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QUALITATIVE HEALTH GEOGRAPHY REACHES THE MAINSTREAM

Jamie Baxter

For decades, qualitative research remained on the fringes of social science, including health geography, but most students today will recognize this broad suite of approaches, methodologies and methods as mainstream. Yet, some tensions within qualitative inquiry that emerged decades ago remain today.

This chapter has two main goals. The first is to define “qualitative research” in a way that not only acknowledges that qualitative approaches are indeed different from quantitative ones, but also recognizes that such differences can be blurry in practice. The second is to trace some key points of tension concerning qualitative approaches, including such issues as counting or quantification, assessing the quality of empirical work (rigor), and determining how to mix qualitative and quantitative methods in the same study (Crang, 2002). Given the vastness of qualitative inquiry, this chapter does not cover the full range of issues relevant to health geographers, which is something that is better covered in a book-length manuscript (e.g., DeLyser et al., 2010; Fenton and Baxter, 2016; Hay, 2016).

Explosive growth in qualitative studies

Though much has changed since Dyck (1999, p. 250) wrote about the value of qualitative research for moving us away from a “medicocentric” approach to health geography, her characterization of the roles for qualitative research remain as relevant as ever:

Qualitative research approaches allow the examination of variations in the construction of ideas about health, illness, and health care over time and place which unsettle taken-for-granted social categories and expose relations and distributions of power that are involved in the constitution of subjectivities and experiences of being healthy, sick, or disabled.

Analysis of journal-database searches brings to light the exponential growth of qualitative research in health geography in the last two decades. Ironic for the use of numbers, perhaps, this section includes ratios of qualitative to quantitative publications from 1900 to 2000 compared to 2001–2017. A raw Web of Science topic (keyword) search¹ for “health geography qualitative” finds that published studies grew from 12 to 250 across the two periods, while “health geography interview” grew from 18 to 369 journal articles. Yet quantitative research also grew; for example, the comparators “health geography statistic*”² and “health geography survey” grew from 31 to 409 and from 56 to 476 articles, respectively (see Table 43.1, column K).

Breaking this down by period, calculating ratios from this same journal-database search gives us a sense of the intensification of qualitative research relative to quantitative research. For example, the ratio of qualitative to statistical health-geographic work has increased from 0.39 to 0.61 (ratio A:B) across these two periods – an increase or intensification of 0.22 (column L); and the ratio of interviews to surveys grew even more dramatically, from 0.32 to 0.78 (ratio C:D) – an intensification of 0.45 (See Table 43.1). Before we health geographers get too proud of the rise of qualitative research in our sub-discipline, though, the bottom half of Table 43.1 shows that we seem to lag behind geography more generally according to these ratio measures.

While qualitative approaches in health geography may not be increasing at the same pace as in the wider discipline, health geographers nevertheless continue to innovate with qualitative approaches. Innovations stem partially from the fact that the traditional use of interview methods has proven unsatisfying for many practitioners, which has prompted two main directions: (1) mixing qualitative and quantitative approaches (e.g., Cutchin, 2007) and (2) pushing qualitative ways of knowing even further (e.g., participant-generated drawing – Coen, 2016; non-representational theory – see Andrews, Chen and Myers, 2014). Thus, many health geographers are constantly critical of the status quo in qualitative research (Fenton and Baxter, 2016).

Table 43.1 Ratio of qualitative to quantitative published in Web of Science journal articles by era

Search keywords	# WOS Journal Articles			
	I 1900–2000	J 2001 [#] –2017	K POOLED 1900–2017	L Qualitative Intensification J minus I
HEALTH GEOGRAPHY				
A: (medical OR health) & geography & qualitative	12	250	262	
B: (medical OR health) & geography & statistic* ¹	31	409	440	
Ratio A:B	0.39	0.61	0.60	0.22
C: (medical OR health) & geography & interview*	18	369	387	
D: (medical OR health) & geography & survey*	56	476	532	
Ratio C:D	0.32	0.78	0.73	0.45
GEOGRAPHY				
E: geography & qualitative	91	1159	1250	
F: geography & statistic* ¹	277	1808	2085	
Ratio E:F	0.33	0.64	0.60	0.31
G: geography & interview*	128	1843	1971	
H: geography & survey*	307	1934	2241	
Ratio G:H	0.42	0.95	0.88	0.54

* search-term wildcard – e.g., statistic, statistical, statistically are all found with this wildcard suffix

[#] Initially 1995 was the breakpoint – the year of the inaugural issue of *Health & Place*, a key journal for qualitative health research – but only 1 article appears in the 1900–1994 period for “(medical OR health) & geography & qualitative”

It is essential, then, to engage with qualitative researchers in allied social sciences (e.g., medical sociology, feminist approaches) and health sciences (e.g., nursing) to bring issues facing qualitative researchers in health geography to full light.

What is *qualitative*? Beyond dualistic thinking

Health geographers have a long tradition of anti-dualistic thinking in that we strive to avoid, for example, separating the mind and the body or, similarly, separating social processes from health (Hall, 2000). Yet, what distinguishes qualitative research is not always apparent as we step away from the idea of qualitative and quantitative research as entirely separated polar opposites (Lawson, 1995). Many of us have a pragmatic sense of qualitative research, in particular with reference to method. For example, Asanin and Wilson's (2008) study of immigrant experiences of access to health care in Mississauga, in Canada, would likely be recognized immediately as a qualitative study. That the authors use focus groups is an initial clue, but, even more so, linking to Dyck's quote above, their study concerns deepening our understanding of and redressing the marginalization of immigrants accessing health care. Other methods that might tip us off to the qualitative nature of a study include interviews, discourse analysis, textual analysis, content analysis, photovoice and participant observation. However, what distinguishes qualitative research most from other forms of inquiry is not method but a focus on depth, texture, and nuance, as well as context and social contingencies that accompany phenomena – including health outcomes. Method alone is not sufficient for identifying qualitative work; doing so is a potential source of confusion, as methods like textual analysis, content analysis and observation all have variants that are decidedly quantitative in that they are more focused on counting instances of a phenomenon than on interpretive depth.

Most textbooks describing qualitative methods produce lists something like Table 43.2, which shows the many ways in which qualitative research is presumably the opposite of quantitative research – the potentially misleading dualisms that Lawson (1995) and others criticize (e.g., Longhurst, 1995; Plumwood, 1991). While we may reject dualistic thinking in general, in some cases there may remain stark enough differences (e.g., epistemology, ontology). In other cases, there may be more of a continuum (e.g., analysis–presentation). Such tables still serve as a useful heuristic device for establishing the ways in which qualitative approaches can be both interrelated and complementary with quantitative approaches. The wavy line, then, is meant to represent permeability, and it reminds us that the differences are fuzzy in many cases.

Further, there is a range of approaches on both sides of the wavy line – particularly on the qualitative side. For example, while we typically refer to positivism (or post-positivism – see Sheppard, 2001) as the philosophical basis of quantitative research, the philosophical underpinnings of qualitative research are not that simple. There are several very different philosophies supporting the variety of approaches to qualitative research; for example, post-structuralism, feminism, humanism, symbolic interactionism, realism, critical theory and phenomenology (Kearns and Moon, 2002). Qualitative researchers may disagree somewhat on the philosophical underpinnings of qualitative research, including *epistemology* – what counts as legitimate knowledge – and *ontology* – how the world exists so that we may know it. For example, in terms of epistemology, whereas humanists and feminists with an eye to symbolic interactionism would tend to engage *directly* with the populations they study (for example, through interviews and participant observation), some critical theorists and other sorts of feminists and humanists may prefer to engage *indirectly* (through cultural artifacts such as literature, the media or policy documents) to uncover hidden, implicit, yet insidious social processes we may unconsciously ignore yet reproduce in everyday life (e.g., racism).

The same can be said of ontology: there are varieties within qualitative research. Perhaps the most notable and familiar distinction is the different way critical theorists and social constructionists approach ontology. For example, as there is likely no single *reality* of immigrant access to health care, a qualitative

Table 43.2 Qualitative and quantitative research – the dualistic approach

	Quantitative research	Qualitative research
Purpose	Theory testing	Theory development
Epistemology	Measurable and objective is the foundation of knowledge	Interpreted and subjective is the foundation of knowledge
Ontology	Single unchanging reality	Multiple shifting realities
Sampling – type	Random	Purposive
Sampling – size	Large (100+)	Small (10–30)
Methods	e.g., surveys, secondary data	e.g., interviews, discourse analysis
Data type	Variables	Concepts/theory
Analysis – mode	Deduction	Induction
Analysis – presentation	Statistics, numbers	Quotations, text
Analysis – goal	Generalizability (breadth)	Credibility (depth)
Value for policy	Succinct	Stories that resonate

The wavy line symbolizes that the distinctions between qualitative and quantitative research are sometimes blurry or permeable – a matter of degree – particularly in practice and through the language used in publications.

researcher might expose differences in experiences from distinct immigrant groups such that, for example, first-generation women immigrants have very different experiences from their male counterparts. The goal for the qualitative researcher may be to provide texture and details about those two realities (e.g., with interview quotations) that go beyond simply measuring gender as a variable (re: quantitative positivism). However, it is naïve to assume that all qualitative researchers subscribe to an ontology that values understanding these multiple realities. For example, critical theorists or feminists adopting a realist ontology may be much more comfortable than their humanist social-constructionist counterparts with the idea of assuming, or at least pursuing in their research, a single reality. Yet, unlike positivists, critical theorists and feminists, among others, are more focused on highlighting the reality that contradicts and undermines the status quo – the latter being considered the hegemonic reality of powerful elites. For these researchers, the goal is to highlight how the status quo reality is misleading and oppressive (e.g., blaming the victim for failing to access care) and that by acknowledging an alternative explanation/reality (e.g., social structures put up barriers to recent women immigrants, and we unwittingly or intentionally reproduce those social structures through our actions) we have a sound foundation for change.

Moving away from philosophical foundations toward qualitative *analytical strategies*, the differences between quantitative and qualitative research may better be characterized as a continuum. Although quantitative research emphasizes counting, it is problematic to assume qualitative researchers avoid it (Sandelowski, 2001). In the 1990s, feminist geographers were debating the idea of quantification as being traditionally aligned, it was assumed, with positivism and the very patriarchal and problematic status quo. The debate was based on the tacit assumption that feminists leaned heavily toward qualitative approaches. Most authors of a special issue of the *Professional Geographer* on the topic each concluded, though, that quantitative research indeed has a valuable role to play in feminist inquiry (Lawson, 1995; McLafferty, 1995; Moss, 1995), which was a strong signal that quantification was going to seep further into qualitative methodologies.

Meanwhile, outside of geography, Sandelowski (2001), though she likewise cautiously embraces the idea of qualitative researchers counting phenomena, warns that such quantification fosters ambiguities, which have spawned problematic practices among qualitative researchers. Like the feminist geographers, Sandelowski is very much against “anything goes” quantification. Instead, she details counting pitfalls in qualitative research

(e.g., verbal counting, misleading counting, over-counting, acontextual counting); practices that step too far over the blurred line between quantitative and qualitative research, reminding us that there should remain limits to how qualitative researchers engage with quantification.

Other tensions in qualitative research

In the previous section of this chapter, I touched on some tensions that arise when we try to define “qualitative research,” particularly with reference to quantitative/qualitative dualisms. So far, I have used the examples of epistemology, ontology, and counting (quantification). In this section, I will detail three others that, in one way or another, represent sets of decision-points for qualitative health researchers: (1) how to assess the quality of empirical qualitative research work, (2) the role of member checking for addressing rigor and (3) whether and how qualitative and quantitative methods should be mixed. I use the term *tension* to remind us that, when conducting empirical research, we must choose a path, and that each path is defined by our research decisions.

Fascinating, but the sample size is too small

Two key arguments against measuring the quality or rigor of qualitative research are that it tempts us to use concepts and strategies borrowed from positivistic quantitative research and it stifles interpretive creativity and flexibility in fieldwork (Sandelowski, 1993). Terms such as “rigor,” “validity” and “reliability” have traditionally been the domain of statistically oriented quantitative researchers, and many of us have had our work unfairly judged against these criteria. For example, the title of this section signifies the type of comments many qualitative researchers have received in the peer-review process. Such comments make us wary of adopting generalizability, also known as external validity, as a criterion for rigor. For positivistic science, generalizability/external validity is based on the notion that if we carefully choose some people to study (i.e., a sample), we can draw conclusions about many more people (i.e., the population). This is achieved using large random samples, such that if the key characteristics of the sample and the population are the same (e.g., %women, %low income) we can reasonably assume that what we have learned about the sample applies to the entire population. Yet, large samples are generally unrealistic in qualitative work, given the focus on depth – several hours can be spent working with one participant doing in-depth interviews, re-interviews and perhaps member checking. Thus, qualitative practitioners emphasize the quality of the conceptual development (interpretation) (i.e., credibility – see Lincoln and Guba, 1985), not necessarily the number of interviewee transcripts consulted to develop the concept.

This brings us back to the issue of *counting*. Though counting the instances of some phenomenon may be useful in say, a grounded theory study where induction and deduction are both used to (re)shape a concept, counting is not necessary. A few articulate and insightful interviewees, or a single unique yet highly generative event (e.g., a pilot test of a community intervention) go a long way in qualitative interpretive research. Knowing whether the concept is more widely applicable may ultimately be a goal, but perhaps such goals are better accomplished through complementary quantitative methods (e.g., surveys). The qualitative researcher’s job is to define concepts in such a way that they would likely inhere in contexts beyond the interviewees studied – a qualitative criterion for rigor called *transferability* (Lincoln and Guba, 1985).

Less tends to be said about reliability in qualitative research, a quantitative criterion for rigor, which is based on the idea of repeatability and firmly rooted in experimental science. That is, a set of procedures if carried out in the same conditions are meant to reproduce the same findings. In health geography, this seems to translate well for survey research – since the questionnaire is the same for every respondent, effectively satisfying that aspect of repeatability embedded in reliability.³ The argument against such a criterion is ontological and fairly basic: the social world is different than the world studied in experimental labs. Thus, nobody

can ever repeat your study – the procedures may be the same, but the conditions can never be identical – the social world is constantly in flux. Further, even with the same data, different researchers may glean different concepts (Golafshani, 2003), a point revisited in the section on member checking.

Repetition of this type is particularly problematic for interviewers and focus-group facilitators in the field if, in order to conform to the tenet of repeatability, we expect them to say and do things in exactly the same way in exactly the same order. Such a strategy violates a core feature of these methods – the researcher-as-instrument – whereby humans as socially aware are expected to react “on the fly” as social beings, rather than in a pre-scripted way as socially distant automatons. Nevertheless, many qualitative researchers will admit that something like reliability is important; aptly summarized by the familiar adage: *Those who cannot remember the past are doomed to repeat it*. As health geographers, we want to identify and avoid repeating practices that oppress or are otherwise identified as being threatening to well-being; likewise, we want to be able to replicate processes that are positive and restorative. Such repeating though is not of the procedural kind, as enshrined in the experimental sciences. In the social sciences, the conditions that reproduce social phenomena such as war, oppression, reduced access to health care, high uptake of health insurance, or positive impacts of healing landscapes, are socially structured. These structures cause us to analytically ponder, in our development of concepts, the necessary and sufficient conditions that would *reproduce* such processes and events.

Member checking

Moving from criteria for assessing rigor (generalizability, reliability) to strategies for enhancing rigor, one of the more controversial ways to guard against threats to rigor in qualitative research is member checking. This is a strategy that involves enlisting the participants (members) in your study to mull over (check) your interpretations (Doyle, 2007; Lincoln and Guba, 1985). Yet, member checking has raised a number of questions among qualitative practitioners: who should indeed check our interpretations – the participants or wider academia? What happens when your participants disagree with your interpretations? And, more pragmatically, what exactly should we check?

The member-checking literature tends to rather narrowly focus on returning transcripts to participants to check for transcription accuracy (Harper and Cole, 2012), rather than the relevance of the researcher’s interpretations of all transcripts. Transcription checks generally only go as far as asking study participants to comment on the themes⁴ attached to their own interview, but with little reference to the bigger picture. Given that there may be numerous codes that are not used in the final analysis and writing, one downside of transcript-based member checking is asking participants to do work on ideas that may not find their way into any publication. Those who do check the interpretations of the full set of study transcripts (not just individual transcripts for the relevant *member*) are faced with a different set of problems, in the sense that members of the study are asked to comment on interpretations that may not have been derived much from their own conversation(s) with the researchers (Turner and Cohen, 2008). Participants may feel they are being asked to comment on phenomena with which they have little experience, while, on the contrary, they may disagree with how something in their community has been characterized in the interpretation (Mason et al., 2016).

Borland (1991) provides a poignant example of such a disagreement. She and her grandmother eventually agree that concepts relevant to feminist theory could reasonably be used to understand her grandmother’s interactions with a group of men at a horse race. However, her grandmother would not have initially chosen that frame to interpret the story. Conversations with granddaughter Borland persuaded the grandmother that a feminist interpretation was at least reasonable. Member checking of the main study findings may not always be so congenial, though (Bradshaw, 2001); while McConnell-Henry, Chapman and Francis (2011) suggest that member checking itself is counterproductive to interpretive research, due in part to interpretive sovereignty issues and the idea that participants are not necessarily meant to

understand academic theory. Koelsch (2013) instead prefers to look on member checking as an opportunity to raise awareness and facilitate positive transformative actions among study participants – as may have been the case for Borland’s grandmother. This moves away from mere representation as the goal of qualitative research; at the same time, it helps bridge a transactional divide between academia and non-academic publics.

Mixed methods

It may seem to geography students today that mixing research methods has always been common practice, but as recently as 1998, Philip wrote that it had “received little explicit attention in the geographical literature” (p. 276). At the time, Philip suggested that the way forward in human geography for mixing methods would be to leverage the similarities between the approaches – anti-dualistic thinking at work. For example, he highlights that both quantitative and qualitative researchers test and generate hypotheses. Qualitative researchers guided by grounded theory, for example, move back and forth between ideas (themes, codes, notions, hypotheses) and the data (e.g., interview transcripts) to generate refined theory both inductively and deductively. This has, unfortunately, fostered curious hybrid methods that may be unrecognizable to traditional practitioners. For example, instruments that combine an open-ended interview guide with closed-ended survey questions require the researcher to switch from having an open-ended conversation to interacting in the more stilted question-answer mode of the survey questionnaire. The danger of mixing in this manner is that we end up with results that do not provide sufficient depth to satisfy the discerning qualitative reviewer and not a large enough sample size to satisfy the quantitatively oriented reviewer (Baxter and Eyles, 1997).

Others have suggested that we should capitalize on the core differences between quantitative and qualitative methods as the basis for mixing them. For example, in the introductory article in a series on qualitative research in health geography in the *Professional Geographer*, Elliott (1999) proclaims in her article title that “the question shall determine the method.” Elliott suggests that we should embrace the idea that quantitative and qualitative methods tend to operate in different modes answering different questions. For example, interviews may be used to answer so-called *why* questions (e.g., Why do recent immigrant women avoid regular physician visits?), while survey questionnaires can be used to address *what* and *how much* questions (e.g., What types of immigrants avoid regular physician visits nationally, and how many are there?). This type of method mixing generally assumes that the methods are kept separate, so it is more of a philosophically purist approach than Philip’s approach implies. That is, Elliott is proposing that when we conduct interviews, focus groups or the like, we work in a strictly qualitative mode – for example, adopt a qualitative philosophy ontology and epistemology – whereas when we are conducting quantitative work (e.g., secondary data statistical analysis, surveys), we operate in a strictly quantitative mode – and that these happen at different times, not in the same interaction with study participants.

Conclusion

This chapter provides a concrete sense of the exponential growth of qualitative research in health geography, growth that nevertheless has not kept pace with that in geography generally. That said, health geographers have been fully engaged with various tensions involved in qualitative research. In the process of identifying how dualistic – “all or nothing” – language is problematic for defining “qualitative research,” I nevertheless used qualitative-quantitative comparisons throughout the chapter, to highlight that qualitative research involves decisions that may simultaneously require thinking about more traditionally quantitative alternatives or even mixed-methods research. Fortunately, there are debates within the literature (e.g., special journal issues, books) to help practitioners sort through their own decisions, and this chapter highlights a few key ones: philosophical underpinnings, counting, criteria for rigor, and mixing methods.

Notes

- 1 Raw, meaning none of the finds is vetted to verify that the content is as expected. All indexes in Web of Science's "Core collection" were searched, e.g., Social Sciences Citation Index, Sciences Citation Index, Arts and Humanities Citation Index. Searches included the term "medical" with the Boolean "OR" with "health."
- 2 While qualitative researchers often refer to their research as *qualitative*, quantitative researchers do not tend to refer to their work as *quantitative* – i.e., not a reasonable comparator (only 68 articles).
- 3 For a more thorough treatment of various aspects of reliability and its qualitative analogs, see Baxter and Eyles (1997)
- 4 "Code," "theme" and "node" are synonymous in this chapter.

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