



Threads or Tapestries? Realism, Pluralism, and Causal Explanation in Public Health Policy Research; A Response to Recent Commentaries

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Citation: Harris P, De Leeuw E, Nykiforuk C. Threads or tapestries? Realism, pluralism, and causal explanation in public health policy research; a response to recent commentaries. *Int J Health Policy Manag.* 2026;15:10295. doi:10.34172/ijhpm.10295

Received: 19 August 2025; Accepted: 29 August 2026; ePublished: 13 September 2026

In our original paper exploring and explaining the generative mechanisms of financial strain and well-being we mapped a diverse landscape of (often assumed) cause and effect. In McIntyre and Mah's response,¹ the authors acknowledge "We are not the first to call for pragmatism in a moment of crisis and thus we offer our own same old, same old prescription." Countering their argument, we contend that a regurgitation of known patterns does little to open policy black boxes. McIntyre and Mah's response calls for ontological pluralism to attend to the tapestry of public health policy: its multiple perspectives, interpretations and experiences. We agree that complex policy phenomena cannot be reduced to a simple featureless item. Public health policy research must also identify the threads that generate observable patterns of advantage and disadvantage. The challenge is not choosing between tapestries and threads (cf²), but generating knowledge for causal explanation to inform public health action.³

McIntyre and Mah's commentary raises legitimate concerns regarding ontology, categorisation and explanatory claims. The core of their argument is salient: do concepts such as neoliberalism and social equity provide explanatory categories or merely classificatory labels? We acknowledge their call to avoid theoretical upmanship. However, their challenge is primarily methodological, muddled by a misreading of critical realist causal analysis. Our response concerns engaging with those points rather than defending our original study by Glenn et al.⁴ It is true that critical realism struggles to explain itself clearly, to the detriment of its use (and stated purpose). Our purpose here, building on prior scholarship, is to clarify the contribution that critical realism can make to policy analysis.

We do retain the focus of both original and commentary on the consequences financial policy decisions have for public health – noting that the framework from our work has since been highlighted in public health policy.⁵ While not a defence of the original, it is crucial to note, as McIntyre and Mah hint at, that work was a rapid analysis designed to provide timely, high-quality evidence to inform decision-making. That rapidity has crucial implications for the use of critical realism and/or methodological pluralism.⁶ It may well be that the pluralism McIntyre and Mah ask for is impossible in a rapid process.

McIntyre and Mah emphasised their task of interrogating the original 2021 work from the "vantage point" of 2024. At the time of original analysis, the COVID-19 pandemic was still unfolding in its multidimensional complexity: the larger study that this rapid review was part of was designed to inform interventions targeting related socio-economic repercussions.⁷ We, now, similarly have the benefit of hindsight, particularly given clarity in 2026 about the public health, societal, and political consequences of what eventuated as blunt neoliberal financial policy choices cemented in by the pandemic. Many of the findings in our original analysis have, in fact, become reality. The framework and guidebook that we developed are intentionally designed to help intersectoral actors respond to those realities.⁷

Specifically, McIntyre and Mah legitimately question whether "neoliberalist" ideology can be a catch-all explanatory category to identify causal effects on financial stress or well-being. They contend that "lumping" problematic policies and their effects on population health under such categories risks conflating description, ideology, and causation. We agree.⁸ That important observation, however, turns on what critical realists call "conceptualisation of the objects of research" to generate causal explanations about structures, mechanisms and outcomes within complex contexts.⁹

McIntyre and Mah tend to treat critical realism as producing fixed ontological – knowledge about what makes the world work in the way that it does – categories. However, for critical realist analysis the task is not whether neoliberalism is an ontological cause, rather whether, ontologically, particular configurations of power, resources, and institutional arrangements under the experience of neoliberalism generate patterned effects on financial well-being. That understanding is necessary to inform structural level interventions. McIntyre

and Mah centre their argument on a point stating how “one problem of agency in realism” – citing Margaret Archer – “is that it misses such dynamic events as in intensifying inequality and escalating political polarization...” Yet critical realism, particularly Archer’s morphogenetic approach,¹⁰ (See for instance Archer’s position on structuration theory, p. 60) was developed precisely to analyse the dynamic interplay between agency, structure and social change that creates inequality and polarisation.¹¹

Their response concludes with a call for “ontological pluralism” and pragmatism. Here McIntyre and Mah extend a long line of public health literature suggesting pragmatism provides the methodological pluralist flexibility required to avoid the reductive trap which undoes positivism when complex reality is the object of investigation and analysis (for a COVID-19 example see Greenhalgh¹²). However, concerning pluralism, on the one hand pragmatism may guide action by engaging with lived experience, but *action* still requires explanatory claims about causation that go beyond lived experience and engage with structural causes.³ Further, and directly challenging McIntyre and Mah’s conclusion, a plurality of descriptions does not automatically yield and account of why particular outcomes occur.

That type of pluralist explanation raises a crucial additional question regarding the analysis of power. At the start of their response, McIntyre and Mah cite but do not engage with scholarship that has long recognised how power operates through institutional, structural, agentic, discursive, and relational forms.¹³ A plural ontology may widen the range of admissible interpretations, but it does not remove the need to explain how particular configurations of power shape policy outcomes. During the wake of COVID-19 saw unprecedented neoliberal political emphasis on austerity, welfare retrenchment, precarious labour markets, and declining social protection. The question these effects raise is not whether neoliberalism is an imperfect category, but, just as the original Glenn et al⁴ paper showed, whether these structural arrangements generate recurring, predictable, outcomes.

In times of great complexity, contingency, and contestation, the intellectual and methodological challenge posed by McIntyre and Mah is nevertheless crucial. McIntyre and Mah are right to caution against ontological closure. However, the challenge for public health policy research is not only to accommodate the tapestry of multiple interpretations of social reality, but also to develop robust causal explanations of the threads through which agency, structure, and power interact to generate inequitable outcomes and inform meaningful action to address them.³ Pluralism means bringing pragmatism and critical realism together rather than teasing them apart. Pragmatism reminds realists to remain attentive to lived experiences, consequences, context, and fallibility. Critical realism reminds pragmatists that practical action still depends on assumptions about causation, power and social structure.

Disclosure of artificial intelligence (AI) use

Section(s) of manuscript affected: All.

Type of AI tool(s) used: Co-pilot.

Purpose of use: Confirmation of line of argument. The authors wrote the text following initial confirmation of the structure from AI.

Ethical issues

Not applicable.

Conflicts of interest

Authors declare that they have no conflicts of interest.

Authors’ contributions

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Writing—review & editing: Patrick Harris, Evelyne De Leeuw, and Candace Nykiforuk.

Funding statement

Canadian Institute of Health Research – original project only.

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