps for the first time in written form, account for how complicities of various kinds came to shape their work and how, with varying levels of success, they have sought redress. We close by offering some insight into the process of developing this collection, celebrating its successes while also acknowledging that many gaps and complicities remain.

KEYWORDS: COMPLICITY – ETHICS – METHODOLOGY – POWER

Thanks and acknowledgements

Both Hollin and Williams contributed equally to the development of this collection, from its initial conceptualisation, to supporting authors through the editing process. We should thus be considered joint first authors of both this introductory chapter and the monograph that features it. But, as is the nature of this process, we needed to pick an order. For those interested, a coin toss decided whose name went first for introduction, and we alternated for the book itself. A version of this paper was presented for the Centre for Interdisciplinary Gender Studies at The University of Leeds (November 3rd, 2021) and we would like to thank attendants and discussants at this event for their insights. We also convened a panel on complicity as part of the *Mobilising methods in medical anthropology* conference, hosted by the *Royal Anthropological Institute* (January 19th 2022): we offer thanks to those who attended this event and, in particular, to Anna Ozhiganova, Christine Sargent, Zhiying Ma and Raquel Yamada Romano who presented their work as part of that panel. These scholars' work does not feature in this collection but their thoughts have greatly influenced our own. We would also like to thank Eva Haifa Giraud and Laura Connelly for providing valuable feedback on a draft version of this manuscript. Finally, we would like to thank the editorial team at *Sociology of Health and Illness* for the patience and insight they have provided throughout the 15-or-so months it has taken to produce this special edition. Special thanks are here reserved for Sarah David without whom this would not have been possible.

Introduction

Many of us can probably recall moments in our working lives where we have felt a kind of discomfort: an occasion in the field where we did not speak up against something witnessed or heard, knowing that, if we had, it might have provoked an uncomfortable conversation or closed down access to a fieldsite; a funding call where – questionable though the remit's value may have been – we submitted a bid anyway. Perhaps it is not moments but entire strands of research that caused unease: a proposed "object" of study, or mode of inquiry, that felt somehow off; a doubt about the way a research "problem" was being constituted in the first place; a lack of conviction that a methodological design, rigorous though it might have been, could really be part of that "problem"'s resolution. In the pages that follow, we introduce scholarship that sits with, and works through, such matters and does so while huddling under the umbrella term "complicity".

Complicity is, as this introduction will discuss, something of a capricious concept. Nonetheless, and as the above examples are intended to illustrate, it is a concept that draws attention to the ways in which we might be allied, in a variety of ways, to structures of power and the perpetuation of inequality. Furthermore, it is a concept that can be put into fruitful dialogue with more prominent notions, like 'reflexivity', and encourages us to ask a range of questions: 'In what ways might complicities be problematic or productive?'; 'Are our complicities avoidable or intractable?'; 'With whom or with what are we complicit'; 'What choice, if any, do we have in our complicity?' Complicity also compels us to take responsibility, to ask what needs to change and how responsibility to enact that change is distributed. These are the questions threaded through the pieces that comprise this collection.

We begin this introduction by providing an overview of how we came to understand complicity and in doing so provide a touchstone for readers who are interested in thinking with the notion and using it to unpack, and perhaps shape, their research practice. We then survey the literature that we, and some of the collection's other contributors, have engaged while trying to understand both 'complicity' as a notion and our own complicities as researchers. This is a literature that comes almost entirely from beyond the sociology of health and illness and, by our reading at least, does not really form a 'body' of literature at all. Rather, complicity is a notion that has been utilized in a range of ways and by scholars from a spread of disciplines, and this introduction makes an attempt to weave these threads together. Following this gathering exercise, we introduce each intervention that comprises the monograph: these are contributions from a diversity of sociologists of health and illness who, perhaps for the first time in written form, account for how complicities of various kinds came to shape their work and how, with varying levels of success, they have sought redress. We close by offering some insight into the process of developing this collection, celebrating perhaps the most diverse roster of authors this journal has published, while also acknowledging where many gaps remain and acknowledging the limits of the academic journal, or edited collection, as a vehicle for expansive conversation on complicity.

Approaching complicity

The contributors to this monograph all show, in their own way, that working through the tensions and complexities of research is important in both surfacing and articulating our various complicities. In this spirit, we begin this collection by providing a pair of snapshots into moments from our own research in the United Kingdom (UK) – Williams' work on practices of stem donor recruitment within racially minoritised communities; Hollin's work on concussive injury-related dementia in sport – in order to explain how two quite different empirical sites brought us into common concern about whether, and in what ways, our research practice might render us somehow complicit.

So well-hashed out is the logic that race is purely a 'social construct' without any biological facticity to it, that we would think it probably meets the definition of an axiom. This is one reason why I have always found the area of tissue donation so intellectually compelling; here, we can find the unabashed confluence of genetic and racialised notions of difference. The National Health Service's co-ordinating body for tissue donation in the UK, NHSBT, for example, notes how "Some tissue types are more common in certain ethnic groups of the population, meaning that a patient is more likely to be matched with a donor from a similar ethnic background" (NHSBT, 2022), which is why it is a problem that there are so few minoritised donors on the stem cell registry. In this field, then, race is *not* treated as a social construct. Here, it has biological consequence, making one more or less likely to have a particular genetic profile, and thus more or less likely to be another person's "match". Race is thus seen to be a helpfully simple way of describing the composition of a registry, acting – as STS scholars of race and science have described it (e.g., Fujimura et al., 2008) – as a proxy for the genes that lurk beneath the racialised frontier of the skin (Goldberg, 2014, p. 174).

Sometimes, perhaps for expedience at the stage of recruiting donors to the stem cell registry, the message is rendered even more simply, as I would often witness when observing recruitment events. To give just one example, consider this fieldnote written about one mid-week afternoon when I was stood at the back of a room watching a recruitment charity worker give a presentation to a group of mainly Black and Asian college students at a 'donor drive':

> *"We save lives", he went on "with the help of individuals who look like you"... "Whatever your ethnic background," he went on "Your racial identity is the key trigger" in making you somebody's match. "The key link in this", he explained "is ethnicity". Donor and recipient "have to be the same racial background." He went on, "It doesn't cross racial lines"*

But I do more than observe. I also volunteer, lending a hand to the organisers. Once this speech was over, for instance, I got to work, effectively helping to 'convert' this audience into donors who would swab their cheek (for a saliva sample that will be tested for their tissue type) and complete a form which, amongst other things, asks them to select their ethnic group. There is generally a menu of choices here from which to select, and on more than one occasion I have helped donors try to locate themselves from amongst the choices presented on it (see Table 1 for an excerpt from one 'ethnic codes' list which provides 43 potential options to registrants).

Table 1 extract from one registry's 'ethnic code table', from which the given code is then inserted into the donor's registration form.

UK & Ireland (WHITE)	England	ENG
	Scotland	SCO
	Wales	WAL
	Northern Ireland	NIR
	Republic of Ireland	ROI
	Any of the UK or Irish descent, or combination	OUK
African-Caribbean & African (BLACK)	Caribbean Islands	CAI
	Africa (exc. North Africa)	AFR
	Any other African or Africa-Caribbean Origins (exc. North Africa)	OAC

And it is on days like this – as an observer and volunteer – that that feeling of complicity rears its head; I am here at the drive, I tell myself, merely to learn strategies of recruitment. Such a setting, I tell myself, is not the place to critique the categories–a practice that, as an STS scholar, is essentially second-nature. Ros in-the-field might observe speeches narrating essentialising conceptualisations of race, but does not call into question at any moment the problematics of such framings. Ros in-the-field might even help people select these apparently genetically important ethnic categories – "What code am I?", a registrant might ask. A queue forming behind them, I might respond: "it's just asking if you're White British. Just write ENG [for English] in the box." But Ros in-the-field doesn't *critique* the categories ("wait, so I cannot be both Black and ENG?!").

Each time I see race's biological consequence reasserted and don't question it (or, indeed, even help to enact it myself) I feel myself somehow complicit in that reassertion. It is as if there are two versions of me: the first, found generally in journal articles, who stands outside the field and questions whether race is a datum we ought to be capturing at all, who feels that the consequences of this are profound and problematic. Not only does a person's race come to matter in this framing, but it positions the individual to be able to help, such that the entire recruitment effort relies on mobilising an imperative to act: *this is something that, because of who are you are, you ought to do* (Williams, 2021), and that not to act becomes its own kind of racialised civic defection (see: Benjamin, 2013). The other version, found in the field, has personally facilitated multiple registrations onto the registry; has explained to people why they need to fill in the 'ethnicity question', and even *which* ethnicity code they should probably jot down; has reminded people how *easy* it is to register, that it's not painful, and that it could save a life of *somebody who looks like them*.

Race may well be one way – alongside geography and ancestry – of determining an individual's likelihood of having a particular tissue type, and it is evidently believed to be the most expedient one for getting people registered to parry an inequitable system that continues to underserve racially minoritised patients. But this work – which I am enfolded in by dint of my fieldwork – does not, for example, address the more systemic problems that have led to this strategic focus on centring race being adopted: the establishment of a system that for years did not do enough to recruit amongst minoritised donors, that operates in a state that has led minoritised people to feel a legitimate sense of concern about where and to what use their data might be being put (See: Williams, 2022; also: Benjamin, 2014). Did other researchers feel similarly about moments in their own research? Is there scope not only to acknowledge complicity, but potentially even to subvert it and put it somehow to use? It was with these questions, but not really any answers, that I started having conversations with my co-editor, whose experience resonated strongly with my own.

Concussion as a male preserve: Reinscribing gendered depictions of brain injury (Hollin)

In sporting contexts, the twenty-first century has been marked by a 'concussion crisis' wherein traumatic brain injuries have increasingly been understood as having serious acute and long-term consequences, particularly through a form of Alzheimer's-like dementia known as Chronic Traumatic Encephalopathy, or CTE (McKee et al., 2009; Omalu et al., 2005). It was this concussion crisis that I sought to study, by conducting ethnographic fieldwork with three amateur sports teams, when I submitted a proposal for a research fellowship to *The Wellcome Trust* in 2018.

When being interviewed for this fellowship, a member of the panel asked me if this would not be a project exclusively by and about men. The question was a good one. It is increasingly argued that women who play sport are more likely to be concussed, take longer to recover (Sanderson, 2021), and may suffer injury through different means (Bretzin et al., 2021) than do men.[1] More widely still, journalists (Hillstrom, 2022), neuropathologists (Danielsen et al., 2021), and social scientists (Casper and O'Donnell, 2020) have all persuasively argued that the brain injuries suffered by (overwhelmingly female) domestic abuse victims are comparable, and perhaps more severe, than those suffered on the sports field, even as they remain staggeringly under-researched.

Despite the importance of concussion research focusing upon women, exploration into concussions and neurodegenerative disease continues to orient overwhelmingly toward men who play sport. As an example, the most high-profile research study in the UK – a study funded by the Football Association (FA) and that has undergirded significant change in football regulation in the UK – concerns an analysis of 7676 deceased Scottish professional football players. The study found that the likelihood of having dementia as a primary or contributory cause of death listed on a death certificate was substantially higher for ex-football players than it was for the general population (Mackay et al., 2019). All of these ex-players, and all members of the matched control group, were men. A similarly gendered story can be told in the United States (e.g., McKee et al., 2013).

I do not believe that these researchers neglected to include women in their study (simply, entirely) because of some deep-seated bias or belief that the male body is the norm. Instead, practical considerations seemed to shape the decision. Amidst the concussion crisis, there was a perceived need for immediate changes to sporting practise and, because CTE can only be diagnosed posthumously, this necessitated a retrospective (rather than prospective and longitudinal) study design. In this context, today's researchers studying CTE in association football are in a sense held hostage to the misogyny of past administrators who, in 1921, banned women's clubs from FA-registered venues, cutting women "off from formal systems of coaching or finance…" and relegating women's football to "odd public and private spaces, parks and municipal pitches" (Goldblatt, 2006, p. 181; see also: Cahn, 1994). These decisions mean that it is simply very hard to know *which* women were playing football in, say, the 1970s, and this causes a significant sampling problem for contemporary scientists seeking fast answers to slow developing diseases.

Despite offering assurances to the interviewer at *Wellcome*, I too have found it very hard to recruit women for my research. I sought to obtain consent to undertake research with a girls' football team but failed in these attempts: instead, the club I worked with was mixed, but dominated by boys. In my work with professional wrestlers, I prioritised interviewing and then writing about the women I observed whenever possible, and yet the majority of fieldwork was still undertaken with men. Much the same situation applies, only more so, to my time with American footballers where out of a playing squad of 40-odd, there were thirty-eight white men and one woman.

I feel that the standard response to this fieldwork situation is to be reflexive: to acknowledge that sport has been a crucible within which masculinity is shaped (Bachynski, 2019; Dunning, 1986; Messner, 1992), to the explicit exclusion of women (Hargreaves, 1986) and that I am in turn situated within this field as a man: I should therefore adopt a reflexive approach and acknowledge these factors will significantly shape my research, even if I never know exactly how (Rose, 1997). Increasingly, though, I deem my sociological will-to-reflexivity as inadequate. Am I not complicit in perpetuating – and for the same mundane, methodological reasons – the heteronormative and potentially performative effects of research (and media engagements

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[1] An important intervention into this debate comes from Kathryn Henne who, though attentive to brain injury in women, argues that the aforementioned gendered narratives are biologically reductionist and "perpetuate beliefs about female athletes as not only being fundamentally different than male athletes, but also weaker and deficient by comparison (Henne, 2020, p. 164). Such depictions of sex/gender difference are particularly harmful for trans* and non-binary athletes who figure into debates about concussion primarily as a supposed "threat" to cis-gendered women (Fischer and McClearen, 2020). With regard to domestic violence (see below), no studies have examined the impact of traumatic brain injuries on in either trans* or nonbinary people despite particularly high-levels of domestic violence in this group (Hillstrom, 2022)

therewith) that continue to construct CTE as a problem that, first, overwhelmingly affects men and, second, locates women in the discussion primarily as caregivers to afflicted partners (Martin and McMillan, 2020)? Does this not demand redress, and not just reflexivity? And if I am complicit in this gendered rendering of concussion then what should I have done, and what am I to do? What – ethically, methodologically, practically – could I do to begin to imagine this world differently and in a way that disrupts, rather than reinforces, existing scientific research?

Towards complicity

As we were having conversations about our apparent complicities in 2019 and early 2020, we were aware that the matters we were grappling with coincided with a much wider contemporary discourse: questions of complicity were now being readily asked. Consider, for example, notions of privilege and oppression. Whilst these ideas may not be novel to those in closer proximity to the margins, others only recently started working through the notion that we are all enrolled in projects that sustain and enable different individuals' and groups' proximity to power, and that one might, by not attending to or acknowledging this, be complicit in those projects' persistence. Recent articulations of the movements against racial and sexual violence, like Black Lives Matter or MeToo, readily call out complicity: racism and sexism are much more than overt acts of physical and verbal violence: these terms also encompass a person's everyday decisions not to call out bigotry, not to make space. The absence of action here renders one complicit. In the hope that others working in the sociology of health and illness would, like us, be thinking through similar concerns, in the Spring of 2020 we wrote a proposal for the *Sociology of Health and Illness* Monograph Series.

The space of complicity: definitions and existing work

The process of deciding how to frame the monograph, and how to call for contributions to it, required us to clarify for ourselves what we meant by complicity. In its initial form, we treated 'complicity' predominantly as a loose kind of heuristic with which to invite attention to how sociologists of health and illness might, like ourselves in the above examples, be allied in unexpected or uncomfortable ways with dominant structures of power. As we began to talk to authors about their ideas, we were also increasingly informed by a range of literature, spanning decades and disciplines, that has at various moments engaged the idea of 'complicity'. The concept, it became clear, contained possibilities precisely because it appeared related to, and yet distinct from, a range of related terms.

Firstly, we came to understand complicity in relation to reflexivity. Reflexivity is a multi-faceted concept (Ashmore, 1989; Lynch, 2000), but it is often presented as having a primarily epistemic valence (e.g., Barad, 2007, pp. 87–88). There is certainly an ethics associated with the 'scrutinization and neutralization' (Bourdieu and Wacquant, 1992, p. 40) of situatedness but, frequently, it strikes us that reflexivity is written as if it essentially amounts to an unavoidable methodological limitation, decoupled from any sense of responsibility or need/possibility for action. This is related to what Sara Ahmed has called "a politics of declaration, in which institutions as well as individuals 'admit' to forms of bad practice, and in which the 'admission' itself becomes seen as good practice" (Ahmed, 2004, para. 11); this may be so to the extent that the admission replaces, and thus limits, any substantive form of reparation. To caricature this viewpoint: when we (Ros and Greg) acknowledge the socio-historical rendering of both a field and our own positions in relation to that field (as we do in this introduction), we are absolved of the shortcomings we (re)produce through our research. In contrast to such renderings of reflexivity, those who have considered complicity foreground the term's ethical and political dimension. In particular, scholars argue that complicity is very tightly coupled to the notion of responsibility (Applebaum, 2007, p. 455; Gilbert, 2018, p. 53). Indeed, Sanders has argued that the possibility of complicity is a *precondition* for responsibility – the "duty to speak out is linked with a will or desire not to be an accomplice. Responsibility unites with a will not to be complicit in an injustice. It thus emerges from a sense of complicity" (Sanders, 2002, p. 4) – and thus advances the term "responsibility-in-complicity" (Sanders, 2002, p. 18).

Second, we came to see complicity as distinct from collusion, with the latter term representing those who are "actively engaged" in perpetuating harm (Silverstone, 2002, p. 762). For sure, there are instances where academics generally, and sociologists of health and illness specifically, have actively colluded with states, industries, and each other to do harm and perpetuate inequalities (see: Landman et. al (2008) and McElfish et al. (2022)). More frequently, though, it seems likely that the situations that we describe above, different as they might be, are typical: on neither the football field nor at the donor drive did we intend to perpetuate harm, but neither did we overtly challenge a status quo that allowed our research to progress (Hilbrandt and Ren, Online first; Joseph-Salisbury and Connelly, 2021, pp. 190–198). What Connell says of "complicit masculinity" and patriarchy, we suggest, is applicable more widely:

> *"The number of men rigorously practising the hegemonic pattern in its entirety may be quite small. Yet the majority of men gain from its hegemony, since they benefit from the patriarchal dividend, the advantage men in general gain from the overall subordination of women." (Connell, 2005, p. 79)*

Connell's argument, which resonates with longstanding ideas of whiteness as 'wage' (see: Narayan, 2017 on W.E.B Du Bois) or 'privilege' (most famously McIntosh, 1989), offers a provocation for researchers to reflect on the dividends or wages accrued via contemporary conditions and our social location within them. We might, for example, think of certain subjects that are rendered more researchable because they are simply more fundable. In moving to where funders set priorities, we reap the dividends (grant income) at the cost of subjects that do not come to enjoy the same concern.

Third, and following Probyn-Rapsey, we came to understand complicity as referring to an ongoing, relational state, rather than – qua guilt, shame and, perhaps, reflexivity – an emotional response to past practice:

> *"…whereas guilt and shame are vertical, individualized and deep, complicity is horizontal with pervasive breadth—as in a network… Complicity connects us to others, ideas, structures, and not least of all that which we might hope to keep at a distance through critique, through the distance of time, and through apology." (Probyn-Rapsey, 2007, p. 68),*

Greg may (indeed, does) feel guilty about an inability to access more diverse fieldsites, but guilt, directed towards the past, may lead to passivity in the present (de Jong, 2009, p. 390); acknowledgement of complicity provides a different orientation and, as discussed above, directs towards matters of responsibility and the possibility of speaking out or instituting change. None of this is to deny that, as several of the interventions in this collection make clear, there may be an (acute) affective consequence to recognising complicity and its often seemingly insurmountable nature. But complicitly requires – perhaps through its own etymologic roots of *association* and the expectation that there is always something *with which* one is complicit – acknowledgement of wider relations and networks that might enable and disrupt it.

When it comes to taking this definitional work and attempting to map it onto research practice, perhaps the best known work is that undertaken by the anthropologist George Marcus (2001, 1997). Marcus discusses a progressive history of complicities in key works of cultural anthropology. First, Marcus considers interpersonal complicity as something tightly bound to rapport with particular informants: in Clifford Geertz's famed *Deep Play*, for example, it is the complicity in escaping the authorities that leads to rapport and informative relations between a researcher and a participant: Geertz suggests that it is "a complicity of mutual interest between anthropologist and informant, subtly but clearly understood by each, that makes rapport possible—indeed that constitutes, even constructs it" (Marcus 1997, p. 89). Next, Marcus suggests that James Clifford rereads ethnographic fieldwork so that Geertz's "informant" is re-rendered "collaborator," even if that collaboration will be power-laden and contested. This is a complicity not between researcher and researched, but between collaborators co-producing knowledge. Third, Marcus considers the work of Renato Rosaldo, who "directly confronts complicity in fieldwork relationships within the broader historical context of colonialism…" (1997, p. 87) and who pinpoints "the primary relation of complicity in fieldwork—not with the informant or the people, but the agents of change" (1997, p. 94). In Rosaldo's own work, he is complicit not only with his informants but with missionaries upon whose aircraft he was dependent to reach his fieldwork site: "…we did not evangelize, but we all bore witness and we participated, as relatively minor players, in the transformations taking place before our eyes… The conditions that enabled us to reside among the Ilongots already made us complicit in imperialism" (Rosaldo, 1989, p. 120). Marcus suggests that with this third iteration of complicity anthropology reaches impasse: either we cease research or else continue, as before, but in a "tragic occupation" (1997, p. 95). This iteration of complicity, then, is potentially akin to a "disabling" (Spivak, 1999, p. 3) or "immobilising" (Joseph-Salisbury and Connelly, 2021, p. 198) complicity wherein recognition of the inevitability of complicity leads to guilt and passivity rather than action.

To this history, Marcus adds his own contribution with the notion "productive complicity". For Marcus, productive complicity "…goes beyond the sense of "partnership in an evil action" to the sense of being "complex or involved," primarily through the complex relationships to a third" (1997, p. 100). The 'third' here relates to shared conditions of possibility that shape the understandings of both a researcher and their informer/collaborator. Co-opting Marcus' words for the current moment, a medical sociologist examining COVID vaccine conspiracy theories may disagree profoundly with the views of participants and yet may be:

> *"…complicit in many respects with their discourse and critical imaginary of what shapes political cultures in contemporary Europe. They share a taste for deconstructive logics and for, in short, understanding changes in terms of the infectious dynamics of illicit discourse. However differently they normatively view its operation, they share the same speculative wonder about it" (1997, p. 103).*

Marcus is explicit here: productive complicity is "both more generative and more ambiguous morally" (1997, p. 101) than those conceptualizations that foreground 'a partnership in evil action'. In this sense, productive complicity is akin to Sanders's notion of 'general complicity,' which also acknowledges that there is a "project of human folded-together-ness" (2002, p. 8) that ensures we are all implicated in the existence of each other. For Sanders, though, acknowledging this shared grounding offers "the very basis for responsibly entering into, maintaining, or breaking off a given affiliation or attachment" (2002, p. x). Unlike Marcus, then, who ends the history of complicity at this general, 'productive,' level, Sanders suggests that this is where the hard work begins. Situated on shared ground, we may make an ethico-political decision to stand with one group or another – to oppose or support apartheid, in Sanders's work – and this represents the possibility of a "constructive complicity" (Spivak, 1999, p. 3; see also:

Joseph-Salisbury and Connelly, 2021, p. 182, Sheikh, 2022) in a narrow sense, wherein change can be made and we are consequently "open to judgement, whether critical or juridical" (Sanders, 2002, p. 10).

While acknowledging the importance of Marcus's work and that which arises from it (e.g., Gustavson and Cytrynbaum, 2003), this notion of general or productive complicity is clearly some distance from the more everyday definitions with which we began both this introduction and this review. There is, however, an important body of work that has considered the complicity of academics in that narrow sense of asking "…am I contributing to the perpetuation of inequalities when I witness and/or become entangled in power relations in the field?"(Becker and Aiello, 2013, pp. 64–65) and this work, too, draws out key facets of complicity in the context of research.

First, we can identify what we might call 'institutional complicity' wherein our employment by, or collaboration with, various institutions perpetuates harm (Joseph-Salisbury and Connelly, 2021, chap. 6). The well-documented conflicts of interest arising from research funded by the tobacco industry are archetypal in this regard, and it is now argued that the tobacco industry's tactics have been adapted into a more general playbook (Brandt, 2012), necessitating, in some scholars' view, a "sequestration" (Bachynski and Goldberg, 2018, p. 182) between public health research and certain industry funders. More broadly still, both funding bodies and universities have their own requirements and agendas and – as several articles in this collection make clear – research may only be funded if we acquiesce to these agendas, priorities, and interests.

Second, we have what may be termed 'theoretical complicities' wherein it is argued that there are resonances between a particular body of theory and other social configurations. Such claims are perhaps most commonly thought in terms of Latour's argument that climate deniers may be deploying the tools of Science and Technology Studies (Latour, 2004), but there are many other examples: from alleged affinities between neoliberalism and critical theory (Jenkins III, 2005) or new materialism (Braun, 2015), to the alleged collusion of masculinity studies in excusing male violence (McCarry, 2007). The recurring argument here is that, far from dismantling dominant systems of thought, these theoretical tools contribute to their formation or continuation.

Finally, but perhaps most significantly, we have the mundane complicities that we face on a day-to-day basis; instances where we fail to speak out against participants (Throsby and Evans, 2013, p. 339), or even align ourselves with them (Flood, 2008, p. 341), when those participants espouse, for example, racist, sexist, or homophobic remarks. Such complicities may be necessary for research to progress and yet still lead to profound discomfort. As Throsby and Evans note in the context of experiencing fat phobic remarks in the midst of fieldwork, "I am made complicit in those offensive modes of speech by remaining silent, as well as experiencing many of those remarks as symbolic violence against myself" (Throsby and Evans, 2013, p. 339).

Drawing on their own fieldwork experiences, Becker and Aiello (2013, p. 67) identify "three primary factors related to our complicity with discriminatory behavior: 1) concerns about losing access, 2) the variant status position(s) we and others in the field occupied, and 3) the degree to which particular incidents were serious and/or central to the institutions we studied," going on to suggest that that complicity is most likely when "recovering from lost access would be extremely difficult... [when the researcher is in] a relatively weak status position compared to the people they are interacting and/or studying, and... [when incidents] involve practices or beliefs that are central to the institutions, groups, or contexts" (p.67). With regard to this insight, we may hypothesise that the sociology of health and illness – where access to fieldsites is often hard won, where "researching up" (Neal and McLaughlin, 2009) in medical and scientific institutions is common, and where our own work frequently concerns matters central to medical institutions themselves – is a discipline wherein mundane complicity is likely.

The papers

It is was upon this conceptual ground that we extended the invitation for scholars to interrogate their own practice in a way that might open up a conversation within the sociology of health and illness about the politics of complicity that underpin our work. The focus of our call for papers was ostensibly with regard to 'methodologies,' and this orientation was meant in its most expansive manner: we did not want simple accounts of methods but, rather, the political, affective, conflicted, and often highly personal rationales that undergirded research design and execution. Our collaborators here met and surpassed this challenge and, in the chapters that follow, readers can engage with an unusually candid set of interventions, in which authors are freed of some of the strictures of a standard academic article.

While we could have ordered these papers at random and made a cohesive argument for that particular arrangement, we have attempted to order the papers in a way that brings into relief particular core concerns: (i) researcher identity; (ii) teamwork and project hierarchy; (iii) liberatory methodologies; and (iv) institutional complicities. With regard to researcher identity, the first two papers concern the possible complicities of being what Aya Hirata Kimura, following Sarah Soh, calls an "expatriate researcher" (Kimura, 2016, p. xi). While Soh describes the ambiguous position of the expatriate researcher in more-or-less positive terms (Soh, 2008, p. 249), Kimura describes a "liability": it might be helpful to have a sense of familiarity with a particular space but, at the same time, "the expatriate researcher can be seen [by participants] as not having a stake in the field site despite her lineage, as she has the privilege of leaving the place and the people whenever she wishes" (Kimura, 2016, pp. xi–xii).

Jemima Nomunume Baada and **Jessica Polzer** (2021) discuss several such 'liabilities' as they revisit data collected as part of Baada's master's research dissertation. Baada, who immigrated from Ghana to Canada in order to undertake her master's degree, came to occupy what the authors, reaching for similar territory to that laid out by Kimura, describe as an "insider/outsider" status (p.28): an 'international' student with the institutional currency to undertake fieldwork in her native country who, once in Ghana, soon comes to feel marked as an outsider by her interlocuter – partly as a result of the advantages of her own social class location. True to sociological form, Baada sought to reflect upon these experiences in the field, dwelling upon her positionality in anticipation of critiques of researcher bias. It is only in hindsight, however, that Baada and Polzer come to understand Baada's positionality in productive, rather than merely subtractive, terms and, in this contribution, the authors argue that the research project "implicated" (p.24) the researcher in rehearsing troubling tropes of the communities around whom the study focused. In turn, the project's findings themselves were selected to ensure that results were 'palatable' to an audience in Canada; situated within, rather than a challenge to, global development discourses. Baada occupies multiple positions in this piece – a Canada-based scholar, a Ghanaian, a master's dissertation student negotiating hierarchies, a woman, an author twice over – and this contribution will resonate with others who, in negotiating their own conflictions and complicities, seek a path forward.

If we use the term "expatriate" more figuratively, to describe not only a withdrawal from one's own country but a withdrawal from one's place of dwelling more generally, we could argue that **Zainab Afshan Sheikh** (2022) describes a situation in which she is doubly expatriated: Sheikh, a "Danish-born female researcher with roots in Pakistan" discusses the complicities of being "in-between the Danish and the Pakistani": sometimes mocked for not being fluent in written Urdu, yet able to "disappear into the streetscape" by accommodating to local dress (p.41). Such descriptions resonate with those of Baada and Polzer but, in a second sense of 'expatriate' that will be familiar to many medical sociologists, Sheikh also describes being an expatriate sociologist dwelling amongst medical scientists – geneticists researching families with autosomal recessive conditions, in this instance.

During fieldwork, Sheikh describes herself as being simultaneously dependent upon, critical of, and, via her interviews with family members, actually advancing the geneticists' own work. Sheikh wonders as to the consequences of these entanglements for both her own scholarship and the "Pakistani families [who] were effectively enrolled in two projects" (p.48). Her position generated unique access and insight whilst also concealing some of the more problematic power relations between her and her interlocuters – not least what Sheikh powerfully describes as 'complicities of inaction' (p.50). During fieldwork, writes Sheikh, she encountered multiple moments that left her feeling a strong sense of discomfort, moments such as when a father asks her to take his children back to Denmark with her for medical help; or experiencing severe poverty in the field. Despite being relatively powerless (Sheikh could neither take children back to Denmark nor alleviate poverty) this remains a "noninnocent entry" into the field (Roy, 2018, p. 11), for, far from a passive observer, Sheikh argues that her "presence could even intensify people's hopes and expectations for a cure" (p.50). In her contribution, Sheikh stays with many of these troubling moments which sometimes surface in a visceral, embodied and highly emotional reaction to encountering suffering in the field. When Sheikh responds to her own unease by giving participants money at the end of her time with them, the act does not assuage her discomfort but, rather, reasserts her position with a neocolonial matrix of 'aid'. Sheikh does not propose to resolve these complicities, but she does use these moments from the field to invite a dialogue amongst sociologists of health and illness about the stakes of engaging in ethnography with those living in financial and medical precarity.

The contribution of **Tanvi Rai**, **Lisa Hinton**, **Richard J. McManus**, and **Catherine Pope** (2022) has clear resonances with Sheikh's work detailing the negotiation of identity during fieldwork: Like Sheikh, for instance, Rai dwells upon how she changed her clothing and language in order to fit in with those around her. Beyond this, however, Rai and colleagues focus their attention upon recruitment strategies and team meetings surrounding a blood pressure monitoring intervention design project. In doing so, Rai and colleagues transform academic teamwork and project hierarchy into a fruitful "para-site" for the exploration of complicities (Marcus, 2021). Despite being (or, perhaps, because they are) "contractually precarious and the only non-white member of the team," (p.65) it falls upon Rai to try and undertake recruitment outside of the original recruitment plan in the hope of achieving some sample diversity. But even as some diversity was achieved, other components of the study design – from the layout of information sheets, to the requirement for binary responses to questions – foreclose insights and concerns from minoritized participants.

Rai and colleagues are frank in their concluding assessment that the burden of participation was greater for minoritised participants because of the study's design and acknowledge their own complicity with the reproduction of social inequity through "inaction and a failure to challenge trial-normative agendas" (p.65). Vitally, the paper also offers a refreshing insight into the dynamics of team-based research; Rai describes having to muster courage to try and convince her team of the need to include great numbers of participants outside of the commonly-engaged white, middle-class demographic. Moreover, the paper is cut through with a sense that Rai's positioning as a junior, precarious, and non-white member of her team limited, and at times foreclosed, the possibility for articulating and combatting concerns about the study design's limitations for genuine inclusivity.

Like Rai et al., **Lois Orton**, **Olga Fuseini**, **Angéla Kóczé**, **Márton Rövid**, and **Sarah Salway's** (2021) contribution provides an inventively reflective account of collaboration, in this case between authors at different career stages and of Roma and non-Roma descent. The intervention is framed around vignettes that orient towards a diverse range of projects and experiences – all of which are somehow related to research of, or with, Roma communities and the concept of 'Roma health'. Orton et al. begin by elucidating a two-dimensional "spectrum" of complicities (p.79) where along one axis researchers' acts are more-or-less voluntary and, along the other, more-or-less conscious. The scoping exercise recalls other attempts to map diverse complicities (e.g., Becker and Aiello, 2013), but it is when the typology is put to work in order to understand a range of moments – from developing a funding application, to attending a workshop – that the contribution becomes clear. The authors look at their own actions and practices with abrasive honesty, describing "the spectrum of forms that [their] complicity has taken […in] reinforc[ing] (or resist[ing]) oppression of racially (or otherwise) minoritised groups" (p.86) and the paper stands to provide a touchpoint for sociologists of health and illness concerned with the politics of their own positionality – not only in the process of research, but in the various practices that orbit it, from research design and grant capture, to dissemination and teaching.

Another theme throughout this collection is the possible use of creative, participatory methods as a means of unsettling some of the complicities of academic praxis and writing that are so well established that they have, perhaps, been rendered largely inevitable. The next four papers (all of which deploy creative and participatory methods) are simultaneously optimistic for the possibility of imagining research otherwise, whilst simultaneously being refreshingly open about the fact that, first, their own methods fail to completely shake-off existing, and often problematic, academic infrastructures and, second, may elicit novel problems of their own.

Three of these papers examine the use of participatory methods from within the organisational context of British universities. Indeed, **Hannah Cowan**, **Charlotte Kühlbrandt**, and **Hana Riazuddin** (2022) are explicitly concerned with the institutionalization of participant engagement – what they term the "PPI-Industrial Complex" (Patient and Public Engagement, p.92) – and note significant challenges and potential complicities of working within this vast machine. Ultimately, though, the authors are buoyant as to the possibility of 'reordering the machinery of participation' through the use of "creative participatory methods—including drama, film, computer games and fiction writing…" (p.94). Cowan et al. elucidate this argument through a focus upon their own project, *Utopia Now!*, and, in particular, a 5-day drama workshop they organized with a community youth theatre group in South London. Focusing upon three de-Certeauian tactics – tactics that stress "continuities between health and inequalities, different timelines and different spaces" (p.101) – Cowan et al. are hopeful that many of the institutional complicities that they so eloquently describe can be at least partially mediated.

Maria Haarmans, **James Nazroo**, **Dharmi Kapadia**, **Charlotte Maxwell**, **Sonja Osahan**, **Jennifer Edant**, **Jason Grant-Rowles, Zahra Motala**, and **James Rhodes**, (2022) meanwhile, are concerned with the use of participatory action research, or PAR, with individuals from ethnic minorities and with lived experiences of severe mental illness (described here as "the racialised mad"). As Haarmans et al. note, mental health research is made possible by contract researchers, lay contributors, and research participants whose labours are rarely acknowledged, rewarded, or recompensed (Papoulias and Callard, In Press). Given this situation, there is the clear capacity for traditionally-defined academic researchers to be complicit in an extractivist mode of research, and the authors here seek to challenge such arrangements via PAR, wherein 'participants' are re-positioned as co-researchers who are indeed acknowledged, rewarded, and recompensed.

Haarmans et al. note here the many successes of their project, describing how they "created a collective space for mutual learning, sharing of lived experiences and consientization" (p.118). Despite these successes, however, the authors remain attuned to complicities. In some cases, it is simply that existing problems fail to be erased: Co-researchers remain on casual contracts; long-established hierarchies (both between academics and non-academics, and between junior and senior team-members) continue to shape interactions; timeframes continue to be shaped by the projectification of academia and these timeframes weigh more heavily on some team members than others. On other occasions new complicities are actively produced by PAR, such as when unwieldy, affectively charged meetings lead to a perceived lack of safety and feelings of exclusion. These complicities continue to profoundly shape labour practices for, as the authors note: "…we, both academics and co-researchers, feel the need to 'play the game' and prove our worth and capabilities through producing ‘acceptable’ outputs (including this paper) due to threats of precarity in our jobs” (p.118). In producing this account of PAR – a method that only rarely informs work submitted to *Sociology of Health and Illness* – Haarmans et al. achieve two goals: first, they eloquently demonstrate the profound benefits of the method and thus extend an invitation to those of us who lack experience with this form of research and, second, refuse to sugar-coat PAR, providing a nuanced picture that makes clear that no method is simply able to transcend academia’s problems.

Like Haarmans et al., **Shelda-Jane Smith**, **Filiberto Penados**, and **Levi Gahman** (2021) also deploy participatory methods in the hope of subverting some longstanding epistemic assumptions: in this case the assumptions of much contemporary global health research. The authors – amongst them a Caribbean-heritage scholar, an indigenous scholar, and another from the University of West Indies – describe their attempts to learn more about Mayan participants’ imaginaries of good health and wellbeing. The narrative presented here – and which is both written and pictorial – is concerned with what their Maya participants, rather than outside interlocuters, sought out for, and considered integral to, their future wellness. A prominent character in these imaginaries is the environment and Maya entanglement with it: “human wellbeing and planetary health go hand-in-hand and to care for, protect, and maintain land, local ecosystems, forests, and waterways promotes, sustains, and defends all forms of life” (p.131). The authors’ ambition is to offer a corrective to global health scholarship that might fall prey to the (unanticipated) complicity of reproducing (neo)colonial knowledge forms is thus met with an overarching attempt to introduce *Sociology of Health and Illness* readers with what they describe as a more “capacious account of health” (p.134).

Pearl A. McElfish, **Rachel S. Purvis**, **Sheldon Riklon**, and **Don E. Willis** (2022) contribute an overview of their experiences of undertaking an extensive body of health disparities work in relation to the Marshallese community of Arkansas. This work, as the paper describes, is undertaken in an historical context wherein sociologists have themselves been complicit in the enablement of US imperialism in the Pacific Islands. Adopting a community-based participatory research approach that explicitly strives to extend itself away from the colonial dynamics that produced much of the health inequity these scholars are concerned with, the authors describe the practicalities of sustaining an enduring relationship between academy and community. The intervention provides useful insight into the disagreements between collaborators, exposing a similarly refreshing seam of candour to that of Haarmans et al., about just how hard participatory research can be. McElfish and colleagues also demonstrate how a community-based mode of working requires a flexibility of focus that many researchers would find very unfamiliar: the focus of work was not simply to generate data and write papers (though the authors acknowledge this was a key part of their output), but included helping to establish accessible diabetes clinics and COVID testing alongside advocacy work to restore health insurance.

Vitally, McElfish et al. describe their wider research team’s attempts to build these connections in an institutional context that did not reward such effort, and sometimes even pushed against it. The authors recount, for example, a community partner’s suggestion of adapting a Likert-style scale to make it more meaningful to those completing it, leading to the team being “reprimanded by the federally funded programme office for doing so” (p.158). Their piece ends with a section entitled ‘Is academia ready to reduce complicity?’. Their answer is a definitive no, which resonates strongly with the final two papers in the collection, and the theme that unites them: institutional complicities.

It has for some time been argued that the contemporary university is shaped by the so-called “triple helix” of university-industry-government relations (Etzkowitz and Leydesdorff, 2000), a trend particularly evident in assessment exercises – such as the Research Excellence Framework in the UK – that both emphasise the importance of the (narrowly defined) social impact of research (Moriarty, 2011) and significantly shape social scientific research (Pardo-

Guerra, 2022; for cognisant work in an Australian context, see: Warin and Moore, 2021). Critical scholarship has long questioned this entanglement: Wylie, for instance, has argued that, first, industry's "close relationship with universities tends to produce technical infrastructures that align with corporate development goals" (2018, p. 127) and, second, that this knowledge production apparatus may relegate inconvenient truths, such as negative health consequences flowing from industrial activity, into 'zones of imperceptibility' (Wylie, 2018, p. 12; see also: Murphy, 2006). Such conclusions raise hard questions about how even emancipatory research agendas may be made complicit in the institutional priorities of universities, funders, and industry partners.

All of the papers here, including this introduction, are of course steeped in their institutional context. Nonetheless, the final two papers in this collection particularly foreground the possibility of institutional complicity, with **Paul Martin's** (2022) contribution devoting particular attention to funding bodies. Martin discusses applying for a grant from *The Wellcome Trust* wherein he hoped to study "high-priced drugs for rare diseases" (p.159). Crucially, and in the name of 'balance', Martin writes that he "was left with a strong feeling that having [the pharmaceutical] industry represented on the project advisory board was an essential pre-requisite for getting funding" (p.161). This poses a dilemma for the researcher: as Meyers notes elsewhere, unless the social scientist takes an absolutist stance against Big Pharma there is the obvious "risk of inviting accusations of complicity, shilling for corporations or worse, lacking vigilance or astuteness" (Meyers, 2013, p. 508). Indeed, Kutz's complicity principle states that there can be "no participation without implication" (Kutz, 2000, p. 122) and, even aside from the personal complicity that Kutz's formulation suggests, we might expect other stakeholders (activists, NGOs) to walk away from the project if engagement is predicated upon dialogue with industry representatives.

Martin walks us through this minefield, carefully elucidating how stakeholder engagement of this sort came to be expected in UK funding bids and then mapping out the forms of engagement and collaboration that have been enacted by social scientists. Ultimately, Martin proposes his own way through this landscape based upon a novel methodological framework oriented around Principles, Reflection and Independence, (field) Mapping, (careful) Engagement, and Strategic intervention (or 'PRIMES'). Martin's paper offers both a map of, and, via PRIMES, a trail through, the contemporary funding landscape. Ultimately, though, the story told reminds us of both the compromises necessary to procure research funding, and that making these compromises constitutively excludes other possible projects and engagements (Giraud, 2019, p. 18).

The final paper in the collection is written by **Veronica Heney** and **Branwyn Poleykett** (2021), two early career scholars who independently "responded to calls for funding, which specifically sought our "engaged research" projects" (p.180). In this piece, and through discussion of their distinct research projects, we get insight into the practical and ideological ramifications of this engaged research agenda. Employing complicity as a heuristic through which to think through their own experiences – a project on self-harm in the UK; another on eating practices in Senegal – the authors draw attention to both the obstacles and challenges that confronted them, and to some of the tactics and workarounds they inevitably developed in their attempts to navigate said obstacles. Like others in this collection, Heney and Poleykett remind us that the "mundane and bureaucratic aspects" of research (e.g., paying participants; job contracts; meeting funder timeframes) form the infrastructure that both facilitates and shapes research: accordingly, these bureaucracies have consequences and, indeed, a politics (Bowker and Star, 2000; Graeber, 2015, chap. 2). The authors' sobering message is that, in a context of rising "interest in engagement and engaged research alongside parallel processes of acceleration, marketisation, projectification and dependency on precariously employed staff" (p.182), even the most well-developed repertoire of workarounds does not address the broader structural issue that confronts the 'engaged researcher' working in the context of the neoliberal university. Their warning is one of relevance not only to sociologists of health and illness, for whom engaged research (and a cadre of near-synonyms – co-production, user-led or participatory approaches) is familiar, but to the broader sociological audience.

The complicities of the collection

The papers that constitute this collection draw upon many of the individual pieces that we discuss in our survey of the existing literature and, unsurprisingly given the disparate nature of that work, run the gamut from sanguine to fatalistic when it comes to the possibility of working through complicities, or overcoming them altogether. The authors in this collection would likely not agree with each other, nor would we claim as editors to agree with all their conclusions. It is not our job, however, to do so – nor to resolve the bind of complicity in these pages. Our aim in curating this collection is more modest, although it remains important: to reiterate that 'complicity' is an orienting concept that pushes beyond a politics of declaration or a passive form of reflectivity and, instead, demands a responsibility when it comes to ourselves, our actions, and our objectives as sociologists of health and illness. In that spirit of taking responsibility for our potential complicities, we conclude this introduction with a brief consideration of the limits of our achievements as editors here, and the complicities we ourselves have been enrolled in through our work.

At the very early stages of building this collection, the *Sociology of Health and Illness* editorial board required us to develop a plan for how our call for papers would reach both "junior and well-established authors and an international range of contributors". We eagerly accepted this remit because the discussions we wanted to prompt would, we knew, be richer for a dialogue that spanned a range of career trajectories, institutions, and geographies.

We disseminated the call for papers through every formal network we could find for the sociology of health and illness and adjacent disciplines, specifically searching out networks in the Majority World. To some extent, we can claim success: from very early-career scholars completing their PhDs to professors with familiar names, the authors whose writing is presented here span a near full-range of career stages. We can also claim some level of geographic spread and racial diversity amongst the contributors. Authors are based in Belize, Canada, Denmark, Hungary, the Netherlands, Trinidad and Tobago, the UK, and the United States; sites of empirical discussion span five continents and include discussion of a diasporic community from a sixth. This edited monograph likely represents one of the most diverse set of authors to be collated together in any issue of *Sociology of Health and Illness.*

Nonetheless, of the 36 authors contributing to this collection, 24 list affiliations in the UK and only one author is institutionally-based solely outside of Western Europe or North America. For authors listed first on their article title page, eight are in UK-based universities, with one each from the United States, Canada, and Denmark.[2] In a collection that sought to expand the voices contributing to the journal, the list of authors also includes two members of the journal's editorial board, while scholars from our own institution are likewise overrepresented. Moreover, submissions are inflected through the submission requirements of the journal, as well as our own editorial interventions and those of peer reviewers. Unsurprisingly therefore, papers here are generally built in the familiar matrix of a *Sociology of Health and Illness* publication: In English, around 9,000 words long, and with standard formatting. In other words,

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[2] Lead authorship in Smith et al., is equally shared amongst that paper's three authors and, thus, there is a lead author in this collection to whom this statement does not apply (Penados), even though they do not appear as a first author on the page. This raises another complicity, with the Harvard referencing system, wherein all but the first author, as listed on the page, are collated under an 'et al.'. A footnote attributing equal authorship does not erase this matter, something that we ourselves acknowledge in our decision to flip the author order between the introduction and book cover, despite contributing equally to both. This, obviously, is a luxury that is not available to authors making a single contribution to this collection.

whilst the papers in this collection excavate the personal, positional, institutional, and epistemic complicities in which the authors find themselves engaged, it is also fair to say that the collection simultaneously reproduces some of the hierarchies its papers seek to challenge.

This is not at all to suggest that the pieces we present here are anything short of the vital interventions that the sociology of health and illness needs. Rather, we raise the above points in recognition that the possibility of complicity is the precondition for responsibility (Sanders 2002). Did we have a responsibility to work with a third editor, or through an alternative medium, in order to cultivate a different collection? How else might we have prompted these discussions within our disciplinary communities? What are our ongoing responsibilities as the work begins to circulate? These are the types of question, we would argue, that need to be continually foregrounded in order to enact the collective and individual responsibility required to cultivate our discipline.

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