

Co-producing Video Diaries: The Presence of the “Absent” Researcher

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Abstract: *Video diaries are said to provide a more “direct” understanding of participants’ experiences than is afforded by data that are “controlled” by the researcher. In this article, the author problematizes this viewpoint and argues that personal video accounts are socially located constructions that are produced in response to a specific research context. Using examples from research that examines identity with young men who have severe physical impairments, she illustrates these effects and the role of the researcher in co-producing video accounts. Rather than viewing this as problematic, she suggests that examining how participants construct their video accounts as situated research participants provides a valuable source of analyzable data. The author outlines a method for interrogating video accounts that builds on these foundational assumptions.*

Keywords: *visual analysis, video methods, qualitative analysis, disability*

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Introduction

Video “diaries,” or, more precisely, participant-generated video accounts¹ have been used as a data resource in qualitative research in part because they are said to provide a more “direct” understanding of participants’ experiences than is afforded by data that are “controlled” by the researcher (Rich, Lamola, Gordan, & Chalfen, 2000). In this article, I problematize this viewpoint and argue that, like other data, personal video accounts are socially located constructions that are produced in response to a specific research context. Using examples from my doctoral research, in which I examined identity with young men who have severe physical impairments, I illustrate these effects and the role of the researcher in co-producing “independent” video accounts. Rather than viewing this as problematic, I suggest that examining how participants construct their video accounts as situated research participants provides a valuable source of analyzable data. I conclude with a series of guiding questions that can be used to analyze personal video accounts.

The research project

In this study, I examined the identities of young men with Duchenne muscular dystrophy (DMD) who rely on mechanical ventilation.² I obtained ethics approval from the University of Toronto.³ Drawing on the work of Bourdieu (1977, 1984, 1998), identity was conceptualized as a dynamic practice oriented toward maintaining or transforming one’s membership and location in various social categories and hierarchies. This view takes the position that persons actively (but not necessarily consciously) work to maintain or achieve recognition as being of a certain type or belonging to particular social groups, while resisting other typifications and memberships. For example, in the study, participants alternatively claimed or resisted being identified as “disabled” and managed this positioning in a variety of ways.

In the study, each of 10 participants took part in an initial semistructured interview, was then given a week to create a video that reflected “who he is” and “what life is like,” and, finally, participated in a second interview, during which the videotape was viewed and discussed. All of the participants have significantly limited mobility, use wheelchairs, and rely on physical and mechanical assistance for most activities of daily living. To create the video, participants were provided with a small hands-free “bullet” camera that was mounted on a baseball cap and connected to a standard digital video camera placed in a bag and hung from the wheelchair. I chose this technology to allow participants with limited upper extremity function to create a video independently. Participants were encouraged to record anything that they feel reveals their lives or “who they are.” Verbal and written suggestions were provided and included videotaping the rooms and objects in their home; daily activities; people, such as family and friends or attendants; places that they visit; and themselves (by sitting in front of a mirror). The 10 participants ranged in age from 22 to 36 years. Their video accounts have ranged in length from 15 to 90 minutes and included between one and eight separate “scenes” that convey different places, people, or events.

Visual methods and validity

Video research is becoming more commonplace, in part because of the availability of easy-to-use, relatively inexpensive technologies that can be readily manipulated with a minimum of training. Visual data have the advantage of offering a permanent source of complex data that includes both verbal and nonverbal information. The fine details of conduct, including talk, interaction, and comportment (Heath & Hindmarsh, 2002), as well as the features of place, bodily adornment, and material objects (Hodder, 2000) are captured with video methods. Permanence provides an advantage over observation by allowing for repeated cycles of analysis in which the researcher can attend to different information over time (Bottorff, 1994).

Harrison (2002) has suggested that the influence of critical and cultural theory on sociology has also played a role in the increased interest in the visual. She posited that these traditions alert us to the notion that images are forms of communication that are culturally located and mediated by ideology. Visual images are neither reflections of truth or unproblematic portrayals of the human condition. Instead, they are constructions that are cocreated by producers and viewers in the same way as other texts (Chaplin 1994, p. 196). Visual representations are neither “natural” nor direct representations of reality (Banks, 2001) but discrete products of intentionality created from specific social positions (Chaplin, 1994, p. 189).

In their discussion of researcher-generated visual records (in which the researcher makes recording decisions), Lomax and Casey (1998) rejected two opposing views of the validity of visual data that dominate the literature: either that the method has little impact on what people do or say or, alternatively, that the camera has a distorting effect on the social “reality” under investigation. They suggested that both positions are problematic, in that any attempt to separate the research process from the data comes at the expense of exploring how that process constitutes the data. Thus, how persons present themselves for the research camera is in itself data that provide a resource for analysis.

I would argue the same holds true for participant-generated video accounts in which research participants are asked to create videos that reflect their experiences. Rich et al. (2000) have suggested that video dairies provide “a more direct understanding of people . . . than may be afforded by data collected and controlled solely by the researcher” (p. 156) thus minimizing the researcher’s role in constituting the accounts. They unproblematically discussed the “indiscriminate and uncompromising gaze of the camera” (p. 162), as if the camera directly reproduces experience and the camera operator does not make situated choices of what to present. I would suggest that the researcher, whether physically present or not, is inevitably part of the research world being studied. Reflexive analysis of this relationship might be especially important in situations in which the influence of the absent researcher is less transparent. The videos (like interviews) are reality-constructing, meaning-making occasions (Jarvinen, 2000). They provide examples of “doing identity work,” whereby participants position themselves in a given way for a perceived audience. Participant-generated video accounts can thus be analyzed not only for content but also for how participants engage in identity construction.

Co-production, influence, and reflexivity

In the remainder of the article, I use examples from my study of young men with DMD to analyze how the researcher helps to shape and thus co-produce participant video accounts. I first discuss how a reflexive approach assisted my understanding of these processes, which resulted in the creation of a set of questions for interrogating the video data. I then present and analyze data from one of the participants. I conclude that rather than being viewed as a source of “bias” to be overcome, the situated activity of the participants provides an important resource for interpreting the study phenomenon.

Reflexivity and fluid methods

Despite the intended methods of the study, 2 of the 10 participants declined to create an independent video but agreed to have me cocreate one with them. Two others created their own videos but asked me to tape some supplemental pieces with them when I returned for the second interview; and a further 3 participants had their family or friends do some of the taping. The first participant in the study was one of the latter cases. In addition to asking me to do some filming of his home, his personal video piece was cocreated with his father. I was concerned about what to make of these jointly generated videos and how they had deviated from my expectation that participants create an “independent” video. In a field note I wrote,

KD was not able to produce an independent video in that Dad was there helping him. I suppose it helps that I was not there. He did say some different things on the tape. How

fluid are these methods? How problematic is it if different participants do different things i.e. alone or not, with me doing some of the taping?

By asking about the fluidity of the methods, I was querying the role of others in the production of the video narrative and what to make of these jointly generated accounts. A reflexive consideration of what was happening and why facilitated my recognition that these participant choices were interesting sources of data. How the video came about and the choices that participants made about who will help produce the video (especially since they were not explicitly given this choice) provided information about participants' identities and lifeworlds. This particular participant, for example, had a very strong connection with his parents, what I interpreted in light of all the data as a "shared familial identity." An examination of his choices in producing the video contributed to the interpretation of the interviews. In a number of ways, it was apparent that he did not perform any activity without the participation or assistance of one of his parents. This interdependence and connection was not dictated solely by his degree of disability but, rather, reflected the logic of the family's everyday practices. Without vocalizing it, the family actively represented their shared identity through their co-production of the video. They took for granted that the family unit as a whole was the focus of the research. I interpreted this to suggest that intermeshing of their identities was so deeply embodied into their shared everyday existence that representing themselves individually was unthinkable.

With another early participant, having full control of the camera helped me to examine reflexively my own expectations. In a field note, I wrote,

I was actually pleased in a way that I had control of the camera. I was able to probe (the participant) into talking about the objects in his apartment and what they say about his identity rather than focusing on medical routines and disability related gadgets. It generated lots of discussion. Should I consider modifying protocol to include some of both? Or at least give the option to participants?

Although I had been trying not to lead participants to create a certain kind of video, without recognizing it I had been looking for one. I was privileging the diaries that did not center on the medical aspects of their care or adaptive devices but, rather, focused on a personal discussion of place and the nonmedical material objects in the room in relation to identity. This is particularly revealed in my consideration of changing the methods to always include a piece in which I controlled the camera. My anxiety at the time did not relate so much to what the participants were taping but why. I was concerned that I had inadvertently conveyed an expectation that they should focus on how they adapt to their condition.

In analyzing the situation, I realized that a number of factors were leading some participants to assume a medical focus. These included their awareness that I was a physiotherapist and how they interpreted my research interests; the previous experience of a number of participants in a "quality of life" study that had involved personal interviews; their assigned position in the research as "ventilator-users with DMD"; and, finally, the range of topics covered in the first interview with each participant.

These contexts and experiences, among others, influenced all of the videos, not just those for which I controlled the camera. Simply by being a researcher who handed them a camera and said, "Tape something," I had a hand in co-producing the accounts. Rather than trying futilely to eliminate this influence, I acknowledged that it is more instructive to understand and analyze it. Bourdieu (1996) elegantly makes this point in stating,

The crucial difference is not between a science which effects a construction and one which does not, but between a science that does this without knowing it and one which, being aware of this, attempts to discover and master as completely as possible, the nature of its inevitable acts of construction and the equally inevitable effects which they produce. (p. 18)

Co-production and meaning

The approach I have developed for analyzing how participants create and structure their videos draws on the techniques of ethnomethodology situated within a Bourdieusian (1977, 1984, 1998) framework. Ethnomethodology's focus on how participants "accomplish their identities, their activities, their settings and their sense of social order" (Baker, 2000, p. 778) provides an approach for analyzing the logic of practices in video production. A Bourdieusian framework looks beyond participants' intentional choices within an interaction to the "invisible structures that organize it" (Bourdieu, 1996, p. 27). Bourdieu emphasized that the negotiations and representations of identity do not take place in a social void but are the result of interplay between subjective understanding and one's objective social positions (Bourdieu, 1998). The videos, thus, are always mediated by the participants' internalized perceptions of the social world and their positions in it. An ethnomethodological reading of the video accounts provides one means for analyzing this interplay.

Using this approach, the videos are seen not only as methods of getting at information but, rather, as analyzable events in their own right. Participants create videos as members of a category of persons defined by the research (men with DMD) and produce video accounts of themselves as competent members of that category. Participants present themselves according to what is expected but also how they want to be perceived in relation to those expectations. This means they might resist categorizations inherent in the research process by attempting to impose their own definitions of the situation (consciously or not) and turn it to their advantage to present an image that they both want to give to others and themselves (Bourdieu, 1996; Holliday, 2000).

Analyzing video accounts: The movie method

Drawing from this theoretical foundation, I have developed a method to examine the video accounts using metaphors drawn from the film industry. This "movie method" for analyzing video accounts interrogates the data according to the following five questions:

1. *Audience*: To what audience(s) does the video appear to be oriented?
2. *Scene*: What identity aspects are being addressed and how, that is, in what types of scenes?
3. *Director*: Who was involved in directing the video, and what does this reveal about the participant and/or his relationships?
4. *Role*: What role(s) or subject position(s) is/are being expressed and performed?
5. *Cut*: What is not included in the video and what does this reveal about identity construction? (i.e., What remains hidden from view, and why?)

Each of these questions can reveal different aspects of how participants locate themselves and claim or resist various identity positions.

Joe's video

Below, each of these questions is addressed in an analysis of a video created for the study. Joe (a pseudonym) is a 35-year-old man who lives with his chronically ill mother in a rented house. His video is about 20 minutes long and consists of eight distinct scenes filmed over 3 days. He alternately used the hands-free camera and had his mother, his nurse, or me film what he directed. Although Joe was in control of choosing scenes and "camera operators," others contributed frequently by adding comments and directing the dialogue.

Audience and scene. Questions 1 and 2 relate to the intended audience and the type of scenes produced. Joe's video appears to be produced for a general audience of persons unfamiliar with ventilator users. This is in contrast to others in the study, who produced accounts specifically aimed at health pro-

professionals, the researcher, or other potential ventilator users. Three distinct types of scenes are included in Joe's video: scenes of medical procedures and/or equipment; scenes of physical adaptation; and personal scenes of tastes, values, and relationships. Medical scenes include depictions of Joe's tracheotomy change; images and explanations of medical equipment, such as the ventilator and the ceiling lift; and a description of his traveling emergency suctioning equipment. Physical adaptation scenes show how he performs and manages mundane everyday activities, such as drinking coffee or walking his dog in innovative ways that accommodate his physical impairments. Personal scenes include a relatively lengthy introduction to his four pets, a tour of his room and prized possessions, and a discussion about his deceased brother (who also had DMD) in relation to a photograph and some keepsakes he has inherited.

Joe was informed that only I would see the video, yet it appears to be produced for a wider audience. For example, he introduces himself, explains things about himself that he and I had already discussed, and outlines aspects of his condition with which he knows I am familiar. This does not necessarily mean that he did not understand or "believe" that only I would see it. Holliday (2000) has discussed how video diaries are prereflectively produced for an imagined "other." How this other is conceived of is related to one's experience as a viewer of media productions. She stated that because we are more frequently in the position of viewer, "we are likely to imagine audiences of our productions through a strong process of identification; we imagine ourselves as audience for our own productions" (p. 512). This suggests that other forces could be structuring Joe's approach. He creates an account of who he is that can stand alone as a public representation of his life and identity that is created for similarly situated viewers that are modeled on his self. Joe thus creatively performs and narrates a version of his identity that is bounded by his understandings of the researcher's expectations and created for a perceived audience with like dispositions (Jarvinen, 2000). I return to this notion when I examine what is not included in his video.

Director and role. Questions 3 and 4 are related to who is directing the video and what roles are being enacted. Joe made all the initial decisions about what to film for the eight scenes, but control over where the camera was pointed and what action and/or dialogue transpired varies. In the following scene, Joe is having his tracheostomy tube changed by his visiting nurse. His mother is operating the camera and keeps it pointed at Joe at a fixed distance and angle for the entire scene. Although Joe is not filming, he is for the most part controlling the action, dialogue and visual presentation:

Joe: Okay, now we're recording.

Mom: Okay, now you can talk, Joe.

Joe: Then you can explain what we're doing. As you're doing it, just explain, that's all.

Nurse: This is Joe, getting his trach[eotomy] changed. I'm his nurse. This is a trach going out. Now we're going to ah . . . just cleaning around the there, making sure the area is not eroded. And his skin is intact, and clean. Now we'll just dry around. That looks very good. Now we lubricate the new trach, put the obturator in. Alright, in we go, gently. There we are. And we tie this through. And, go backwards again. Just a minute now, I have to fix that. Did you hear that click, Joe?

Joe: No.

Nurse: [Drops the tracheotomy tube] Whoops! Happens on video, never happens any other time. There you are.

Joe: It's done. And there's no pain involved, nothing like that. It's done once a month, to see if I have infection. I guess we're done now.

Joe signals the formal beginning and end of the scene and directs the nurse's dialogue and actions. Joe's mother is for the most part silent and takes the role of technician. Although Joe sets up the scene, everyone in the scene is doing the work of demonstrating an aspect of Joe's life for the camera. Joe directs his nurse to explain what she is doing for an imagined audience of persons who have no experience with tracheotomy changes. They are not attempting to film the event as it might naturally occur but specifically orient themselves toward the camera to educate the uninformed.

In so doing, Joe appears to be positioning himself as resourceful and experienced. He both displays a difference from others (tracheotomy changes are a unique aspect of my experience) and normalizes it (by commenting that its routine and "it doesn't hurt" in a matter-of-fact tone). He is thus presented as an

expert in the membership category of ventilator users through relating his knowledge and experience of living with a tracheotomy. The nurse also does identity work, presenting herself in the role of the competent professional. She achieves this first by displaying and narrating her skills at tracheotomy change and then—after dropping the tracheotomy tube—reinforcing her competence by explaining that this is not something she normally does and making light of it. Together Joe, his mother and the nurse cocreate a scene that conveys their shared expertise and experience for a presupposed general audience.

In the following scene filmed in Joe's bedroom, the directorial control of the video is much more diffuse. I am operating the camera, and Joe, his mother, and I are all making suggestions and decision about what to film and how to talk about it.

BG: What's this nice chest?

Joe: Oh, that's where I keep my trach supplies in. My brother gave me that.

BG: It's very nice.

Joe: You can open it and look inside.

BG: No, that's alright. I'm going to get a look at your cars.

Joe: Yah. My collection

Mother: I could suction you if she wants to see a suctioning.

BG: Who's this?

Joe: That's my brother, the one who passed away.

BG: That's your brother?

Joe: There's another picture of him over here. You can bring it out. That's my brother who passed away.

Mother: I can suction him if you want.

BG: No, no. No, that's fine.

Joe: He passed away 3 years ago. We got along really well. He had muscular dystrophy as well.

Of note here is how I attempt to steer the scene away from the medical to focus on Joe's personal hobbies and relationships. Joe and particularly his mother assume that I am more interested in his medical care and equipment. Joe's mother was not trying to avoid a discussion about her deceased son—she went on to discuss him in some detail—rather, she was attempting to ensure that I had the information I needed for the study and assumed this was, by and large, related to the medical aspects of Joe's life. I, on the other hand, having already viewed the participant-generated scenes, was more interested in capturing the less emphasized aspects of self-representation, including the “material traces” of identity: place, clothing, possessions, and so on (Hodder, 2000). An examination of this exchange helped me to interpret the other aspects of the video, what meaning to attach to the seven scenes where I am not present, and how Joe and his mother interpreted what was expected of them. So, for example, rather than concluding that medical care is of primary importance in Joe's life, I can see how the inclusion of medical procedures reflects one aspect of experience that this family reasonably assumed I would be particularly interested in. In fact, I am interested in it but interpret its inclusion in light of the research context rather than as a defining or inalterable “fact” of Joe's identity.

Cut. The final question asks what is not included in the video and what these absences might reveal. Notably absent in Joe's video is any depiction of struggle, even though this was an issue raised in the interviews. Overall, life is portrayed in the video as positive and uneventful. The focus is on what things are done day-to-day, the mutually supportive relationship between Mom and Joe, and the love and pride they have for their pets. It is a happy story of resourceful and caring people. Issues discussed in the interviews, including financial difficulties, material mobility barriers, the loss of Joe's brother, and a failed relationship are not portrayed. This absence is interpreted not as a contradiction but, rather, as active process of self-representation whereby Joe presents an image that he wishes to give to others and himself. In creating a video of positive and mundane activities, Joe rejects dominant discourses that view disability as either “tragedy” or “struggle” (Oliver, 1996) and positions himself as a contented, resourceful, and competent young man.

Analyzing the co-production of Joe's video account in terms of audience, scene, role, director, and cut provides valuable information regarding his identity that complements the interviews and enriches the study. Removing the researcher from the encounter can yield different kinds of accounts without having to assume that the research context is not exerting influence.

Conclusion

Participant-generated video accounts, like other types of research data, are instances of meaning-making events in which participants do identity work to present a particular kind of self. The videos are created within a research context that defines participants as members of a social category and as such can be considered a co-production between researcher and researched. Through use of the "movie method," I have attempted to demonstrate how an analysis of this co-production provides valuable research data that contributes to an understanding of identity. The research context is viewed as one of a number of social positions that participants draw from to construct a self. An ethnomethodological investigation of how this construction is accomplished provides a layer of analysis that complements other forms.

Notes

1. The term *diary* often connotes a private document created solely for personal consumption. Because this meaning is inconsistent with any research process in which the diary is created as data, I use the more precise term, *participant-generated video account*.
2. The study, entitled *Men with Duchenne Muscular Dystrophy: A Bourdieusian Interpretation of Identity and Social Positioning*, is an unpublished doctoral dissertation that was defended in December 2005.
3. Procedures for maintaining the confidentiality of participants included assurance that the videotapes would not be viewed by anyone other than the researchers except with the express permission of the participant(s) for any specific use/venue. No general release for use of the videotapes was sought or obtained.

References

- Baker, C. D. (2000). Ethnomethodological analyses of interviews. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 777-795). Thousand Oaks, CA: Sage.
- Banks, M. (2001). *Visual methods in social research*. London: Sage.
- Bottorff, J. L. (1994). Using videotaped recordings in qualitative research. In J. M. Morse (Ed.), *Critical issues in qualitative research methods* (pp. 244-374). Thousand Oaks, CA: Sage.
- Bourdieu, P. (1977). *Outline of a theory of practice*. Cambridge, UK: Cambridge University Press.
- Bourdieu, P. (1984). *Distinction, a social critique of the judgement of taste*. Cambridge, MA: Harvard University Press.
- Bourdieu, P. (1996). Understanding. *Theory, Culture and Society*, 13(2) 17-37.
- Bourdieu, P. (1998). *Practical reason*. Stanford, CA: Stanford University Press.
- Chaplin, E. (1994). *Sociology and visual representation*. London: Routledge.
- Harrison, B. (2002). Seeing health and illness worlds—Using visual methodologies in a sociology of health and illness: A methodological review. *Sociology of Health And Illness*, 24(6) 856-872.
- Heath, C., & Hindmarsh, J. (2002). Analysing interaction: Video, ethnography and situated conduct. In T. May (Ed.), *Qualitative Research in Action* (pp. 99-121). Thousand Oaks, CA: Sage.
- Hodder, I. (2000). The interpretation of documents and material culture. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 703-715), Thousand Oaks, CA: Sage.

Holliday, R. (2000). We've been framed: Visualising methodology. *Sociological Review*, 48(4) 503-521.

Jarvinen, M. (2000). The biographical illusion: Constructing meaning in qualitative interviews. *Qualitative Inquiry*, 6(3) 370-391.

Lomax, H., & Casey, N. (1998). Recording social life: Reflexivity and video methodology. *Sociological Research Online*, 3(2). Retrieved September 6, 2002, from <http://www.socresonline.org.uk/socresonline/3-2/1.html>

Oliver, M. (1996). A sociology of disability or a disablist sociology? In L. Barton (Ed.), *Disability and society: Emerging issues and insights* (pp. 18-42). New York: Longman.

Rich, M., Lamola, S., Gordan, J., & Chalfen, R. (2000). Video intervention/prevention assessment: A patient-centered methodology for understanding the adolescent illness experience. *Journal of Adolescent Health*, 27, 155-165.