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Beyond the insider/outsider debate in "at-home" ethnographies: Diffractive methodology and the onto-epistemic entanglement of knowledge production

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Abstract

In this article, we discuss the practice of conducting research in one's own field, in this case, from a position as a researcher with a nursing background doing fieldwork in a hospital and in one's own organization, an orthopedic surgical department. We show how an "insider" researcher position paves the way for analytical insights about sleep as an institutional phenomenon in the orthopedic surgical infrastructure and how acute and elective patient trajectories differ but build on the same logic, creating the same dynamics of inclusion and exclusion. Through a situated and sociomaterial perspective, we analyze different clinical interactions in which we follow the hospital bed as an example of a central relational element that co-creates sleep as an institutional phenomenon. Inspired by Karen Barad, we demonstrate how to move diffractively when doing and analyzing fieldwork and argue how moving diffractively as a researcher doing fieldwork "at home" is productive and challenges the concept and demand of "distance" as the phenomenological exercise in fieldwork.

KEYWORDS

analytical strategy, diffraction, distance, fieldwork, participation, posthumanism, research ethics, researcher position

1 | INTRODUCTION

The challenges connected to conducting fieldwork have been heavily discussed, especially the case of field studies within one's own field or "at home" (Anderson, 2021; Caronia, 2018). In what has been called the insider/outsider debate (see Aguilar, 1981; Dyck, 2000; Hastrup, 1987; Messerschmidt, 1981; Pollner & Emerson, 1983), the discussion has revolved around whether the ethnographic researcher doing ethnography "at home" is able to distance him- or herself from the field and if there is a risk of being, so to speak, too close to be able to "make the familiar strange." In a critique of the insider/outsider debate, the anthropologist Letiza Caronia (2018) proposes rethinking traditional dichotomous categories such as "at home" and "abroad," "being an outsider," and "being an insider" and suggests instead to consider the positions as poles on a continuum between which the fieldworker cognitively oscillates in any fieldwork. Based on fieldwork in an intensive care unit, Caronia illustrates how the cognitive movement between the positions gives access to various territories of knowledge that form the epistemic circumstances through which ethnographic understandings revolve. On this basis, she argues that "at-homeness" and "abroadness" should be conceived as poles of an epistemic continuum always involved during any fieldwork, rather than labels identifying and characterizing fieldwork. In this paper, we build on the argument by Caronia in a discussion of

how "at-home" ethnography can be productive; however, we extend the proposition by drawing on conceptual resources from the feminist theorist and theoretical physicist Karen Barad and her agential realism (2007). While Caronia argues that the oscillation between the poles of "at-homeness" and "abroadness" is a useful reflexive stance for ethnographers doing "at-home" ethnography (Caronia, 2018), we discuss how a *diffractive stance* toward knowledge production can be considered an alternative approach to engage with "at-home" ethnography. This approach does not require the researcher to distance herself from knowledge production but acknowledge its embodied and material foundation.

1.1 | "At-home ethnography" and diffractive ways of knowing

The argument that the researcher's social position forms possibilities of knowing is not new. Feminist standpoint theory, developed by Sandra Harding and others in the late 1970s (Harding, 1986, 1992, 2004), argued that the social position and previous experiences of the researcher form the epistemic possibilities of knowing. Standpoint theory sparked a more reflexive stance toward knowledge production, with its critique of epistemic objectivity and its recognition that knowledge is always partial, situated, and embodied (Haraway, 1991). Standpoint feminists and Caronia's call to adopt a reflexive attitude in knowledge production build on a presumed distinction between the knower and the known, and the idea that the object of knowledge exists outside of the researcher and her knowledge production. This idea has been criticized by posthumanist scholars, who have argued that realities (ontologies) are multiple and shaped through knowledge production. For instance, the Dutch ethnographer and philosopher Annemarie Mol has suggested that ontologies (bodies, patients, diseases) are enacted in multiple ways in practice (Mol, 1999, 2002; Mol & Berg, 1998). Hence, there is not a single passive object, waiting to be viewed from an infinite number of different perspectives. Instead, ontologies come into being—and disappear again—with the practices in which they are manipulated (Mol, 2002). Thus, we cannot talk about subjects (e.g., patients) who know something about objects (e.g., sleep); there is no real meaning outside of practice. While Mol emphasizes how the enactment of different ontologies depends on everything and everyone that is active while they are being practiced, she does not reflect on the ways in which researchers simultaneously invoke the ontologies and practices they are studying. She can, therefore, be said to make invisible the embodied and situated position of the researcher, and implicitly come to presume a distinction between the knower and the known. In agential realism, Barad radically blurs this distinction by introducing both the knower (the ethnographer) and the knower's specific apparatus of knowledge production as an entangled part of the phenomenon being investigated.

Barad states that we can never create knowledge of the world without setting up a research apparatus, which by its material discursive design (equipment, concepts, etc.) leads to a certain type of result or ways of knowing (Lykke, 2008). By setting up the apparatus, the researcher must be considered as an entangled part of knowledge production, and, therefore, actively involved in the creation of the investigated phenomenon. With her concept of apparatus, hence, the ethnographer in its materiality, including the sensing, experienced and present body of the researcher, is seen as affecting the entangled relations of difference she is studying (and enacts).

Barad builds on philosopher of science and feminist theorist Donna Haraway in her critique of reflection as a methodological stance in knowledge production and calls instead for diffractive ways of knowing. While reflexivity creates an epistemic gap between the researcher and what is researched, diffractive ways of knowing allow us to understand how the ethnographer and the specific apparatus of knowledge production are an entangled part of the phenomenon under study. Diffractive knowing focuses on the situated distinctiveness that emerges in the process of knowledge production, as well as the situated exclusions and invisibilities that are created.

Extending Caronia's call for a reflexive stance toward epistemic positions involved in "at-home" ethnographies, we suggest taking a diffractive stance in "at-home" ethnographic knowledge production. Building on Barad, we understand knowing as an entangled sociomaterial accomplishment that emerges through specific material, affective, spatial, and temporal components. On this basis, we illustrate empirically how "insider knowledge" or familiarity with the field is not something that the researcher should distance herself from; rather, it may be seen as a productive part of knowledge production.

Based on fieldwork in a surgical hospital setting, we illustrate in the following how sleep comes into being as an effect of the entangled relationship between the hospital bed, the patient, and institutional pedagogical values in an orthopedic trajectory as well as through the fieldworker and her positioning in the field. We demonstrate how the bed emerges as an empirical and analytical element in the study of sleep conducted as "at-home fieldwork" and how it engages relationally. We follow the bed to demonstrate diffractive readings in which we investigate how the bed differentiates in an orthopedic setting, and we show how this production takes place through the fieldworker Trine's (first author) relation to the field, as an "insider."

We show that the fieldworker and her social position as an insider became a productive part of the investigated phenomenon. Hence, knowledge about sleep was produced through the fieldworker's engagement with the field and not through her ability to distance herself from her insider knowledge.

1.1.1 | The research project: How sleep comes to matter in an orthopedic surgery unit

The fieldwork was conducted as part of a PhD project focusing on the sociomaterial emergence of the phenomenon of sleep during

hospitalization and rehabilitation at home for older patients who have undergone orthopedic surgery (Larsen, 2019, 2020, 2021; Larsen & Holen, 2021). The ontological perspective of the study was thus the "becoming" of sleep, rather than the phenomenon of sleep as a stable entity. This approach made it possible to study the various social and material components involved in the coming-into-being-of-sleep in the orthopedic surgery unit, such as the bed, "the patient," health pedagogical values, the medicine, and the body. The empirical data were generated during 1 year of fieldwork, with 3 months of participant observation in two different units: an inpatient unit for elective surgeries and an inpatient unit for acute orthopedic trauma. The elective surgery unit was based on the concept of enhanced recovery after surgery (ERAS). ERAS is an evidence-based, standardized care pathway aimed at accelerating postoperative recovery through structured, interprofessional patient care in the pre-, peri-, and postoperative phases (White et al., 2013).

Following the participant observations, 24 exploratory interviews with eight patients were conducted in their homes after discharge. These patients were aged 67–86, five women and three men.

Trine can be seen as an "insider" to the field, as she is familiar with the field, and the field knows her. Trine had been engaged with the hospital department where the fieldwork was conducted in several ways; she had worked in the department as a researcher, teacher, supervisor, and project manager. From these positions, she knows the hospital unit and, to some extent, the field of orthopedic surgery. She is a qualified nurse (though not in orthopedic surgery) and has worked as a nurse for some years in this and other hospitals, where she has gained practical knowledge of nursing, patient care, and hospital organization. She was thus conducting fieldwork "at home", geographically, socially, and professionally, and had a "known history of participation" in the hospital unit that enabled the study (Dyck, 2000). Having a "known history of participation" gave her a special research position. Before entering the field, she was already positioned, especially by the nursing staff in the unit. This positioning made it easy for Trine to be allowed to accompany the staff and contact patients or enter patient rooms on her own. This access was not subject to constant negotiation during fieldwork.

However, her profile and her previous function in the department shaped the staff's expectations for the study, and the knowledge they thought would interest her. For example, they expected her to be concerned about how to help patients to have "good sleep" during hospitalization. The nursing staff, therefore, kept referring Trine to patients they found had sleep problems or to those they felt slept surprisingly well. Initially, Trine explained to the staff that she was not concerned with specific patients or defining the problems associated with poor sleep and how to intervene. But gradually she started to look into the processes through which categories such as good or poor sleep were created, how this differentiation of sleep emerged in practice and the ways in which it interfered with other forms of differentiations. Trine did this by asking what staff and patients meant when stating that they slept poorly or well, what they thought was the significance of sleeping well or poorly, and what they believed created good or poor sleep. Further, she examined the intersections through which"good" and "poor" were practiced and what these intersections produced and were produced by.

In the unit, sleep emerged as having a particularly measurable ideal, for example, quantitatively as 8 h and with qualities such as calm, deep, or undisturbed sleep (which can also be measured and assessed quantitatively). This goal was linked to the possibilities of rehabilitation in the surgery unit where "good" sleep was linked to mental and physical energy, less pain, and better conditions for training the body. The realization of good sleep emerged as something that was previously promoted with medication as a matter of course in the hospital and thus made into a predominantly medical problem, whereas today it appeared to be mainly linked to the individual's "sleep behavior" and thus constructed as a behavioral psychological phenomenon with recommendations on how everyday activities should be organized to achieve "good sleep." "Good" and "poor" are produced here at the intersections between biomedicine and everyday activity, through which uncontrollable phenomena such as sleep become within the reach of strategic health behavioral interventions.

With Trine's interest in the creation of categories, including dichotomies, sleep emerged as a biological phenomenon with a physiological impact on health and disease. When it was considered to be poor, it limited rehabilitation. When sleep was considered good, it provided opportunities for the individual and became a means to promote health.

Instead of actively avoiding being positioned within certain categorizations as a fieldworker, Trine studied sleep with an apparatus that included an exploration of its genesis and relational contexts. These subjective and positional elements of the research process were thus not problems to overcome, but were instead productive forces and part of the research apparatus that generated knowledge about sleep as a phenomenon in-the-making (Barad, 2003). Drawing on Barad, we will illustrate and exemplify how the fieldworker's "insider" position can be a productive force rather than being considered a threat to her ability to distance herself from the topic of study throughout the article. Here, we will conduct a sociomaterial and situational analysis of the entangled relationship between the bed, the patient, pedagogical values, and the researcher, while demonstrating the diffractive movements we make.

1.2 | Agential realism and diffractive ways of knowing

According to Barad, phenomena must be understood as always connected and thus not delimited, total, or stable, but continuously in the making through intra-acting with the material, the discursive, and the subjective. Contrary to the concept of interaction, intra-action does not presuppose the existence of separate entities; rather, the entities only exist through their interactive relatedness. This means

that their isolated effect in a relationship cannot be explained; only the effects produced by their interrelatedness can be studied.

Barad draws on Niels Bohr's quantum mechanics when describing the indeterminacy of objects and the relationship between what is being measured and who is measuring. Her concept of apparatus originates from a scientific debate about whether light can be characterized as particles or as waves, which are two very different qualities. Bohr shows how light can be characterized as both, but whether it is one or the other depends on the experimental setup, that is, the apparatus used to examine light. Bohr concludes that when we cannot determine the character of light, it is not an epistemological problem but because light outside the research apparatus is indeterminate. Light as a phenomenon is thus connected to the apparatus rather than existing independently (Barad, 2007).

Working intra-actively with intertwined relatedness with a focus on how entities are constituted in relation to each other allows for ambiguity and transcends fixed categories such as patient, bed, or sleep, and binary dichotomies such as passive/active or good/poor. Diffraction is a way of examining how differences are created through the establishment of concrete connections and disconnections. The production of difference can thus take place in exploring how apparatuses of observation, such as the institutional, constitute seemingly fixed categories. In this case, we examine how sleep comes to matter in a Danish surgical hospital department.

Apparatuses of observation are made through what Barad calls agential cuts. Agential cuts are specific intra-active movements in the apparatus that can be observed as intersections, differences, boundaries, and categorizations. Through the apparatus, these boundary-setting practices are established, which is why the relational effects will always depend on separation and fixation (Barad, 2003), with which one studies the movements in the apparatus one has set up. This entanglement between the researcher and the apparatus of observation produces specific patterns of differentiation. Diffractive knowledge production draws attention to this situated distinctiveness that emerges in knowledge production, as well as to the situated exclusions and invisibilities produced by a specific apparatus of observation. In a diffractive analysis, different apparatuses of observation are seen as intra-active components that affect the becoming of the phenomenon under study. Diffraction involves reading different apparatuses of observation into one another together with the researchers' personal and professional experiences as well as the sociomaterial components entangled with the coming-into-being of the phenomenon being studied.

To read/see/think/move diffractively means that the researcher is considered to be part of the apparatus and hence part of the phenomenon she studies (Jackson & Mazzei, 2012). She must, therefore, be aware of how she is engaged with the specific ways in which sleep comes to matter on the ward. This engagement is not seen as problematic; in agentic realism, there is no distanced position from where the researcher can perform the analysis, there is only an entangled position, where she is part of and becoming with the phenomenon she is investigating.

1.3 | The fieldworker as part of the apparatus of observation

During fieldwork in the orthopedic ward, Trine participated in the daily activities and conversations as a researcher. She participated more in the activities she assumed to be more practical in nature than in those she viewed as more professional, where her participation was more observational. One of the activities she initially felt to be more practical was food distribution.

She believed that by participating in food distribution, she would not go beyond her competencies, legal constraints on her employment, and ethical research conduct (by e.g., harming patients through research). She also felt that she would become more involved and relieve the staff. Food distribution, however, turned out to be a highly professional activity that her nursing background enabled her to identify as particularly important for the intra-active constitution of the bed, sleep, and the patient. This identification was thus based on her becoming aware of the professionalism of food distribution.

An example is an evening when she entered a room to give the meal to an older woman. The nursing staff ordered the meal, and a professional decision was made about the type of food she should be offered. However, the woman developed diarrhea during the evening. The staff did not know this when they ordered the food earlier that day, and Trine questioned whether the meal could aggravate the condition and discussed this issue with the staff before serving the meal. Another professional reflection she made about the practice of serving meals was the risk of overlooking patients with difficulty in swallowing (dysphagia), who may need help. She, therefore, came to understand meal distribution as an activity to consider carefully before joining.

Trine's focus on food distribution was formed by research ethical considerations made possible by her nursing background; however, this ethical focus also created analytical awareness of food distribution as a professional practice in which "an orthopedic patient" "the bed" and "ward pedagogy" came into being as well as their intra-active agency in the contextual becoming of sleep that she was studying, as we will try to demonstrate in the following sections.

1.3.1 | The entanglement and the intra-active agency between "the bed" and "ward pedagogy"

The expectation of patient engagement was made explicit at a patient seminar before patients' admission for scheduled surgery: "I will give you a new knee, but you are responsible for making your knee feel good," the surgeon instructs the patient (field notes). This explicit call for patient engagement and responsibility illustrates the health pedagogical strategy of the ward, which also applied to how and where to eat, as seen in this quote from the field notes from Trine's participation in food distribution:

> Marianne (nurse) and I enter the patient room with a meal for a patient. Marianne tells the patient to sit up

> on the edge of the bed. "It's fine," he says, "I can eat like this" (sitting in the bed). She replies that patients are supposed to sit on the edge of the bed while eating. "It's exercise and a better way to eat," she tells him. "Well, I thought you said 'may'," he replies, but quickly swings his legs over the edge. (Field notes)

What emerged as an established part of the educational infrastructure in the scheduled trajectory was that patients were not generally allowed to eat their meals in bed unless they had just returned from surgery and the anesthesia had not completely worn off. The rationale was that it ensured that the patients got out of bed and thus in motion, which promotes healing and prevents scar tissue formation and complications of bed rest such as blood clots. It was thus considered exercise to sit at a table or on the edge of the bed, as it was seen as more activating than sitting in a bed. Therefore, around mealtime, most patients could be seen sitting on the edge of their bed eating their meals from trays placed on the bedside table. Eating while sitting on the edge of the bed was an expression of the specific pedagogy of the orthopedic ward, where appeals to activity and bodily movements were constantly made by the staff. Even though the nurse in the example only appeals to specific patient behavior, using language such as "supposed to" gives the patient the impression that it was not a choice but a way to live up to the responsibilities of being a patient on the ward.

However, Trine's initial experience and diffractive reading of food distribution and its intra-active agency with the bed were contested when participating in food distribution in the acute section:

> I am again on an evening shift when I begin my field study a few weeks later in the acute section. I walk around with Lene (nurse) and ask if I should help hand out food. Before we leave the nurses' office, I ask if there is a specific way the food must be served and how the patients should sit (NB, my experience from the elective section). She looks at me wonderingly: "That's up to them," she replies. (Field notes)

Although Lene says that patients can decide for themselves how to eat their food, the empirical data show that not all of them can decide for themselves in the acute trauma section either. The patients' way of participating in their trajectory in the acute trauma section was partly assessed on the basis of their relation to the bed, that is, whether they were thought to be spending too much time in the bed or sleeping too much. In both cases, this was felt to be a problem, and one way for the staff to regulate this problematic relationship was by introducing a rule not to eat in bed but to sit on the edge of the bed or in a chair while eating. The food distribution in the acute trauma section, therefore, only became a pedagogical element if the staff assessed that the patient's practice and way of participating was problematic. The situation necessitated a pedagogical strategy but it was not a general strategy as in the elective surgery section, where patients had to eat sitting on the edge of the bed. The patient's role and the associated expectations appear more fluid, volatile, and varied (Holen & Ahrenkiel, 2011; Thuesen, 2013) in the trauma section; however, they are related to the same pedagogical principles as in the elective surgery section.

Trine's participation in the food distribution created a connection between the bed and ward pedagogy, with its emphasis on patient engagement and activity as an entangled part of professional health care.

There are different readings to make or ways to intervene with the phenomenon of study here. One we made was connected to Trine's emotional reactions in the field, which co-created the phenomenon of ward pedagogy and its relational becoming with the bed. She narrowed these emotional reactions down to "discomfort." She wrote: "I reacted to the way the patients' behavior was constantly directed with different forms of expression, intensities, and visibilities, but always directed. I also reacted to the way patients reacted to being directed. Often, they reacted by silently complying, sometimes in opposition or by questioning and in a few cases by refusing. As an observer of these situations, I experienced facial expressions that changed, and eyes that opened wide and sought mine as a question 'Did I hear that right?,' or eyes that supported a soft giggle, which in mine sought an accomplice as a small rebellion against authority that corrects a wrong movement, as in two schoolgirls who do not truly dare to protest, but still need to show the outside world that they do not quite agree with what is happening. However, there were also eyes that looked down or away from mine, as if they did not want to mirror what was happening. These situations left an imprint of different emotional moods, but for me these were overshadowed by the feeling of discomfort."

We hear, see, smell, and touch our surroundings; these are all sensations that activate something in us in their own way. These bodily and emotional sensations caught Trine's attention and, therefore, led the analysis in a certain direction toward health pedagogy. Emotions are an important place to work from, but they carry the risk of new blindness, and one must ask which of the text's intersections of discomfort seem to produce the author (Juelskjær, 2019). For example, Trine asked herself if she would have problems with the authorities examining how she produced her field notes and the cuts she made when constructing a health pedagogical strategy as matter(ing) in her study of sleep as a phenomenon in the orthopedic trajectory. This reading was not because researchers' reactions are something to overcome but as an awareness of their reality-shaping power and becoming with as the inseparability between subject/object and researcher/researched.

1.3.2 | The entanglement and the intra-active agency between "the bed" and "the patient"

In Trine's investigation of the becoming of sleep on the orthopedic ward, she came to realize how the entangled relation between "the bed" and "the patient" was very much part of how sleep was constituted. In this section, we will demonstrate some of the

diffractive movements we made to explore the entangled relationship between the bed and the patient. This is a movement between the fieldworker's previous experiences, theoretical concepts, and the diffractive movement the bed created in the ward.

The hospital bed was previously an object of study in Trine's research. In a study of the relational becoming of parenting, care, and hospitalization in a pediatric ward, the hospital bed became an empirically significant element she needed to deal with analytically, as she also does in the PhD study of sleep. However, Trine must replace herself in the situation of "patient-bed-hospitalization" and fold her experience into her new experiences and ask: How is the bed different and how is it the same in this setting compared to the pediatric setting and which patterns of otherness are being established?

To explore patterns of otherness, we will start by further exploring the specific in- and exclusions the bed is part of in the orthopedic ward and demonstrate the agential cuts we make. To do so, we introduce another empirical event in which the bed and its relational agency are enacted.

> "Margit is sitting on the edge of the bed. She says that she and Erna have had a terrible experience. They were overwhelmed by the nurse who came today. Before lunch, she came in and told them off. Erna should not use the walking frame, but the crutches, and Margit spent too much time in the bed, the nurse said. Margit explained to the nurse that she had been in the shower, in the gym exercising, out walking, and talking to two different doctors. When the nurse came in, Margit was lying down resting her legs, which the physiotherapist had told her was a good thing to do after exercise. "It has been noted that you're not getting up enough," the nurse said. "No one's told me that," Margit had replied. The nurse told her to sit in the chair while eating. Margit looked over toward a narrow armchair, which was placed in the corner behind the bedside table, squeezed in between the wardrobe and the bed. "But I can't sit there," Margit told me. She took the tray and went out into the hall and sat down there instead. She was not too happy about sitting there and eating, she says. "I am self-reliant, it says so in my papers." The nurse had told Margit that to make her understand that she could handle herself and therefore did not need to lie and wait for help. "I know how to be self-reliant: not to disturb staff unnecessarily, I save my questions and needs for when I know they're coming. I will have to be here by my bed because they can't run around looking for me. I know the times when I must have antibiotics, and then I'll lie here and wait when it's time," she explains. Yesterday Margit waited for one and a half hours and overheard Sanne (nurse) telling a colleague that she had forgotten to give the medicine. (Field notes)

In Margit's story about the episode, she tries to demonstrate how she lives up to what she understands to be institutional requirements, that is, being active and self-reliant, which is why she thinks it is unfair for the nurse to accuse her of just lying in bed and, therefore, not engaging actively in her treatment. However, she says to the nurse in conclusion: "We're also sick and need to rest" (field notes). In this way, she demonstrates how she feels that the requirement of physical activity stands in contrast to a need for rest when one is ill.

The case demonstrates the bed's agency in this institutional setting and its intra-action with bodies, chairs, and medicine in which different institutional rationales and tensions between them are produced. We see these tensions through the different boundaries (agential cuts) that are enacted in this event. The boundaries enacted we understand as those between the *rehabilitative rationale* represented by the reference to the physiotherapist, where both exercise (to prevent scar tissue formation) and rest to prevent swelling of the legs after physical activity, and the nurse's *rationale of preventing* bed rest complications such as blood clots through activity. Then there is Margit's own *perspective on illness*, where rest in a broader sense, not just of the legs, is important and needs to be prioritized. She also tries to live up to what she sees as institutional expectations of being *self-sufficient*, *active*, and *available*. Margit feels the need to be available for institutional practices such as medication administration and ward rounds so that the staff can focus on other tasks. However, being available and showing that she is physically active contradict each other, as she practices accessibility by staying in or near her bed, where they expect to find her. Furthermore, she does not find the chair accessible as a place for eating, as it is squeezed in the corner between the closet, bed, and bedside table or the hallway where she feels she is on display. She perceives herself as ill and, therefore, feels that her body needs something different, including rest. This feeling challenges the other rationales of prevention and rehabilitation and creates boundaries between prevention of complications due to surgery, illness perceptions, expectations of patient engagement in trajectories, and making oneself available in the institutional workflow. Therefore, being in bed is not an enactment of passivity or lack of initiative as assessed by the nurse in Margit's view, but a practice of resting in terms of an institutional rehabilitative rationale (preventing swelling of the joint) and in terms of her own illness perception and of making herself available for ward routines. The bed is here enacted as "her" place, or a temporary home to which she belongs, where the staff will come looking for her and expect her to be, and as the most accessible place. However, the bed is also involved in a health pedagogical manner, enacted through binary categories of active and passive engagement by which the "passive" patient can be identified and must be motivated to become active. In the bed's entanglement with bodies, chairs, rooms and spaces, medicine, time, and ward rounds, boundaries between different expectations, rationales, and perspectives are produced, by which the

bed becomes a pedagogical agent with effects in determining patient subjectivity.

These are the concrete diffractive movements the bed engages in, but in diffractive analysis, theoretical models or approaches are read into each other as meaning-bearing elements that, in their interrelationship, affect the becoming of the phenomenon. Part of our diffractive reading was, therefore, also to ask: Which theoretical perspectives produce the hospital bed?

From a theoretical perspective, the hospital bed can be seen as a place of peace and rest in a hospital, a protective home in an institutional setting (Hall et al., 2012; Martinsen, 2015), which is a perspective also produced in Trine's engagement with beds and care in the study of the pediatric ward. In that study, the hospital bed became a place where homeliness was established in the institutional setting, a place where parents could detach themselves from the institution and establish their family space in the institutional place. In the analysis, the bed emerged as a protective and identity-creating place that shielded the patient and connected the family members to each other and separated them from the institution.

So how is the bed in the orthopedic ward something that is problematized with the agency in the becoming of pedagogical interventions? To answer this question, we asked other questions and made other diffractive readings, such as: Is the patient enacted as a different category in an orthopedic setting than in a pediatric setting?

In pediatric care, vulnerability and protection from the unfamiliar are key concepts, as well as the inclusion of the family in all aspects of care practices (Printzlau, 2009). This conceptualization implies that the pediatric patient is someone who needs protection and shielding, that is, the bed engages in the production of *protection* through which the pediatric patient comes into being. Through our agential realistic analysis of the vignettes of "food distribution" and "Margit's experience," the bed is involved in creating the phenomenon of *engagement*. In this relational becoming, the orthopedic patient comes into being as someone who is subjected to engagement in a way that is connected to a notion of activity as initiative and physical mobilization. With this conceptualization of engagement that comes into being, engagement can be problematized and trigger health educational interventions by moralizing and regulating individual behavior in the orthopedic trajectory.

These patterns of differentiation between *protection* and *engagement* the bed engages in are not to be perceived as opposites but as coexisting. The diffractive reading produces patterns of difference in which the bed engages as both a home and a means to actualize the "active" patient. The bed–patient relationship is co-constituted and takes on different forms across the two settings. It is in these different patient-bed-becomings that the effects of the bed on the phenomenon of sleep are constituted.

1.4 | Fieldwork at home—A practice of making the familiar strange or understanding what is different?

Caronia (2018) argues that the most proper characteristic of ethnography is distance. Or with reference to Lévi-Strauss—otherness (1958/1963, p.16) to understand the "under-practices" or under-text level of practices, or what goes unnoticed (Caronia, 2018). To do so, Caronia argues, the most demanding cognitive and emotional task for the ethnographer is to make the familiar strange and produce "reflections through which the strangeness of an obstinately familiar world can be detected" (Garfinkel, 1967, p. 38).

We argue that making the familiar strange or bracketing the taken-for-granted qualities of phenomena as they appear to understand how they appear as they do (Caronia, 2018) is different from diffractive ways of knowing in important ways. Caronia argues that there is no other means than "distance" as the phenomenological exercise, that is, distancing oneself from and bracketing one's own lay visions (Caronia, 2018, p. 127), to understand how phenomena appear as they do. She describes this practice as cognitive oscillation, and as a challenging mindset for an ethnographer-in-the-field. She argues that in any kind of fieldwork, the ethnographer can be "at home" with respect to certain territories of knowledge and "abroad" with respect to others (e.g., commonsense knowledge, expert knowledge, or academic knowledge). These are what she calls relative epistemic statuses in fieldwork. The two challenging positions of "at home" and "abroad" are placed on each end of a continuum of knowledge positions but can change constantly during an interaction.

We argue that diffraction is not about creating distance from the phenomenon of study or the situation to enable one "to see" and create ethnographic knowledge. Instead, one must "actively intervene" with the phenomenon, but not autoethnographically or as a reflection on one's own researcher subjectivity, rather as a movement—a "becoming with" (Jackson & Mazzei, 2012). Becoming with means that the focus is both on the intra-active creation of the phenomenon in practice and on the researchers' becoming with the phenomenon of study. Knowledge production is in this sense understood as an effect of the entanglement with what the researcher works with and through.

This means that we do not just place ourselves intra-actively in the data to uncover the material-discursive power relations, for example, how eating and the bed are installed, position themselves in situations, and how they help to create and blur boundaries, but we also install ourselves in the phenomenon as part of its production. This is not an interpretation of what is happening but an installation of oneself in the "blurring" of what is happening.

Empirical data are entangled with the researcher and the apparatus of knowledge production. Haraway describes how knowledge is always situated and produced from somewhere, from a gaze that looks from a particular place (Haraway, 1988, p. 588). Following Haraway and Barad, it is an illusion to separate subject and object or the investigated phenomenon and the apparatus of knowledge production.

As a researcher, one is placed and physically involved in the becoming of the phenomenon as a relationship between discursive practices and the material world, which is why sleep as a research object comes into being in a process formed by a particular apparatus

of observation. Through the particular research apparatus of participation, previous experience, theoretical concepts, and an agential realistic analytical strategy, the bed is produced as part of a health pedagogical strategy connected to particular institutional space-time matterings: where and how to be, at what time, and for how long.

What this paper shows is how (insider) positions enable various diffractive ways of knowing. We build on Caronia's argument that the insider position is productive, but we challenge the argument of a reflexive stance that "gives access to knowledge" as a cognitive process between known and unknown knowledge to make the familiar foreign and the foreign familiar (Caronia, 2018) as an ethnographical practice of distance or as a phenomenological exercise to achieve a position where the "object" can emerge.

2 | CONCLUSION

Traditionally, it is argued in methodological literature that fieldwork is about distance, enabling the researcher to see the obvious and understand the practices characterizing the field. The argument is that distance is easier to practice from an ignorant position, but Caronia (2018) argues that we can also take this position if we conduct a field study "at home." In this article, we also advocate for some of the possible benefits of conducting a field study in one's own field, but we do so on the basis of conceptual resources from Karen Barad, (2003, 2007). In particular, we are inspired by her concept of diffractive reading of how phenomena come into being and how differences are enacted we challenge the concept of distance as the phenomenological exercise, and argue for active intervention in the production of the phenomenon by installing ourselves in what happens, for example, by reading our bodily reactions and experiences, the empirical and theoretical into each other.

With a diffractive reading, one can develop an awareness of the different realities (ontologies) that are practiced and of how many different elements (human and nonhuman) contribute to the relationship in which realities are created and manipulated. This kind of analytical sensitivity is not about getting to the "truth about the situation," but about exploring differences, how they arise, what is excluded and the significance of the exclusions (Barad, 2007). By adopting Barad's posthumanist analytical framework, the demarcation between the knower and the known is dissolved. While agential realism recognizes that both the human and the nonhuman have agential forces that in their intra-active entanglement have effects that we can study, phenomena do not speak for themselves. The researcher is actively involved in the creation of the phenomenon through his or her research apparatus, which in this case included an experienced position. Thus, there are no representations on the one hand and ontologically distinct entities on the other that are waiting to be represented. This critical posthumanist approach consequently aligns with a postqualitative perspective as the focus is shifted from linguistic representations to discursive-materiel practices, that is, what is said in and about practice is seen as part of the making rather than privileged access to it.

We further demonstrate how knowledge of the field can make the researcher realize research ethical consequences of different forms of participation and point out how familiarity can direct one's attention to nuances and create analytical possibilities, in this case with the practice of food distribution, which might not have been visible to the inexperienced.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the author, Trine Schifter Larsen. The data are not publicly available due to restrictions, for example, their containing information that could compromise the privacy of research participants.

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REFERENCES

Aguilar, J. L. (1981). Insider research: An ethnography of a debate. In D. A. Messerschmidt (Ed.), *Anthropologists at home in North America* (pp. 133–149). Cambridge University Press.

Anderson, E. R. (2021). Positionality, privilege, and possibility: The ethnographer "at home" as an uncomfortable insider. *Anthropology and Humanism*, *46*(2), 212–225. https://doi.org/10.1111/anhu.12326

Barad, K. (2003). Posthumanist performativity: Toward an understanding of how matter comes to matter. *Signs: Journal of Women in Culture and Society*, *28*(3), 801–831. https://doi.org/10.1086/345321

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

Caronia, L. (2018). How "at home" is an ethnographer at home? Territories of knowledge and the making of ethnographic understanding. *Journal of Organizational Ethnography*, *7*(2), 114–134. https://doi.org/10.1108/JOE-12-2017-0067

Dyck, N. (2000). Home field advantage: Exploring the social construction of children's sports. In V. Amit (Ed.), *Constructing the field: Ethnographic fieldwork in the contemporary world* (pp. 32–53). Routledge.

Garfinkel, H. (1967). *Studies in ethnomethodology*. Prentice-Hall.

Hall, E. O. C., Harder, I., Haahr, A., & Martinsen, B. (2012). Menneskelige grundtræk i sygeplejen. *Klinisk Sygepleje*, *26*(4), 15–25.

Haraway, D. (1988). Situated knowledges: The science question in feminism and the privilege of partial perspective. *Feminist Studies*, *14*(3), 575–599.

Haraway, D. (1991). *Simians, cyborgs, and women. The reinvention of nature*. Routledge.

Harding, S. G. (1986). *The science question in feminism*. Cornell University Press.

Harding, S. G. (1992). After the neutrality ideal: Science, politics, and "strong objectivity". *Social Research*, *59*(3), 567–587.

Harding, S. G. (2004). *The feminist standpoint theory reader: Intellectual and political controversies*. Psychology Press.

Hastrup, K. (1987). Fieldwork among friends: Ethnographic exchange within the Northern civilization. In A. Jackson (Ed.), *Anthropology at home* (pp. 94–108). Tavistock.

Holen, M., & Ahrenkiel, A. (2011). "After all, you should rather want to be at home": Responsibility as a means to patient involvement in the Danish health system. *Journal of Social Work Practice*, *25*(3), 297–310. https://doi.org/10.1080/02650533.2011.597177

Jackson, A. Y., & Mazzei, l. A. (2012). *Thinking with theory in qualitative research: Viewing data across multiple perspectives*. Routledge.

Juelskjær, M. (2019). At tænke med agential realisme *[Thinking with agential realism]*. Nyt fra Samfundsvidenskaberne.

Larsen, T. (2019). Søvn som aktiv deltagelse: En analyse af søvn på en ortopædkirurgisk afdeling i et sociomaterielt perspektiv. *Tidsskrift for Forskning i Sygdom og Samfund*, *16*(30), 173–205. https://doi.org/10.7146/tfss.v15i30.114588

Larsen, T. (2020). Søvn—et basalt behov i forandring: Om søvns betydning for ældre i ortopædkirurgisk indlæggelses- og rehabiliteringsforløb, *[Sleep—A basic need in change: On the role of sleep for older people during orthopedic hospitalization and rehabilitation]*. Roskilde University.

Larsen, T. (2021). Affective relations of sleep in rehabilitation: Cutting across social and biological divide to study how sleep comes to matter in rehabilitation. *Social Theory & Health*, *20*(3), 260–275. https://doi.org/10.1057/s41285-020-00157-7

Larsen, T. S., & Holen, M. (2021). Sleep as homework and engagement in rehabilitation. *Anthropology & Aging*, *42*(2), 105–125. https://doi.org/10.5195/aa.2021.284

Lévi-Strauss, C. (1963). *Structural anthropology*. In C. Jacobson & B. G. Schoep (Eds.), Basic Books (Original work published 1958).

Lykke, N. (2008). Kønsforskning: En guide til feministisk teori, metodologi og skrift *[Gender studies: A guide to feminist theory, methodology and writing]*. Samfundslitteratur.

Martinsen, K. (2015). Sykeværelset—Sett fra sengen. *Klinisk Sygepleje*, *29*(4), 4–19.

Messerschmidt, D. A. (Ed.). (1981). *Anthropologists at home in North America*. Cambridge University Press.

Mol, A. (1999). Ontological politics: A word and some questions. *The Sociological Review*, *47*(1 suppl.), 74–89.

Mol, A. (2002). *The body multiple: Ontology in medical practice*. Duke University Press.

Mol, A., & Berg, M. (1998). *Differences in medicine: Unraveling practices, techniques, and bodies*. Duke University Press.

Pollner, M., & Emerson, R. M. (1983). The dynamics of inclusion and distance in fieldwork relations. In R. M. Emerson (Ed.), *Contemporary field research: A collection of readings* (pp. 235–252). Little, Brown.

Printzlau, M. (2009). Familiecentreret sygepleje i pædiatrien [Family-centered nursing care in pediatrics]. *Sygeplejersken*, *23*, 54–59.

Thuesen, J. (2013). *Gammel og svækket i nye omgivelser: Narrativt arbejde i brugerorienterede rehabiliteringsforløb [Old and declining in new surroundings: Narrative work in user-oriented rehabilitation courses]*. Roskilde University.

White, J. J. E., Houghton-Clemmey, R., & Marval, P. (2013). Enhanced recovery after surgery (ERAS): An orthopaedic perspective. *Journal of Perioperative Practice*, *23*(10), 228–232. https://doi.org/10.1177/175045891302301004

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