VISUAL DATA IN QUALITATIVE RESEARCH: THE CONTRIBUTION OF PHOTOGRAPHY TO UNDERSTANDING MENTAL HEALTH HOSPITAL ENVIRONMENTS

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Contents

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Abstract

This thesis presents an in-depth investigation of the use of participatory photography in qualitative research in a mental health setting in one regional area of England, UK. Whilst the field of visual methods has been growing for several years, there are few in-depth explorations of the ways in which photographs taken by research participants are reviewed and analysed. In particular, very few studies have used participant-generated photography with inpatients and staff at mental health hospitals. This study aimed to address these gaps in knowledge.

A methodological review of international studies where research participants took photographs as part of the research process was conducted. This included data extraction on 53 papers (52 individual studies) interrogating how photographs were used in processes of data collection, data analysis and dissemination. Several phases of visual data collection with participants from a mental health hospital followed.

Following ethical approval, staff and service users [n=17] took photographs of the hospital environment. Focus group, photo-elicitation and mobile photo-interview data were collected between March 2007 and June 2011. Several participants were not interviewed, leaving some sets of photographs with no supporting text. Photographs [n=5] which could not be anonymised, or which had not been developed properly, were removed. All remaining photographs were analysed using a method of thematic visual analysis. This resulted in a thematic visual 'thin description' of the hospital environment. Focus group, photo-elicitation and mobile photo-interview data were coded thematically alongside the visual data and interpreted in terms of the discourses they constructed or reflected.

Findings centred upon what these visual methods and forms of visual data contribute to qualitative research in the context of mental health hospital environments. It was found that whilst it is possible to construct a 'thin description' of the hospital environment using images alone, the addition of third party speculations, interview data and observational notes served to 'thicken' this description significantly. In particular, the sensorial nature of mobile photo-interviews enriched the interpretive process by submerging me in the lived experience of the participant, if only for a very short time.

Chapter 1: Introduction

Background to the study

This thesis is the culmination of a project exploring the use of photography within a mental health hospital setting. The study arose from an evaluation I worked on of a programme of visual arts, *Moving On*, which was part of the commissioning of brand new (adult) mental health hospitals in the South West of England in 2005. The Arts Consultants developing the arts programme ran workshops with service users and staff at one of the old asylum-style hospitals, asking them to take photographs of what they loved and hated about the hospital environment. These 'love' and 'hate' photographs informed the development of the commissioning briefs which were sent out to tender. As part of the evaluation of the arts programme, we analysed the 'love' and 'hate' photographs using a simple content analysis as no supporting text had been obtained at the time they were taken. I felt that only a very basic level of analysis could be used, and I found that trying to impart meaning from the photographs was be difficult without more information about the photographer's intentions. I developing a PhD proposal to look at the role of participant-generated photographs as data, and the various ways in which they could be collected, analysed and interpreted within the context of contemporary mental health hospital care. It was proposed to ask service users and staff in one of the newly commissioned mental health hospitals to take photographs of the hospital and to provide, through interview, a narrative to accompany the photographs. The notions of 'love' and 'hate' were abandoned as it was felt unhelpful to use polarised distinctions in this setting. Participants were asked instead to take photographs to show what they thought of their surroundings. During the data collection process, a number of methods were explored which involved varying levels of input from myself and occupational therapy staff. Three sets of visual data resulted from this, each with different amounts of textual support.

The research aims of the study are:

i. To explore how research participants use participatory photography within the mental health hospital environment;
ii. To consider what this tells us about the meaning of visual data within qualitative research;
iii. To explore what can be gleaned from this method regarding the mental health hospital environment.

The empirical work consists of:

i. Participatory photography, whereby service users and staff were asked to take photographs of the hospital environment;
ii. Photo-elicitation interviews, where participants talked about their photographs in a post-hoc interview;
iii. Mobile photo-interviews, where I accompanied participants as they walked around the hospital taking their photographs; and
iv. Focus groups, where a subset of photographs was used with third party participants in order to explore how meaning can be constructed for images with no textual support;

The focus of the thesis is upon the use of participatory photography and visual data in qualitative research. Although the setting was mental health, it was not my intention to develop theories relating to mental health itself. The diagnoses of participants were not sought during the research; the focus was very much on the hospital environment and photography.

In relation to terminology, 'participatory photography' refers to photography whereby research participants take the photographs. Other terms which mean the same are 'participant-driven photography' and 'participant-generated photographs'. Other scholars have also used 'auto-driven photography' and 'self-directed photography' but these will not be used in this thesis. In relation to the photographs taken by research participants, these are also referred to as 'images', 'participants' photographs' and 'visual data'. Another point

to note is that I have written my thesis in the first person. The reason for this is to make explicit my presence in the research and to reflect on the research process, in particular my relationships with participants, more openly. The use of the first person has been used in feminist research to challenge traditional academic styles of writing where the presence of the researcher is ignored. This, according to feminist writers such as Stanley (1990), Fleischman (1998), and Letherby (2003), does not acknowledge the researcher's active role in the research, and diminishes any responsibility for what is written. As Letherby states: *"Writing as 'I' we take responsibility for what we write"* (Letherby, 2003: 7).

The thesis is organised as follows:

Ch 1 Introduction

Ch 2 Methodological Review

Ch 3 Methodology

Ch 4 Thematic Visual Analysis

Ch 5 Third Party Interpretations

Ch 6 Photo-Elicitation Interviews

Ch 7 Mobile Photo-Interviews

Ch 8 Discussion

Ch 9 Conclusion
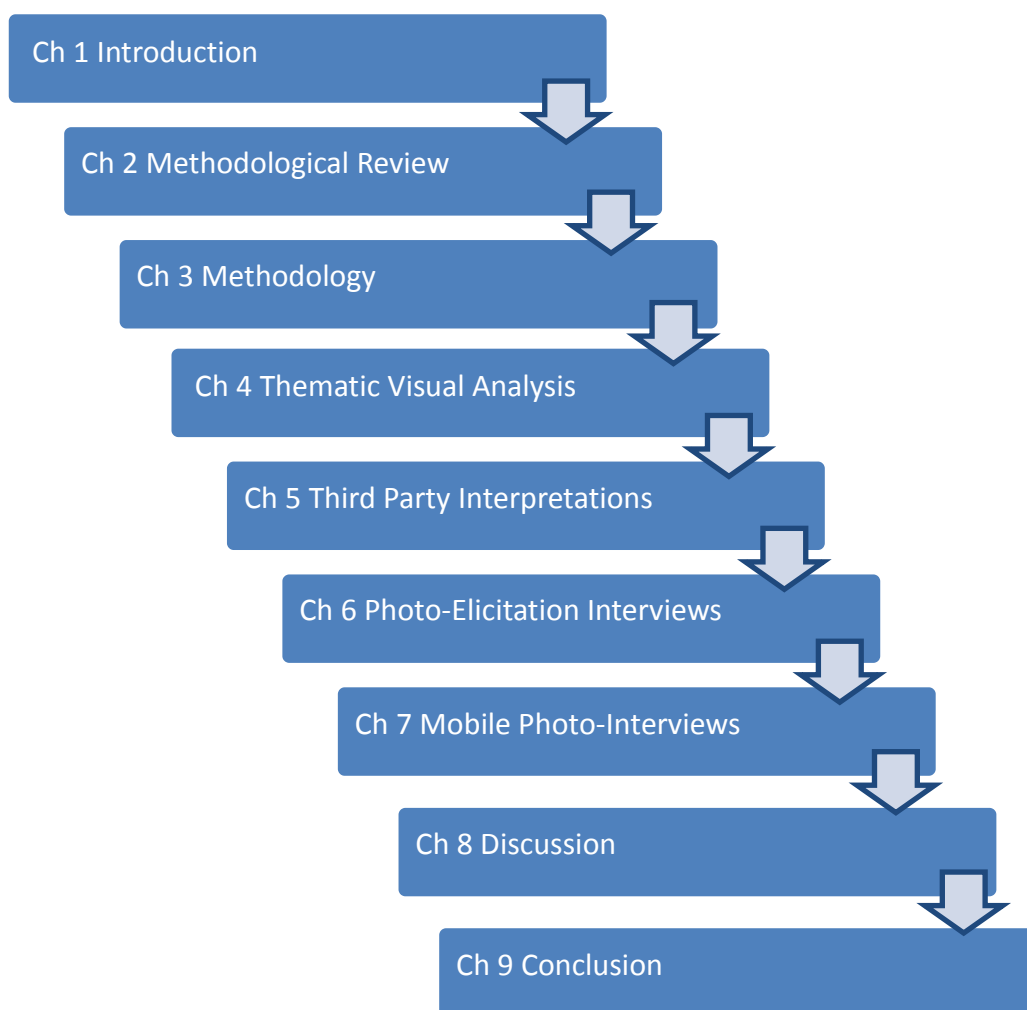
This Chapter starts by contextualising the study in terms of the mental health hospital environment, and the various discourses which shape our understandings and interpretations of this highly politicised and contested setting. It then unpicks the ways in which photographs have been theorised, and how they have been used in mental health research. In Chapter 2, a systematic methodological review of studies using participatory

photography is presented. Chapter 3 discusses the methods I used in order to achieve the research aims, including the ethical challenges that I was presented with. Chapters 4 to 7 present the results of the study, starting in Chapter 4 with a thematic visual analysis of all photographs produced by participants. The extent to which these can be interpreted without supporting text is discussed, drawing on existing techniques from social science, art criticism and iconography. This is augmented in Chapter 5, which explores how meaning can be constructed for visual images by third parties. Discussion of the focus group results are used to achieve this. Chapters 6 and 7 explore how supporting 'text' augments and deepens the level of interpretation which can be reached for participants' photographs. Text in this sense refers to either post-hoc interview data collected through photo-elicitation interviews, or mobile interview and field data collected contemporaneously with the visual data.

Discourses of the mental health hospital environment

This section aims to demonstrate the various ways in which the mental health hospital has been conceptualised. The hospital environment has been constructed in many different ways since its beginnings as a *"refuge of last resort"* (Black, 2005, p. 1394) for paupers and the working poor in the 18th and early 19th centuries.

As early as 1790, claims were made for the impact that the hospital environment can have on health and wellbeing. Drawing on John Locke's (1690) theory of association, Reverand Archibald Alison stated: *"...when any object, either of sublimity or beauty, is presented to the mind, I believe that every man is conscious of a train of thought being immediately awakened in his imagination..."* (Alison, 1790, p. 2). Alison alluded to what scholars have since investigated: that one's surroundings (i.e. the physical and social environment) have an impact on behaviour, affect, and therefore health. In the case of mental illness, Locke's theory of association promoted the removal of the patient from his or her environment, as it was believed that mental illness was caused by malfunctions in one's train of thought that traditional treatments such as whipping, bloodletting and starvation would not cure (Laffey, 2003). By removing patients to completely new surroundings, it was thought that this emotional malfunction could be rectified.

One of the most famous examples of this type of 'moral treatment' in practice the UK was the York Retreat, which was set up by Quaker William Tuke and provided treatment for 30 patients. For conventional historians, the York Retreat was part and parcel of medical advances and increasingly humane methods of treating mentally ill people (Rogers and Pilgrim, 2005). Tracing its history, Borthwick *et al*. (2001) describe the York Retreat thus:

> *The Retreat was designed to be light and welcoming, with large windows and extensive grounds. There was an emphasis on useful occupation. Residents were given domestic or other roles within the community, and as their states of mind became clearer they were entrusted with increasing responsibility. Socially acceptable behaviour was thus affirmed and rewarded.*
> (Borthwick *et al*., 2001, p. 429)

In this way, the physical and social environments of the Retreat were bestowed with therapeutic properties in themselves. However, whilst it is arguable that the Tuke family and other reformers of the time contributed an innovative way of understanding and treating mental illness (Edginton, 1997), it has been argued that this humanitarian approach was sustained more in the rhetoric of asylum reformers than in state-run asylums (Jones, 1960; Donnelly, 1983, cited in Rogers and Pilgrim, 2005). A critical historian's view of the development of the asylum would point to the widespread containment of social deviancy that characterised the 19th and early 20th centuries, and suggest that self-congratulatory versions of history minimise the economic and professionalist forces at play (Scull, 1979; Foucault, 1965). In particular, a Foucauldian perspective highlights the construction of madness alongside the separation of reason and unreason which took place during the Enlightenment; the confinement of the mad enabled the newly established psychiatric profession to construct a discourse of mental *illness*, separating by language the sane from the insane. As Foucault explains in his preface to his book *History of Madness*:

> *...modern man no longer communicates with the madman [...] There is no common language: or rather, it no longer exists; the constitution of madness as mental illness, at the end of the eighteenth century, bears witness to a rupture in a dialogue, gives the separation as already enacted, and expels from the memory all those imperfect words, of no fixed syntax, spoken falteringly, in which the exchange between madness and reason was carried out. The language of psychiatry, which is a monologue by reason about madness, could only have come into existence in such a silence.*

(Foucault, 2006, p. xxviii)

Hence, for Foucault, psychiatry is a discourse through which mental illness was constructed, alongside the separation of reason from unreason, enabling the mentally ill to become the object of rational study, control and medical intervention. In relation to the hospital environment, this is exemplified by a number of recent studies which have conducted rational enquiry into the evidence surrounding health care environments, in both psychiatric and non-psychiatric settings.

American researchers Ulrich *et al.* (2004) argue that considerable evidence exists which can guide hospital design to improve outcomes for staff and service users. The authors conducted a review at a time when the United States was embarking on a huge programme of building new hospitals (Babwin, 2002, cited in Ulrich *et al.*, 2004). One hundred and twenty-five scientific papers were reviewed, and it was found that aspects of the hospital environment impact on a range of clinical and non-clinical outcomes. Some interventions were assessed using objective outcome measures. For example, it was found that improved ventilation reduces infection rates (Opal *et al.*, 1986; Oren *et al.*, 2001; Jiang *et al.,* 2003), and that exposure to nature (e.g. through a bedroom window) reduces stress (Parsons and Hartig, 2000; Ulrich, 1999). In addition, service users in brightly lit rooms had shorter hospital stays, reported less pain, and required less analgesic medication per hour (Benedetti *et al.,* 2001; Walch *et al*., 2005). Others studies elicited the views of service users, their families and hospital staff regarding the hospital environment and perceived standards of care. It was found that even small changes to the layout, furnishing and colour scheme of hospital environments could lead to increased satisfaction among waiting service users and more positive appraisals of the environment (Leather *et al*., 2003). The review also found that service users and staff used hospital gardens as places for positive escape and to regain control over stressful clinical situations (Cooper-Marcus and Barnes, 1995), and that hospital gardens can reduce stress (Whitehouse *et al*., 2001).

Whilst scientists such as Ulrich *et al*. (2004) focus on the effects of specific aspects of the hospital environment, such as ventilation or lighting, others construct hospitals in terms of the multiple roles they perform. Mental health environments have been described as 'therapeutic landscapes' (Parr, 1999; Moon, Kearns, and Joseph 2006; Lea, 2008) which are sites for various roles including providing routine, shelter, social contact and therapy (Catty

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et al., 2005). It is argued that these environments are in a process of continual re-creation through everyday actions and habits, but that they also respond to wider power dynamics (Bryant, Tibbs and Clark, 2011), as well as social and economic conditions (Curtis *et al.,* 2007).

To this end, some researchers have explored the mental health hospital in terms of the discourses by which it is shaped. Daykin *et al.* (2010) identified a number of discourses shaping the mental health hospital environment in an evaluation of an arts programme in brand new mental health hospital buildings. Two key discourses were identified as 'modernisation' and 'participation'. The modernisation of hospital buildings has been a policy concern since the late 1990s and early 2000s. In 2002 the Government announced the biggest ever sustained funding increase in the history of the NHS (Great Britain. Department of Health, 2003). Central to the £11.4 billion programme of reform was the notion that hospital should be fit-for-purpose, efficient buildings which promote civic pride as well as providing an environment which is attractive, calming and stimulating (Great Britain. Department of Health, 2002, 2003). In *Tomorrow's Hospitals* (Great Britain. Department of Health, 2004), new NHS buildings are charged with doing:

> *...more than just meet the demands of today; they should "lift the spirit" of all those who are treated, visit and work in our hospitals. They should also respond to continuing advances in medical practices, technologies and service delivery.*
> (Great Britain. Department of Health, 2004, p. 3.)

Patient and public involvement (or 'participation'), which refers to the inclusion of citizens and service users in decision-making processes, has also been high on the political agenda since the 1990s (Baggot, 2005; Crawford *et al*., 2002; Daykin *et al*., 2007). Like other discourses, it is contested, and this is true within the field of mental health where it relates to issues of empowerment and rights (Truman and Raine, 2002). Daykin *et al*.'s study looked at how these two discourses were played out during the arts programme, whilst also investigating the various ways in which participants spoke about art. For example, it was found that service users spoke about arts not as 'patients', but as 'artists', 'critics' and 'experts' (Daykin *et al.,* 2010, p. 40). This study takes a similar approach by looking at the various ways in which the hospital environment is constructed, and by looking at the lenses through which participants respond to photographs.

Visual methods and the use of photography in mental health research

In this section I present some ways in which photographs have been understood in theoretical literature, along with examples of how they have been incorporated into the research design of studies in mental health. Before I do this, it might be useful to locate my study within the field of visual methods more broadly. The origins of the field of visual methods can be traced back to the establishment of sociology and anthropology in the mid-nineteenth century. Whilst the field of visual sociology grappled with issues of epistemology, representation and validity in relation to photography, visual anthropologists incorporated photography into their methods more readily (Prosser and Loxley, 2008). Key studies, such as Malinowski's study in the Trobriand Islands (1922) and Bateson and Mead's *Balinese Character* (1942), used photographs as objective visual records of other cultures. Since these early studies, more critical and reflexive epistemologies have developed along with an acknowledgement that the production, consumption and interpretation of visual images can be contingent upon a range of factors. This has led to more collaborative and critical ways of working with visual technologies and images (Grimshaw, 2001; Pink, 2003). The broader field of visual methods now also includes the use of video, drawing, collage, plastic arts (e.g. the use of lego) and mapping; researchers have a growing suite of methodological tools from which to choose. There has also been a growing interest in mobility, in terms of driving but also walking, in what has been called the 'mobilities turn' (Sheller and Urry, 2006). In this emerging field there is an emphasis on the material emplacement of social processes, as well as on embodiment and sensorial experience (Ricketts Hein, Evans and Jones, 2008). As well as a focus on mobility as a subject of inquiry, researchers are increasingly using mobile methodologies such as mobile interviews done on foot or in a car. This way of doing interviews has been found to produce more embodied understandings of people in places (Ross *et al.*, 2009), as well as provoking a more sensorial and collaborative engagement with an environment (Trell and Van Hoven, 2010). These have been combined with video in ethnographic studies, Sarah Pink being a key researcher in this field.

The allure of photographs has been discussed by many authors and there are a number of different ways in which photographic data can be ontologically and epistemologically understood. Conceptualisations of photographic images are diverse and depend on the values and assumptions informing one's view, as well as the type of research being carried out. At one extreme, photographs are claimed to be able to produce knowledge that is *"...dissociated from and independent of experience"* (Sontag, 1977, p. 155), and at the other extreme it is felt that *"...photographs have to be seen as social constructions, that is, as artefacts of the contexts in which they were constructed"* (Fasoli, 2003, p. 36). These two quotations represent the epistemological positions of realism, which aligns itself with positivist ideals of objectivity and truth, and social constructionism, which is concerned with the way in which 'reality' is continually constructed through social interaction, culture and socio-political processes.

Photographs as pieces of evidence

One of the most famous contributions to realist theory on photography comes from Susan Sontag, for whom a photograph is an extension of, or surrogate for, its subject. She draws a sharp distinction between 'art' and 'photography', arguing that whilst an easel painting represents or refers to a subject, photographs are part of the subject and allow us to predict, manipulate and decipher behaviour (Sontag, 1977, p. 155). This realist view takes as its starting point the assumption that the viewer is a rational subject undertaking a disinterested study of an (external) nature or society (Lister, 2004, p. 329). Hence Sontag separates information from experience, arguing that photographs provide an independent type of knowledge. She uses language such as 'report', 'coveted substitute', 'trace' and 'footprint' to describe photographs, maintaining her view that photographs are *"pieces of evidence in an ongoing biography or history"* (Sontag, 1977, p. 157).

This perspective was evident in the use of photography in the 19th and early 20th centuries. As part of the attempts to systematically document, categorise and understand the differences between humans, photographic archives of prisoners, asylum patients and deviants were collected. These archives were used to construct measures of normality whereby one's 'inner' traits could be mapped by external features such as jaw angle or nose length (Tagg, 1988). Photographs, in this example, were perceived to provide independent information regarding certain groups.

A more recent example of a realist study using photography in mental health is Dowdall and Golden's (1989) study of institutional life in Buffalo State Hospital. Three hundred and forty-three photographs were sampled from a larger collection compiled from various sources including the hospital's Director of Public Information, former staff members, annual reports, medical journals, newspaper archives, historical archives, book dealers and major photography collections. In the absence of direct information relating to each photograph's purpose, subject and source, the authors use a method of 'layering' which started by looking for congruency between visual data and other (written) sources of data. Therefore some context was sought from other contemporary sources of data. However, it is the way in which the photographs themselves are constituted by the authors that reveals their epistemological position. Whilst it is acknowledged that the photographs are lacking in direct contextual support, the authors construct their photographs as unloaded reflections of reality. They draw a distinction between the photographs in their collection and 'investigative photography' as they acknowledge that this type of photography can be loaded with negative connotation. Instead, they compare their visual data with what they call 'mental health photography' i.e. media images of mental health, which they feel are *"...literally snapshots of 'the full round of life'"* (Dowdall and Golden, 1989, p. 186). In this way, the photographs are constructed as innocuous reflections of the hospital environment which present an accurate and unbiased visual account of institutional life.

Whilst Sontag's writing does not contain any actual analysis of specific images, other realist writers take a more practical approach. For example, Mary Price (1994) discusses the "context of reception" surrounding a photograph, i.e. the associated verbal description and the context in which the image is used (Price and Wells, 2004: 28). This still assumes that reality is external, but takes into consideration the context surrounding a photograph. Indeed, realist perspectives can start from a number of different points, as Price and Wells explain:

> *"...first, the photograph itself as an aesthetic artefact; second, the institutions of photography and the position and behaviour of photographers; third, the viewer or audience and the context in which the image is used, encountered, consumed."* (2004: 28)

Price and Wells emphasise that the starting point provides a focus for the priorities of the investigation, but they also point out that however a study is organised, the underlying premise of "truth-to-actuality" is dominant in photographic theory and aesthetics (2004: 29).

Photographs as symbolic

Whilst they remain an important contribution to photographic theory, Sontag's essays offer little insight into the uses of photography in research as method or data. Roland Barthes, however, also seen by some as a realist (Price and Wells, 2004), sheds some light on how this can be done. Barthes developed a specific and detailed method of visual semiotics in order to analyse photographic images (Barthes, 1977; 1981), drawing upon de Saussure's (1916) "study of signs" (semiology). Semiology, with its elaborate vocabulary and detailed methodology, has been used as a tool to reveal how ideology is embedded in advertising (Williamson, 1978, in Rose, 2001), and focuses very much on 'codes' contained within the image itself, rather than the audience or method of production.

Whilst semiology does not take the individual's context of experience into account, and in this way is based on a realist philosophy, semiotics is a more fluid process which focuses on meaning-production rather than systems and codes. Barthes is concerned with two layers of meaning: the denotative (what/who is being depicted) and connotive (what ideas and values are being expressed and how). For him, the denotation of an image is simple and there is no need for a complex analysis; the photograph is merely depicting what was in front of the camera (in this way his view resonates with Sontag's). Connotation, however, is a more complex level of meaning which looks at wider concepts and discourses which the people or objects in the image 'are signs of' (Van Leeuwen, 2001: 96).

Semiotics has been used in order to interpret photographs in mental health research, although the method has not been reported with much clarity. Sitvast, Abma and Widdershoven, (2010) used semiotics to interpret photographs taken by service users in three mental health institutions in the Netherlands in order to help them assign meaning to their illness and experiences of suffering. The authors used semiotics to analyse seven photographs taken and chosen by each participant as the most important to them. Each

image was interrogated in terms of perspective, tone, setting, focus and themes. A Barthesian analysis of the images then took place, to unravel the symbolic meaning of the image, understand this symbolism in relation to its context, and to provide information on the function this served for the participant (Sitvast, Abma and Widdershoven, 2010, p. 352).

Photographs as socially constructed

Some researchers adopt a social constructionist position and argue that all knowledge is contingent. In qualitative research the notion of a detached neutral observer is considerably diminished, and it is now acknowledged that researchers operate within political, social and cultural discourses. As active participants in the production of these discourses, it is difficult for researchers to claim neutrality or objectivity. Researchers taking a social constructionist position within visual research highlight the importance of the motives of those behind the camera as well as other factors shaping photo-taking. Several studies that use photographs taken by research participants therefore include some form of narrative in order to give meaning to the images. This is supported in a review by Barbara Harrison, who claims that interpretation is an *"act of construction, which involves the interpreter as much as the maker of the representation"* (Harrison, 2002, p. 867). Hence from this view photographs do not contain an inherent meaning but become meaningful through a process of co-construction between the maker and interpreter, within which the photographs themselves play a constructive role. The work of Gillian Rose is important here; Rose is a cultural geographer who has the view that the meaning of visual images is constructed *"…through a range of complex and thoroughly social processes and sites of significateion."* (Rose, 1996: 283). Rose argues that although photography has been seen by many as a technology enabling us to record the way things really look, this is a construction of photographic meaning (Rose, 2001, p. 19). Constructions of photographic meaning have been influenced by structuralist and post-structuralist theory, including semiotics, discourse analysis and psychoanalysis. Gillian Rose (2001) offers a review of these approaches, discussing them in relation to issues such as what images do, how they are looked at and how they are embedded in wider culture (Rose, 2001, p. 10-14). As well as discussing each methodological approach, Rose identifies three sites of meaning within images: production, image and audience. She argues that these three sites are affected by certain modalities which she calls the technological, compositional and social. Rose explains how some writers

centre their arguments around one of these modalities, using methods that may not fully explore the other two. For example, writers who believe that the audience of an image is the most important aspect of its meaning may use methods that do not directly address visual imagery. They may rather concentrate on the reactions and identities of the reader (Rose, 2001, p. 26). Similarly, others concentrate their efforts on discussing the technological conditions under which an image is produced and viewed. For these writers, visual technologies such as the type of camera used and the developing process are central to understanding an image's meaning and effect (Rose, 2001, p. 17). For Rose, it is not a good idea to examine all sites and modalities within a single study. Instead, one should decide which are most important for the study and adopt the appropriate methods (Rose, 2001, p. 29).

An example of how this has taken place within mental health research comes from Bryant, Tibbs and Clark, (2011), who used participant-generated photography in a study looking at the social environment of a mental health day centre. Photographs were constructed as illustrative of experience and the authors used the interplay between the photographs, the photographer and what was photographed to inform the analysis (Bryant, Tibbs and Clark, 2011). In this way, Rose's nodes of 'producer', 'text' and 'audience' were examined in order to construct meaning for the images. Some photographs were metaphors, for example a photograph of a strawberry patch represented opportunities for self-help. The authors noted that most of the photographs required detailed explanations of their meaning, which points towards a social constructionist ontology of photographs.

Photographs as springboards for debate and understanding

In Camera Lucida (1981), his only works entirely devoted to photography, Barthes introduces two concepts – 'studium' and 'punctum' – to suggest ways in which photographs are interpreted. Studium refers to the interpretation of a photograph from a culturally informed standpoint. As Barthes explains:

> *The studium is that very wide field of unconcerned desire, of varied interest,*
> *of inconsequential taste … To recognise the studium is inevitably to encounter*

the photographer's intentions, to enter into harmony with them, to approve or disapprove of them, but always to understand them … for culture (from which the studium derives) is a contract arrived at between creators and consumers.
(Barthes, 1981, pp. 26-27)

Barthes' second concept is that of punctum, which he describes as a *"sting, speck, cut, little hole"* (*ibid,* p. 27); a more emotional reaction to a photograph which escapes signifiers and is not able to be coded. For Barthes, photographs can contain studium without punctum, and for a photograph to contain punctum is for it to contain details that ignore moral, political and ethical norms. The punctum may be a small detail of the image that is so poignant to the viewer that it *"fills the whole picture"* (*ibid* p. 45). The example Barthes gives is the repellent nature of Andy Warhol's "spatulate" nails in a photograph by Duane Michals where he covers his face with his hands (*ibid,* p. 45)[1].

The feeling of repulsion that Barthes experiences when he looks at Warhol's nails is nothing to do with understanding or an intellectual reading of the image, which would be the concern of the studium; it is a purely affective reaction to the image. Barthes also refers to the punctum of Time. For example, for Barthes the punctum of Alexander Gardner's *Portrait of Lewis Payne* (1865)[2], who was photographed whilst waiting to be hanged, lies in the simultaneous past and present tense of the image. In the photograph Payne's death is imminent, yet in 'real' time he has already died. Barthes captioned the photograph *"He is dead and he is going to die..."* Barthes' contribution to the visual methods literature is highly significant for my study, particularly the notions of studium and punctum. I felt their presence at many stages in the research, including in my own reactions to photographs taken by participants and in the reactions of others. One of the reasons I undertook this project was that I noticed my reaction to the 'Love-Hate' photographs in the *Moving On* study could not always be articulated and I wanted to explore what types of visual 'language' existed for researchers. Barthes enables discussion of photographs in a way that makes sense for this study and is also significant in my own responses to the research.

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[1] The image is available to view online but unfortunately cannot be reproduced here for copyright reasons. See Michals, D. (1958) in the reference list (page 189) for a link to the image.

[2] The image is available to view online but unfortunately cannot be reproduced here for copyright reasons. See Gardner, A. (1865) in the reference list (page 183) for a link to the image.

In mental health research, a small number of studies use methodologies which seem to reflect the notions of studium and punctum. For example, photo-essays have been used in order to convey the mental health hospital environment (Heard *et al*., 2011). Studies using photo-essays tend to be heavily focused upon the visual image as evocative or contemplative (Moran, 1974; Anson, 2005; Baines, 2003). The primary aim of photo-essays has been described as *"a qualitative visual strategy ... to capture attention"* (Quinn *et al.,* 2006), so the focus is on the field of reception rather than the field of production. In this way these studies resonate with Barthes' notion of punctum contained within photographs. For Heard *et al.* (2011), whose black and white photographic essay of life in forensic mental health services contains no textual support from the service users and staff who took them, the point of the photographs is to provide a visual context for *"contemplative thought and discussion"* of the lived environment of a forensic mental health service (Heard *et al.,* 2011, p. 256). In this way, photographs are constructed as neither pieces of data which have an inherent or singular meaning nor social constructions, but as springboards for further debate and understanding. The authors emphasise that the photographs may be interpreted differently by each person who views them, and therefore do not consider the intentions of the photographer to be crucial.

Photographs have been used in many fields, including mental health research, as springboards for discussion within interviews and focus groups. A number of studies have used photo-elicitation, a method which has been traced to Frank Boas' study of the Trobriand Islands, during which he showed photographs to informants to encourage them to talk about rituals (Hurworth, 2003). Photo-elicitation is a method whereby photographs are used during interviews or focus groups in order to prompt or guide conversation about a particular topic. The photographs are either chosen by the researcher (e.g. Alves, Gulwadi and Cohen, 2005; Capello, 2005; Duncan, Marshall and Smith, 2005; Young and Chesson, 2006; Longoria and Marini, 2006; Regan and Liaschenko, 2007; Lorimer, 2006), taken from participants' own collections (e.g. Twine, 2006; Bagnoli, 2004), or taken by research participants prior to the interview (e.g. Radley, Hodgetts and Cullen, 2005; Farough, 2006; Samuels, 2004). Hurworth (2003) identifies a number of advantages of using photo-elicitation, including practical benefits such as assisting with building trust and rapport, and promoting longer, more detailed interviews in comparison with verbal interviews. She also

mentions that these methods bridge psychological and physical realities and allow the combination of visual and verbal language.

Photo-elicitation has been used in mental health research. For example, Arneill and Devlin (2002) asked service users to give their perceptions of the quality of care in a series of photographs of different hospital environments. They found that environments that were well-lit, nicely furnished and displaying artwork were associated with higher levels of care (Arneill and Devlin, 2002). Similarly, Daykin *et al.* (2010) used photographs of mental health hospital environments in focus groups with service users in order to encourage discussion of the physical environment (Daykin *et al.*, 2010). Photo-elicitation was also used by Young and Chesson (2006), who asked service users with learning disabilities and mental health problems to respond to a series of photographs in order to describe their views of treatment and support (Young and Chesson, 2006). Chen and Sanoff (1988) used this method to elicit the views of service users on different room environments with varying levels of privacy and social interaction (Chen and Sanoff, 1988).

Photography as political activism

Photography has been used in order to advance political agendas and to empower groups whose voices may not usually be heard. Photovoice is a technique used by health professionals and health promoters, as well as researchers, which evolved from Freirian notions of community education for critical consciousness (Freire, 1973). This is an approach whereby community members are encouraged to share their experiences in order to identify the structural, cultural and political conditions contributing to community concerns or problems (Wang and Pies, 2004). Photovoice draws upon Freire's approach as well as ideas from feminist theorists such as Griselda Pollock (1996) who emphasises the uniqueness of individual stories and experiences. Photovoice studies use photography as a way of facilitating dialogue between community members and decision makers. This method encourages community members to become 'experts' of their experiences and their local area, and aims to elicit responses from groups that may otherwise not be heard by policy makers. The purpose is to empower community members to address issues by identifying assets and inhibitors in the local area, or by identifying important people, places and events with photography. Related to this, several authors claim that Photovoice has the

potential to engage participants in community matters when they usually would not be, again eliciting responses about the local community. This is done through community exhibitions or meetings, where local decision makers are invited to listen to the presentations of participants and view their photographs and stories.

Researchers have used this technique with families and children, communities, youth, aboriginal women, breast cancer survivors, older adults, and people living with HIV/AIDS, (Berman et al. 2001; Wang and Pies, 2004; Strack, Magill and McDonagh, 2004; Moffitt and Vollman, 2004; Lopez *et al.,* 2005; Baker and Wang, 2006; Lockett, Willis and Edwards, 2005; Hergenrather *et al*., 2006; Gosselink and Myllykangas, 2007), but there are very few examples of Photovoice being used with mental health service users within the hospital environment. In a review of the Photovoice method, Catalani and Minckler (2010) did not find any studies using the method in mental health settings. In the same year, Andonian (2010) published a study using Photovoice with a group of mental health service users to explore community participation in an urban setting. However this did not take place in a hospital environment. This may be due to the highly regulated nature of the mental health hospital environment. Although in part shaped by discourses of participation and public involvement, the mental health hospital remains an environment where institutional changes take place within bureaucratic, professionalised processes which service users may be involved in but that they do not lead. Opportunities for grass-roots political activism may therefore be less likely in this context than in other contexts, and this may be why the use of photography in mental health research tends to be limited to documentary photography and photo-elicitation.

In summary, there are a number of positions that can be taken when using photographs in research depending on the questions being asked and the type of data that is collected. Photographs can be interpreted as pieces of evidence which reflect the 'real' world; as containing culturally significant signs or codes; and as socially constructed pieces of data whose meaning is contingent upon a range of factors. This thesis takes a broadly constructionist position due to the fact that the photographs were taken by service users and staff who were asked to convey their feelings towards their environment. At the beginning of the study, prior to any analysis, I held the view that participants' photographs could only be understood with reference to the supporting text that was obtained through photo-elicitation or mobile interviews. The voices of those behind the camera were felt to

be crucial in order to provide a comprehensive understanding of the photographs, whose meanings were seen to be socially constructed. Furthermore, meaning was seen to be contingent upon factors such as the technological limits of the cameras, the way in which the study was set up, participants' backgrounds and experiences, my expectations and broader discourses influencing photo-taking and how people responded to the images. I began from a point of view whereby images were *not* thought to contain inherent meaning, but as the analysis progressed her position shifted to accommodate a more flexible theoretical view. This is discussed more in Chapters 4 and 8.

Chapter 2: Methodological Review

Introduction

As part of the expansion of qualitative research methods to include various art forms such as drawing, expressive writing and music, the use of photography in qualitative research has grown considerably in recent years. Photographs are used as tools for data elicitation or as data in their own right, in a wide range of settings, with myriad groups and populations across the globe. Clark-Ibanez (2004) makes a distinction between researcher-driven and participant-driven photographs; whilst researcher-driven photography aid theoretical research, participant-driven photography is more useful for gaining insight into personal lives. Participant-generated photography is also argued to be a useful research tool for communication as it engages participants in an activity and enables them to retain control over which aspects of their lives they share with researchers. Photographs have been used to advance political agendas, to empower vulnerable groups, and to increase our understanding of phenomena such as homelessness, Buddhism, illness, education, domestic violence, hope and many more.

The focus of this review was on qualitative studies where research participants took their own photographs as part of the research process. The review was methodological in nature and although it shares characteristics of a systematic review in terms of process, the aim was not to evaluate the robustness of studies but rather to provide insight into the ways in which participant-generated photography is used in qualitative research. Hence there was no critical appraisal of studies, but detailed data extraction of the ways in which photographs were used.

The search returned a large number of studies (n=47) on a method called 'Photovoice' (or sometimes 'photo-novella'). This is a specific type of action research which aims to empower its participants through participatory dialogic processes (Wang and Burris, 1997; Wang, Yi and Tao, 1998; Wang, 1999; Strack, Magill, McDonagh, 2004; Carlson *et al.,* 2006; Cooper and Yarbrough, 2010; Duffy, 2010). Photovoice is a highly developed method which has a considerable body of literature relating to its underlying theory and its processes of data collection, analysis and dissemination. Due to the large body of theoretical

and empirical literature already in existence on Photovoice, these studies were not included in the review.

The range of applications for photography in qualitative research is growing, but the ways in which photographs are understood ontologically and incorporated epistemologically into research projects are under-theorised. Whilst there are a number of literature reviews which explore the processes of data collection, analysis and interpretation as they relate to photography, none look specifically at participant-generated photography, other than those relating to Photovoice (Hergenrather *et al.*, 2009; Catalani and Mickler, 2010). This review therefore addressed a gap in current understandings of the use of participant-generated photography in qualitative research.

The aims of the review were:

a. To identify empirical qualitative research which have used participant-generated photographs as part of the research process, and
b. To explore the ways in which participant-generated photographs are reported to have been collected, analysed, interpreted and disseminated.

The objectives of the review were to identify:

a. The extent of photograph usage in terms of
   - Topic;
   - Participants;
b. How photographs contribute to data collection, analysis and dissemination;
c. When it might be beneficial to use photographs in qualitative research;
d. The challenges of using photographs in qualitative research;
e. Methodological improvements to the use of photographs in qualitative research.

Review methodology

Search and screening process

A systematic search strategy was used. The search for literature took place twice; once in May 2007 and again in January 2011. The following eight databases were searched.

- Applied Social Science Index and Abstracts

- ArtBibliographies Modern

- Avery Index to Architectural Periodicals

- British Humanities Index

- International Bibliography of the Social Sciences

- British Nursing Index

- Cumulative Index to Nursing and Allied Health Literature

- Allied and Complementary Medicine Database

The final search terms were arrived at following an iterative process which reduced the search terms to a small number of broad terms. It was felt that these words were broad enough to include as many relevant studies as possible, whilst retaining a degree of specificity necessary to minimise the retrieval of irrelevant studies.

Table 1: Final search terms

Word group 1	Word group 2	Word group 3
Photograph*	Research*	Method*
	Qualitative*	Data

Screening of abstracts took place during the period May – October 2007 and again in February 2011 to determine which papers to include in the review. This involved assessing each paper against the inclusion and exclusion criteria in Table 2 below. As the focus was on methodology rather than a substantive topic, the types of studies included in the review varied broadly in subject area. No studies were excluded on the grounds that the topic or outcome being researched was not relevant. Instead, only studies where participants took

photographs as part of the research process were included. Studies where participants brought in photographs from home were excluded as they may not have been taken by the research participants and they were not taken specifically for a research project.

Eleven studies were excluded despite their use of participant-generated photography. This was due to the lack of information regarding data collection and analysis. Some studies alluded to analytic processes but did not give any information about how they were carried out. For example, Davidson (2008) used photographs taken by staff and patients in a cancer ward as part of a 'cultural snapshot' which also included observation of the ward and a questionnaire administered to staff. Davidson stated that *"Staff ... and some of the patients had used their photographs to create a collage which traced a story of how patients felt about going to the patient hotel"* (2008, p. 23), yet no further information was given about this process. In the same study, photographs taken by staff and patients were used in discussion sessions with staff (it is unknown if these were the same members of staff who took the photographs). Staff in the discussion groups were asked to choose their favourite photographs and write their reactions to them on Post-it notes. No further information is provided so the reader does not know what, if anything, was done with the photographs and Post-it notes in terms of analysis.

Table 2: Inclusion and exclusion criteria

Inclusion criteria:
Qualitative studies where participants take photographs as part of the research process
English language papers
Exclusion criteria:
Studies not using photography
Studies using photography but where photographs are not taken by research participants as part of the research process
Not English language papers
Photovoice studies
Too little information on methodology for data extraction

Figure 1: Flowchart of screening process

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┌─────────────────────────────┐
│  1080 references returned   │
└─────────────────────────────┘
              │
              ▼
┌─────────────────────────────┐        ┌─────────────────────────────┐
│   1080 abstracts screened   │───────▶│   898 studies excluded      │
└─────────────────────────────┘        └─────────────────────────────┘
              │
              ▼
┌─────────────────────────────┐        ┌─────────────────────────────┐
│ 183 full text papers screened│──────▶│   129 studies excluded      │
└─────────────────────────────┘        └─────────────────────────────┘
              │
              ▼
┌─────────────────────────────┐
│      53 papers included     │
└─────────────────────────────┘
```
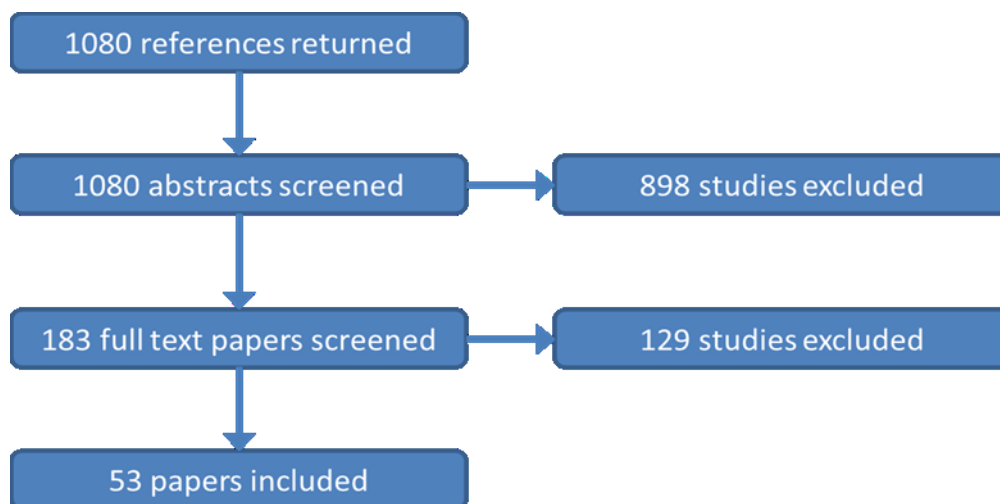
The original search in 2007 resulted in 691 pieces of international literature after duplicates were removed. The remainder included a wide range of studies and also a large number of articles and books that provided useful contextual information about the topic. In addition, 34 pieces of literature from sources other than the systematic search were added to the complete list. This brought the total number to 725.

In 2011, a further 355 pieces of literature were found (after duplicates were removed), bringing the total to 1080.

After screening abstracts for relevance, 898 were excluded and 182 papers were retrieved for full text screening. This resulted in a further 129 exclusions, leaving 53 studies in the review. Two studies reported on the same research project from different angles, so in terms of empirical studies there were 52.

Data extraction and synthesis

Data on each study were recorded using data extraction sheets (Appendix 1) which captured details of how photographs were collected, analysed and interpreted, as well as the overall research design and results of each study. As mentioned previously, full critical appraisal was not performed as the review was about applications of a specific research method rather than intervention effectiveness.

Once data had been extracted and studies grouped into categories (see below), synthesis on each group of studies took place. A constant-comparison approach was used whereby each study's extracted data was reviewed and compared with other studies in the

same group. This was done by making hand-written notes on printed copies of the literature matrix which were used to build a narrative for each group of studies. If necessary, full texts were revisited for clarification. During data synthesis some studies were moved between groups and some final exclusions took place. These were studies where too little methodological information had been provided to enable meaningful data synthesis.

Results

The data extraction process sought to identify the different ways in which photographs were used in the studies. From this process, three groups or categories emerged:

1. Photographs with no textual support;
2. Photographs with limited textual support; and
3. Photographs with full textual support;

Within each category, the use of photography in the studies was considered in terms of the different phases of the research process including data collection, analysis and the presentation and dissemination of findings.

Photographs with no textual support

In three studies photographs were produced by research participants with little or no accompanying textual support provided. In two of these photographs were used on their own whilst one collected minimal textual support for a subset of photographs (Aldridge, 2007). The studies included an exploration of craft-making activities by Brazilian women (Cruickshank and Mason, 2003), the use of photography as a way for people with learning disabilities to represent their experiences of participation in a gardening project (Aldridge, 2007), and the use of photo-books by nursing students in their experiences of case management (Lehna and Tholcken, 2001).

These studies asked participants to take photographs of specific aspects of their lives. Aldridge (2007) asked participants with learning difficulties to take photographs of aspects of their participation in social and therapeutic horticulture projects that they

particularly enjoyed or liked. Cruickshank and Mason (2003) asked Brazilian women to take photographs of things they made; how they used them in the home; things they like most in the home; and a portrait of themselves in the way they wanted to be shown. In addition, a class of 12 year old pupils were asked to take photographs of beautiful, special or favourite things and places; something they had made or created; people in their homes; and a photo of themselves (taken by a family member) in a favourite or special place (Cruickshank and Mason, 2003). Lehna and Tholcken (2001) asked nursing students to photograph families on their case load to illustrate their projects.

The methods of data analysis varied and included content analysis, sorting and 'reflexive interpretation', which was used by Cruickshank and Mason (2003) in their analysis of photographs taken by women and children in Brazil in their homes. The researchers discuss the 'photographic gaze' and its influence on the meaning of the photographs, rather than performing a systematic analysis of the data (Cruickshank and Mason, 2003). Aldridge (2007) performed content analysis on 471 photographs taken by people with learning disabilities who had taken part in social and therapeutic horticulture projects, and performed an additional analysis on 68 photographs participants had identified as being their favourite. Some very brief textual support for the subset of 68 photographs was obtained (reasons participants gave for why they were their favourite photographs), but none for the majority of the visual data which is why it is included in this group of studies. The analysis focused on the subject matter of the photographs, and Aldridge acknowledges that the lack of accompanying textual support minimises the depth of meaning reached (Aldridge, 2007). Lehna and Tholcken (2001) used more than one method of analysis for their study of nursing students' experiences of case management. Students produced photo-books from their photographs of families, and each book was examined to look for the 'story' being told by the photographs. In addition, an inventory of all photographs was made and photographs were sorted into three categories by researchers. Once the analysis had taken place, researchers asked participants to validate the themes in groups or individual meetings, where participants were asked for reasons why particular photographs were included.

In presenting their findings, two studies included examples of photographs in the text of the published papers, one (Cruickshank and Mason, 2003) with a number of photographs where participants were present and clearly identifiable. In terms of outputs,

Lehna and Tholcken (2001) asked nursing students to take photographs of families to illustrate case management, and to create photo-books to illustrate their written up projects. The photo-books were analysed for the research but were also shared with families and with the Children's Special Services Team.

Photographs with limited textual support

This group of eight studies collected some text (verbal or written) alongside participants' photographs. 'Limited' textual support refers to any supporting text not elicited from in-depth interviews or detailed written narratives. All but one of the studies were conducted with children, young people or students. The exception was a study of community pharmacists' workspace (Rapport, Doel and Jerzembek, 2009). The studies explored *environments* such as neighbourhoods, schools or hospital wards; *experiences* such as starting school and living on the street; and *phenomena* such as children's health or poverty.

As with all studies in the review, photographs were taken by research participants as part of the research process. Within this group of studies, some contextual information was also provided by participants. In three cases this consisted of brief verbal explanations. For example, Hume, Salmon and Ball (2005) asked 10 year olds to take photographs of their home and neighbourhood environments. Participants were asked to explain why they took each photograph, and these quotations were attached to each photograph for analysis. Similarly, Clark and Zimmer (2001) asked mothers to photograph their babies at three-month intervals to capture events relevant to children's health. Mothers were not interviewed but were asked to describe "what's happening" in each shot. Rampton *et al*. (2007) conducted short interviews with their participants, siblings of children with Down's syndrome, asking them to describe each photograph and state why it was important. In three cases participants provided written text which accompanied their photographs. Sampson and Gifford (2010) asked refugee children to take photographs of specific things (such as their favourite place at school) and to create "settlement journals" in which they wrote the name of the place, a description and reasons for taking each shot. Rapport, Doel and Jerzembek (2009) asked community pharmacists to photographs their workspace and write a two-page biography about workspace. The biographies were not explicitly intended to explain the photographs; visual and written data were separately analysed. Dockett and

Perry (2005) asked children to think about what is important for new pupils when starting school, and in groups they took photographs and provided written comments to accompany each photograph. Children spoke prior to photo-taking about what each photograph should capture and why, and afterwards decided as a group what text should accompany each photograph. This study was unique in that the process of photo-taking was captured by the researchers; children were videoed as they took their photographs, and the footage was used in their subsequent discussions to remind the children and researchers what the original motivations for each photograph had been (Dockett and Perry, 2005). One study collected written and verbal data alongside the photographs; White *et al.* (2010), in their exploration of contemporary Irish childhoods, asked children to take photographs and to talk or draw a little about them in a group setting. In the final study, Monteiro and Dollinger (1998) did not explain clearly how supporting text was obtained (i.e. whether verbal or written), but they did report that photographs were accompanied by comments.

Photographs were viewed as data in the majority of these studies and were subject to analysis. These varied in terms of intensity; some researchers performed several stages and layers of analysis, whilst others ran relatively simple analyses. The most common approach to analysis of photographs was some form of categorisation, which took place in six of the eight studies. Categorisation consisted of content analysis, coding, sorting, creating lists, or a combination of more than one of these methods. In Rapport, Doel and Jerzembek (2009), the authors did not mention one of the above methods; instead, photographs were *"considered in terms of"* object type, positioning, affect, placement and type of space (Rapport, Doel and Jerzembek, 2009, p. 317). As with most studies in this category, there were minimal details of the analytic process relating to photographs.

In just under half of the studies (n=3) analysis took place on the images alone; in the rest the unit of analysis was the photograph and its textual support. In two cases, photographs were analysed prior to the collection of textual support (Rampton *et al.,* 2007; White *et al.*, 2010). Content analysis was used in three of the seven studies and was used to capture themes (Hume, Salmon and Ball*,* 2005); activities and people (Clark and Zimmer, 2001); and general content (White *et al.,* 2010). In Rampton *et al*., (2009) photographs were sorted thematically and categorically and quantified in terms of the number and percentage of photographs in each theme/category/subcategory. Photographs were also categorised according to who took each photograph and their gender, and statistical analyses were

performed to determine any significant differences between the photographs (Rampton *et al.,* 2009). Sampson and Gifford (2010) analysed photographs pasted into "settlement journals" created by refugee children, and created lists of the places appearing in the photographs along with whether they were liked or disliked according to participants' written comments. Lists were then compared to identify the types and quality of the places identified by the participants (Sampson and Gifford, 2010). Similarly, Dockett and Perry (2005) used photo-books created by children as their unit of analysis; this consisted of photographs of their school with brief written comments explaining each photograph. Dockett and Perry (2005) used thematic coding in their analysis of the photographs and the authors said that a grounded approach to analysis was used.

In all studies in this group there was a general lack of detailed description of how researchers went about the analysis of photographs; whilst the methods were reported, very little reflection, if any, was noted. This is not a criticism of the authors; for many the methods may not be a primary concern, and even if this is not the case space is often an issue when writing for journals so the amount of words dedicated to describing data analysis may be in short supply. However, in a field where the methods are yet to be fully established, researchers may benefit from more transparency and reflection on the methods that are being used by others.

Six studies included examples of photographs taken by participants in the journal article. Some studies used the photographs to create other types of outputs from the research; these tended to be studies with children. For example, participants in a study of contemporary Irish childhoods created scrap books called "My Life" which they kept as mementos (White *et al.,* 2010). In another study, school children created classroom resources consisting of selected photographs with comments for new starters, parents and teachers (Dockett and Perry, 2005). One author did not include any visual images in their article.

Photographs with full textual support

Undoubtedly the largest group (n=41), these studies asked participants to take photographs and provide either a verbal or written text to accompany the images. Seventeen studies were conducted with children and young people and 24 with adults.

Studies with children and young people

Five of these studies were in the field of education. Most explored aspects of the school environment including inclusivity (Carrington, Allen and Osmolowski, 2007; Moss *et al.*, 2007); pupils' perceptions of 'quality' teachers (Marquez-Zenkov, 2007); beliefs about school (Marquez-Zenkov *et al.*, 2007); and the playschool environment (Einarsdottir, 2005). In addition, one study looked at experiential learning for tourism students (Xie, 2004). Five studies explored aspects of children and young people's health and included perceptions of health held by adolescent parents and immigrant Latino adolescents (Stevens, 2006; Garcia *et al.*, 2007); physical activity and nutrition (Dennis *et al.*, 2009); cross-cultural processes of resilience (Didkowsky, Ungar and Liebenberg, 2010); and activity participation for children with disabilities (Harding *et al.,* 2009). Three studies looked at experiences of children's everyday lives, including children working and living on the streets of Accra (Mizen and Ofosu-Kusi, 2010); homeless children (Percy, 1995); and traveller children (Dean, 2009). The final four studies explored children's photographic behaviour at different ages (Sharples *et al.*, 2003); perceptions of hope (Turner, 2005); perceptions of the Israeli separation wall (Shalhoub-Kevorkian, 2006); and children's everyday lives in Buenos Aires (Meo, 2010).

Studies with adults

Of the 24 studies with adults, 16 took place in the field of health including one which took place in a mental health hospital environment. This was a study of how psychiatric clients gave meaning to their lives through photography, and the use of facade in masking suffering (Sitvast, Abma and Widdershoven, 2010). The remaining 15 studies in the field of health included studies of hospitalisation, the hospital environment and hospital discharge (Radley and Taylor, 2003; Riley and Manias, 2003; Douglas and Douglas, 2005; LeClerc *et al.*, 2002); experiences of caring (Aubeeluck and Buchanan, 2006; Lassetter, Mandleco and Roper, 2007); experiences of cancer (Frith and Harcourt, 2007; Gates, Lackey and Brown, 2001); neighbourhoods and health (Cannuscio *et al.*, 2009; Wallis, Winch and O'Campo, 2010); nutrition (Fleury, Keller and Perez, 2009); concepts of hope in schizophrenia (Miller and Happell, 2006); maternity care (Briscoe and Lavender, 2009); domestic violence (Frohmann, 2005); and living with aphasia (Brown *et al.*, 2010).

Other studies explored the experiences and lives of adults groups more generally, examining topics such as white masculinities (Farough, 2006); Sri Lankan monastic culture (Samuels, 2004); dyslexia (Carawan and Nalavany, 2010); women's lives in Peru (Singhal and Rattine-Flaherty, 2006); homelessness (Radley, Hodgetts and Cullen, 2005; Johnsen, May and Cloke, 2008); and urban life (Moore *et al.*, 2008). One study did not define the participant group but looked at peoples' experiences of typographic texts in public settings such as shopping centres and museums (Bachfisher, Robertson and Zmijewska, 2007).

Framing the studies

Researchers framed their projects in several different ways. In the majority of studies, participants were asked to take photographs prior to the collection of textual support, which consisted of interviews (n=34), detailed written narratives (n=2), and focus groups/group interviews (n=5). In six cases participants took part in in-depth interviews prior to as well as after taking photographs (Farough, 2006; Gates, Lackey and Brown, 2001; Didkowsky, Ungar and Liebenberg, 2010; Frith and Harcourt, 2007; Johnsen, May and Cloke, 2008; Meo 2010). In all but two cases, participants were given instructions to guide their photo-taking. The majority of these consisted of asking participants to focus on one or more broad areas, such as *"places, people, activities and things of interest"* (Dean, 2007, p. 17), *"show me your neighbourhood"* (Wallis, Winch and O'Campo, 2010, p. 117), or *"the daily life of an operating room nurse"* (Riley and Manias, 2003, p. 84). In some studies, more structured questions guided photo-taking. For example, in a study of pupils' perceptions of secondary school, participants were asked to take photographs in answer to the following three questions:

- What are the purposes of school?
- What helps you to succeed in school?
- What gets in the way of your school success? (Marquez-Zenkov *et al.,* 2007)

In Sitvast, Abma and Widdershoven's (2010) study of psychiatric clients, participants were asked to take photographs to depict (i) what was valuable or dear to them, and (ii) a wish or goal that they would like to realise in the near future. The two studies that gave no guidance were: a study of resilience in young people where participants were asked to photograph *"anything they wished to talk about"* (Didkowsky, Ungar and Liebenberg, 2010, p. 15); and a

study looking at children's photographic behaviour where participants were told to use the cameras however they wished with no adult intervention (Sharples *et al.,* 2003). Similar to Dockett and Perry's (2005) study in the previous group of studies, Einarsdottir's (2005) study captured the process of photo-taking process. This was a study looking children's perceptions of playschool, and used mobile interviews whilst children were taking their photographs, as well as follow-up interviews.

In most studies, participants were asked to inform their photo-taking only by their own experiences, perceptions or feelings. However in two studies participants were asked to also think about a particular audience for their photographs. Carawan and Nalavany (2010), for example, asked participants to take 12 or more photographs that *"would help people understand your dyslexia"* (Carawan and Nalavany, 2010, pp. 323-4), whilst Turner (2005) asked participants to imagine they were taking photographs for an exhibition on 'hope'. In the majority of studies in this group, participants took photographs which were then developed and used in follow up interviews to construct full textual support. The photographs were used in some studies as prompts for deeper discussion of the topic, such as caring behaviours (Gates, Lackey and Brown, 2001) or domestic violence (Frohmann, 2005). In other studies, the content of the photographs was the primary concern, and participants were asked to describe their photographs and why they took each one (Douglas and Douglas, 2005; Riley and Manias, 2003; Lassetter, Mandleco and Roper, 2007; Singhal and Rattine-Flaherty, 2006). In studies not using one-to-one interviews, focus groups or group interviews were conducted to produce full textual support (Dennis *et al*., 2009; Sharples *et al*., 2003), or detailed written explanations were sought (Aubeeluck and Buchanan, 2006; Xie, 2004).

Data analysis was approached in a number of ways by studies in this group. Many studies in this group did not attempt to analyse participant-generated photographs and the role of the images was to elicit verbal data from participants rather than constituting a dataset themselves. This section focuses on the 16 studies that did include an analytic process. In four of the 16 studies participants were asked to perform some analysis on their photographs. In most cases this consisted of sorting exercises, however Percy (1995) asked children from homeless families to take photographs of what was special in their lives, to choose 5 photographs for enlargement, and to rank these from most to least special. Of the studies asking participants to sort their photographs, one group of participants sorted their

photographs into three categories: barriers to health, promoters of health and neutral or mixed images (Cannuscio *et al.*, 2009); another wrote themes on the back of their photographs and sorted them into categories (Xie, 2004); and another selected the photographs that best represented their experiences through a series of sorting exercises (Dennis *et al.,* 2009). Content analysis was used in five studies (Douglas and Douglas, 2005; Einarsdottir, 2005; Aubeeluck and Buchanan, 2006; Marquez-Zenkov *et al.*, 2007; Moore *et al.*, 2008). In Moore *et al.* (2008), participants completed log sheets for each of their photographs, which the authors claimed were an essential component for image interpretation.

In addition to the three cases noted above where participants sorted their photographs, in a further two studies photographs were sorted into themes or categories by researchers (Frohmann, 2005; Carrington, Allen and Osmolowski, 2007). In two studies photographs were coded by researchers (Sharples *et al.,* 2003; Lassetter, Mandleco and Roper, 2007). In all of these cases, very little information regarding the techniques used to code, sort and perform content analysis on photographs was provided. In three cases alternative methods were used to analyse photographs. These were informed by cultural, semiotic or aesthetic analyses of visual images. In one study photographs were analysed for content, arrangement and meaning (Gates, Lackey and Brown, 2001) and in another Wright's (1999) method of 'reading' visual images was used, which consists of looking at the information internal to an image, the way in which the content is presented, and the context or social relations shaping production and interpretation (Wright, 1999, used by Riley and Manias, 2003). In Sitvast, Abma and Widdershoven (2010), a semiotic method was used in order to identify the perspective, tone, setting, theme and focus of each photograph, then the 'symbolic meaning' of the photograph was unravelled (Sitvast, Abma and Widdershoven, 2010). As before, little information was provided by Sitvast, Abma and Widdershoven relating to how these techniques were actually performed.

Approximately half of the studies in this group presented a selection of photographs in the journal articles. It is noteworthy that studies which did not attempt to analyse the photographs were more likely to include photographs in their journal article. Some studies used the photographs in other outputs. For example, in a study exploring inclusion and exclusion at a secondary school, participants produced a 10 minute DVD including still photography and students giving their explanations of their photographs. In the same study,

participants presented the study at a national conference in Melbourne, Australia (Carrington, Allen and Osmolowski, 2007). In Frohmann's (2005) study of domestic violence, participants' photographs were displayed in a community exhibition and some participants appeared on chat shows about domestic violence. Moss *et al.* (2007) also presented selected photographs gallery-style; they were enlarged, printed in black and white and mounted for display. Dean (2009) used participants' photographs to make photo albums for them to keep or give as presents, and displayed some photographs on a project website.

Discussion

This review aimed to identify empirical studies in which participants took photographs as part of the research process, and to examine how photographs were used in data collection, analysis and dissemination. Whilst a systematic search and screening process was followed, this was not a systematic review as there was no critical appraisal of studies. Further, whilst efforts were made to ensure the rigour of the methodology, I acknowledge that some relevant studies may have been accidentally excluded during the screening process. To minimise the chances of this happening the exclusions list was reviewed.

The studies in the review spanned a wide range of topics and participants, and the use of participant-generated photography appears to be particularly popular with researchers exploring particular settings such as schools, neighbourhoods and hospitals. Using participant-generated photography is a popular method for researchers wishing to include the voices of vulnerable groups or groups which may find it difficult to talk about their feelings, such as victims of domestic abuse or asylum seekers. It is also a form of enquiry chosen to explore non-Western or non-mainstream groups such as Sri Lankan monks, gypsy/travellers, Peruvian women and Palestinian children. In terms of qualitative health research, participant-generated photography is a method which allows the exploration of inpatient experiences, as well as being a tool to facilitate discussion about potentially distressing topics such as being diagnosed with breast cancer, experiencing chemotherapy treatment, caring for a spouse with Huntingdon's Disease, and experiencing maternity care as an asylum seeker. In addition the method has been used with groups that

may struggle to communicate using traditional forms of qualitative enquiry due to issues of power, language or disability. In particular, the most common group with which participant-generated photography has been used (according to this review) is children and young people, ranging from children attending playschool to university students.

The reasons given for choosing participant-generated photography, as well as the benefits reported by researchers, illuminate why it is a particularly popular method to use with vulnerable, disempowered or marginalised groups. The ability of photographs to aid communicative processes was noted by many (e.g. Fleury, Keller and Perez, 2009; Harding *et al.,* 2009; Gates, Lackey and Brown, 2001; Percy, 1995; Radley and Taylor, 2003; Samuels, 2004; Cruickshank and Mason, 2003; Lassetter, Mandleco and Roper, 2007). In addition, researchers referred to the breaking down of power hierarchies and the empowerment of participants during the research process (e.g. Dockett and Perry, 2005; Einarsdottir, 2005; Didkowsky, Ungar and Liebenberg*,* 2010; Mizen and Ofosu-Kusi, 2010). Allowing participants to take their own photographs allowed for issues not prioritised by researchers to be highlighted (e.g. Frith and Harcourt, 2007; Garcia *et al.,* 2007; White *et al.,* 2010). It was found that participating in a photography project enabled some participants to change how they felt towards their environment; this happened in a study exploring environmental conditions and perceptions in city centre locations in the UK. Photography allowed participants to challenge their stereotypical attitudes towards their local area and notice the positive aspects (Moore *et al.,* 2008). Other studies noted the potential for photography to act as a tool for self-exploration or the construction of positive identities (e.g. Frohmann, 2005; Turner, 2005; Miller and Happell, 2006).

The studies in the review used participant-generated photography to collect data in many different ways and participants responded to being given varying levels of instruction regarding how to approach their photographs. In a relatively small number of studies, researchers gave participants a 'free rein' to take photographs of whatever they like. In the majority of cases, participants were given some sort of brief, ranging from one topic or question to a number of specific topics or questions. There appeared to be no pattern between the level of instruction given to participants and if and how the photographs were analysed. In terms of data analysis, studies fell into one of four categories:

1. No analysis of photographs

2. Photographs observed alongside transcripts but not analysed
3. Participants involved in initial analysis of photographs
4. Researchers analysed photographs

Thus photographs performed particular roles within the studies. The first and most common role was aiding the data collection process through photo-elicitation. Second, photographs played a supportive role in data analysis without being subject to analysis (e.g. Harding *et al.*, 2009). Third, photographs were seen as a dataset in themselves and were analysed. The methods used to analyse participants' photographs revolved around content analysis, sorting, mapping and coding. However, the majority of studies provided limited explanation of or reflection on how these techniques were used with photographic data. This included several cases where participants were involved in data analysis. Some researchers used interpretive methods such as "reading" (Wright, 1999), semiotics (Sitvast, Abma and Widdershoven, 2010) or reflexive interpretation (Cruickshank and Mason, 2003), although in the latter case very little, if any, explanation of the method was given. This prompts a question about the options available to researchers for the analysis of participant-generated photographs, and why data analysis procedures are so under-reported.

There are analytic frameworks available to researchers which offer more interpretive methods for understanding visual data. For example, Chalfen (1998) proposed a 25-celled grid which enables researchers to map the relationship between 'communication events' such as the planning, shooting and editing of a photograph, and the 'components' of an image such as the setting, topic and participants (Chalfen, 1998). Templin (1982) argues for two contexts: the context of production and the context of reception. Hall (1997) focuses on these two contexts, distinguishing between 'subjective' and 'objective' photo-taking and interpretation. The photographer can take a photograph based upon his or her emotional response to the subject matter, resulting in an image which provokes an emotional response in the viewer. This is 'subjective' interpretation. Or, the photographer can take a photograph which aims to provide descriptive information and a more factual representation; this results in 'objective' interpretation. Hall argues that photographers may be more or less objective depending on their reaction to the subject matter (Hall, 1997, cited in Cruickshank and Mason, 2003). Rose (2007) and Banks (2001) argue for a narrative

approach to image analysis, highlighting the different standpoints of taker, taken and viewer and their relationships to the image, as well as 'internal' and 'external' narratives of photographs. Even though these interpretive frameworks were discussed by researchers, very little information on whether and how they informed the techniques used for data analysis was provided.

In several studies the photographs generated by participants were used to create a form of output from the research process. In several cases these consisted of photograph albums, scrap books or photo-books which were kept by participants either individually or within a classroom setting (Lehna and Tholcken, 2001; White *et al*., 2010; Dean, 2009; Dockett and Perry, 2005). Some participants were involved in impact activities such as conferences, television shows and radio chat shows (Frohmann, 2005; Carrington, Allen and Osmolowski, 2007), and some photographs were displayed in exhibitions or on websites (Frohmann, 2005; Dean, 2009; Moss *et al*., 2007). Where the role of participant-generated photographs was to aid data collection, examples of photographs were often included in journal articles. Interestingly, in studies where photographs were analysed as data this was not so often the case. This may be due to limitations with the traditional journal article format; not all journals allow photographs to be included in articles and some restrict to black and white photographs only. If photographs are to be shown as a dataset then, as with quotations, researchers may wish to choose a group of photographs to demonstrate a particular theme. This is likely to take up a lot of page space which may be why those studies using the photographs as data were less likely to include photographs. In studies where photographs were for elicitation purposes and were not analysed, perhaps examples could be cherry-picked without considering whether they were representative of a particular theme in the data.

The challenges of using participant-generated photography were not often discussed, but were mentioned in a few cases. Researchers referred to the potential for family members or friends to influence the photo-taking process, particularly with child participants (e.g. Dean, 2007). Harding *et al.,* (2009) acknowledged that the way their project was framed may have encouraged a bias towards the positive aspects of their participants' lives, as they asked participants to discuss their two most favourite and one least favourite out of school activity. Johnsen, May and Cloke, (2008) provided a relatively comprehensive account of the challenges of using participant-generated photography in

their study. They gave cameras to homeless people and asked them to document their lives, and described the method as resource-intensive. They discussed how giving disposable cameras posed a risk to participants who may have become a target for thieves. In some cases this limited the photographs that participants felt they could take. The authors also noted that many cameras were not returned and that arranging follow up interviews was extremely difficult; for many vulnerable groups, participating in a research project is not a priority when they are struggling to meet their basic needs on a daily basis (Johnsen, May and Cloke, 2008). Similarly, Moore *et al*. (2008) discussed the way in which becoming a photographer may change the status of participants in their own community, and that engaging in a photography project may be a risk in terms of incriminating oneself or others in illegal activity or in terms of provoking negative responses. The authors also pointed out that photographs prioritise the visual, and may neglect non-visual aspects of the environment such as noise or pollution (Moore *et al.,* 2008).

Conclusions of the review

This review provides a detailed insight into the ways in which participant-generated photographs were used within a sample of 52 studies. There was a clear lack of studies of the mental health hospital environment. The contribution of photography in terms of data collection was well demonstrated, and centred on constructing positive relationships between researchers and participants, the empowerment of participants, and providing access to otherwise 'hidden' aspects of participants' lives. In addition, photography enabled participants to engage in creative activity as well as producing outputs such as photograph albums which may have provided a valued memento of the research.

In terms of data analysis, the benefits were less clear. Analytic techniques were not always clearly described, and although there are several frameworks available in the literature on visual methods, researchers either were reluctant to apply them, lacked the specific techniques in order to do so, or were unable to report fully on how they were applied. This indicates that there may be a need for changes in the ways that we report our use of visual methods, in order to provide more clarity on the specific techniques used to

analyse photographs. It would be very difficult to conduct a systematic review, including critical appraisal, of studies using participant-generated photographs as data as there is often too little information provided in order to assess the rigour of the method.

Overall, the methodological review highlighted gaps in the literature that this study has aimed to fill. By choosing the mental health hospital environment as the context, this study addresses a gap in knowledge compared to other contexts and groups. The review highlighted the need for studies using participatory photography to reflect more upon the methods used to interpret photographs. Chapter 3 describes the methodology used by the research in order to ensure that this could be achieved.

Chapter 3: Methodology

Introduction

A central aim of this research was to develop understanding of the role of photography as a visual methodology for qualitative research. The focus of the project was on the use of participants' photographs and its context was that of qualitative research in a mental healthcare setting.

The overall methodology was qualitative and used mixed methods including participatory visual methods, interviews and focus groups. Visual data were collected using disposable cameras given to service users and staff at a mental health hospital who were asked to take photographs of their surroundings to show what they thought of them. As stated before, the initial stimulus for this was a larger research project that sought to explore the impact of mental health environments on the health and wellbeing of service users and staff (Daykin *et al*. 2010).

Data collection was iterative and performed in four phases. Each phase was guided by consideration of emergent themes, methodological issues and feasibility issues. In Phase I, participants were given cameras and asked to take photographs to show what they thought of their surroundings. During this first phase, participants were not given a deadline but were told to take as long as they like to return the cameras. This resulted in just one photo-elicitation interview. In Phase II, participants were asked to do the same, but were given a short timescale within which to complete their photography. Consequently, all cameras were returned and six photo-elicitation interviews took place. Phase III involved mobile photo-interviews in which participants led me in a guided tour of the hospital, taking and discussing photographs as they went. Of these four participants, one also took part in a photo-elicitation interview. In the fourth and final phase, photographs were used in two focus groups with social researchers.

A total of 25 cameras were distributed to participants, 17 of which were returned for developing. Eight participants[3] participated in photo-elicitation interviews and four took

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[3] Including one member of staff who also took part in a mobile photo-interview.

part in mobile photo-interviews. Eleven social researchers took part in focus groups. Participants were mental health service users (n=13), mental healthcare staff (n=4) and researchers (n=11).

This research design generated 388 photographs that were grouped into three different datasets: photographs with no textual support; photographs with supporting follow up interview data and photographs with interview data concurrently collected. This framework was guided by the findings from the methodological review in Chapter 2. A key task for the research was to develop a method of analysis that could encompass a large number of photographs with differing amounts of textual support.

Visual methods

Visual methods have been developing steadily for the last 30 years (Packard, 2008) by researchers wishing to enrich qualitative research.

One of the strengths of visual methods is that they are thought to break down power imbalances between researchers and participants (Hurworth, 2003; Pink, 2001; Chaplin, 1994). Visual methods, particularly participatory photography, have also been used to advance empowerment or political agendas. Non-participatory visual methods, for example the use of photo-elicitation where participants respond to photographs which are provided by the researcher, are claimed to be effective in establishing rapport with participants and creating a "comfortable space for discussion" (Epstein *et al.*, 2006, p. 8). This form of photo-elicitation was first developed and explored by John Collier in the 1950s, who compared photo-elicitation interviews with conventional interviews in his study of the environmental basis of psychological stress. Collier concluded that:

> *The characteristics of the two methods of interviewing can be simply stated. The material obtained with photographs was precise and at times even encyclopedic; the control interviews were less structured, rambling, and freer in association. Statements in the photointerviews were in direct response to the graphic probes and different in character as the content of the pictures differed, whereas the character of the control interviews seemed to be governed by the mood of the informants.* (Collier, 1957, p. 856, cited in Harper, 2002)

Collier also found that photo-elicitation produced longer and more in-depth interviews, but without the weariness that conventional interviewing can entail. This has been echoed by researchers since Collier's findings were publicised widely in his book *Visual Anthropology* in 1986.

As Chapter 2 revealed, participatory photography is claimed to illuminate participants' 'real lives' (Berland, 2007) as well as aiding communicative processes (e.g. Fleury, Keller and Perez, 2009; Harding *et al*., 2009; Gates, Lackey and Brown, 2001) and highlighting issues not prioritised by researchers (e.g. Frith and Harcourt, 2007; Garcia *et al.,* 2007; White *et al.,* 2010). Participatory photography has also been claimed to contribute to policy making processes (Lorenz and Kolb, 2009) through the vocalisation of the often absent views of community residents, service users, children and other vulnerable or marginalised groups (Wang and Burris, 1997; Wang, Yi and Tao, 1998; Wang, 1999; Strack, Magill and McDonagh, 2004; Carlson et al., 2006; Cooper and Yarbrough, 2010; Duffy, 2010).

For this study, participatory photography was always the intended methodology. The reason participatory photography was chosen is because the study was inspired by the evaluation of *Moving On*, which included a very basic analysis of a set of photographs taken by staff and service users at a mental health hospital. I felt moved by some of the photographs in this dataset and wanted to explore the use of photographs taken by research participants in more depth.

This study intended to further examine the use of photography in qualitative research and to elicit what users of a mental health hospital thought of their surroundings. The study did not set out with a political agenda nor with the aim of changing aspects of the mental health hospital environment.

Ethics

A principle-based approach to ethics was taken, which according to Wiles *et al.* (2005) consists of the following four spheres:

1. Autonomy: people must be free to make their own informed decisions about participation in research
2. Non-maleficence: research must not inflict harm

3. Beneficence: research should benefit others

4. Justice: people must be treated equally within the research process.

(Wiles *et al.,* 2005)

The research was also conducted within the guidelines of British Sociological Association Visual Sociology Group's Statement of Ethical Practice (British Sociological Association, 2006).

Participants were assured that what they said would be anonymised and stored securely on a password-protected computer. They were also assured that their identity would not be linked to what they had said or the photographs they had taken, although others may know that they had taken part in the research. Participants were asked at each stage of the research if they were happy to continue before proceeding, and were reminded that if they did not wish to talk about a particular photograph or topic that they did not have to. Participants were also reminded that they could withdraw from the research without giving a reason either before, during or after participation. The project received ethical approval from Wiltshire NHS Research Ethics Committee and from the University of the West of England's Research Ethics Committee.

Informed consent

In the case of research with mental health service users, obtaining informed consent is less straightforward than that with other groups. Service users may experience a range of symptoms that impinge upon their understanding of informed consent procedures, and unsurprisingly it has been shown that consent forms with excessive jargon and unrealistically high reading levels are particularly difficult for this group to understand (Ogloff and Otto, 1991; Waggoner and Mayo, 1995). This can be mitigated, for example, by having a third party present during informed consent procedures and checking understanding at several points (Stiles *et al.,* 2001). In the current study, third party support from occupational therapy and nursing staff was obtained. These staff agreed to approach service users whom they considered able to give informed consent, i.e. to understand what participation would involve and what would happen to the data once collected. Staff also acted as third-party facilitators during consent procedures and helped service users to

comprehend the consent forms and information sheets. I went through the information sheets with service users, stopping to check understanding and to answer any questions after each paragraph. Following Roth and Appelbaum's assertion that *"consent should be regarded not as an event but as a process…"* (1983, cited in Stiles *et al.,* 2005, p.781) staff were consulted at each point of contact regarding each service user's continued ability to provide informed consent. Service users were also regularly reminded that the research was voluntary and that they had the right to withdraw from one or all components of the research without giving a reason.

Even with these measures, there were times where I felt that participants were unable to give informed consent to take part. This happened in two instances. The first was a service user who had taken a small number of photographs [n=6] and with whom I had organised a photo-elicitation interview. When I saw the service user, who was visibly very distressed, she felt it inappropriate to proceed with the interview, even though nursing staff were encouraging the service user to take part. The interview had already been rescheduled due to the participant being too unwell, so I felt that in this case the participant was unable to consent to take part. In this instance, the service user's visual data was also removed from the study as I did not feel confident that I had taken the photographs without pressure from staff.

In another case, a different service user had taken part in the photography and a follow up interview, and it was on reflection of the interview data that the decision to remove her interview data was taken. I found the interview with this service user difficult for a number of reasons. Everything she said felt as if it were spontaneous, as though there was little or no thought precluding each utterance. This in itself was not particularly problematic. However, this participant divulged a considerable amount of personal information during the interview. The participant's dignity may have been compromised as a result of the over-disclosure. Whether or not this would have happened without the use of participatory photography is unknown, but it is possible that the method contributed to over-disclosure in this instance. Qualitative interview settings can elicit very personal discourse from research participants, and it is possible that some participants may, after the event, feel that that they divulged too much information. In these instances participants may not wish some or all of what they said to be included in a research study, even if it is anonymised. In the case of this participant, the interview took place with the knowledge of

and support from nursing staff, who told me that she would enjoy taking part and that it would give her something to do. Whilst this may have been true for the majority of service users, the likelihood of the interviews causing distress or over-disclosure also needed to be considered, and it is possible that gatekeepers may have seen the research as an innocuous activity rather than potentially presenting ethical dilemmas. This issue is also discussed in Chapter 8 on page 169.

Ethics in visual research

The use of visual images in research raises important ethical issues relating to consent, confidentiality and anonymity. While some of these may be similar to those that emerge from non-visual forms of data (Rose, 2007), the use of visual data raises particular challenges. Many of these relate to the implications of using images in which participants are identifiable or potentially identifiable (Wiles *et al.,* 2008). This was addressed by asking participants not to take pictures of people, including themselves. While the hospital itself is identifiable to those who are familiar with it, images that might identify individual participants have been removed from the data.

The research involved handing out disposable cameras to a group of service users and asking them to photograph their surroundings. The importance of not photographing other people was reiterated at several points, both by myself and by OT staff. It was also italicised on the information sheet. In general participants accepted the rationale for this and very few photographs were produced containing images of people.

A second issue is whether cameras can represent an intrusion into the lives of users of the building, creating negative consequences for participants. It has been observed that the act of taking photographs changes one's status and may pose a risk to participants and to researchers. In Johnsen, May and Cloke's (2008) study of homelessness, the acquisition of a camera transformed participants into potential targets for thieves. In addition, the photographing of illegal activity was a distinct possibility and participants deliberately did not take photographs of important aspects of their lives due to fear of incrimination (Johnsen, May and Cloke, 2008). Breaches of confidentiality may be necessary if illegal activities such as sexual violence, hate crime or terrorism are photographed; researchers

have a duty to disclose such activities and images to the relevant authorities (British Sociological Association, 2006).

While these particular considerations did not affect the current study, some potentially negative impacts were anticipated, for example, the act of taking a photograph might be seen as provocative by staff and peers if the project not explained to them. Efforts were taken to minimise any potentially negative impacts by making sure that key stakeholders were informed about the nature of the study and able to alert me to any issues that might arise. Before the photograph taking began, I visited each ward to inform nursing staff about the project. Reception staff were made aware of the project, along with the Service User Involvement Worker and the Head of Occupational Therapy.

Another ethical issue that can arise from the use of visual methods relates to questions of ownership, authorship and copyright. As creators of the images, participants are the legal owners, which means their consent is necessary for the reproduction or display of any of the images (British Sociological Association, 2006). Participants were asked to consent to the use of their photographs by myself for data collection, data analysis and dissemination. They were asked if it would be permissible to display some of their photographs during conference presentations or within journal articles. Participants kept a set of printed photographs and the consent process meant that they could withdraw them from the project at any time. However, beyond this, the issue of who owns the photographs was never formally discussed; and they were not asked to enter into a formal copyright agreement for any of the images. The status of the photographs remains limited to data within a research project, rather than pieces of art. However, some participants ascribed artistic qualities to individual photographs.

Although participants consented at the time to their photographs being shown to academic audiences, they may of course change their minds in the future. The same is true of non-visual data which is reproduced in different contexts or subject to secondary analyses. To minimise the likelihood of the research being the source of any distress or worry in the future, all participants were given contact details for my Director of Studies at UWE and myself and were informed that they could make contact at any point in the future if they wished to withdraw their consent. This was also clearly explained to occupational therapy staff who were given information sheets.

Recruitment

I was already known to staff at the hospital and therefore was able to meet participants through a number of gatekeepers. By gatekeeper I mean a person who mediates access to potential research participants (Minichiello *et al.,* 1990; MacDougall and Fudge, 2001), and whose involvement is often crucial to the recruitment process. In this case, key gatekeepers were occupational therapy (OT) staff members.

I approached the Head of Occupational Therapy was approached and she agreed that OT staff could be involved in the recruitment process by distributing information sheets about the project to service users and by talking to them about whether or not it might be something they would consider taking part in. This was done either on a one-to-one basis when OT staff visited service users on their wards, or during OT groups.

After initial contact had been made with service users via OT staff, I met with service users individually, and in two cases during OT sessions, to explain more about the research. The project was explained as an exploration of what people thought of the hospital and how photography can be used in research, and service users were given an information sheet to keep which was also verbally iterated. Those service users who wished to participate were invited to familiarise themselves with a disposable camera. If they still wanted to take part, service users were asked to provide informed consent prior to taking any photographs.

Staff were recruited by word of mouth and cameras were distributed on an individual basis, with a mutually agreed time frame for collection and photo-elicitation interview.

Focus group participants were social researchers recruited from a university in Wales. Participants were members of staff and PhD students known to me. They were told that the purpose of the focus groups was to examine visual images and explore how meaning might be generated in the absence of textual support. Informed consent was obtained for the focus groups.

Data Collection

Phased data collection

Phase I: 13 cameras distributed	5 cameras returned 1 interview completed
Phase II: 8 cameras distributed	8 cameras returned 6 interviews completed
Phase III: 4 cameras distributed	4 cameras returned 4 interviews completed
Phase IV: 2 focus groups	
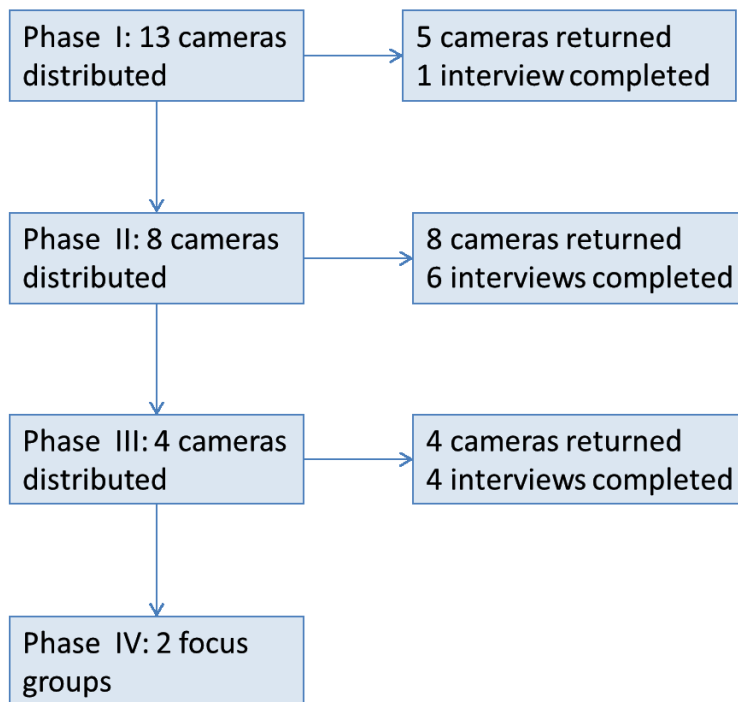
Phase I

Data collection took place over four phases. During Phase I, thirteen participants were given disposable cameras and asked to take photographs of their surroundings to show what they thought of the environment. Each camera was labelled with a letter of the alphabet which was used to identify each participant, and a note asking for the camera to be returned to the OT department. Participants were asked to take their photographs over the coming weeks and to return their camera to the OT department when they had finished, after which time the camera would be collected and developed and a photo-elicitation interview would be arranged.

A number of feasibility issues emerged during Phase I. There was no specific deadline given for the cameras to be returned, which resulted in some difficulties. Eight cameras were not returned. It had been intended that photo-elicitation interviews would be undertaken. However, only one participant was available for an interview. Due to the open-ended way that Phase I of data collection was framed, some participants forgot to return their cameras and said they did not know where they were when chased up. Other service users returned their cameras some time after taking the photographs and, once they had

been developed, were no longer interested in participating in a photo-elicitation interview. Others had left the hospital between returning their cameras and being contacted for a photo-elicitation interview.

After consideration of these issues, I felt that a second phase of data collection was needed. While it was disappointing that photo-elicitation interviews were not carried out in Phase I, this did create an opportunity to explore meaning in relation to photographic data that are lacking textual support. Hence Phase I was felt to have made a positive contribution to the iterative research design, allowing for comparison of different data types. In order to ensure that data with textual support were available for comparison, feasibility issues were addressed in Phase II, which adopted a more focused approach.

Phase II

In Phase II, eight participants were recruited. Service users were recruited at an OT session, having been previously informed that I would be attending the session. Some service users who did not normally attend were invited to come along as they were interested in the project. During this phase, the Phase I procedure was altered in that participants were only given four days to take their photographs, after which time I would return to collect the cameras. The OT session took place on a Friday, and service users were asked to take their photographs over the weekend so that the cameras could be collected and images developed on the following Monday. Interviews were arranged for the following week to minimise the likelihood of service users leaving the hospital or losing interest in the project. This approach resulted in eight returned cameras and six photo-elicitation interviews. Participation may have been positively influenced by the fact that a member of OT staff also took part at the same time as service users.

Reflection on the issues arising from this phase led me to conclude that a further round of data collection would strengthen the research design. The participating member of OT staff commented that service users engaged more meaningfully with the project when they had the opportunity to discuss the process of photograph taking with others as they went along. This informed the mobile photo-interview methodology adopted in Phase III.

Phase III

Phase III of data collection consisted of mobile photo-interviews: conversations with participants that were held whilst they were taking photographs. Three service users were recruited during an OT session. Instead of being left with a camera they were asked to meet up with me, either later that day or the next day, and take photographs of the hospital with me accompanying. This approach was discussed with OT staff, who identified a potential difficulty in that service users may feel intimidated by my presence. In order to mitigate this it was agreed to frame this phase of data collection as a 'guided tour' of the hospital: service users would show me around the hospital whilst taking photographs. It was felt that by asking service users to become tour guides as well as research participants the activity may seem to have more purpose and therefore be less intimidating to service users. Framing the photography as a guided tour was also intended to give participants an increased sense of leadership over which parts of the hospital the tour would include.

A member of OT staff accompanied service users and I, which enabled access to locked rooms such as the gym or woodwork room. A member of staff also showed support by participating in this phase of visual data collection. At the end of Phase III all four cameras were returned. Mobile photo-interview data were collected for all four participants, and in addition one participant also took part in a photo-elicitation interview some weeks later.

Phase IV

The two focus groups were designed to explore questions of meaning by examining responses to photographs when these are presented without textual support in the form of interview data and to compare 'blind' responses with themes from supporting text. During the first focus group, participants were asked to respond to photographs from Phase I for which there was no accompanying interview data. The second group were asked to respond to a selection of photographs for which interview data *was* available, although this was not initially shared with participants. In both groups, participants were asked to write individual responses to the photographs, including their personal reactions and what they felt the photographer was trying to convey. A group discussion followed, which was recorded and transcribed.

Collection of textual support

A key question for the project concerns the role of textual support in interpreting visual images generated in a participatory photography project. Photographs on their own may provide important insights into the kinds of photographs service users and staff take of the mental health hospital environment, but without some kind of account by the photographer it is unlikely that deeper understanding of the intentions, motivations and conventions influencing their photo-taking can be gleaned. The research design allowed the possibility of examining this question in detail, identifying both the role and limits of photographic methodologies.

In total, photo-elicitation interview data were collected from five service users; one from Phase I and four from Phase II. As mentioned on page 50, interview data from one of these service users was removed. Photo-elicitation interview data were also collected from three members of staff. Mobile photo-interview data were available from three service user participants and one member of staff.

Photo-elicitation interviews with service users took place either in the OT department or on the ward where they were staying. Interviews with staff took place outside of the hospital; two members of staff had changed jobs shortly after taking their photographs so one interview took place at the participant's home and the other at the participant's new place of work. The third member of staff worked part-time and an interview was set up at a public location which was more convenient for both myself and the participant.

All interviews were recorded using a digital voice recorder and transcribed verbatim. During the interviews, a flexible approach was taken. Some participants went through the photographs one by one, describing their content and explaining why each was taken. Others preferred to spread the photographs out so the entire set could be viewed before discussing each photograph individually. In some cases, interviews were conducted with both myself and the participant sitting on the floor, as there was no surface large enough to accommodate all of the photographs.

Prior to each interview, I labelled each photograph with a number so it could be identified during data analysis. The photographs were kept in the order in which they were received from the developer, which was sometimes the reverse order in which they had

been taken. Some participants reorganised their photographs so they could be discussed in the order in which they were taken. Each participant was asked to talk about why they took each photograph, but otherwise the interviews were unstructured. I used additional questions and probes relevant to each interview in order to elicit participants' perceptions of the hospital environment and their approach to photo-taking. At the end of each interview participants were given the printed set of photographs to keep. All but one participant wanted to keep their photographs.

Mobile photo-interviews took place during Phase III of data collection. These were not digitally recorded; instead, detailed written notes were taken and typed up following each interview. This was due to the possibility of accidentally picking up voices belonging to people who were not taking part in the study but who happened to be in the same place as we were. My field notes captured as much as possible of participants' own words, including what was said about each scene as it was photographed. Participants' approaches to photo-taking were recorded, along with any planning or framing of each photograph that took place. In addition, my own feelings and thoughts about the interview were recorded, including how each participant appeared in terms of body language and disposition. As with the photo-elicitation interviews in Phases I and II, additional questions and probes were used when relevant.

Data analysis

All data were anonymised immediately following transcription and uploaded onto specialist software for qualitative data analysis (Nvivo 8). Each photograph was given 'attributes' to show whether it was taken by a service user or member of staff, whether the participant was male or female, and what form of textual support (if any) it was accompanied by. The same was done for the interview transcripts and field notes.

Coding the data

A phased approach to data analysis was used, informed by the methodological review described in Chapter 2. Most social research studies that analyse visual data use some form of coding, sorting or content analysis to enable a large number of photographs to be analysed in a relatively short period of time. These approaches tends not be to as

detailed as, say, a semiotic analysis that would be possible with smaller samples. Each photograph was initially coded for content without reference to textual support. This was done in order to provide some basis for comparison between 'photo-only' data and 'photo-with-text' data. Data analysis on the photographs with no textual support was still informed by some contextual knowledge of the study site and of the participants, even though they had not been interviewed. This is discussed in more detail in Chapter 4. The coding process in Nvivo consisted of highlighting the items in each photograph and assigning 'nodes' to describe the subject matter. After the visual data had been coded, the same was done with interview and focus group transcripts and field notes.

The coding frames for visual and textual data were developed separately. Nodes for visual data were kept as 'free nodes' until all photographs were coded, whereby each node stood independently from the rest in an alphabetical list. As this was the first time I had attempted to analyse visual images, I felt that completing the coding in its entirety before grouping nodes together was the most cautious approach. Nodes for textual data were organised into 'tree nodes' earlier on, before coding was complete, in order to simplify the coding process. Tree nodes group free nodes together, and in this case it was done thematically to group similar nodes. For example, nodes such as 'depressing place to work', 'like a prison' and 'peaceful part of the hospital' were grouped into the tree node 'perceptions of the hospital', and nodes such as 'just took it', 'waited until nobody was around' and 'wanted to make it fun' were grouped into the tree node 'planning the shot'. These over-arching tree nodes were continually reviewed and free nodes were moved between tree nodes until the coding frame was complete. The process of establishing the tree nodes laid the foundations for the later stages of analysis by distinguishing between data relating to the hospital environment and data relating to the process of taking photographs.

Interpreting the data

Once all coding had been performed, a second stage of analysis was conducted. For the visual data, this was relatively simple. I reflected on the thematic visual analysis that had been performed on the photographs and noted any ways in which this method contributed to interpretation of visual data. A thematic visual framework of the hospital was constructed, producing a 'thin description' (Geertz, 1973) of the hospital environment.

During the interpretive process, I aimed to reflect on the data in terms of discourses they constructed or drew upon. This was not done with the scrutiny of formal discourse analytic techniques such as critical discourse analysis, conversation analysis or Foucauldian discourse analysis, although principles from these approaches have guided my theoretical perspective. The discursive approach used in this study follows that of Daykin *et al.* (2010) introduced in Chapter 2. The hospital environment was conceptualised as being perceived through certain lenses, as well as being characterised by material realities. In this way a weak constructionist position was adopted for analysis, within the overall constructionist theoretical perspective taken by the study.

For the interview data, themes were split into those relating to the hospital environment and those relating to the method. In terms of the hospital environment, higher order themes were developed in relation to the functions of the hospital and participants' negotiations of the hospital environment. In relation to the method, interpretation centred upon the ways in which participants approached their photo-taking as well as how they talked about their photographs during photo-elicitation interviews. Despite this splitting of data, the overall approach to interpretation was holistic and data relating to the hospital environment and the methodology were seen as inter-dependent rather than existing independently of each other. For example, the theme of *Showcasing* was developed to encapsulate how participants used the cameras to present the hospital and themselves in a positive light. In this way this theme related to the process of taking photographs. However, service users talked about the facilities on offer at the hospital and about beautiful parts of the hospital, as well as showcasing items they had made during occupational therapy sessions. So this theme also related to perceptions of the hospital as it was a lens through which participants talked about the hospital environment.

Chapter 4: Thematic Visual Analysis

Introduction to Thematic Visual Analysis

This chapter is the first empirical chapter of the thesis. So far, the study has explored the ways in which the mental health hospital has been constructed, how photography has been used in studies of mental health hospital environments, and how *participatory* photography in particular has been used and reported in international research literature.

One of the gaps identified from the methodological review was that little attention was paid to the techniques of data analysis for visual data. To help tackle this, Chapters 4 and 5 look at how the visual data were analysed and interpreted in the absence of interview data, addressing the question: in what ways do photographs 'make sense' without the availability of supporting texts? This was done in two ways: through a discussion of my reflections during the coding of visual data, and during two focus groups with researchers where a selection of participants' photographs was discussed.

Initial coding was performed on all photographs, prior to the analysis of interview and observational data. Systematically analysing photographs taken by research participants was completely new to me. The literature review for this study found that although previous researchers have used methods such as coding, sorting, mapping and content analysis on their visual data (Aldridge, 2007; Clark and Zimmer, 2001; White *et al.,* 2010; Hume, Salmon and Ball, 2005), there was very little explanation of how these techniques were actually performed. For this study, an approach (which I have called thematic visual analysis) combining elements of content analysis and thematic analysis was used, starting with inductive coding (Thomas, 2006). Unlike methods that unpick individual images in detail, such as semiotics (Barthes, 1977; 1981), methods such as coding and content analysis enable researchers to analyse large numbers of photographs in a relatively short space of time. I uploaded the photographs into Nvivo 8 where sections of each image could be highlighted and assigned a descriptive 'node' in the same way as written data. I used a system of 'open' coding in order to establish an initial coding frame. This meant that nodes were created in response to the content of the images, rather than being predetermined by myself. Once all of the photographs had been coded, 'open' nodes were grouped into 'tree'

nodes which became thematic categories. The next section summarises the resulting thematic visual framework.

Themes resulting from thematic visual analysis

Coding the photographs resulted in a descriptive visual framework of the mental health hospital environment as depicted through participants' photographs. Seven overarching thematic categories were identified: the built environment, food and drink, gardens and nature, hospital items, personal items, safety and security, and activities. A selection of photographs that depict these categories are presented below. The first theme, the built environment, comprised four sub-categories which are also presented.

1. The Built Environment

Buildings (e.g. *hospital, shed, brick wall*)

External features (e.g. *garden path, bin, street lights, road, hospital sign*)

<u>Internal features</u> (e.g. *corridor, floor space, wardrobe, mirror, indoor lighting, door*)

<u>Purpose of space</u> (e.g. *staff hub, office, reception*)

2. Food and drink (e.g. *apples, crisps, teabags, tin of chocolates*):

3. Gardens and Nature (e.g. *flowers, grass, allotment, view to outside, shrubbery, trees, pot plants, tomatoes growing*):

4. Hospital Items (e.g. *medical work surface, medicine trolley, computers, medical equipment, metal crate*):

5. Personal Items (e.g. *stereo, poster, spectacles, toys, clothes*):

6. Safety and security (e.g. *security keypad, health and safety notice, alarm, barrier, fence, lockers, smoke alarm*):
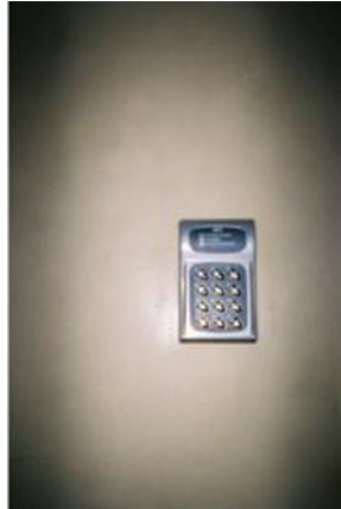
7. Activities (e.g. *art on display, arts materials, woodwork machinery, board game, books, piano, pool table, gym equipment, basketball net, cigarette butts*):

A few points should be noted in relation to the coding framework. Firstly, in the first category 'the built environment' the node 'purpose of space' was created because of my contextual knowledge relating to areas within the hospital. In this case not only the subject matter was captured, but also its function within the hospital. At the time of coding, I wondered whether certain places should be coded in this way, or whether I should try as far as possible to ignore the contextual information I had amassed from my visits to the hospital

and code in a way that would retain the replicability of the method. I decided that 'purpose of space' would remain in the coding frame, as the data could be ignored later if necessary.

Secondly, the last category 'activities' refers to items that only exist in relation to people's (mainly service users') use or production of them. The label 'activities' does not indicate that these items *are* actually used, just that they only exist either to be used or as the result of some form of activity. Included are items such as cigarette butts, paintings displayed in an arts room and items created in a woodwork room, which are the result of activity. Other items include arts materials, woodwork equipment, basketball nets and magazines, which only exist to be used by people.

Lastly, the categories are not rigid and some items could belong to more than one category. For example, a section of an image containing some apples has been coded as 'apples' under 'food and drink', but 'apples' could also go in 'gardens and nature' as they are elements of nature. In this case they were in a bowl on a table inside the hospital; if they had been growing on a tree outside perhaps the 'gardens and nature' node would have been more appropriate. In another example, items within the 'hospital items' category, such as metal crates, medicine trolleys and computers, could be argued to only exist to be used by people, along with items such as furniture, roads and car parks. Using this rationale, they could belong in the 'activities' category. However, I felt that features of the built environment, along with items signifying that the environment is an institution (hence 'hospital items') should be distinguished from other items that signify activities predominantly available to service users. Similarly, some items within 'safety and security' are also 'hospital items', but I felt that those items specifically relating to the safety and security of the hospital should be distinguished.

A further point to note relates to the limitations of this type of visual method, which does not ascribe value to photographs, and these in themselves provide limited clues for development of interpretation of meaning. The next section presents some of my reflections on what the process of coding participants' photographs contributed to my understanding of the hospital environment.

Reflections on coding

Whilst I was coding the photographs I became aware that the method had some unexpected impacts upon the way I perceived the hospital environment. Having visited the hospital many times, I was very familiar with the layout, facilities and ambience of the hospital. Taking a step back and looking at the hospital environment through photographs taken by service users and staff produced a subtly different understanding of it. This happened in three ways. Firstly, coding the visual data was very repetitive and this enabled certain common (but previously unnoticed) features of the hospital to become more visible. There was little to do in terms of interpretation; simply highlighting and describing what I saw in the photographs was the primary task. I found myself reacting through Barthes' notions of studium and punctum to some photographs. Whereas with some photographs I would have a detailed understanding of who took it, why it was taken and what they were trying to depict (producing a 'studium'-based response), other photographs contained 'punctum' for me, producing a more emotional non-discursive reaction. This tended to happen with photographs of natural beauty, such as the Walnut Tree, or photographs which were dark and gloomy. This is something that I noticed during analysis, but that I did not act upon or interpret in further depth. The rather mechanical technique allowed me to (albeit partially) distance myself from the hospital environment and view each photograph simply in terms of its subject matter. This happened without much conscious effort, but there were instances where my contextual knowledge presented itself and demanded that more thought go into the decisions made about how to code a particular photograph. This is explained in more detail below.

By keeping the level of analysis to a very literal interpretation of the subject matter in each photograph, several features of the hospital environment depicted in participants' photographs were allowed to emerge. These were often aspects of the physical environment that had not been apparent to me on my many visits to the hospital. For example, in photographs of the internal environment, it became clear that internal windows were a dominant feature of the ward environment. Seven participants took photographs containing internal windows. On the wards, dining and reception areas tended to be open plan, with internal walls demarcating a 'living room'. Internal windows were commonly

found on the walls of the 'living rooms', and to a lesser extent in the reception area of the hospital.

The coding process also highlighted other features of the hospital design which were not immediately obvious to me from my previous visits to the site. For example, in the many photographs taken from the hospital gardens, the overwhelming majority of photographs also captured some aspect of the hospital buildings, even if this did not seem intentional (see below).

This indicated to me that, if the hospital buildings are present in the majority of photographs taken from the gardens, the hospital gardens are most likely relatively enclosed by the hospital buildings. Although this had already been mildly noted from previous visits to the site, it was more poignantly illustrated by the visual data. In addition, the presence of garden lighting was noted, which was something not previously apparent to me. This suggested that the garden is kept lit during dark periods. This emergence of salient features through a process of unpicking the minutiae of each photograph mirrors analytic techniques used in art criticism, semiotics and iconography. In iconography, Imdahl

developed a method of 'iconical' interpretation (1994; 1996, cited in Bohnsack, 2008) which focuses specifically on the formal composition of images and their pre-iconographical content i.e. the suspension of textual pre-knowledge. The 'formal composition' of an image comprises factors such as the layout of the image, the spatial display of objects in the image, and the position of people in the image (Bohnsack, 2008). It is argued that by looking at these inherent features of an image one can reveal its deeper semantic meaning (Barthes, 1991) as well as the cultural and normative signifiers within an image (Imdahl, 1994, 1996; Bohnsack, 2008).

Similarly, in art criticism, Barrett (1994) describes four levels of interpretation of images, the first three of which are (i) description (pure description of the object without value judgments, analysis or interpretation); (ii) analysis (determining what the features suggest); and (iii) interpretation (establishing the broader context for the image). Hence with both an iconographic and art criticism approach value is given to first deconstructing images either in terms of their formal structures or their content, or both, before moving on to a more in-depth analysis. Relating this back to the current study, a similar process took place but across many photographs rather than a single photograph. By unpicking the detail contained in many photographs, I was able to identify common characteristics that may otherwise have remained unnoticed.

Secondly, I found that my own experience of visiting the site and interviewing participants aided the coding process by providing clues regarding the purpose of the space being photographed. This happened primarily when information about the purpose of particular spaces, such as staff 'hubs' or offices, was known to me but was not apparent from the visual information contained in the photograph. Had I been coding the photographs with no prior experience of the environment, many photographs would not have been coded in relation to the purpose of the space being photographed. The key areas this related to were reception areas, the main entrance, staff 'hubs' on the wards and OT areas. In addition, contextual knowledge about the layout of the hospital enabled me to locate certain images in the relation to others. An example of this is given below.

Finally, some spaces and objects within the hospital environment were photographed by participants on more than one occasion from different angles or distances from the camera. These 'collections' of photographs provided clues as to the location of the subject matter in relation to the hospital buildings, entrance or gardens, as well as helping

to elucidate what some indecipherable objects were. Two examples are provided below. The first shows a bird table which was photographed at close range and subsequently from a greater distance. The second photograph helps to identify the subject matter as a bird table, which meant that I could return to the first photograph and code it accordingly.

The second example shows how the photographs, in conjunction with my contextual knowledge of the hospital, could be used to build a visual map of the hospital. The centre photograph shows a corridor with an open door to the left, doors straight ahead and a door to the right. The other three photographs are arranged to show what would be seen through the door to the left, the door to the right, and around the corner at the end of the corridor.

Both examples highlight that data analysis was not a linear process but was sometimes cyclic in that knowledge gained from the content of some photographs enabled the content of others to be understood more clearly which, if standing independently, would be difficult or impossible to recognise. In addition, this suggests that visual data may be more valuable when groups of photographs are viewed as collections, rather than looking at individual photographs and trying to elucidate meaning.

Summary

This section has presented and discussed the process of thematic visual analysis performed on the photographs taken by participants. Unpicking the detail of each photograph contributed to an interpretation of the mental health hospital environment by organising the visual data into categorical themes. This constructed a 'thin description' (Geertz, 1973) of the hospital environment in terms of its physical features, layout and facilities. Furthermore, the process of coding the photographs brought some methodological issues to my attention, and contributed to understandings of the hospital environment in ways other than simply recording what each photograph depicted. A visual map of the hospital was able to be constructed through collections of photographs, supported by my contextual knowledge of the hospital.

This method challenged my initial perspective that images do not contain inherent meaning; by unpicking the detail of each photograph and looking at common characteristics of the hospital as depicted through many images, knowledge about the hospital environment was indeed constructed. However, I am not suggesting that knowledge was constructed independently of experience, as Sontag (1977) suggests is possible with photographs. It is maintained that the photo-taking was not performed innocuously. Photographers were users of the space; they were either staff working in the space or mental health service users contained as inpatients within the space. They were asked to use the cameras to show what they thought of their surroundings rather than to provide a comprehensive visual description of the hospital environment. Several of them had an interest in photography, and some were trained artists. All of these factors will have shaped what each participant photographed. Neither were the photographs interpreted in a value-free context. Although I was able to perform the coding in a fairly mechanical way, aspects

of my prior experience and knowledge of the hospital may have wended their way into the analytic process. For example, I accompanied four participants as they took their photographs, and can remember some conversations regarding the hospital environment quite clearly, as well as the emotive aspects of the field work. For this subset of photographs, even though their content was unpicked in the same manner as those photographs for which I had no contextual understanding, interpretation may have been influenced.

To conclude, although my initial position that photographs do not contain inherent meaning was challenged and shifted as a result of thematic visual analysis, the overall constructionist perspective remained.

To further explore to what extent the photographs 'make sense' without the availability of supporting text, the next chapter presents how third parties interpreted some of the photographs, both individually and as a group.

Chapter 5: Third-party interpretations of visual data

Introduction

This chapter further develops the question: in what ways do photographs 'make sense' without the availability of supporting texts? Answering this question entails an exploration of the process of meaning construction. This was approached in the last chapter by performing an analysis on photographs without reference to accompanying text. During the coding process it became apparent to me that my own knowledge of the hospital, the photo-taking process and the narratives of other participants were sometimes influential in my reactions to these photographs, and I considered how third parties may interpret the images.

An additional approach was decided: to explore responses to photographs by focus group participants who had no direct contextual knowledge other than that the photographs were taken of a mental health hospital by service users as part of a PhD study. The two focus groups (Phase IV of data collection) were with researchers. Each group was asked to look at a different set of photographs. Participants were asked to discuss their impressions of what they felt the photographer was trying to convey and explore their own reactions to each photograph. In focus group 1 (FG1), photographs taken by service users who were unable to provide textual support were used. In focus group 2 (FG2), photographs for which textual support had been collected were used, although these texts were not shared with focus group participants. The analysis examined the ways in which focus group participants constructed meaning for the photographs, rather than what the discussion contributed to knowledge about the mental health hospital environment. Thus, of primary interest were the influences on the meaning making process in terms of the discourses, strategies and repertoires drawn upon by focus group participants. Although there were multiple and nuanced interpretations, a central discourse of oppressive mental health hospital environments seemed to frame both meanings and emotional responses. Participants were sometimes hesitant in their interpretations, seeking to avoid over-interpretation, although they seemed more confident when it came to aesthetic responses

than when discussing those relating to mental healthcare. The development of interpretations was also influenced in different ways by the group process.

The responses are discussed in more detail below.

As a point of clarification, all photographs used in the focus groups were taken by service users. To distinguish between service user participants and focus group participants, the terms 'service user' and 'focus group participant' will be used.

Affective responses and constructions of the mental health hospital environment

In both focus groups focus group participants commented on how particular aspects of certain photographs *"sprung out at me"* (FG2) or *"seemed to say something important to me"* (FG1). The photographs drew out affective reactions from focus group participants who imagined how service users felt about being in hospital and linked these interpretations with contributing characteristics of the hospital environment. Focus group participants also articulated how they themselves felt towards the photographs, and what they felt were the intrinsic 'feelings' of particular photographs. In some cases these related to neutral sensations such as *"a feeling of heat"* (FG1 group discussion), or *"sort of a detachment"* (FG2 group discussion). More often, however, focus group participants expressed stronger emotive reactions to the images, or postulated that service users experienced certain negative or positive feelings towards the hospital environment or their mental health as a result of certain characteristics of the environment. Visual characteristics of the hospital depicted in the photographs, such as medication, are in this context often associated with processes such as labelling, routine and control. Focus group participants imagined that service users would respond to such characteristics with emotions such as anger and frustration.

To illustrate this, the following quotations are taken from FG1:

Photograph FG1A

FG101: *To me it said that life in the hospital is totally characterised by drugs. It gave me an air of real impersonal, you know not an interest in the individual and "what's wrong with you specifically and how can we help you" it's just like "oh, you're one of those," you know, get the drug for that…*

FG102: *It's like they're being put into a box metaphorically and literally so they're being put into a mental health box but they're also being put into boxes purely based on what tablets they're on.*

FG103: *… I picked up like you this idea of routine … and then when I realised it was a trolley I thought "oh that's a very symbolic piece of hospital equipment," yeah kind of that sense of maybe being dictated to, sort of ordered, arranged.*

FG104: *I just thought it was, um, it might have been a representation of frustration of being dependent on medicines to control psychiatric disorders it might have been an intention to contrast the orderliness of the trolley with the kind of disorder of the suffering that medicines are there to sort of control. I think the irony may have been something they wanted to capture … I thought they might have, you know, "look how tidy they keep all this stuff on this trolley, it's for controlling the untidiness within me," you know.*

FG105: *… It feels like quite oppressive and just like, like you were saying about being boxed in and closed in around you and "this is who they say I am, this is my identity."*

FG103: *I wondered … whether it's a kind of a sort of a benign reflection on this is what happens, and whether actually there's quite a lot of anger that actually this is what they do to you when you're regimented and you're kind of almost reduced to a name on a list – "this is what so-and-so has", and "this is what we do to so-and-so"…*

Photograph FG1B

FG105: *I didn't like this one*

FG102: *I didn't like it, it's depressing. I couldn't work out if it was meant to be a therapy area or a social area, but it just looks so much like a doctor's waiting room. And it's really forced; I can't imagine feeling relaxed sitting there at all.*

FG101: *That's exactly what I've written, that I couldn't work out which it was meant to be, but for me I thought it was a staged group discussion area where you'd go and discuss your problems and whatnot. But it is so artificial and forced, I wouldn't want to relax and discuss anything.*

FG101: *Yeah, it's like the routine of your day isn't it, you have your medicines, have your discussion and no autonomy or self-control it just feels like everything's taken away from you and you have things … even like you know, it's a group discussion where it's supposed to be group therapy it still feels like it's something that's done 'to' you rather than 'for' you.*

FG104: *I just thought there might be some apprehension there about group therapy the next session of group therapy or something.*

I: *So they might be taking it thinking "oh I'm going to be here sitting in group therapy."*

FG104: *Yeah, thinking "oh god, you know, I really don't want to go again" sort of thing.*
(FG1 Group Discussion)

Focus group participants' discussion of these photographs included affective responses to the images; their ascription of emotive qualities to the images; and reflections on what they felt the images inferred about life in hospital. The use of metaphors in these and other discussions was very common; focus group participants often speculated that service users had taken photographs of items that symbolised their experiences or feelings.

It is difficult to separate focus group participants' affective reactions to photographs from their constructions of the hospital environment. The strength of negative connotation associated with both of the above images suggests that focus group participants came to FG1 with some preconceived notions of what the mental health hospital environment is like, and in particular how certain aspects of therapy, medication and the environment may be experienced by service users. These preconceptions come from the media and sources of popular culture, such as the news, historical documentaries, films and novels. Thus the medicine trolley immediately prompted focus group participants to imagine that service users are dehumanised through the regime of medication and that life in hospital is regimented and oppressive.

Focus group participants are also likely to have been influenced by the research process. They may have arrived with preconceptions about what I expected to hear, and perhaps if focus group participants had been told that the photographs had been taken in another context – a paediatric oncology ward, for example – their responses would have been very different. The preconceptions that focus group participants brought to the interpretive process appear to have mediated their affective responses to certain images, particularly those images that could be interpreted as suggestive of stereotypical features of the mental health hospital environment such as the medicine trolley and the circle of chairs. Hence the affective response to photograph FG102 *"it's depressing"* is argued to have been mediated by the participant's own concepts of mental health hospitals, rather than being an innocuous, text-free response to the image.

Institution vs. individuality

Focus group participants' interpretations of photographs often took place through a discourse of oppressive mental health hospital environments. Accompanying this was a discourse of resistance. Illustrated partly by the examples in the previous section, and in those shown below, the mental health hospital environment was most often constructed as invasive of service users' privacy, autonomy and freedom. However, focus group participants also talked about the ways in which service users may attempt to resist or overcome the oppressive environment. They identified in the images various strategies of

resistance, such as creativity, the use of nature as an escape and the expression of individuality.

Overcoming the institution

A 'struggle' between institution and individuality was articulated by some focus group participants in FG1 in relation to photograph FG1C, below, who felt that attempts to overcome the institution had been unsuccessful:

Photograph FG1C

> FG101: *I could imagine it being a sort of relaxing and creative way to spend your time but it, it still had that routine and institution and everything.*
>
> FG103: *I kind of felt that the personalisation just didn't overcome the sterility and uniform nature of this. So, like you said, the rows of chairs - that seemed to cancel out the individuality … the number on the door, so the door's got a room number, and then the two lights.*
> (FG1 group discussion)

This view was challenged by another focus group participant who offered an alternative view of service users' experience of creativity. Talking about the same photograph pictured above (FG1C), one focus group participant said:

> FG104:   *It's kind of a victory over the institution isn't it, in a way.*
> I: *How do you mean?*
> FG104:   *Well, this is a little space where I can actually, you know, say what's in there and put it on paper … it'll be different from this squareness and tidiness.*
> I: *So almost like a tiny act of resistance?*
> FG104:   *Sort of, yeah! It didn't give me a defeated feel. The people who produced this work … it was a release, it wasn't a confinement. I can't believe that the people who painted those pictures were restricted as much as they have been in other areas of the institution.*
> (FG1 group discussion)

Hence within the discourse of oppressive mental health hospital environments, focus group participants varied in the strength of their constructions. The oppressive environment was perceived as being easier to overcome for some than for others. Focus group participants sometimes interpreted photographs as service users' attempts to demonstrate how they resisted the oppressive mental health hospital and retained non-stigmatised identities, for example through their clothing or by being outside:

Photograph FG2A

FG205: *His clothes are also quite baggy, and I don't know if he wears his hat like that but it, you know in hospital you can experience a lack of privacy… they look like quite covering clothes and I don't know if that's part of how he sees himself.*

FG204: *I just thought it was an opportunity for him to express individuality, so he wasn't seen as a stereotypical patient so he could still keep his own individuality.* (FG2 group discussion)

Photograph FG1D

FG105*: I felt like it was the only photograph which wasn't really sort of medical, clinical, and when you look at it you think about smoking or not smoking, you don't think about illness or not ill. So I felt like it was almost like "here I am outside of me being ill, and yeah I might be a smoker or not a smoker, but it's not … my identity is not massively tied up in those tablets or that clinical, 'oh we need to do our artwork, we need to do our therapy'". That's almost like a free space where they can go out and do what they want. So I saw more of a positive construction of the self than anything else.*
(FG1 group discussion)

Nature as an escape

External space was constructed by focus group participants as offering service users opportunities to metaphorically 'escape' the hospital. In particular, two images (presented overleaf) were interpreted through a lens of peace, relaxation, privacy and retreat:

Photograph FG1E

FG101: *A place of peace and tranquillity to me, and maybe a place they go to get away from the routine and institutionalised nature of their lives.*

FG102: *A nice relaxed place to sit outside…*
Maybe creates the impression of distance from the hospital and their problems. Retreat.

FG104: *The photographer may have visited to record a place where he/she tended to feel better than within the building. It's definitely a place they like and want to be.*

FG105: *Perhaps it was important to the person as it is where they feel relaxed and safe under the trees.*
(FG1 written comments)

Photograph FG2F

FG201: *This seems an intimate place … The seclusion of the tree may provide intimacy and privacy.*

FG202: *Showing a peaceful place of sanctuary (where they like going to reflect maybe?). Outdoor photo – suggesting freedom?*

FG204: *Secluded spot under a tree – warm, calm, inviting.*

FG205: *It shows a very quiet area of the garden which could be used when a patient wants privacy.*

FG206: *Doesn't look like hospital space at all, maybe an escape/retreat? Relaxed.* (FG2 written comments)

Discourses of nature and wellbeing featured in the written and verbal accounts of focus group participants in relation to these two photographs; although there were other outdoor shots (for example FG1D above and FG2C below), they did not provoke similar responses. Focus group participants appeared to associate relaxation, privacy and retreat with this spot in particular, and juxtaposed it with the 'institutionalised' nature of the hospital and its buildings.

Expressing identity

Photographs were sometimes seen as a medium through which service users could express their identity or represent themselves in creative ways, as the responses to both of the photographs above show. Focus group participants were more likely to interpret photographs in this way if service users had included themselves in the shot in some way. Thus, the two photographs on page 5 (FG2A and FG1D) generated discussions on self-representation, as did the two presented below (FG2B and FG2C). Excerpts from the group discussion are included alongside each example to show how focus group participants interpreted the images as forms of self-representation:

Photograph FG2B

FG202: *I just thought this was a really interesting one cause there were a couple of things that sprung out at me first of all. First thing, did he know that that flash would block out his face? … Does he want to show the other things about him but not his face? Or was it just, you know, completely by chance and it came out looking quite cool? And the other thing was … the … 'bling' … sorry! … It's obviously*

something he's very proud of, he's wearing it on top of his clothing it's not hidden away underneath so I think maybe … it's showing things he's proud of.

FG201: *I really felt that this was … him just taking a photograph of himself and again the flash is just totally accidental … it's just about him, "this is who I am"…. I thought the 'bling' and also the branded shirt were just what he was wearing…*

FG203: *And I thought he was quite clever with cameras and creative and … I don't know, I thought both pictures were creative but then I thought that was on purpose, so…*

FG206: *He seems very unafraid because he's taken a photo of himself in the mirror which is quite – a lot of people may not do that. And the cross may just be 'bling' but it might reflect, erm, some personal belief and it's very out there … And I also thought that, how he's taken the picture with his 'bling' and directly into a mirror, but then he's taken himself in quite a dark enclosed space. And at first I thought maybe he feels his environment is enclosed … but then some people feel safe in small dark places.*
(FG2 Group Discussion)

Photograph FG2C:
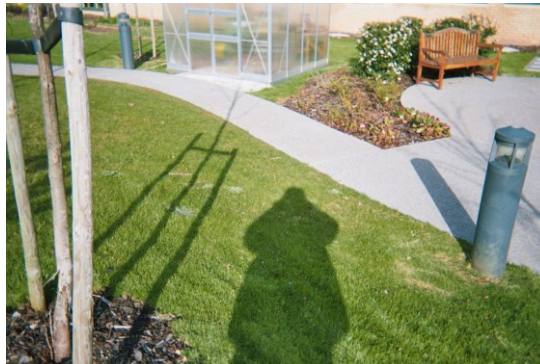
FG204: *It seems like there's sort of a detachment, like he's almost, like, he's aware of his environment but he's sort of stepped back from it, the separateness.*

FG201: *To me the shadow was deliberate and centred.*

FG202: *I'd say that it looks like "oh look, my shadow's there it looks kind of cool I'm gonna take a picture of it" because they've cut other things out.*

FG206: *To me it seemed to be reflective of himself within a particular environment, and it's, it's very sort of … obvious there's a person there but they've blended themselves in with lots of things.*

> FG205: *I think part of what it's trying to say is "that's me, and that's my hobby - the greenhouse, I like gardening I like that sort of thing" to try and include himself and his hobbies in there…*
>
> FG206: *Shadows can be quite dark and gloomy or they might just be, you know, simply "this is me". And it's also a way of representing yourself as being there, and it sort of shows yourself but it doesn't reveal a lot about you as well because it's just your outline.*
> (FG2 Group Discussion)

These two examples illuminate the various ways in which focus group participants considered service users' intentions during the photo-taking process. In the first example (photograph FG2B) focus group participants drew on notions of pride, creativity and bravery to understand how this service user used the camera to represent himself. In the second example (photograph FG2C) focus group participants interpreted the image through notions of being situated in one's environment, showcasing and partial self-representation. In both examples, focus group participants felt that service users were representing themselves in some way; beyond this there were multiple interpretations of the same image. Some focus group participants talked about what they considered the service users wanted to convey about their environment (e.g. *"maybe he feels his environment is enclosed"* – photograph FG2B), and others spoke about the composition and framing of the shot (e.g. *"to me the shadow was deliberate and centred"* – photograph FG2C). This demonstrates that the meaning making process, although influenced by shared concepts, is also contingent upon individual repertoires and what the viewer brings to the situation.

Reflections on the interpretive process

Focus group participants moderated their interpretations of images through a strategy of resisting over-interpretation. This was most common in FG2, where there were twelve instances where participants felt that they *"might be over-interpreting"* or that they did not know *"if that means anything or not"*. This strategy appeared to be used in order to avoid making the 'wrong' assumption about the service user's intentions, or to make room for alternative interpretations, as the following excerpts demonstrate:

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FG201: *'cause what I interpreted, this bit at the edge, this pencil or whatever it is or isn't, I interpreted that as kind of a, a, repair in the duvet. Like it looked messy and it just looked old, and it just looked like there was some kind of an … oldness, which I think* [FG202: *I wasn't sure…*] *no, no, no, I'm not saying, no, no, I think you're right, I think it isn't that…*

FG206: *I thought he was like constructing his own body on the bed, and maybe because he's in hospital it's – again this might be over-interpreting it - but maybe sort of "here's a person on a hospital bed" isn't he?*
(FG2 Group Discussion)

Focus group participants also used phrases such as *"that's just me"*, *"for me"*, and *"but I don't know"* to qualify their interpretations.

In FG1, most of the reflection came at the very end, and in one case represented a complete u-turn from how meaning had been constructed for the photograph of the medicine trolley:

FG102:   *It's like with the first one you know, the thought of having that medicine cabinet in my life in* [inaudible] *that is horrible, but for some patients it's probably a relief, you know, they probably like structure and…*

FG101:   *Yeah it's probably quite reassuring if you really are ill and at odds with the world maybe actually it's a good thing and we're just putting our viewpoints on…*
(FG1 group discussion)

In both groups there was also some reflection on focus group participants' own projections of what was important or pleasing to them onto the photographs. In FG1, one participant *"found it hard to get my own feelings about the scene out of it cos it's a place I'd like to be,"* whilst a participant in FG2 commented on how the order of the photographs made a difference to his interpretations:

FG201:   *That just shows you how the ordering of the photographs was important cause to me it was a sudden relief cause the first two are quite dark and insidey, but then I'm realising that's a projection of my own kind of desire to be outside onto the photograph.*
(FG2 group discussion)

Aesthetic interpretations

In both groups focus group participants responded to the photographs through an aesthetic discourse, highlighting artistic features such as composition, perspective, creativity and contrast. This was performed both in reference to the photo-taking process (i.e. service users' deliberate actions when taking each shot) and in terms of focus group participants' responses to the photographs. This was especially apparent in two photographs which are presented below along with the accompanying text:

Photograph FG2D

FG201: *This is the first picture where I have had no immediate emotional reaction that I was aware of. It seems sterile. The chessboard is central but this appears aesthetic rather than representative / symbolic. Also the relation of the [lens?] to the curve of the well gives an overwhelming impression that this is about aesthetics rather than symbolism or meanings of place.* (FG2 written comment)

FG203: *Yeah, if you look at the line of where normally the focus is there's just kinda nothing? But then I thought well maybe if he's gonna have whatever this weird kind of wall-y thing at the focus but then 'cause it's got the buildings in the background it didn't look as nice so then they put it back lower because it seems to be lower than your line of sight. So like it's obviously focused down, so whether that's what he was focused on or whether it's to cut out the building in the background I don't know.*
(FG2 group discussion)

FG206: *It is very arty isn't it? And such a strong contrast between the lines at the front and the lines of the trees at the back, and then this huge, curving thing in the middle and the curved concrete next to it.*
(FG2 group discussion)

Photograph FG1C

FG103: *But pictures contrast with "uniform" chairs, and in rows.* (FG1 written comment)

FG104: *And I thought the composition of the photo was quite artistic as well with those chair backs. Sort of the regularity of the squares in the chair backs contrasting with the brightly coloured and rectangular and circular shapes jumbled about on the wall. Not jumbled, but arranged on the wall, deliberately but not in rows like in the chairs…*
(FG1 group discussion)

Focus group participants spoke confidently about the aesthetic dimensions of the photographs, and were less likely to be tentative in their interpretations. This may have been because they were seeking to avoid value judgements, or that they were aware that they were not experts in mental healthcare. Responding to the aesthetic dimensions of the photographs may have helped focus group participants feel on 'safer ground' in their evaluations. It is noteworthy that the focus groups were made up of individuals who were highly educated; perhaps another group would not be so confident.

Individual vs. group interpretations

Focus group participants were asked to write down their responses to each photograph prior to the group discussion, so that some data could be collected that had not been produced by the group dynamic. Overall, focus group participants were able to articulate in the group discussion what they had written down, but the strength of their assertions became stronger or weaker when vocalised. The first person to talk in each group appeared to set the tone for the rest of the group. In FG1, the first utterance made by a participant was the following:

FG101: To me it said that life in the hospital is totally characterised by drugs … it gave me an air of real impersonal, you know not an interest in the individual and what's wrong with you specifically and how can we help you it's just like "oh, you're one of those", you know, get the drug for that. But also, for me I noticed that there were other drugs as opposed to sort of drugs associate with mental illness and it's like "ah, we can solve everything with some drugs!
(FG1 group discussion)

To an extent, the rest of FG1 followed in this vein, using a strong discourse of the oppressive mental health environment in order to make sense of the photographs. Participants who had made relatively moderate statements in their individual written data spoke with more conviction. For example, below is a comparison between the written and spoken comments made by one focus group participant in relation to photograph FG1B:

Photograph FG1B

Not sure if this is a social area or a therapy area. Looks a lot like a waiting room in a doctor's surgery. Opportunity to interact with others. (FG102 written comments)

I didn't like it, it's depressing. I couldn't work out if it was meant to be a therapy area or a social area, but it just looks so much like a doctor's waiting room. And it's really forced; I can't imagine feeling relaxed sitting there at all (FG102 spoken comment)

In her written account, FG102 described the setting as an 'opportunity to interact' which could be taken as a positive view of the space. This transformed into a negative view during the group discussion, where the space was described as *"depressing"* and *"really forced"*.

In contrast, this was the first utterance made by a participant in FG2:

> FG201: *Alright, I wasn't too sure, because my interpretation of it, my immediate interpretation was that it was about um, er, the like intimacy, the like the laying out of the clothes seemed quite interesting because like it's an intimate association between the bed and the clothes, but the intimate thi- part of that assemblage is missing which is the body. So that was my immediate sociological interpretation. But then it might just be that "these are my important things" and the bed's just somewhere to display them. So I found that my immediate interpretation could be an over-interpretation.*
> (FG2 group discussion)

This far more tentative approach influenced the rest of the focus group to an extent, although the written comments made by FG2 participants tended to convey less certainty than those made by FG1 participants. The photographs were different in each group and, as mentioned earlier, it may be that the photographs in FG1 were more likely to facilitate the construction of negative or stereotypical interpretations of the mental health hospital environment. Nevertheless, the written comments in FG2 only include one reference to over-interpretation, whereas the group discussion generated twelve. Hence in FG2 the assertions made in the written comments became weaker during the discussion.

Summary

The aim of this chapter was to explore the ways in which photographs of the mental health hospital environment 'make sense' without supporting text. This was addressed by looking at the ways in which two sets of focus group participants interpreted differing set of photographs, both individually and as a group. The interpretive process was characterised by a number of discourses, repertoires and strategies drawn upon by focus group participants. Interpretation seemed to be influenced by participants' backgrounds and knowledge of mental healthcare environments derived from media as well as by the group process. A central discourse of oppressive mental health hospital environments was constructed by focus group participants, although this was used to differing extents by different members of the focus groups. There were challenges to the dominant view as well as instances where multiple interpretations were drawn from the same image. Themes within the data included focus group participants' inferences about service users' attempts

to overcome the institutional characteristics of the hospital; the association between nature and 'escape' from the hospital; and the ways in which it was suggested that service users used the cameras to express their identity. Focus group participants also made references to aesthetic or artistic features of the photographs, perhaps because they felt on safer ground. Metaphors were sometimes used as a strategy for meaning construction, as well as a resistance to over-interpretation and some reflection on personal repertoires and their influence on interpretation.

Photographs prompted emotional reactions from focus group participants in terms of how they suggested a photograph 'felt', how they speculated that *service users* felt, and how they felt *themselves* when looking at the photographs. Overall, the process of 'making sense' of service users' photographs can be seen in terms of the multiplicity of discourses that focus group participants drew upon. Discourses of institutionalisation, medicalisation, mental health, individuality, identity, arts and health, nature and wellbeing and aesthetics were all used to varying extents by focus group participants to make sense of the photographs. One challenge is to examine how these discourses are (re)constructed through the acts of taking and viewing photographs; this will be explored in the following chapters.

Chapter 6: Using Photo-elicitation

Introduction

This chapter aims to address the following question: What does 'text' add to an understanding of participant-generated photographs of the mental health hospital environment? In Chapters 4 and 5, the visual data were examined, firstly by myself through a process of thematic visual analysis, and then in two focus groups with social researchers who had not seen participants' interview data. This chapter introduces participants' own thoughts on their photographs and the hospital environment, which were collected in follow-up photo-elicitation interviews (referred to from now as photo-elicitation interviews) after the photographs had been developed. Hence 'text' in this context refers to verbal interview data. Photo-elicitation refers to the use of photographs in research interviews, which has been claimed to elicit a different kind of data due to the brain processing and reacting to images as well as words (Collier, 1957; Harper, 2002). At the start of each interview, participants were given their set of photographs to look at. The digital recorder was turned on, and I conducted the interviews in response to participants' cues and responses to their photographs.

The data are presented here in two sections, the first being focused on interpretation of the data, and the second exploring process issues surrounding photography. The first section explores constructions of the hospital that emerged from consideration of photos along with supporting text. Participants constructed the hospital in terms of its *functions*, namely care and containment. Participants also constructed the hospital in terms of their *negotiation* of the hospital environment, with participants' accounts and photographs indicating processes of retreat and rebellion. The second part of the chapter presents the various strategies and discourses used by participants in their approaches to taking photographs, and the ways in which they reacted to their photographs during interviews. Discourses of art and creativity emerged in both participants' approaches to photography and their responses to their photographs. This section also explores the way the situational context of the photography sessions framed both the process of taking photographs and the meanings attributed to the images. This was the case both for service

users and staff. Service users used the photographs to showcase the hospital and themselves, whilst members of staff reflected upon the impact of looking at photographs of their working environments and the ways in which this transformed their perceptions of the hospital. These themes are discussed in more detail below.

Functions of the hospital: care and containment

This section discusses the first of two main themes that emerged from analysis of participants' photographs and interview data, the *functions of the hospital*. The analysis suggests that participants constructed these functions of the hospital in two ways: in terms of *care* (as revealed in aspects of the visual environment and reflected in the provision of productive and creative activities) and *containment* (seen in representations of the secure environment). The following section looks in more detail at the components of care and containment that emerged from the analysis.

Care

Participants' photographs and interviews reflect two main components of care: therapeutic landscapes and activities.

Therapeutic landscapes

The notion of therapeutic landscapes has been developed in order to conceptualise the ways in which places have a bearing on health and wellbeing (Palka, 1999; Gesler *et al.*, 2004; Curtis *et al.*, 2007; Gesler and Curtis, 2007; Lea 2008; Milligan, Gatrell and Bingley, 2004; Conradson, 2005). It seems to be accepted that a therapeutic landscape is one which *"promotes wellness by facilitating relaxation and restoration and enhancing some combination of physical, mental and spiritual healing"* (Palka, 1999, p. 30). Scholars are careful to highlight the complexity of therapeutic landscapes, and advocate ecological approaches to their conceptualisation:

> *The concept of the 'therapeutic landscape' is … concerned with a holistic, socio-ecological model of health that focuses on those complex interactions that include the physical, mental, emotional, spiritual, societal and environmental.*
> (Milligan *et al.,* 2004: 1783)

In this way, a therapeutic landscape can be perceived as not only the physical environment and its impact on the individual, but also the complex web of inter-personal relations, power structures, cultural norms and symbols associated with a particular setting.

But in terms of the physical environment, the hospital is a series of low-rise buildings built around a central landscaped garden with paths, benches and flowerbeds embedded into the environment, which was depicted through the photographs. Discussion of these photographs and of the hospital environment suggested that on one level the hospital can be viewed as a pleasant, attractive and non-institutional place that may encourage recovery from mental illness. Service users' comments referred to the hospital gardens as *"the loveliest thing here"* (Hermes) and *"landscaped, and it's quite pretty"* (Oonagh). A staff member also referred to the hospital environment and how it impacted on her experience of work. Talking about the older, rural, asylum-style building from which mental health services had been relocated, staff member Paula said:

> *I have been there a few times, it was very kind of worn down and horrible. I would have felt quite low - I refused to work there before… because it would really depress me, because environment is really important isn't it? But this place is a lot fresher and newer so I felt a lot happier than I would have in the other place and I have in other places.*
> (Staff member Paula)

Staff member Paula placed value on working in an environment that is fresh and new, in contrast to staff member Naomi, who spoke positively about the older environment's 'wandering' qualities:

> *I knew it in the olden days going on to these horrible wards. But it was great stuff as well: the greenery, the places and the wandering. And now I think at* [the new hospital] *it's harder for people to just wander I think. Although there's lots of similarities that there are walkways where no cars can go… But I think, I mean I don't know I just have the feeling the wanderings are not as big anymore and that was great about* [the old hospital].
> (Staff member Naomi)

The concept of therapeutic landscapes can accommodate both of these perspectives; the literature discusses naturally occurring 'wilder' landscapes such as forests, mountains and

rivers (Wilson, 1992; Palka, 1999), as well as more constructed landscapes such as gardens, homes, hospitals and summer camps (Thurber and Malinowski, 1999; Kearns and Collins, 2000; Gesler and Curtis, 2007; Williams, 1999).

One member of staff challenged this discourse by talking about the garden attached to the ward where she worked, which she commented was *"really depressing."* (Staff member Mary).

R: *It's kind of built on a slope so you can't really play football on it or whatever … the garden was just not looked after and not cared about. And like the trees, the two trees you can see in 13 are very thin and, I don't think   ever gonna show leaves, 'cause they're always something   that's punched or kind of abused.*
I: *Is that out of frustration?*
R: *Yeah, I think frustration and a lack of, yeah, just not caring about the environment they're in, which is some ways is fair enough, if it's not the environment they wanna be in. But then it doesn't seem like the staff care either, so there's a kind of culture of not looking after this environment.*
Staff member Mary

For staff member Mary, the notion of therapeutic landscapes did not apply to the garden on her ward; instead, it symbolised a culture of lack of care for the environment which she felt was reproduced through the actions and attitudes of some service users and staff.

Activities

Three of the five[4] service users who participated in photo-elicitation interviews spoke about the activities available for service users to engage in, which are predominantly

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[4] This includes one participant whose material was removed from the study as discussed in Chapter 3.

organised by the Occupational Therapy (OT) department but also include non-organised activities such as walking freely around the grounds. Many photographs were taken of OT areas such as the woodwork room and the arts room, and from the visual data alone it was clear that the activities on offer comprised a significant part of the hospital environment. However, the visual data did not offer an insight into how service users experienced their engagement with activities. Service users talked in photo-elicitation interviews about their experiences of participating in productive and creative activity, making references to benefits such as having a routine, having something to do, feeling a sense of achievement and having the potential to learn new skills. Service user Oonagh spoke in particular about the opportunities available to make things in the OT department, and the impact it had on her:

R: *Yes, it just passes the time and also it's quite nice to see the end project actually.*
I: *The end result.*
R: *Yeah… Yeah, it's quite good.*
I: *It feels good?*
R: *Yes, it does. It's better than not doing anything at all, it just passes the time.*
Service user Oonagh

Service user Oonagh talked about the physicality of participating in productive activity; she described using a lathe as *"quite noisy, but it's quite an experience actually to go on the lathe, actually carving out things with a solid piece of wood… the chisels jump about because you've got to shape the wood."* (Service user Oonagh). This participant spoke very animatedly about woodwork and it was clear from the way she spoke that the act itself was a source of pleasure. Furthermore, her comments revealed that completing a project provided feelings of satisfaction; in addition to the bird table pictured above, she took several photographs of items she had made. These are discussed in the section on *Showcasing* below.

Not all service users talked about participating in organised activities such as woodwork. Service user Stephen explained that he was not able to use the gym, but that OT staff had encouraged him to walk around an external recreation area, increasing the distance each time and kicking a sponge ball which *"makes it more interesting"* (Service user Stephen). Service users did not refer to their activities as therapeutic. Instead, they spoke about 'doing', 'making', or 'keeping busy'.

Although service users' comments were positive in relation to the activities and facilities available at the hospital, a more critical view was offered by staff member Naomi, who referred to the lack of opportunities for service users to become involved in the everyday running of the hospital. Talking about tasks such as maintaining the gardens, cooking meals for service users and doing the hospital's laundry, she said:

> R: *It's a company that comes in that cuts the grass and cuts the trees and does this and does that. And then outside … there are I think three patches, almost like little flowerbeds or raised beds for vegetables.*
> I: *And that's the OT garden is it?*
> R: *Yes … And they've got an allotment … But … in the olden days service users would've been involved in the kitchen. Well the food gets all delivered, cooked, warmed, there is no such thing anymore it's all outsourced. So in that respect the barriers between institution and not normal or normalised life are bigger than they were before. Because service users when they are involved in sort of like a semi-normal life still all the sessions are by the OTs, you know? They do of course have a kitchen in the corridor and people do sometimes do their own breakfast and they go shopping and learn all about these things but it's all, it's all for the purpose of a session and you learn how to do it. Rather than actually saying "Yes I mean we're going to have a hundred meals ready by 1 o'clock. Let's get cutting the carrots." And in the past I think you would have the laundrette all that stuff people were actually working at.*
> Staff member Naomi

This view constructs an alternative model of care, challenging the notion that productive activity should take place as part of the OT programme and suggesting a model based on co-production (Bovaird, 2007).

Containment

As well as being constructed in terms of its function of *care*, the hospital was simultaneously constructed as having the function of *containment*. Staff members spoke

about wanting deliberately to convey the *"darker side"* (staff member Paula) of the hospital, more so than service users. Staff spoke about security, safety and containment in terms of their emotional effects, but with the acknowledgement of the reasons behind this function of the hospital. For example, staff member Mary talked about a *"feeling of, yeah, entrapment, but trying to be safe as well… which I think sums up our ward"* (staff member Mary).

Of the five[5] service users who participated in a photo-elicitation interview, one talked about the hospital's function of containment. Service user Stephen constructed the function of containment as a positive and reassuring aspect of the hospital:

> *I: And why did you want to get a picture of the security office?*
> *R: Well it's the main feature as you come in.*
> *I: So it's something you see quite a lot?*
> *R: Yeah.*
> *I: And what does that mean for you?*
> *R: Well it means if you go in to it, it means a secure, the building is secure, the traffic's secure. It can come in … [but] it can't go out unless there is a man letting it go out.*
> Service user Stephen.

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[5] This includes one participant whose material was removed from the study as discussed in Chapter 3.

Negotiating the hospital environment: retreat and rebellion

The ways in which participants negotiated features of the physical environment fell broadly within the theme of *overcoming the institution*. The following sections present the ways in and extent to which this was achieved.

Overcoming the institution: retreat

Whilst the visual data provided an insight into the appearance, layout and facilities provided by the hospital environment, it was not possible to understand how users of the building negotiated the environment. The opportunity for service users and staff to retreat from certain aspects of the hospital was described by some participants. Staff member Mary described the staff office as a refuge for staff who may feel the need to retreat from the ward environment in order to regain a sense of 'normality'. The photograph overleaf shows the window to the staff office on Mary's ward:

R: *I think staff as well do use the office as a refuge and as a place to kind of, yeah, feel a bit normal - whatever that it - but to feel like they are at work and they're not - they can get away and they've got these computers in front of them and that makes them feel like they've got a kind of office job in a way, or...*

I: *So is there a sense of, like a loss of normality almost?*

R: *Yeah, well I think there's a kind of trying to work out what is normal. That's what I felt like ... I think there's definitely this kind of separating yourself and trying to say well you know I haven't ... I've not had those experiences that they've had, I'm not kind of, I've not been detained, so what is it about them that makes them detained and not me? You know, that's the way I looked at it.*

Staff member Mary

Oonagh talked about the availability of a room within the hospital building that could be used for quiet reflection:

I always go to church on a Sunday morning for about half an hour, so this isn't an actual church, this is another room off, but people can actually go there and sit in quiet and just think about things.
Service User Oonagh

Participants took photographs of the external environment and talked about them as pretty, beautiful and pleasant, but did not talk explicitly about using them as a form of retreat from aspects of the hospital environment. Several participants took photographs of the Walnut Tree, a large, old tree which had a curved bench in front of it and a plaque of a poem written by a former service user. From the participants who took part in photo-elicitation interviews, two members of staff and one service user talked about this spot. The tree, along with the curved bench, had been intended to be used by service users as a place to retreat to in much the same way as service user Oonagh described the room pictured above. During interviews, participants spoke about how lovely the tree was and that they had sat on the bench, but did not explicitly say that it was a place for retreat. Staff member Paula, looking at a photograph she had taken of the curved bench, reflected on what she felt may be a barrier to service users this particular spot as a retreat:

That's I think my favourite part of the whole hospital. Because, not enough service users use it because I think it's so exposed like, you know the way it's designed, I think they just like people not to be looking at them you know having a fag or chilling out or whatever, or crying, but potentially if that was in another place where everyone wasn't looking, I think it's just beautiful to look at but also you know, I've sat there myself sometimes and I don't know, it's just a nice little place really. And I think it's really sweet that they've got a plaque of somebody that's died as well. That's really special.
Staff member Paula

Overcoming the institution: rebellion

Some participants described occasions where service users and staff had manipulated features of the institutional environment in order to disrupt its dominance. Using her photograph of an alarm as a springboard for discussion, Mary talked about the playful aspects of work within the ward, which sometimes involved setting off hospital alarms:

> *I pushed my alarm and then held up a sign saying "goodbye" – 'cause it's kind of funny to see everybody run. And I did it in a handover so...*[I: so there were loads of people] *yeah, some were a bit annoyed, but* [I: oh well] *yeah exactly, "I'm off!" So there was an element of fun on the ward and I think that's another thing, the staff, it's either laugh or cry. There's a lot of piss taking and camaraderie and drinking and kind of trying to just, yeah, feel like you're not going mad yourself...*
> Staff member Mary

Mary's account suggests that pranks on the ward serve to overcome the institution in terms of providing a release from the intense working environment.

Similarly, staff member Naomi told a story about an instance where her work directly challenged the regulated, controlled nature of the hospital environment:

> *We had this idea that with the music group, we were going to do a music group in the foyer of the [ward] building which is older adults … But what caused actually real concern was that service users from the adult wards had come into the older adult building and that doesn't happen. And apparently it's not supposed to happen to a certain extent and I don't quite know why … So we were all sitting in this circle around these drums … And we had such great fun and there was so much interaction. And then that came back could this please never ever happen again … Did anything happen? No. I mean, okay, some admin staff complained about the noise but nothing else…*
> Staff member Naomi

Just as staff employed various strategies to overcome the constraints of the institution, so did service users. Staff member Naomi described one of these instances, where a service user caused disruption to the system used to enter a secured area of the hospital:

> *About a year, maybe two years, ago we had a service user who I think developed a little hobby of getting the [security keypad] codes. So we had a phase where we had to change the codes, I can't remember now whether it was twice or even three times and he would make real fun of it in terms of saying "Got you again" … I remember when that happened I felt in some ways really pleased for the service user … Although there was cost involved and all that, but there was some element of teasing the whole system…*
> Staff member Naomi

In another case, service user Hermes referred to breaking the regulations of the hospital environment:

This is where we usually sit and have a cigarette even though we're not allowed
Service user Hermes

Hence whilst the visual data provided a simple visual description of the hospital environment, the addition of interview data enabled the construction of a richer description which incorporated how participants perceived and negotiated the hospital. This made a difference to the impact that certain images had upon me. I have already written about the 'punctum' that some photographs contained for me, that is the 'sting' or personal impact of an image that is not necessarily reduced to discourse, as well as the 'studium' content which is understood intellectually (Barthes, 1981). The addition of this supporting text was crucial in understanding why certain photographs were taken and understanding how service users and staff experience mental health hospital environments. In this way, what participants said whilst looking at their photographs expanded the 'studium' content of certain images.

The next section is concerned with the process of participant-generated photography with photo-elicitation interviews, and presents the ways in which participants approached their photo-taking and also how they responded to their photographs during interview.

Process of photo-taking

Discourses of art and creativity

For several, a discourse of art and creativity seemed to inform their photography. In this context, the discourse of art and creativity played out in relation to several themes. One

of these was knowledge, competence and the use of formal rules and conventions. Another was the notion of creativity as thought provoking, offering new perspectives. The notion of intrigue also featured in the accounts as did the desire for photographs to be visually pleasing. Participants stated that they wanted to take photographs that were visually interesting, aesthetically pleasing and well composed.

Service user Hermes talked about his approach to photo-taking entirely through this discourse. From the very beginning of his interview, Hermes spoke about having studied photography at college, and how he *"like(s) getting things in proportion"* (service user Hermes). Hermes was keen to demonstrate the effort he had gone to in composing each shot:

I: So that's number 4.
R: Yeah I was actually laid down on my side and then I took that shot. It wasn't like I was stood up and took it.
I: Oh, right. And were you lying on your side anyway?
R: Yeah, like that on the floor. On my side like that.
I: So did you lie down specifically to take it?
R: Yeah, to take that picture.
I: Oh brilliant. Sounds like you put a bit of effort in to it, quite of lot of effort.
R: Yeah, they look good.
Service user Hermes

> R: *Yeah, that's to get to that ward. I was on one knee I think … That's photographers; you'll see them on the worst angles to get the best pictures.*
>
> I: *Number 15. So you lay down to take number 15?*
>
> R: *Yeah, I was on one knee.*
>
> I: *And how do you think it came out?*
>
> R: *It came out brilliant, look. I was just going up, up, up, up.*
>
> I: *Yeah.*
>
> R: *It's a shame they ain't going on display.*
>
> Service user Hermes

Hermes' ideas about creativity centred upon two notions: the formal conventions of art such as perspective and composition, and the aptitude of the photographer to be innovative when framing photographs. For Hermes, getting himself into awkward positions demonstrated that he was a good photographer, as well as producing well composed photographs:

> I: *What is it you like about that one? That's number 11.*
> R: *I just like the proportion. If you look at the proportion of the picture with just the bench in the middle, do you know what I mean, it's like look, you could almost do it with your fingers see.*
> I: *So getting it, getting the composition right is important for you isn't it?*
> R: *Yeah. That's how my photographer used to mark our work. He used to look at a picture and you'll think well it looks alright to me, and he'll say no, because if you look where that is and how wide that is, the subject matter and things like that.*
> Service user Hermes

The interview with staff member Paula also contributed to an emergent theory of creativity, this time based upon intrigue and new perspectives. Paula was due to stop working as an OT shortly after participating in the project, and wanted to create a memory of working at the hospital. Paula wanted to use a creative approach which would make the environment with which she was so familiar appear intriguing or alternative in her photographs:

> I think that because I was really familiar with the environment I was trying to take it from... if it had been a new environment I would probably have been taking really obvious photos. I was just trying to take either silly or ones from different angles that I wouldn't usually…I was thinking trying to make it look not as I usually see it because it is really familiar to me. …I remember just thinking well if I take a picture of loads of stuff that I know quite well, I just thought that would be boring so I just thought I would take pictures from...and also make it look slightly different so when I had a look at them again it looked, do you know what I mean, I look at it and think "What's that? Oh, it's that".
> Staff member Paula

Showcasing

The strategy of showcasing was used by service users to talk about the facilities and activities provided by the hospital, as well as aspects of themselves that they chose to photograph. There was a sense of pride from service users talking through this discourse; one stated that *"it's nice to let people know what is here"* (Service user Stephen), and another stated that her photographs were *"showing you what's available"* (Service user Oonagh). Hermes took a photograph of some tomatoes growing outside to showcase the skills of the staff at the hospital:

R: *I like this one because this was taken right next to, where is it now, that one.*
I: *Okay, so, are those tomatoes?*
R: *There's* [occupational therapist], *he actually grows them on the ground.*
I: *So that's number 17.*
R: *Yeah, I like that.* [Occupational therapist] *does that and he's really good at, if he's doing woodwork with you, he's like a perfectionist with it, with his measurements and stuff. And he's very green fingered so I took that.*
Service user Hermes

Service user Oonagh spoke at length about the facilities and activities available at the hospital, and took several photographs of items she had made during OT sessions. Through her comments, a sense that she was showcasing both her skills and the activities on offer at the hospital was conveyed. Her photographs are displayed below and include a drawing of a robin, a bag and a photograph of a cake she had baked, just visible in the top left hand corner of the first photograph:

> *Every Wednesday we have baking, and we do various recipes which is quite nice. Yeah, and then we can taste the actual product after we've baked it. Yeah, so it's quite nice.*
> Service user Oonagh

> R: *I actually did this actual picture.*
> I: *Oh, did you?*
> R: *Yes, with a robin … So it was quite a nice pastel painting so I thought I'd take a picture -*
> I: *Ah, and is that, this is in the OT Department as well?*
> R: *Yes, that's right. So I did that actually in the OT Department, yeah.*
> I: *So you wanted to capture a piece of art that you'd done yourself...*
> R: *Mm. That's right, yes.*
> I: *And why was it important for you to take a photograph of that?*
> R: *It's just the things we actually do here.*
> I: *Mm-hmm. Okay.*
> R: *So I think it's quite interesting, all the activities we do.*
> Service user Oonagh

R: *This is the bag I did.*
I: *You made that as well?*
R: *Yeah, put the motif on there.*
I: *Mm-hmm.*
R: *Yeah. So that was actually in the showcase in the corridor, so
        I thought I'd capture that … it's things I've actually done.*
I: *Mmm, and it looks like, I mean this is obviously on display and it
        looks like this is some sort of display cabinet.*
R: *Display cabinet, yes, it is, yeah.*
I: *And so what's that like having your art on display?*
R: *Mm, it's quite nice, yeah. Mm. (Laughs)*
Service user Oonagh

Service user Stephen performed his photography in a similar way, taking photographs in order to let the viewer know what the hospital environment offers service users. The example overleaf is a photograph he took of the occupational therapy department from the outside:

I:	So what's the focus of this photo; number 24?
R:	It was to get the workshops in there.
I:	The workshops?
R:	Yeah, the therapy places, it's not workshops as such is it.
I:	Okay, so that's what you were trying to capture?
R:	Yeah. I've taken this one from the top of the steps haven't I? Yeah.
I:	And why did you want to capture the therapies?
R:	Well I thought it's nice to let people know what is here.
I:	Okay.
R:	And then obviously they're good, you know.
Service user Stephen

Service user Walter, a young adult male who was being detained on a secure ward, took photographs solely within his bedroom of himself, his clothes, his crucifix, his stereo, a poster on his wall and his desk. Walter's comments suggested that he took great pride in his belongings and his appearance, which he appeared to showcase through his photographs. Below is a selection of his photographs:

The majority of his photographs were of his clothes (n=12), which he either laid out on his bed or displayed by opening his wardrobe. In addition, Walter took eight photographs of himself in the mirror. Asked why he wanted to take so many photographs of himself and his clothes, he said:

> R: Just show how many things I got.
> I: And why's that important for you?
> R: 'Cause I wear, there's a lot of designer clothes.
> Service user Walter
>
> I: Why did you want to take a picture of you?
> R: Well, 'cause I likes myself I think I'm handsome [smiles]
> I: Ok [smiles]. And so you've taken quite a lot of your clothes, haven't you? [R: yeah] Can you just tell me a bit more about why your clothes are important to you?

> R: 'Cause I love my clothes. I love clothes, I got lots of clothes, I got lots of
>   clothes still down at my mum's house I got loads of clothes at my girlfriend's
>   house. I've got lots of clothes. I love clothes.
> I: And so were you trying to use the camera to show how much you loved
>   clothes?
> R: To show that I'm a independent person when it comes to dressing myself.
> Service user Walter

Walter's last statement, *"to show I'm a independent person when it comes to dressing myself,"* suggests that clothes signify independence for this participant, which may be in contrast to the loss of independence experienced by being detained in a secure mental health unit. It should also be said that Walter was not permitted to leave his ward unaccompanied. This is very likely to have mediated his photo-taking, which took place entirely inside his bedroom.

Being spontaneous

As well as taking photographs that had been planned, several participants reported that they had taken photographs spontaneously during the project. This sometimes happened when participants had already taken the photographs that they had planned to take and were using up the rest of the film or when unexpected situations arose. Sometimes participants took photographs that had not been planned but that they were prompted to take as they walked around the hospital, as if documenting the hospital. The two photographs overleaf were taken by staff member Paula, who said the following about them:

> *I think I was probably just thinking "oh I don't know what to do". I wasn't thinking a lot, I was just like, "oh, take some pictures" so I'll take some inside so I'll just take some of the sports hall through the window, the door leading into the interview rooms and the table where some of the service users sit and have tea sort of outside the social room.*
> Staff member Paula

> *Do you know what? Honestly, I took a picture of that because I just thought "oh, I'll take a picture of the social room"*
> Staff member Paula.

> *I was looking at it and I thought "I'd quite like to take a photo of one of those"*
> Staff member Mary.

Spontaneous photographs were also taken when unanticipated situations arose. During the time that staff member Mary had the camera there was unexpected snowfall. She took several photographs to capture this:

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Avoiding photographing people

Some participants talked about how taking photographs for the project differed to conventional photo-taking. A key difference between other types of photography and the photography which took place for the project was that participants were asked, for ethical reasons, not to take photographs of other people. This presented a challenge for some participants, for example staff member Paula, who explained that the framing of the project encouraged her to approach her photo-taking in a particular way:

> *I found it harder at first because I'm not used to just taking pictures. I guess if you go to somewhere like, I don't know, some amazing location that's really beautiful, it's easy; you don't want to photograph people then do you? But because it was quite a blandish environment compared to what I like to take pictures of… I find it more difficult because I'm just like, this is really boring… I was trying to be more kind of creative with the way I took the pictures, do you know what I mean? To make them look more interesting I was using different angles. I was thinking a lot more about it rather than with a person, you just see them and go 'smile' and take a picture.*
> Staff member Paula

Staff member Mary also reflected on the task of taking photographs without people. Unlike most (if not all) other participants, Mary did not wish to share the fact that she was taking photographs with other members of staff or other service users. She commented that this mirrored the way she works as an artist, which seemed also to serve to protect her photography from outside influence. She explained it thus:

> *There was a certain kind of being a bit like a private investigator keeping it to myself. I didn't tell anyone I was doing this project … I didn't think they'd be that interested … I thought maybe someone might say "oh you shouldn't do that" or "you shouldn't be taking photos of patients or people" and I would've said "well I'm not going to anyway"… I thought yeah "I can't be bothered to explain to them" … I kind of treated it like my own little thing that I was doing and didn't really talk to anyone about it. But that's probably the way I work artistically as well, I just get on with things in my own way and you know, then when the results come out talk to people.*
> Staff member Mary

Service user Hermes also spoke about the fact that he had not taken photographs of other people:

> *And as you can see there's hardly no-one in my pictures but me, it wasn't about …*
> *Tom, Dick and Harry being my project…*
> Service user Hermes

The comments from these three participants suggest that the ethical restrictions of the study were taken seriously by participants, and indeed there were very few photographs of other people in the entire dataset.

Responding to photographs

Responding through aesthetic discourses

Most participants, when reviewing their photographs in interview, judged them at least partially from an aesthetic or technical standpoint. Several participants talked about how their photographs had *"turned out quite nicely"* (service user Oonagh) or, conversely, were *"not very good"* (staff member Paula). Some participants disliked 'not very good' photographs so much that they wanted to remove them from their collections, or spent very little time discussing them, even though the point of the study was not to produce 'good' photographs.

As well as judging photographs against conventional dimensions of aesthetics such as focus, composition, lighting and colour, participants also liked shots which provided interest or were abstract in nature. Photographs which were out of focus, too dark, or where participants had unintentionally included their shadows or had clipped some of the subject matter out of the shot were judged to be 'not very good' photographs.

Some participants referred to their own experience as artists or photographers; for example, staff member Mary was clearly influenced by her experience as an artist in the way she reviewed her photographs:

> R: *That's not a very nice photo. Um... the way I've taken it I don't think it's very interesting ... I think from my own artistic perspective it doesn't look like I've kind of thought about how it might come out, or um maybe try to frame it around itself, it's kind of a bit cut off there, and...um...*
>
> I: *So was that something you were taking into account when you were taking the photographs?*
>
> R: *Yeah, I mean I think there's always a part of me that wants, when I do anything creative, I still want to feel like I'm an artist or that, you know, it's kind of the art degree, the kind of the way I've trained is still present. Yeah, I was really interested in doing this project because it appealed to my artistic side.*
>
> Staff member Mary

It seems that most participants, when faced with their photographs in follow-up interviews, were unable to relinquish the lens through which photographs taken for aesthetic purposes are usually viewed. Photographs were praised for either providing well-composed, sharply-focused reflections of reality, or for being aesthetically interesting or abstract. This suggests that asking participants to talk about photographs they have taken may encourage a particular stance of artistic critique. Consequently, some participants' concern with the aesthetic and technical quality of their photographs meant that much of the discussion centred upon the technical or creative quality of their photographs, rather than their perceptions of the hospital environment.

Triggering memories

In some cases, the content of photographs acted as a trigger for participants to engage in discourse about their earlier lives. Service user Stephen, whilst looking at a photograph of the hospital gardens, talked about his prior experience with gardening, which appeared to be triggered by the content of the photograph:

I: *And what do you think of this photo?*

R: *I think that's about the best one there.*

I: *Really, out of all of them?*

R: *Yeah, I think so.*

I: *Why is it the best for you?*

R: *Well, I have been doing a bit of gardening just recently now. When I was a bit younger I was out of work and I had three months rehabilitation. I went out to a place called* [Road] *in* [Area] *… When I was out there it was workshops for disabled people, like me who have been out of a job, for rehabilitation. That was what they found I was best for, gardening … We didn't do a lot of things, I've got to admit, but what we did do; they gave us a little plot outside the front of the place, only a narrow strip. And he asked us to weed it, that was all and so I went through it as much as I could, and then when he came round checking he just sort of went to it. And I thought he hadn't taken much notice, but when it comes to the end … they thought I'd be good at gardening.*

Service user Stephen

S also saw a photograph of a game that he had owned as a younger person:

> R: *That is a little game of, that's a game of Chinese checkers and they play that on the Friday afternoon. It's either four or six players can play that.*
> I: *And do you sometimes play it?*
> R: *I had it at home. That's how I knew it, well I wouldn't say as a child, but when I was younger. I had it as a Christmas present and they were all vivid little things to push in and that.*
> Service user Stephen

Similarly, staff member Naomi said that she was reminded of her childhood when looking at the following photograph of ceiling tiles:

> *So the first impression I actually have is I'm looking at the top left corner and do you know these top tiles there in the ceiling they remind me of my childhood. We had neighbours and they had them in their when we would go over to play with other children they had them in their ceilings. There's something retro about, it's 1970s tiles.*
> Staff member Naomi

The way in which some photographs appeared to act as triggers for participants to talk about their earlier lives highlights the field of reception as a specific context for meaning construction. Reminiscence through photography has been used therapeutically with older adults (Sandoz, 1996; Koretsky, 2001). Reminiscence has also been conceptualised as enjoyable experience, or performance, which can contribute to a sense of self in relation to others (Spence and Frohlich, 2011). Participants did not appear to take those photographs that triggered memories for that purpose; it seemed to be a consequence of viewing their photographs that prompted meaning to be attributed in this way. In this way, a function of photo-elicitation interviews could be to provide a further platform for meaning construction through reminiscence, which adds to the participants' thoughts and motivations at the time of taking the photograph.

Transforming 'place'

Some participants reflected on how their participation in the project made them remember or 'see' the hospital environment differently. This happened for staff members rather than service users, two of whom (Mary and Paula) had stopped working at the hospital by the time they participated in follow-up interviews. Staff member Mary talked about how looking at some photographs prompted her to remember more positive aspects of working at the hospital than she would otherwise have remembered:

> R: *Although I have kind of strong views about there and obviously I've left, I think just having little triggers and it reminds me of other little things I probably wouldn't have talked about ... I think as well you can remember things and you can be a bit dreary about it especially when you've left. And you know I wouldn't say it was an amazing positive experience, although I'm really glad I did it. So I think just having some little triggers that actually remind me "oh yeah, I had a laugh then", um, yeah, there were some nice moments. Like the snow, I wouldn't remember that if I was just talking to someone, and that was a good shift.*
> I: *So you can actually remember the shift as well?*
> R: *Yeah, yeah I think so, I think just the whole thing about it being exciting when it's snowing, and even people who were a bit depressed or whatever it's just something different to the day and yeah, a talking point.*
> Staff member Mary

In contrast, staff member Paula reported that her photographs made her see some parts of the hospital with fresh eyes. She talked about how *"it's really interesting to look at a place that you just see every day but look at it in a slightly different way"* (staff member Paula), and noted how the perceptions of the hospital she had held when she was working there were challenged by some photographs:

> R: *The corner of it where the stuff was. Now I'm looking at it now, it makes me realise how drab and horrible, what a mess.*
> I: *Really? So it didn't look like that to you when you ...?*
> R: *No, no it actually looked alright, that's why I took it I think. But like that looks a mess ... It's not a place I would wanna sit. So yes, I just thought it would be a nice shot of the corner where all the stuff was, where it was a bit busier but no.*
> I: *So it's almost like while you are there, you obviously didn't notice what it actually looked like and so looking at the photographs...*
> R: *...has clarified it.*
> I: *And you're removed from the situation.*
> R: *Yes it's changed.*
> I: *Makes it look a bit different.*
> R: *Definitely, definitely because that's, I can't actually believe how bad that looks, yes, it's weird isn't it? Yes, it kind of looks really different now.*
>
> Staff member Paula

This alludes to a function of photographs as disruptions to normalised perceptions of working environments. Whilst some of Mary's photographs served to remind her of happy times that she may otherwise have forgotten due to the overall experience of working at

the hospital, Paula's photographs presented an image of her working space looking dishevelled, which she had formerly constructed as looking *"alright"*. Paula interpreted this process as one of realisation; she believed that her previous perceptions of the hospital were somehow flawed and that the photograph provided a more 'realistic' impression of the hospital environment. In a similar situation, staff member Naomi reacted in the following way to a photograph of a corridor:

And then this is the … wow oh my god this is the **corridor***?! And you know this looks worse than it actually feels like being in that corridor. It just reminds me of corridors in hospitals … I'm sort of like thinking actually yes it doesn't really look nice.*
Staff member Naomi

Hence Naomi highlighted that the photograph of the corridor elicited different feelings about the hospital environment than how it felt to actually be in the corridor; the image of the corridor presented the hospital environment more negatively than Naomi felt the environment seems in person. Again, this suggests that meaning construction is contingent upon the field of reception as well as the field of production, and that even when photographs are taken and viewed by the same person, this can differ when the context changes. This has implications for the interpretation of images by third parties, which happened during focus groups in Chapter 4, and which focused only on the field of reception. With no first-hand experience of the hospital environment, focus group participants had only the images to work with, which according to participants Paula and Naomi may present the hospital in a very different light to how it appears in person.

Intentions versus 'reality'

Following from the previous section, some participants compared what they had intended to capture with what had actually been captured by the camera. Commenting on the difference between the experience of taking and viewing her photographs, Naomi spoke at some length about how she had framed the following photograph, having carefully captured the hospital gardens in the mirror's reflection. When looking at the photograph in the follow-up interview, Naomi's attention was drawn to some content that she had not noticed when taking the photograph:

I don't know whether I was aware of these fire extinguishers when I took it. But I think the interesting thing about this is that me playing around all this… How am I going to make this photo? And then the most mundane stuff these fire extinguishers hanging on the wall and you know what's most annoying with all the aesthetics is that that one's not even hanging straight! You know ... that's what I would pick up and say "Isn't that funny me making all this fuss and here comes reality."
Staff member Naomi

Some participants unintentionally included their shadows in some photographs:

R: *I've got my shadow there.*
I: *Did you intend for the shadow to be in?*
R: *I didn't intend for the shadow. If I knew the shadow was going to be there I would have kneeled down and took it.*

Service user Hermes

I: *Okay. What do you think about this photo?*
R: *Yeah, you've got the images here –*
I: *Your shadows.*
R: *- shadows, yeah. (Laughter)*
I: *Was that intentional?*
R: *No, it wasn't actually, no.*
I: *So your main aim behind this photo wasn't getting the shadows –*
R: *Shadows.*
I: *- it was getting the chair?*
R: *It was getting the chair.*
I: *Ah, but you've ended up –*
R: *With shadows as well. (Laughter)*

Service user Oonagh

As proposed above, this suggests that photographs, once developed, may be very different to how the photographer intended. Whilst this is unremarkable in itself (we all

take photographs that turn out differently to how we intended), it highlights that participants' intended meaning of photographs produced as part of a research project cannot be gleaned just by looking at photographs. This issue can be further exemplified by recalling what focus group participants said about photographs of participants' shadows. What was considered in focus groups to be a deliberate representation of the self was actually often captured in error by the photographer.

What does photo-elicitation contribute?

A key question for this chapter has been the extent to which interpretations of visual data rely on textual support. This was explored by presenting the ways in which participants' interview data supported interpretation of the images. This combined analysis suggests that participants constructed their versions of the hospital in terms of its functions and the ways in which they negotiated the hospital environment. Some of participants' constructions of the hospital environment were strongly dependent on verbal explanation, particularly where complex processes and issues were being represented. For example, it would not be possible to understand 'rebellion' as a way of overcoming the constraints of institution from the photographs alone. This points to the centrality of textual support in understanding participant-generated photographs, if one is aiming to construct knowledge based on the participant's point of view.

That is not to say that meaning making is not possible without textual support. As Chapters 4 and 5 demonstrated, some meaning can be gleaned from images alone by applying alternative methodological techniques. Using a method such as thematic visual analysis may be useful in producing initial constructions of the mental health hospital environment which may then be expanded by participants' accounts. Meanings can also be generated using triangulation procedures, such as asking third party participants (i.e. focus group participants) to become involved in interpretation. However, these techniques are limited in their scope for producing 'thick' descriptions of the hospital environment. In the case of participant-generated photography, I hope that this chapter has shown that including participants' accounts into the interpretive process enables a greater depth of analysis and a far richer interpretation of the visual data.

This leads to the question of whether the visual data are superfluous. What do photographs contribute, if anything? The inclusion of participants' photographs in the interpretive process contributed to me experiencing a depth of understanding that, it is argued, would not have been achieved through conventional interviews. Looking at the visual data alongside the verbal data prompted a more visceral understanding of participants' experiences of the hospital environment, and a more immediate connection between participants' words and the hospital environment.

The contribution of photography extends beyond interpretation. This chapter demonstrates that photography strengthens research processes by introducing creativity, enjoyment and ownership by participants. The second part of this chapter reveals what participants said about the process of photo-taking and the ways in which they responded to their photographs. Asking service users and staff to take photographs of their environment appeared to encourage creativity; participants often looked for interesting or visually pleasing ways to represent the hospital environment, which gave them a sense of satisfaction when they were reviewing their photographs. In this way, photography seems to provide participants with an opportunity to engage in an enjoyable activity as part of a research project. Indeed, participants stated that they enjoyed taking part in the project and service users often expressed gratitude that they had been asked to participate.

As well as enhancing the research process, it is important to ask whether the use of photography limits the research process in any way. It may be that participants rely on existing ideas about photography to frame their responses and this could limit both the scope of their photograph taking as well as the process of interpretation. They were also advised not to include identifying details of themselves of others. Hence this approach may have encouraged particular approaches and genres (such as landscape photography) and precluded others (for example, portraiture). This was borne out through the discourse of 'showcasing' that service users often used to represent the hospital environment and themselves through the photographs; they were concerned to demonstrate what the hospital offers in terms of facilities and activities, and they were also keen to showcase their belongings or artistic creations. This may be a consequence of participant-generated photography as a method and the focus on the visual that this approach entails. Whilst this is not necessarily a drawback, it is important for researchers to consider if they intend to use a similar method. For staff, photography enabled participants to take a step back from the

hospital environment and see it through the images they had created. This added a dimension to the study that verbal data could not have captured; some participants reflected on how their photographs disrupted their normalised perceptions of the hospital because the photographs looked different to how the environment 'feels' in person.

Finally, it is noteworthy that the use of participant-generated photographs in follow-up interviews encouraged participants to view their photographs through a discourse of artistic critique; comments often related to the technical quality of each shot rather than what the images said about the hospital environment, which is worth considering as a researcher if one plans to conduct photo-elicitation interviews with participants' photographs. Chapter 7 presents data from Phase III of data collection, which involved interviewing participants as they were taking their photographs, rather than in photo-elicitation interviews. The key difference with this method is that participants did not have the opportunity to see their photographs once they had been developed, so the supporting text consists solely of the observational and verbal data I collected at the time of photo-taking.

Chapter 7: Using Mobile photo-interviews

Introduction

This chapter builds on Chapter 6 to explore a further development of the methodology: the use of supporting text, collected at the time of photo-taking, and its contribution to understanding. 'Text' in this case refers to the observational and verbal data I collected during the mobile photo-interviews. These were not audio recorded, but I captured as much of the participants' own words as possible in my field notes. The chapter starts by presenting how participants in this phase of the research talked about the mental health hospital environment; as a result of this, some of the themes presented in Chapter 6 (the functions of the hospital, care and containment, negotiation of the environment) are reiterated here. In terms of negotiation of the hospital environment, data are presented on processes of retreat, but there was little reference to rebellion from participants in this phase of the study. An additional theme emerged during this phase including 'relationships with staff', discussed below. Towards the end of the chapter, reflections on the mobile photo-interview method are presented and this is compared to the method of photo-elicitation interviewing presented in the last chapter.

Functions of the hospital: care and containment

The data from this phase reveal similar themes as in the previous chapter and the data reinforces the view that participants constructed the hospital in terms of its functions of *care* and *containment*. There were slightly different emphases, however, on the components of each function. For example, the theme of therapeutic landscapes was constructed as in the previous chapter, but this was performed with reference to sensorial aspects of the physical environment. In addition to the themes in the previous chapter, service users who participated in mobile photo-interviews also talked about their relationships with staff as contributing towards their care.

These are described in more detail below.

Care

Participants' photographs and discussions echoed the themes in the previous chapter, constructing the hospital as comprising attractive landscapes and opportunities for service users to engage in activities. In addition, the quality of staff at the hospital was discussed by two service users.

Therapeutic landscapes

<u>The external environment</u>

All participants photographed the hospital gardens and spoke about them in positive terms, although the one member of staff in this group commented that she never had time to use the garden areas. Service user Derek took a photograph of a garden bench and explained that it was a *"nice little bench"* and that he enjoyed sitting in the sun in the garden:

Derek also commented that he liked flowers because they were pretty and colourful. Other service users also commented on aspects of nature in the hospital gardens, such as birds, flowers and trees. Service user Kalim took a photograph of some flowers near to his ward:

Kalim took a photograph of the flowers in the garden close to his ward, saying "they smell nice when I get up in the morning"
Field notes, service user Kalim

Service users sometimes used metaphors when talking about the external environment. Kalim, talking about some rocks located in the hospital gardens, said that they *"stand for a good hospital. Because it's a rock, it'll stand forever, but people will come and go"*. Service user Jim also used metaphor when talking about the walnut tree, the large tree with the curved bench discussed in the previous chapter:

Continuing along the path, Jim led us across some grass to the walnut tree. There were people sitting on the bench and he explained to them that he wouldn't take any photographs of them but that he was going to take some of the tree. He chose to take one looking up through the leaves of the tree, then the people moved and he took one of the tree from a distance. He said he loved trees and liked this one in particular because it is strong, old and powerful – "like me". He took another photograph of flowers and said that he liked nature and the things that reminded him of nature in the hospital. He said he grew up in nature and that it was very important to him.
Field notes service user Jim

In the example above, service user Jim demonstrated reflexivity by showing an appreciation for the ethical limitations of the study. He explained to the people under the tree that he was going to take some photographs but would not include them in the shots. He also used this setting as an opportunity to relate aspects of the hospital environment to his identity i.e. that he grew up in nature and it was important to him. Kalim photographed this spot as well, explaining that sitting under the walnut tree having a drink is his *"favourite thing"* (service user Kalim). He talked about the tree and an external water feature in terms of retreat from the ward environment, which is discussed separately in the section on *retreat* below.

Overall, service users constructed the external environment as providing sensory pleasure and a connection to nature; in this way the accounts of participants who took part in mobile photo-interviews relate to discourses of therapeutic landscapes discussed in the previous chapter.

Several participants praised the internal features of the hospital; one even compared it to a holiday camp (service user Derek). Derek commented whilst walking through the reception area of the hospital that he did not like the appearance of most hospitals as they are *"just white"* and that it makes a difference being somewhere that is decorated nicely. Derek also commented that one of the spaces at reception felt homely; like a sitting room. The photograph Derek took of this area is shown below:

The area captured above was very different to the larger, open reception space. Two participants, a service user and a member of staff, felt less positive about the larger space. Staff member Naomi commented that attempts had been made to make the space appear less clinical, but she felt that the reception area remained *"a bit tricky"* and that the innovative seating (pictured below) was not regularly used by visitors.

Service user Jim said that the reception area was not a space he particularly liked, although he spent several minutes composing the following photograph of it:

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In contrast, service user Kalim seemed to like the reception area and sat there with the occupational therapist (OT) and I whilst taking a break from his mobile photo-interview. During this time he took two photographs of a piece of art on the reception floor (pictured below).

While we were sitting with our drinks Kalim took some photographs of the reindeer on floor of the foyer – he likes it because it looks like a horse. He likes them because "they're fast, they listen."
Field notes, service user Kalim

Kalim did not say anything particularly negative or positive about the reception area; he preferred to talk about the features contained within in, such as the reindeer pictured above, as well as an anti-racist poster. He used the poster to talk about his personal beliefs; by explaining to me what the poster meant, he conveyed his feelings about racism:

Kalim commented that "racist people don't have brains, they don't make sense". He went up to the poster and explained it to me.
Field notes, service user Kalim

As a working environment, the hospital was perceived as pleasant but not perfect. Staff member Naomi talked about the physical environment in terms of its physiological effects. Whilst she valued having a view to the garden from her desk, some aspects of the internal environment aggravated her vertigo, in particular the lighting and lack of curtains or carpets. However, Naomi acknowledged that making the environment more suitable for her to work in would incur additional cost and the inconvenience of cleaning, which she could understand would be unattractive to the NHS Trust fundholders.

Activities

All service users in this phase of the study talked about the activities on offer at the hospital, and two service users asked me to photograph them in situations such as playing the piano, using gym equipment and playing pool. This is discussed in more detail under the sections *showcasing* and *retreat* below. Service users in this phase of the study echoed those in the previous phase when describing their activities; Derek said that participating in occupational therapy activities helps him to *"pass the time,"* whilst Kalim photographed a range of activities including the gym which he explained was *"the only place I can concentrate and do physical things"* when he was bored or tired of the hospital. The woodwork room was quoted by Kalim as *"second best"* after the gym, and he also referred to activities such as playing pool, cooking and sculpture. Kalim demonstrated considerable knowledge about the woodwork equipment and explained to me what each machine was for, although he did not wish to take many photographs of this particular space. Cooking in particular seemed to give Kalim a sense of achievement; although he did not take photographs to depict this activity, he talked about it prior to starting his photography. He explained that *"Thursdays are my favourite day 'cause I can cook. Caribbean food – everyone on the ward loves it!"*

Relationships with staff

Two service users talked about staff at the hospital in terms of the hospital's function of *care*. This theme did not emerge in the previous chapter, and was not captured directly by participants' photographs. However, both service users talked about how staff at the

hospital were more caring than in others they had experienced. Kalim said the following about the hospital staff:

> *People stand as a unit – staff are consistent even if people come and go. It's important 'cause you get a relationship, it's on trust and they look after you… If you hit someone on the outside you might end up in prison… In other hospitals they'll let you go out and do whatever and then just give you drugs and knock you out. Here they talk to you, they're more caring.*
> Field notes service user Kalim

Similarly, Derek commented that *"they treat you different… they put up with a lot. In other places they'd lock you up in a cell and drug you"* (Service user Derek). This was Derek's final comment during his mobile photo-interview, and was triggered by the last photograph he took: the entrance to the hospital, pictured below:

In contrast, relationships with other service users were rarely mentioned, and never in terms of care. Kalim photographed his ward from the outside and made the following comment:

> *Disturbed people, don't want to go there, they don't make sense*
> Field notes, service user Kalim

Other service users were constructed as 'disturbed' and not making sense, which led to service user Kalim not wanting to enter the ward. This could have been a strategy to

preserve the positive image of the hospital that this participant was constructing with his mobile photo-interview, or it may have been how he genuinely felt about the other service users in the hospital.

Containment

Service users had different perceptions of the hospital's role of containment. For one service user this was performed through a discourse of protection from the 'outside' world. Kalim referred to the barriers as providing reassurance that they were safeguarded within the hospital grounds:

Without the security gates and locks, thieves would get in.
Field notes, service user Kalim

Sometimes in life people are trouble makers, trouble follows them. So they need to be somewhere safe.
Field notes, service user Kalim

Kalim described his ward as *"the little prison I'm in"*, and explained that he did not have free will to leave the hospital as the Home Office decided how much time he could spend outside, but accomplished this without appearing to make negative judgements on the hospital. Conversely, service user Jim constructed the hospital as prison-like in a negative way, referring to his desire to *"get the fuck out of here"* and his belief that being contained was *"against my nature"*. Some of his photographs were taken with the intention of presenting a version of the hospital as restrictive and oppressive:

This theme continued indoors where J took photographs of the living room of his ward:

> *The internal shots were also of 'looking in' - I asked him about this, and why he wanted to take photographs looking into the rooms he spent time in, such as the dining room and lounge area of the ward, and he said he felt sorry for the other patients being locked in as well.*
> Field notes service user Jim

Containment was therefore experienced and constructed in very different ways by these two service users. Whereas one perceived it as a protective factor, the other perceived it as an assault on his identity and autonomy.

Negotiating the hospital environment: retreat

The theme of retreat as a strategy to negotiate the hospital environment was strongly present in the data. Service users talked about aspects of the external environment being places for retreat, and also of losing themselves in activities such as the gym or gardening. Sometimes this was achieved by physically leaving the hospital grounds: service user Derek was a keen gardener and maintained the hospital's allotment which was located in a public allotment garden next to the hospital grounds.

> *It was obvious that Derek took great delight in being at the allotment, and when I asked him what he liked about it he explained that he used to live on a farm, so the allotment was like being away from the hospital – "in the country, like".*
> Field notes for service user Derek

Derek related his feelings towards the allotment to an aspect of his identity; that he had grown up on a farm in the country. He took a photograph of the allotment shed, which he framed carefully so as to include the table and chairs. His comments suggested that the shed is a place he retreats to:

Derek said that he liked the shed because he could sit inside and listen to the radio, and joked about having a crate of beer in there as well. D said he likes to keep active, and that the OT activities – including the allotment – helped him to pass the time and made him lose himself in the activity.
Field notes, service user Derek

Kalim described how he engages in activities or visits places within the hospital grounds in order to 'retreat' into himself, as the following three examples show:

When I'm bored and tired of the hospital, it's the only place I can concentrate and do physical things
Field notes, service user Kalim

Plaque on the bench near the water feature – Kalim said it's nice "listening to the wind and the water, it's nice to think to yourself".
Field notes, service user Kalim

Kalim called the walnut tree the 'peace tree' and described it as "so peaceful". He said that sitting under the tree and having a drink was "my favourite thing when the ward is too noisy."
Field notes, service user Kalim

In Chapter 6, service users photographed the tree pictured above, but did not talk about using this space for retreat. A member of staff had commented that the location of the tree was not particularly private, which may be why it was not used often by service users. The data from Kalim demonstrates that, despite this limitation, this location can provide a peaceful place for retreat from the ward environment.

The next section looks at participants' approaches to their photography and the ways in which they used the cameras to talk about the hospital and themselves.

Approaches to photo-taking

Three broad approaches seemed to inform the taking of photographs. First, as discussed in the previous chapter, some participants invoked discourses of art and creativity to guide and describe the process. Similarly, some participants used photographs to 'showcase' the hospital and themselves, highlighting positive aspects of the environment and facilities. Third, some participants took photographs spontaneously and made spur-of-the-moment decisions about where to visit in the hospital. Whilst this happened in the previous phase of the research, it was perhaps more visible during mobile photo-interviews as I was party to the spur-of-the-moment decisions of each participant. The following section explores in more detail some of the approaches and strategies used by participants that were reported or observed during data collection.

Discourses of art and creativity

I noted that staff member Naomi considered each photograph and framed it thoughtfully. Whilst taking her photographs, Naomi spoke about her interest in photography as a hobby, noting *"I like interesting photographs and angles"*. She said this before taking the following photograph:

Naomi took a photograph of herself taking a photograph in the mirror in the kitchen, saying "it's not totally me, I'm trying to get some of outside. I like looking outside, the space and distance". She said it reminded her of childhood.
Field notes, staff member Naomi

In this example, Naomi also connected the photograph to her childhood and aspects of her identity relating to valuing outside space.

Service user Jim, also with an interest in photography as a hobby, performed in a similar way to Naomi (and Hermes in the previous chapter). Jim was concerned to take some of his photographs in the 'correct' way according to the conventions of perspective and composition, but at the same time wanted to create visually interesting images. Jim talked about his father's occupation as an architect, and how this shaped his perceptions of the built environment. Jim deliberately took a photograph of his ward (the first photograph overleaf) which he thought was a *"boring"* building, and then sought a different ward to photograph in order to capture a building that was *"nicer to look at"*.

This links to the theory of creativity which was emergent from the interview data in the previous chapter; participants in this phase of the study also constructed creativity as adhering to formal rules of composition, as well as creating interesting and aesthetically pleasing images.

Showcasing

As in the previous chapter, a discourse of showcasing either the hospital or themselves was used by participants. All participants engaged in this strategy. Derek began talking about the hospital's allotment as soon as I had explained what the project was about. The 'King of Allotments' was how Derek described the hospital's allotment, located outside of the hospital grounds. Although Derek spoke about the other features of the hospital such as the gardens, reception area and décor, he only actually took one photograph within the hospital grounds.

The remainder of his photographs were taken of the allotment. This started as soon as Derek, a member of OT staff and I entered the allotment:

> *As soon as we got into the place where all the allotments are (the hospital just has one at the top, but there were about 2 acres worth of private allotments in the same area), Derek started taking photographs. He took one of an allotment that he felt was "well cultivated" – the soil had been freshly turned over which Derek liked. He took photographs of vegetables growing as we passed other peoples' allotments on the way up to the hospital's patch. Derek also took photographs of flowers as we passed them, just saying that he liked them because they were pretty and colourful.*
> Field notes, Service user Derek

Derek therefore began by using the camera to showcase well-cared for and attractive allotments on his way to the hospital's allotment. As Derek walked through the allotment site to the hospital's allotment, he began to talk more animatedly about what the hospital's allotment has to offer service users:

The hospital's allotment was up a hill and round a corner, behind a hedgerow, so felt a bit separate from the rest of the allotments. As we grew closer, Derek smiled more and more, and said that he loved "that approach" – the path leading to the allotment. I asked him what he liked about the approach, and he said he loved turning that corner (of the path) and seeing the layout of the allotment. It is made up of several raised beds, about 6 feet by 12 feet each. Each one is surrounded by a brick edge about 2 feet tall. Derek described this to me before we arrived, but I couldn't really envision what he meant until we got there. He told me again once we were there that the layout of the allotment and the fact that the beds were raised meant that it was perfect for people in wheelchairs to get around the allotment and be able to work on the plots without hurting their knees. He explained to me which vegetables were growing and how to put compost into the soil. It was obvious that Derek took great delight in being at the allotment, and when I asked him what he liked about it he explained that he used to live on a farm, so the allotment was like being away from the hospital – "in the country, like".
Field notes, service user Derek.

I felt Derek's sense of pride and expertise as he talked to me about the allotment, and this served to showcase this aspect of the hospital environment as well as constructing a positive version of himself.

Two service users (Kalim and Jim) wanted to photograph themselves participating in some kind of activity such as exercising in the gym, playing the piano or playing basketball. This enabled them to talk about their personal achievements as well as showcasing the facilities available at the hospital; as Kalim said at one point *"we've got all the facilities here!"*

Jim, in the gym, took a photograph of some of the equipment:

We then went to the gym next door, where Jim took some photographs of activities he likes doing including the treadmill – "I can run for six miles" - weights and basketball. Field notes, service user Jim

Jim also was an accomplished piano player, which he demonstrated during his

mobile photo-interview:

We went back inside, and Jim took us to a sports hall where there was a piano. He wanted to get a photograph of himself playing the piano – which he did for several minutes, being joined by another patient who sat beside him and took the photograph of his hands on the keys. Field notes, service user Jim

Similarly, Kalim wanted to showcase his skills through the photography. He asked me to take some photographs of him playing basketball:

When we were talking about which parts of the hospital Kalim wanted to photograph, he talked about the gym and basketball courts. He said "you can take a photo of me shooting hoops! I like playing basketball." When we arrived at the basketball court, Kalim took a few shots and asked me to take photographs of him scoring.
Field notes, service user Kalim

Kalim also took a photograph of some artwork through the window of the art room, showcasing his creation:

"I made one of those" Kalim pointed out the necklace he had made as part of an OT session.
Field notes, service user Kalim

Staff member Naomi demonstrated an element of showcasing by photographing artwork created during an arts workshop with service users. Taking these photographs enabled her to talk about the projects as well as her own reactions to the art:

Naomi took photographs of the felting pictures that had been framed and put on the wall. She said that these particular pieces of art were really important because they were the result of a project she took part in with service users and artists – "it's more personal". The felting project had involved trained artists sharing their skills with older adult service users and staff, and I could tell that Naomi enjoyed the project and felt it was worthwhile for the service users. We moved on to the 'Wall in Motion' which is an interactive board with lots of words and pictures on it which can be moved around. Naomi said that it was designed so that people could interact with art, and said "I like it, it reminds me of my fridge". When I asked how, she said that the words reminded her of fridge magnets.
Field notes, staff member Naomi.

Participatory arts projects were constructed positively by staff member Naomi, who felt a personal connection to the end result (another example of Barthes' 'punctum'), and also felt that it was important to mount and display service user art in the same way as art created by an established or trained artist. By photographing and talking about the felting and 'Wall in Motion', Naomi was able to showcase the activities on offer at the hospital and also some of the art created by service users.

Spontaneity

Some photographs were taken by participants in response to something unexpected or amusing. Kalim planned many of his photographs prior to starting his photography. During his mobile photo-interview, he took additional photographs which had not been planned. One of these was a promotional Red Bull car, pictured overleaf:

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After Kalim had taken some photographs of the hospital's reception building, he turned around to face the car park. He saw a car promoting Red Bull and decided to take a photograph, saying "I like it, it made me smile. Red Bull gives you wings!"
Field notes, service user Kalim

Another example of a photograph taken spontaneously is below:

Kalim asked the OT to hold the chess piece while he took a photograph. When I asked him why he wanted to take this particular shot, he simply replied "because it's funny".
Field notes, service user Kalim

Jim was leading me to the reception area to take some photographs when he decided spontaneously to visit the 'room for reflection' located close to the reception area:

We went to the chapel, a spur-of-the-moment decision on our way to the reception area, where Jim prayed after taking a photograph of the room. He said he came to chapel on Sundays, but didn't talk about his religion. I didn't want to ask too many questions as by this point I got the feeling he was maybe getting a bit bored or tired.
Field notes, service user Jim.

Participants' decision making processes were made visible through the mobile photo-interview method; I was able to observe and ask about why participants wanted to take particular shots, or how they came to photograph certain places or things. This is discussed in the next section, along with other methodological reflections.

Contribution of mobile photo interviews

The key difference between the mobile photo-interviews and the method of photo-elicitation follow-up interviews used in the previous chapter was that I was present whilst participants took their photographs, rather than asking participants to take part in a follow-up interview once their photographs had been developed. This enabled me to observe a number of aspects of photo-taking that would have been invisible in the previous phase of the study. It may also have prompted a different kind of photo-taking and differences in the discussion that took place.

A number of methodological characteristics of the mobile photo-interview method were noted. Firstly, comparing what participants said about their motivations for taking each photograph during follow-up interviews and during mobile photo-interviews, the data suggests that a deeper level of understanding may be achieved if verbal data are collected concurrently with visual data. Whilst participants who took part in follow-up interviews did comment upon their motivations for taking each shot, they sometimes could not remember exactly why they had taken a photograph. This was not a problem in the mobile photo-interviews as I could ask participants why they were taking each shot as they were taking it. Having a researcher present asking them to comment as they took their photographs may have inhibited photo-taking, in comparison to the previous phase where cameras were left with participants who took their photographs alone. However, participants in this phase took similar numbers of photographs as participants in the previous phase, and I did not pick up on any hesitancy or reluctance to take photographs as a result of my presence. I felt that, with each participant, we quickly established a good rapport that deepened as we walked around the hospital together. I felt that participants definitely led this phase of the research, rather than wanting to be guided by me or the member of staff.

Secondly, it was through observation, rather than talk, that I gained insight into the way in which those participants participating in mobile interviews took their time to compose their photographs prior to closing the shutter on the camera. Although some participants in the previous phase of the study did talk about how they composed each shot, this tended to be those who had an interest in photography, and not all participants talked about this. With the mobile photo-interviews, I was able to collect independent observational data relating to how participants took each photograph.

Thirdly, the mobile photo-interviews meant that the research process was more reflexive and responsive to participants. I noticed this on several occasions. During Derek's mobile photo-interview, his mood changed drastically between meeting with me and arriving at the hospital's allotment. Through observation it was possible to pick up not only on *what* and *how* Derek was photographing, but also how he appeared *within* the hospital environment itself. For example, in order to meet Derek, I accompanied the OT to his ward. My field notes state that:

> *Derek was in his room and at first I didn't think he would participate; his first reaction was to say he was worried that his medical details would be passed on and he was concerned that certain people in the hospital didn't have his best interests at heart and wanted to misrepresent him. We explained that the project wasn't to do with his illness or his treatment, and that I wasn't a doctor. The OT suggested going outside (it was a very warm, sunny day) so that I could explain a bit more about the project in a nicer environment. I liked this idea and was relieved when Derek agreed. His room was very small and clinical looking, and I hoped that once we were outside he would feel more positive. The OT got Derek's wheelchair – he is much older than all of my other participants – and we went outside. I explained the project, telling Derek that I was a student at UWE and that I was interested in what people thought of the hospital in terms of the physical environment. I assured him that I wouldn't be talking to anyone else at the hospital about him and that he didn't have to take part if he didn't want to. His mood seemed to change completely, and he started telling me about the allotment that the hospital had and how it was the best one he'd ever seen – he described it to me, calling it the "King of allotments".*
> Field notes, service user Derek

Later in the process, I observed that Derek *"had a broad smile on his face"* every time he spoke about the hospital's allotment, that he *"smiled more and more"* on the approach to the allotment, and that he *"took great delight"* in being in the allotment once there. Similarly, Jim spoke with more emotion about being contained than he did about participating in OT activities, which perhaps would not have been so apparent if the interview had taken place at a time and location removed from his immediate surroundings. These non-verbal cues helped me to empathise with participants, and therefore better understand the hospital environment from their points of view.

Lastly, walking around the hospital environment with participants enabled me to gain insights into aspects of the hospital that may not have been captured using the method of photo-elicitation follow-up interviews. These may also be aspects of the hospital that are

less tangible and consequently more difficult to capture visually. For example, two service users spoke about their relationships with staff, and how they felt the hospital provided a more caring context for recovery than other mental health settings. This may not have been mentioned in photo-elicitation interviews if there was no visual data depicting this aspect of the hospital environment; indeed, no service users talked about this in the previous chapter. It is also perhaps unlikely that this type of data would have been generated from images alone as 'relationships with staff' is not something that is easily photographed, especially if you are asked not to photograph other people. Other examples of perceptions of the hospital that may only have been obtained through the mobile photo-interview method include Derek's thoughts on the layout of the hospital, which he declined to photograph, and Kalim's enjoyment of Thursdays because he can cook Caribbean food, again which was not photographed.

It is possible that the sense of companionship intrinsic to the mobile photo-interview method evoked a different level of discussion to that which was produced through the photo-elicitation interviews. There was less distancing between the discussion and the topic; participants were talking about their environment as they walked through it and photographed it at the same time. In this way, the mobile photo-interview method facilitated a deeper discussion of participants' lived experiences of the hospital, and perhaps served to mitigate the risk of inappropriate disclosure that was observed during the previous phase.

As well as advantages, it is important to consider disadvantages of the mobile photo-interview method. One potential drawback in this context is that a member of hospital staff was always present along with myself and service users. On the plus side, staff were able to unlock areas of the hospital that would otherwise have been inaccessible. These transpired to be areas central to service users' photo-taking, such as the allotment, gym and woodwork room. I also felt that having a third party who was familiar to service users had a positive impact on building a trusting relationship between myself and participants and put service users at ease. However, this may have encouraged certain responses and discouraged others. For example, although service users did talk about their relationships with staff, the conversation was limited to positive views only. Service users may have felt inhibited to discuss negative aspects of their relationships with staff whilst they were in the company of the occupational therapist.

A practical disadvantage relates to the recording of verbal data during mobile photo-interviews. It was not possible to audio record. This was due to the ethical implications of recording interviews whilst in public areas; the photo-elicitation interviews took place in rooms which were otherwise unoccupied so only mine and participant's voices were recorded. During mobile photo-interviews, had they have been recorded, it would have been much more likely that the voices of people not involved in the research may have been included, even just in the background whilst in very public areas such as reception. The sound quality may also not have been very good whilst on the move or in areas with a lot of background noise, so it was decided that taking detailed field notes would be preferable. It is acknowledged that this has implications for the accuracy of the data and may limit retrospective analysis.

Another aspect to consider is the researcher experience. At the end of each mobile photo-interview, I came away with very different feelings and emotions, as if absorbing some of what each participant had felt towards their environment. For example, spending time in the hospital's allotment had a very different impact on me than paying particular attention to the bare windows and floors, and hearing strong emotions relating to being contained elicited different feelings to witnessing service users engaging in activities they enjoyed.

In conclusion, talking about and being immersed in participants' surroundings facilitated a far deeper level of understanding than interviewing participants, and although there were no verbatim transcriptions of what participants actually said during mobile photo-interviews, this method seems to be an effective choice for gaining insight into participants' experiences within places. This is compounded by the practical benefits of mobile photo-interviewing: no loss of cameras and 'one time only' participation, which means no commitment to a follow up interview is required from participants. This may be especially relevant when working with groups who may find traditional research methods such as one-to-one interviews tiring or intimidating.

Chapter 8: Discussion

Resume

This study explored the use of visual data, generated by users of a mental health hospital, in evaluating mental health hospital environments. The aims of the study were:

- To explore how research participants use participatory photography within the mental health hospital environment;
- To consider what this tells us about the meaning of visual data within qualitative research;
- To explore what can be gleaned from this method regarding the mental health hospital environment.

A key area of inquiry related to the necessity of supporting text in interpreting visual data. Supporting text, in this study, consisted of photographers' own explanations of their photographs and field notes I took at the time of photo-taking. Three sets of visual data were collected: (i)six sets of photographs with no supporting text; (ii) eight[6] sets of photographs with supporting text in the form of follow-up photo-elicitation interviews; and (iii) four sets of photographs with supporting text in the form of field notes I took during mobile photo interviews.

What is already known?

Literature in this area suggests that using photography can deepen the quality and depth of data produced through qualitative research processes, although it has been argued that the *"interpretive activities of viewers"* have not been fully explored (Lomax and Fink, 2010, no page number). Photographs have been used to generate discussion in interviews and to attempt to break down power dynamics inherently present within many research

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[6] one staff member, Naomi, participated in both a photo-elicitation interview and a mobile photo-interview.

contexts, and as a tool for communication, particularly among groups who may find traditional research settings intimidating. Participatory photography has been conducted with particular success with children and young people. In some cases, this type of photography has been used with the aim of advancing political agendas, or giving voice to groups whose opinions are usually marginalised or absent from decision making processes. However, there are limits and risks associated with participatory photography. Participatory photography has been found to present challenges in certain cultural contexts, for example in Williams and Lykes' (2003) study using Photovoice, Mayan women were given cameras and asked to take photographs of their lives. The authors found that the project was sometimes a source of worry for the women, who felt embarrassed to ask for help when they forgot how to use the cameras, and were worried about how their neighbours would perceive them for taking photographs (Williams and Lykes, 2003). Similarly, Johnsen, May and Cloke (2008) found that giving cameras to participants, in their case homeless men, posed certain risks. The men were sometimes in situations where illegal activity was taking place, and could potentially have been caught up in ethical dilemmas by taking photographs. Further, carrying the cameras themselves presented risks as participants' position within their peer group was altered and they became potential targets for thieves (Johnsen, May and Cloke, 2008). Interpretive limitations have also been reported. In a comparison between traditional interviews and photo-elicitation interviews, Meo (2010) found that the presence of photographs sometimes hindered conversation as participants felt that photographs were *"stand-alone devices that did not need to be explained or elaborated upon"* (Meo, 2010, p. 161). Although Meo concluded that photo-elicitation interviews are a valuable tool for qualitative research, she cautions against their use without careful consideration of their methodological, practical and ethical implications. This study has achieved an in-depth exploration of the methodological practical and ethical implications of using participant-generated photographs as data, and participatory photography as a method.

In terms of data analysis, it is rare that studies asking research participants to take their own photographs do not also collect some form of textual support, and it is acknowledged that a lack of accompanying textual support minimises the depth of meaning achievable (Aldridge, 2007). In projects where no textual support is collected, photographs tend to be interpreted according to their subject matter, through processes of coding, sorting and content analysis (Aldridge, 2007; Cruickshank and Mason, 2003; Lehna and

Tholcken, 2001). In studies which collect visual and verbal data (usually in follow-up interviews), the focus of analysis tends to shift to the supporting text, and photographs are less often analysed in their own right. Participant-generated photographs may therefore occupy a number of roles, including being treated as data in their own right, playing a supportive role in analysis without being subjected to analysis themselves, or (most commonly) being used as tools for elicitation of further verbal data. In this study, photographs occupied all of these roles at various stages of the research.

Despite plentiful discussions on the advantages of using participant-generated photography as a research method, authors less often reflect upon the theoretical frameworks informing and being constructed by their work when reporting empirical studies. This has been noted by Leibenberg, Didkowsky and Ungar (2012), who reviewed a number of studies using visual methods with young people, and found that very little explanation of analytic techniques was included in journal articles. Leibenberg, Didkowsky and Ungar (2012) argue that what studies using participant-generated photographs in follow-up interviews have in common is their relevance to a social constructionist theoretical framework, even though this is not articulated in many studies. The position I adopted in this study was broadly constructionist, although during the course of the research this was challenged by an analysis of the images with no supporting text. This is discussed in greater depth below.

What does participatory photography contribute to interpretation?
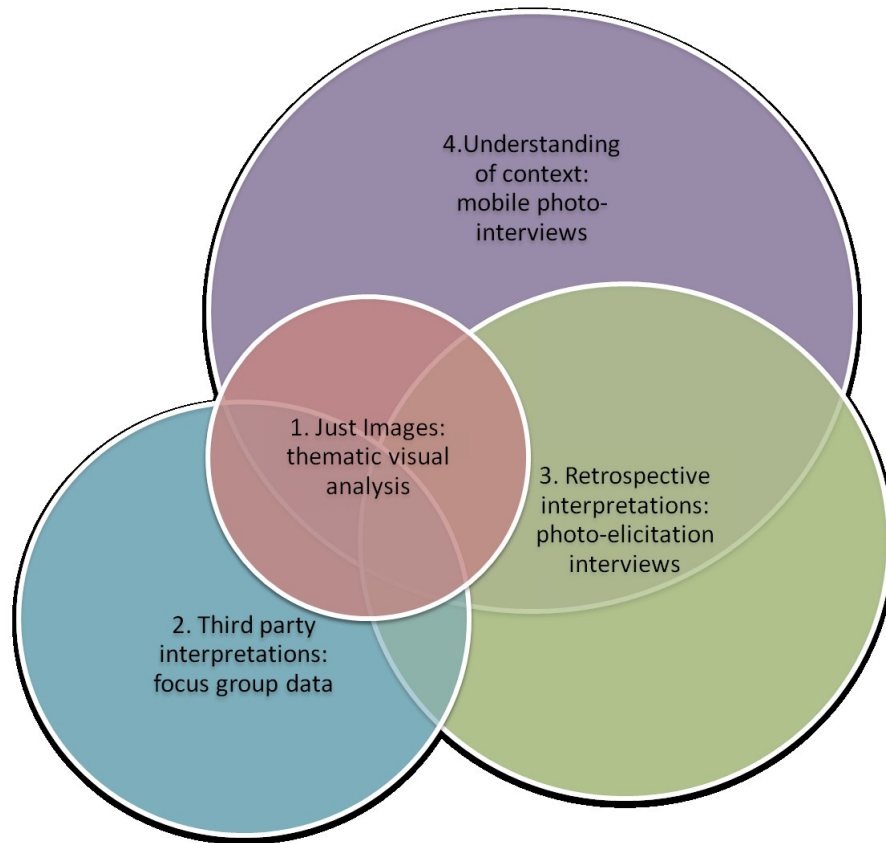
The model above depicts how interpretation developed throughout the study, starting with the images themselves, with no supporting text, and continuing to the images being collected alongside the supporting text. All levels overlap with number 1; levels 3 and 4 overlap considerably; and level 2 overlaps to a lesser extent with levels 3 and 4. The model is intended to show that, as the study progressed, the methods encouraged an increasingly deeper level of interpretation. This is represented by the growing size of each circle. Furthermore, the amount by which each circle overlaps the previous suggests how far each method built upon the previous. Hence level 2: Third party interpretations (focus groups) is not overlapped to the same extent as 3 and 4 overlap each other. This is because photo-elicitation interviews and mobile photo-interviews were more closely linked in terms of their interpretive possibilities. The following sections discuss each method in more detail.

Interpreting participants' photographs with no supporting text

How far meaning can be constructed for photographs with no supporting text was explored in Chapters 4 and 5. This was attempted in two ways. First, all photographs produced during the study were uploaded into Nvivo 8 and subjected to thematic visual analysis. This involved a process of coding all photographs and grouping codes together thematically to produce a thematic visual framework. I did this with no reference to any supporting text that may have been available, although it I acknowledge that my accumulated knowledge of the hospital environment did impinge on this process.

In terms of how photographs can be interpreted through this method, there were several findings. First, the visual analysis enabled me to put some distance between my contextual knowledge of the hospital and the analytic process. Responding to visual stimuli rather than reading and summarising sections of text seemed to be quicker and to involve less thought than coding interview transcripts. A description of the visual content of the photographs was therefore quickly established and a thematic visual framework consisting of the following themes was constructed:

- The Built Environment
- Food and Drink
- Gardens and Nature
- Hospital Items
- Personal Items
- Safety and Security
- Activities

Some reflections were noted during the analysis of visual data. Similar to processes of art criticism (Barrett, 1994) and iconography (Imdahl, 1994, 1996; Bohnsack, 2008), the coding process interrogated the minutiae of each photograph, unpicking the individual components of the overall image. Certain characteristics of the hospital, such as the prevalence of internal windows, or the enclosed nature of external space, were able to emerge through this type of analysis. Participants may not have talked or even deliberately

photographed these items, but knowledge about the hospital environment was nevertheless constructed in this way.

This presented a challenge to my initial theoretical position, which was that photographs are socially constructed and do not contain inherent meaning. Chapter 4 demonstrated that some aspects of the hospital environment were illuminated by the visual data alone, with no reference to supporting text. So the visual data *did* contain some inherent meaning once they were unpicked through the process of coding, which enabled me to make a number of observations about the hospital environment without referring to participants' comments. Whilst this provided an example of how meaning could be constructed through the images alone, the overall constructionist position remained. The photographs were still produced and viewed through discourse, even if this was not in the form of discussion. Therefore, even if the photographs were capturing 'reality', this was still a *version* of reality rather than an objective depiction of the 'true' mental health hospital environment.

Further, the content of some photographs facilitated interpretation of other less legible photographs. For example, the objects in some very close-up shots were able to be identified by looking at shots taken of the same object from further away. Some photographs were able to be related to each other and helped to construct a visual map of the hospital; this was supported by my contextual knowledge of the layout of the hospital.

Overall, performing thematic visual analysis on participants' photographs enabled me to construct a 'thin' description of the mental health hospital environment, which (to my knowledge) is something that has not been attempted before with participatory photography. Although 'thick description' (Geertz, 1973) and richness of data have become the *"evaluative mantra of the trade"* (Brekhus, Galliher and Gubrium, 2005, p. 863), some argue that thin description is equally important, and that thin data need be no less rich than thick data. Brekhus, Galliher and Gubrium (2005) use the example of Laud Humphreys' *Tearoom Trade* (1970) to exemplify why both thin *and* thick description are important for qualitative research. Humphreys sought to explain the deviant behaviour of men who engaged in homosexual acts in public toilets (or 'tearooms') in a city park. Humphreys' theory of urban anonymity and moral diversity initially informed the study, and he systematically observed encounters between men, noting the detail of each scenario but paying very little attention to any verbal exchanges between the men. In this way

Humphreys produced a 'thin' description of supposedly anonymous homosexual encounters characterised by subtle gestures, signals and manoeuvres rather than explicit dialogue between participants. Brekhus, Galliher and Gubrium (2005) obtained and examined Humphreys' field notes, which contained details of dialogue taking place between the men. The authors note that, as Humphreys argued, any dialogue was limited to comments about the sexual activity, and that the gestured exchanges mostly took place in silence. The 'thin' description of the *Tearoom Trade* constructed through Humphreys' observations is therefore argued to be sufficiently rich to provide analytically robust material. Interestingly, in a second stage of the study Humphreys tracked down the men involved in tearoom encounters and conducted in-depth interviews at their homes. In contrast to the thinness of the tearoom encounters, participants shared their thoughts and feelings and spoke of their marriages, families and communities. Participants were constructed as morally conscientious citizens who engaged in behaviourised, routinised homosexual acts at opportunistic times during their otherwise busy, complex and multi-faceted lives. In this way deviant activity was compartmentalised within the complexities of urban life and, for Humphreys, rendered virtually harmless. This enabled Humphreys to make policy recommendations to 'ease up' on the tearoom trade, to allow men to relate to others and to feel better about themselves (Brekhus, Galliher and Gubrium, 2005).

Brekhus, Galliher and Gubrium (2005) argue that richness can apply equally to thick and thin descriptions, which is supported by the findings presented in this thesis. The thin description of the hospital environment, gleaned from participants' photographs without supporting text, constructs a setting which (i) aims to provide opportunities for creativity and activity within an institutional environment; (ii) has made efforts to temper the institutional nature of the buildings with pleasant gardens and homely decor; and (iii) utilises subtle forms of surveillance such as enclosed, overlooked and well-lit gardens with minimal opportunities for wandering out of sight. These observations enable links to be made with broader discourses of mental health, therapeutic environments and incarceration, and so can be seen to be providing thin yet rich descriptions of the hospital environment. For example, the use of internal windows, enclosed gardens and outside lighting could be argued, from a Foucauldian perspective (Foucault, 1995), to be subtle forms of surveillance which render service users visible at all times. This is demonstrable of Foucault's innovative concept of power which, instead of being coercive or physical,

operates in ways that produce little conflict and are more difficult to resist (Weberman, 1995). Through the thematic visual analysis, it was gleaned that the architectural arrangement of the buildings and gardens, as well as the layout and features of the wards, encourages movement which can be easily monitored and controlled.

The use of photography in this way, i.e. coding photographs taken by service users and staff within a mental health hospital environment, has never been performed before to my knowledge. This study is therefore unique because it demonstrates that participatory photography can produce rich descriptions of specific contexts without the need for supporting text.

The second method used to explore interpretation of participants' (specifically service users') photographs without supporting text was running focus groups in which researchers unfamiliar with the data gave their personal and group perceptions of a selection of photographs. In one group photographs were taken from the six sets of photographs for which no supporting text was collected; in the other group photographs were taken from the ten sets of photographs which did have supporting text, although this was not shared with focus group participants. This exercise illuminated the meaning making process for visual images in several ways. In terms of the meaning attributed to the images, a central discourse of oppressive mental health hospital environments was constructed by focus group participants, although this was used to differing extents by different members of the focus groups. Focus group participants drew on a number of discourses in their reactions to service users' photographs such as institutionalisation, medicalisation, individuality, identity, arts and health, nature and wellbeing and aesthetics in order to make sense of the photographs. Themes within the data included focus group participants' inferences about service users' attempts to overcome the institutional characteristics of the hospital; the association between nature and 'escape' from the hospital; and the ways in which it was suggested that service users used the cameras to express their identity.

What was interesting about this phase of the research is the way in which third parties speculated about the intentions and feelings of the photographers, and the emotions some focus group participants expressed in reaction to certain photographs. Focus groups are valuable as a way of examining how groups within a specific cultural context exchange ideas, knowledge and beliefs about a particular topic (Kitzinger, 2005), and interactions between group members are seen as key in the evocation of group

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emotions (Spoor and Kelly, 2004). This was played out in the two focus groups run within the study; group reactions to visual images were mediated by a number of individual, inter-personal, organisational and cultural factors, all of which interacted with each other. At the individual level, images appeared to elicit emotional responses from focus group participants, suggesting that the Barthesian notion of 'punctum' was present in some of the photographs. For Barthes, not all images contain 'punctum', which he describes as a 'sting' the viewer gets when looking at an image. But punctum is that aspect of an image which precedes intellectual or cultural readings of an image (Barthes, 1981). Focus group participants spoke about their emotional reactions to certain images, associating them with feelings such as anger, sadness, hopefulness and tranquillity. However, whilst the punctum contained in certain photographs may have prompted focus group participants' emotional responses, these may also have been prompted by inter-personal factors and cultural understandings of mental illness and incarceration.

At the inter-personal level, the group dynamic had an effect on focus group participants' interpretations of the images, and likely upon the emotional reactions noted above. Indeed, in the first focus group the group dynamic appeared to produce stronger negative interpretations of the hospital environment than focus group participants' written responses, whereas in the second focus group the group discussion produced more tentative interpretations than those contained in participants' written responses. The tone of each group seemed to be somewhat contingent upon how the first person to speak in each group reacted to the photographs. Although other factors also shaped the course of each focus group, this demonstrated to me the power of peer influence in focus group settings.

At the organisational level, the research context is likely to have had a bearing upon focus group participants' responses. The project was framed as a methodological exercise to explore if and how meaning is constructed for visual images taken by service users of a mental health hospital. Therefore focus group participants may have felt guided by what they expected I wanted to hear. As researchers themselves, it is also likely that focus group participants looked at the images through a particular 'gaze' (Schroeder, 1998).

A further influence was cultural and media representations of mental illness and mental health hospitals, which are very likely to have informed focus group participants' interpretations of the images, and may have mediated emotional reactions to certain

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images as mentioned above. In the first focus group in particular, references were made to the film 'One Flew Over the Cuckoo's Nest' and how scenes depicted in service users' photographs looked like they had been taken from the film.

Overall, the focus groups were useful to begin to explore how groups interpret visual images without supporting text. This is where this study's novel contribution partly lies; whilst groups have been asked to discuss photographs *they have taken* as part of research projects (e.g. Strack, Magill and McDonagh*, 2004; Lopez *et al.,* 2005; Hergenrather, Rhodes and Clark, 2006.), focus groups have less often taken place with participants who have *not* taken the photographs, apart from in cases where professional, media or catalogue images are used. This is very different to using images which have been produced by people trying to convey their feelings towards an environment. The focus groups in this study showed that the process of meaning making was shaped by a number of factors, possibly including stereotypical views, and that even a small amount of contextual information allowed focus group participants to speculate considerably about the motivations behind each photograph and the feelings of the photographer. It is important that researchers are reflexive and explicit about exactly how much information is given to participants in this type of research. If focus group participants had not known that the photographs had been taken by service users in a mental health hospital their interpretations are likely to have been very different, as nothing in the photographs made it clear that the setting was a mental health hospital. Therefore one way that this part of the study could have been further developed was to run another focus group with participants who received no contextual information regarding the photographs whatsoever. Unfortunately, this was not possible within the time constraints of the study, but would make an interesting follow-up project.

The two methods used to explore how far meaning can be constructed for photographs with no supporting text were very different, and hence provided distinct insights into the analysis of these kinds of visual data. The method of thematic visual analysis may be useful in research projects which aim to explore the features of a specific setting, as this method allows previously unnoticed aspects of an environment to emerge through the process of coding. The focus group method, using photographs taken by research participants but discussing them with third parties, may be useful in understanding how cultural or professional views on particular groups within settings are constructed. Both methods show that meaning can be constructed for images with no supporting text, but

that there are limits to interpretation. Neither method could purport to understand how those who took the photographs perceive and feel about their environments, so there are empirical limits to the questions these methods can endeavour to explore. This is especially important when asking third parties to respond to photographs either taken by groups who may be stigmatised or of contested spaces such as hospital, prisons and schools. In these cases, and with the absence of supporting text, the viewer's assumptions and pre-existing attitudes play an important role in meaning construction. One way this phase of the research could have been extended was to apply a semiotic or iconographic analysis to a subset of photographs. These methods tend to focus on a single image, rather than collections of images, and aim to unpick the formalities, signs and cultural codes inherently contained in an image (van Leeuwen, 2001). To some extent, focus group participants began to perform this kind of analysis, and it would be interesting to explore this process in a follow-up study.

Using photo-elicitation interviews

The next stage of the study (level 3 of the diagram on page 149) aimed to add another layer of interpretation to the images by exploring the contribution of supporting text (in the form of follow-up interviews) to the process of meaning construction. The key difference between this and the previous phase was that the voices of those who took the photographs were included in the analysis, which to some extent mitigates some of the limitations mentioned above. There was no need for me, or anyone else, to make assumptions about the motivations behind each shot as these were articulated by participants. Indeed, by including the voices of the photographers, assumptions or pre-existing attitudes held by the viewer were minimised (though not eliminated).

The focus shifted to the content of the interview data as well as the visual data, which resulted in a deeper level of interpretation. For example, two of the strongest themes to be produced from the thematic visual analysis (in Chapter 4) were *The Built Environment* and *Gardens and Nature*. The hospital buildings were observed to be single storey and modern, arranged around a central garden which was neatly tended and thoughtfully designed, with flowers, trees, benches and garden paths. This was augmented through participants' discussion of their photographs and the hospital to reflect the notion of *therapeutic landscapes*, which was understood as part of the hospital's function of *care*.

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Participants talked about the qualities of the hospital gardens and buildings, extending the descriptive visual data by attaching values to the hospital environment (such as describing the gardens as *"the loveliest thing here"*) or by talking about its impact on their wellbeing. This supports the findings of other studies which claim that hospital gardens can positively impact upon outcomes such as stress (Parsons and Hartig, 2000; Ulrich, 1999; Whitehouse *et al*., 2001). In this way, the analysis could move from a visual summary to a more complex and meaningful interpretation.

This is exemplified further by looking at the theme of *Activity*, which was produced during thematic visual analysis and during the analysis of visual and interview data together. In the thematic visual analysis, photographs depicting items such as art on display, arts materials, woodwork machinery, board games, books, pianos, pool tables, gym equipment and basketball nets were included in the theme *Activities*. Whilst a broad range of facilities and activities were photographed, the lack of supporting text restricted the analysis to a descriptive level. Adding interview data provided insight into participants' *experiences* of engaging in activities and their *feelings* towards the range of activities on offer at the hospital. This added a layer of 'thick' description to the visual data, making the images instantly more meaningful and insightful.

This also meant that themes relating to complex processes and issues, such as the use of *retreat* and *rebellion* as ways in which participants negotiate the hospital environment, were able to be constructed. For example, *rebellion* was not identified as a theme in the visual data, but instead was constructed through participants' discussion of their photographs, with reference to specific photographs. This was understood as a way of negotiating the institutional, highly regulated mental health hospital environment. Again, this can be theorised from a Foucauldian perspective. In terms of power and control, Foucault argued that this worked through a dynamic network of power relations, and that resistance to accepted forms of power could take place, readjusting dominant discourses and forms of power (Foucault, 1982). In this study, resistance could be demonstrated by the theme of rebellion, whereby service users and staff engaged in practices which undermined the dominant regimes of power and control in the hospital. By deliberately setting off alarms or surreptitiously finding out security codes, users of the building re-constructed power relations, even if only for a brief period.

When viewed within the context of having supporting text available, the photographs appeared more meaningful as I had some level of understanding of the motivations behind the photographs. This study demonstrates that mental health hospital environments can be represented with increasing complexity when supporting text is added to visual data.

This study is also unique as it provides an in-depth exploration of participants' responses to their photographs, not just in terms of their meaning but in terms of the lenses through which images were reviewed, and the impact certain photographs had on participants' perceptions of the hospital environment. In most cases, interviews were shaped by existing discourses of aesthetics and art criticism. Regardless of their motivations for taking certain photographs, most participants judged their images according to the conventions of composition, lighting and focus, and sometimes those photographs judged to be technically poor were removed from the discussion completely. In this way, it appears that the use of photography in follow-up interviews may encourage responses from the particular stance of art criticism. Related to this, several participants talked about how there was a mismatch between their intentions for particular photographs and how they had actually turned out. Often this was related to subject matter, for example when participants' shadows had been unintentionally included, or if the intended subject matter had been partially clipped out of view. In these cases the importance of supporting text is highlighted; images may be seemingly portraying one thing whilst the intended subject matter was completely different. The ways in which discourses of art and creativity informed and were constructed through participants' discussion of their photographs are included in the section below. For researchers using this method in future research, it may be worth considering making it very clear to participants that photographs need not be judged aesthetically and that this is not the focus of the study.

For members of staff responding to their photographs, photography was found to have a transformative role in their perceptions of the hospital. For two members of staff in particular, looking at photographs of the hospital environment (in which they no longer worked) challenged their normalised perceptions or memories of the hospital. Whilst one staff member was prompted by certain photographs to remember happy times that she had forgotten, the other was struck by the poor condition of some areas which at the time she had thought looked better. In both cases the photographs served as disruptions to the way

staff members had remembered the hospital, so played an anchoring role within the follow-up interviews. Loeffler (2004) found that photographs played a similar anchoring role for students taking part in outdoor education experiences. Students reported that they took photographs to be "taken back to that time and place" (Loeffler, 2004), and that looking at photographs they had taken prompted them to relive the feelings, thoughts and experiences once again. For Loeffler's participants and for the ones in this study, it seems that photographs retain more detail than memory alone, and what can become hazy or forgotten in memory can instantly be 'rectified' with reference to a photograph (Collier and Collier, 1986). This perspective assumes that photographs can be, at least in some instances, reflections of reality (Sontag, 1977). This is what appeared to happen for the two staff members mentioned above; photographs acted as reminders of the 'reality' of the hospital.

Some limitations to this method were noted. Participants in photo-elicitation interviews were clearly focused on their photographs, and relatively little discussion of anything not related to the images took place. One consideration for the use of participatory photography in photo-elicitation interviews is therefore that the visual may be prioritised over other topics of discussion which may be forgotten about by the time the interview takes place. This has been noted by other authors (e.g. Booth and Booth, 2003). For one participant, the photo-elicitation interview appeared to encourage her to respond in such a way that she disclosed very personal information, so much so that her interview data was removed from the study. Her photographs were used as springboards for discussion of topics which could be seen to compromise her dignity. Whether or not this would have happened without the use of participatory photography is unknown, but it is possible that the method contributed to over-disclosure in this instance. This is discussed in more detail on page 166 below.

Using mobile photo interviews

In the next phase of the study (level 5 of the diagram on page 149), I accompanied participants as they took their photographs, and collected hand-written notes as supporting text. The notes captured as much as possible of what participants said about the hospital and their photographs, and also observational data about how participants went about their photography. I found that this method helped to minimise some of the limitations identified in the section above. In terms of the verbal and visual data, many themes from the previous

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phase were replicated. However, accompanying participants as they took their photographs enabled me to capture those aspects of the hospital environment that may have been more difficult to capture visually, such as service users' relationships with staff. Without being able to take photographs of people, participants may have struggled to photograph this element of the hospital environment. Indeed one of the challenges identified in the previous section is that photography may have encouraged an emphasis on visual aspects of the hospital environment to the detriment of other aspects. The mobile photo interviews appeared to mitigate this to some extent by having me present at the time of photo-taking. This way, any thoughts that participants were having at the time of taking their photographs were captured, rather than having to rely on participants' memories of thoughts some time after the event. Collier (1979) remarked that, when comparing photo-elicitation interviews with traditional interviews, *"in the exclusively verbal interviews, communication difficulties and memory blocks inhibited the flow of information"* (Collier, 1979, p. 281). What this thesis suggests is that photo-elicitation interviews may still entail "memory blocks", and that there is an advantage to researchers being present at the time of photo-taking. For example I found that, in comparison to photo-elicitation interviews, I was able to capture participants' motivations for taking each shot, whilst in the photo-elicitation interviews there were occasions where participants could not recall their exact reasons.

The mobile photo-interview method also enabled me to observe participants as they walked, talked and photographed the hospital environment. A key advantage of this was that observational data in relation to participants' negotiation of the hospital environment was collected, which facilitated a deeper understanding of the lived experience of being in hospital. I noticed when participants' affective states changed, for example in the transition from being inside a locked ward to walking around the gardens and the allotment. I also noticed that I came away from each mobile photo interview having absorbed some of the emotions of the participant, which resulted in a deeper sense of understanding and a more long lasting impression of the hospital environment from the perspective of the participant. For example, service user J took several photographs depicting being 'locked in' and spoke about how much he hated being detained against his will. After the interview, I felt quite subdued, and as I was driving out of the hospital grounds I experienced a sense of relief that I was not being detained against my will. In comparison, the mobile photo-interview with service user D took place almost entirely in the hospital's allotment, which contributed to a

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completely different sensory experience for me. Having been surrounded by plants and greenery, and having shared this very special part of service user D's experience of the hospital environment, I felt refreshed and positive; quite a different affective state to the previous example.

When considering the impact of mobile photo-interviews, this led me to look for studies where sensory or affective experiences have been reported by researchers. I found these to be most prominent in the emergent 'new mobilities' paradigm (Sheller and Urry, 2006), which I introduced on page 15, within which innovative mobile research methods are being developed.

Mobile research methods have been of growing interest to researchers in recent years (e.g. Lee and Ingold, 2006; Pink 2007, 2008; Jones *et al.,* 2008; Ross *et al.,* 2009; Brown and Durrheim, 2009; Murray, 2009; Fink, 2011). Murray (2009) describes a key contribution of mobile methods:

> *Everyday activities are considered to be so embedded in space that to carry out research in another space can limit the potential of the data as it removes the immediate relationship between the participant and that emotional and social space.* (Murray, 2009: 471).

This resonated with me because I observed not only an emotional connection between the participants and their environment as we walked and talked, but also between myself and the research setting. Reflecting on this later, I asked myself whether the photographs were needed at all, and whether the same depth of data would have been achieved from non-visual mobile interviews. It is argued that visual and mobile methods complement each other (Murray, 2009), and it has also been pointed out that researchers who use mobile methods tend not to link *what* was said to *where* it was said (Jones *et al.,* 2008). One contribution of the visual data was, therefore, to provide this link.

Others have used video to link dialogue to place (Pink, 2007; Murray, 2009; Lomax *et al.,* 2011), although still photography has less often been combined with mobile interviews. However there was one example in the literature reviewed in Chapter 2 of this thesis. Einarsdottir (2005) compared two methods within a playschool setting (4 – 6 year olds). One group of pupils took photographs whilst taking the researcher on a guided tour of the school, and another group of children took their photographs unaccompanied by adults. She

found that the majority of photographs taken by the unaccompanied children were of each other, and that unaccompanied children were more likely to be more playful with their photography. The author argues that those children who took their photographs during the guided tour took photographs of what they felt a guest should know about the environment (Einarsdottir, 2005). This resonates partly with the findings presented in this thesis. The theme of *showcasing* suggests that participants were keen to present the hospital in a favourable way. However, participants taking photographs unaccompanied were just as likely to construct this theme as those accompanied by the research and the Occupational Therapist. Whilst Einarsdottir's study is a very interesting exploration of the differences in children's photographic practices, she focuses solely on the differences between the photographs. Less insight is offered into the way in which mobile photo-interviews contributed to the research process.

One author who accomplishes this is Janet Fink (2011), who used photography walking tours with women from an estate in a large town in the UK. The women were asked to show what they valued about their community and what they felt was problematic. Photographs were taken by a professional photographer but directed by the women. Fink found that the method established strong relationships between the research team and participants, and demonstrated the potential of walking tours to facilitate dialogue about community and to explore diverse experiences of community and neighbourhood practices (Fink, 2011, p. 15). I found the same in this study; photography contributed to a sense of shared experiences from the outset of the mobile photo-interviews, and also provided a focus for the activity of walking through the hospital environment. Had participants *not* been taking photographs, I feel that it would have been more difficult for dialogue about the hospital environment to flow. Therefore this method is particularly useful for understanding perceptions and experiences within a specific context where researchers may not achieve the same depth of meaning through discussion alone. Emmel and Clark (2009) also used this method in a geographical study of place, asking participants to take them on a walk around their neighbourhood, taking still photographs if they wished. The authors found that this method drew attention to the material, relational and embodied nature of everyday practices and, in conjunction with other participatory methods, facilitated a generalizable account of networks, neighbourhoods and communities (Emmel and Clark, 2009).

As in Emmel and Clark's study, this phase of the study reflected notions of the embodied and sensorial nature of mobile visual methods that have been articulated by authors such as Cristina Grasseni (2004) and Sarah Pink (2007; 2008). The use of video combined with walking, according to Pink, enables her to better capture the material and embodied knowledge than verbal or written data alone, and produces *"empathetic and sensory embodied (emplaced) understandings of another's experience"* (Pink, 2007, p. 250). In health research, Harris and Guillemin argue that "applying a sensory awareness in interview research provides a portal to what might otherwise remain unsaid, and thus unexamined" (Harris and Guillemin, 2011, p. 690). They discuss the method of asking participants questions in interviews about their sensory experiences, such as *"what did your hospital bed feel like?"* (*ibid*, p. 689) which, it is claimed, gives insight into the lived experiences of participants. Whilst I did not use this type of questioning during interviews, being with participants as they walked through their environment provided the same "portal" to otherwise unexamined aspects of experience that Harris and Guillemin describe.

The existing literature demonstrates that sensory experiences can unlock a deeper sense of understanding as well as knowledge which is emplaced or embodied, rather than being based upon descriptive accounts. This study's method of mobile photo-interviewing builds upon the existing literature; Harris and Guillemin's research was expanded in this phase of the study by submerging myself into the embodied world of participants so the element of retrospect is removed. This study also develops the argument put forward by Sarah Pink; by accompanying participants as they travelled through their surroundings a deeper insight into the sensory and affective lived experiences of being a user of that particular space was established. In mobile photo-interviews, this happened in verbal and non-verbal ways, as described above with reference to participants' changing affective states when talking about or photographing certain aspects of the hospital environment. There was also a deeper insight into the images that were produced; more than a year after data collection, I can look at certain photographs and instantly recollect why they were taken and how participants talked about those aspects of the hospital environment.

This study is innovative in its use of still photographs taken by research participants during mobile interviews, rather than those taken by professional photographers or researchers. This, combined with the photo-elicitation method, led to novel insights relating

to the ways in which participants performed their photography, which is the focus of the next section.

What is the impact of participatory photography on the research process?

The addition of data from the photo-elicitation and mobile photo-interviews was crucial to the development of themes relating to participants' perceptions and negotiations of the hospital environment. It also enabled me to explore the ways in which participants used their cameras. Through their descriptive accounts, participants demonstrated a number of strategies of photo-taking which were invisible during the text-free phase of analysis. For example, whilst the thematic visual analysis captured content such as landscaped gardens, arts materials and participants photographing themselves, it was only through discussion that the theme of *Showcasing* was noted as a motivation or strategy used by participants during photo-taking. Participants taking this approach used the cameras to 'show off' elements of the hospital environment or themselves, such as the gardens, occupational therapy facilities and personal items such as clothes. In this way, as noted above, participants' interview data augmented the visual data, giving it a deeper level of meaning. The combination of interview and visual data extended the empirical limits of the 'thin' visual data, enabling a 'thick' description to be constructed through the combination of visual data and supporting text.

Participatory photography also enriched the research process in other ways. The ability of photography to engage research participants and aid communicative processes has been often reported (Fleury, Keller and Perez, 2009; Harding *et al.,* 2009; Gates, Lackey and Brown, 2001; Percy, 1995; Radley and Taylor, 2003; Samuels, 2004; Cruickshank and Mason, 2003; Lassetter, Mandleco and Roper, 2007), and the results from this study support existing knowledge in this area. Participants reported enjoying taking photographs and appeared to take the project seriously, for example by taking care not to photograph other people. Those who took part in follow-up interviews were eager to see their photographs and conversations often started with little or no prompts from me. In addition, photography enabled participants to direct a great deal of the data collection process. Although they were given a brief, participants chose what to photograph and what not to photograph, and

during interview they decided which photographs to talk about and which to ignore. This element of empowering research participants through photography has been found in previous studies (Dockett and Perry, 2005; Einarsdottir, 2005; Didkowsky, Ungar and Liebenberg, 2010; Mizen and Ofosu-Kusi, 2010), although as mentioned previously the ability for participatory photography to provide genuine opportunities for empowerment has been questioned. It was not an aim of this study to empower participants, and this thesis makes no claims that this was achieved beyond the short time that participants were involved in the study. However, for their short period of involvement, it is believed that the use of photography enabled participants to address and reconstruct the power dynamic traditionally present between researchers and research participants.

Photography also provided opportunities for participants to engage in a creative activity as part of the research process, and several participants used the cameras to take deliberately creative or artistic shots. Discourses of art and creativity featured in participants' accounts of their reasons for taking photographs as well as shaping their responses to their photographs in follow-up interviews. Some participants, particularly those who talked about their interest in art or photography, were concerned to take conventionally 'good' photographs, or take shots that were visually interesting, creative or intriguing. Previous studies have also drawn on discourses of art and creativity in elements of their research, particularly in the dissemination stages. For example, in Frohmann's (2005) study of domestic violence, participants' photographs were displayed in a community exhibition. Moss *et al*. (2007) also presented selected photographs gallery-style; they were enlarged, printed in black and white and mounted for display. In neither study were participants asked to take photographs for this purpose.

Buckingham (2009) distinguishes between the use of visual methods as a methodological technique to explore issues that may be difficult to discuss through talk alone, and studies interested in creative media production as the key concern of the research (Buckingham, 2009). However, there is very little in the existing literature that talks about participants deliberately taking photographs through a discourse of arts and creativity when this is not one of the objectives of the research. Exceptionally, Photovoice studies are often framed using discourses of art and creativity. They typically include basic training on taking photographs, for example on the use of lighting and perspective, and often incorporate community exhibitions into their design. In these types of studies, therefore, it

may be more likely that participants are motivated to take artistic shots from the outset. In studies such as this one, however, where participants are asked to take photographs individually and then discuss them in mobile or follow-up interviews, there is very seldom an indication to participants that they should aim for aesthetically 'good' photographs. This study has unpicked the processes of photo-taking and interpretation of images and has found that, despite no intended focus on aesthetics, participants may frame their photography and review their photographs from the stance of art critic. This is an interesting finding and has implications for the field of photographic visual methods, and deserves to be explored in more depth in future studies.

Contextual considerations: visual research in mental health environments

During the course of the study a number of contextual issues became relevant to the processes of recruitment, informed consent and data collection. Service users were recruited via gatekeepers who in this case were nursing or occupational therapy staff. I noticed that they tended to see the project as an opportunity for service users to take part in something creative and fun, which was in most cases true. However, the inclusion of photography may have prevented gatekeepers from fully considering the risks associated with participation, as photography is not normally associated with research. For gatekeepers, the emphasis may have been more on the photography element of the research than the photo-elicitation interview, as they were more involved in distributing and collecting the cameras.

This may have been what prompted staff to recommend that service user Fiona took part in the study. Chapter 3 (pages 49-50) described how this participant disclosed very personal information which may have compromised her dignity if included in the study. Nursing staff told me that Fiona would enjoy the project because it would "give her something to do", and when I mentioned to staff after the interview that the participant had disclosed very personal information and may need some extra support, they responded with knowing smiles and the attitude of "yep, that's Fiona!". I acknowledge that I should have made it clearer to gatekeepers that photo-elicitation interviews may elicit deeper personal reactions than traditional interviews, and that visual methods pose just as much

risk to participants as other methods. Perhaps the more in-depth inclusion of gatekeepers during the initial stages of the research design would have meant that these considerations would have been fully discussed prior to field work. But our role as researchers extends beyond effective communication with gatekeepers; researchers must also act as gatekeepers when necessary.

In schools research, Leonard (2007) highlights how head teachers are often gatekeepers to classroom teachers and pupils, so researchers may be 'imposed' upon classroom teachers without their explicit consent. Leonard points out that *"powerful gatekeepers who grant access may make it difficult for subordinates to subsequently refuse to participate"* (Leonard, 2007, p. 136), and she provides examples of having to deal with resentful classroom teachers who had not been consulted about their pupils' participation in research. Whilst in this study the situation was different as service users are not subordinates to hospital staff, similarities can be drawn in terms of the power relations between people involved in the research process. Service users, in this study, were defined as vulnerable according to Peternelj-Taylor's (2004) definition:

> *Vulnerability may be related to the complexity of the health challenges experienced by patients, real or perceived threats to the individual's personal autonomy, or may relate to the inequality that exists between the researcher and the participant, and/or between the participant and the larger health care system* (Peternelj-Taylor, 2004: 349)

One of the roles of hospital staff in the recruitment process was to protect this vulnerable group by determining whether service users had the capacity to provide informed consent prior to taking part. Capacity is defined in the Mental Capacity Act (2005) in terms of a lack, rather than a resource. A person who lacks capacity is described as one who is *"…unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain"* (Mental Capacity Act, 2005, p. 2). This is further explained as being either temporary or permanent, and not to be assessed with reference to age, appearance, behaviour or condition.

In one instance during the study, after informed consent had been obtained and the service user had taken some photographs which had been developed, I attempted to meet the participant for a photo-elicitation interview. When I telephoned to confirm the

interview, nursing staff said that the participant was feeling too unwell to take part on that day and the interview was re-arranged. When I arrived at the hospital, a member of staff took me to meet the participant. I was led to the participant's bedroom, and on arrival saw that she was very distressed and not fully clothed. I stepped out of the room to protect the participant's privacy, despite being told to "come in" by the member of staff. At this point, the member of staff was telling the participant to get dressed and take part in the interview, so I intervened. I said to the member of staff that it was inappropriate for the research to continue whilst the participant was so upset, and called to the participant that it was okay, not to worry and that there was no need for her to take part. In this way I acted as gatekeeper in order to safeguard the participant's dignity and to protect her from taking part in a potentially damaging activity, her emotional state being such that she was already extremely distressed.

There are two issues of importance here. One is that the participant was too distressed, for whatever reason, to participate in the research. Although this may not have been cause to believe that she had lost capacity as defined in the Mental Capacity Act (2005), it was sufficiently apparent to me that the participant was not in a position to continue participating in the research. Another issue is that the gatekeeper appeared to be coercing her into participating. Bartlett and Canvin (2003) argue that service users, like prisoners, may experience pressure to participate in research, as they are *"a captive study population (quite literally)"* (Bartlett and Canvin, 2003, p. 59). If I had not intervened, the power dynamic between staff and service user may have resulted in the participant taking part in the interview due to coercion. However, if the service user had *wanted* to participate but was still visibly distressed, in my opinion it would still have been unethical to continue, regardless of her capacity to consent, due to the emotional harm that may have been suffered as a result. This is in line with the World Medical Association's Declaration of Helsinki (2008 amendments), which states that the wellbeing of research subjects must take precedence over all other interests (WMA, 2008).

In addition to me being present, a member of occupational therapy staff was also present during the mobile photo interviews with service users. This was useful on a practical level as it meant that parts of the hospital could be accessed which otherwise were kept locked, such as the gymnasium and allotment. In hindsight, having a member of occupational therapy staff present may also be a useful strategy in helping to reduce the

risks associated with over-disclosure, and to provide extra support if participants become distressed.

Chapter 9: Conclusions

This study set out to explore the use of photographs taken by research participants in an investigation of a mental health hospital environment. I embarked on a journey, shaped by four cycles of data collection, which culminated in the discovery of several novel findings relating to participatory photography in mental health research and, more broadly, qualitative research. Whilst existing literature in this field has contributed a wealth of understanding relating to the use of photographs in qualitative research, few if any have unpicked to this degree how photo-taking is actually carried out and how participants' photographs are interpreted, not only by the participants themselves but also by myself and by third parties. This study is also unique in its application of these methods to the mental health hospital environment; to my knowledge, no other studies have used the methods of thematic visual analysis or mobile photo-interviewing in mental health hospitals before.

New knowledge relating to the mental health hospital environment was constructed via the visual and textual data. The various ways in which photography was used directly shaped this knowledge, so findings related to the hospital environment and to the use of participatory photography have not been separated throughout the thesis. Instead, the ways in which the methods contributed to understandings of the mental health hospital and the research process have been presented together according to the method being used.

Firstly, a thematic visual framework was constructed from the set of 377 photographs taken by participants which were subject to analysis. This allowed me to make observations about the hospital environment that did not emerge from interview data, such as the way in which gardens were enclosed and how surveillance could take place in subtle ways (e.g. through the use of internal windows). Whilst modern mental health hospital environments have been researched and evaluated, this study has developed a methodology for the construction of a 'thin description' of specific settings which has never before (to my knowledge) been used to develop our understanding of hospital environments. This kind of visual overview, depicted through the photographs of users of a particular space, could serve as an interesting way to triangulate other forms of data in future place-based studies, as the method allows unarticulated aspects of the physical environment to become visible.

The visual data were used in focus groups with social researchers not connected to the study in order to examine how meaning can be generated for photographs with very limited supporting text. Again, to my knowledge, the use of participants' photographs in this way has previously been unexplored, especially in mental health settings. Through the focus groups, it became clear that third-party interpretations of images taken for a specific purpose are informed by a number of discourses. These related primarily to mental health, containment and identity, but discourses of art and creativity were also present in responses to certain images.

In fact, discourses of arts and creativity were noted at every stage of the analysis. They related to the types of activities on offer at the hospital depicted through the thematic visual analysis; the ways in which participants spoke about their experiences of the hospital; and, interestingly, the lenses through which participants approached their photo-taking and they ways in which photographs were evaluated. An emergent theory of creativity was constructed through participants' discussion of their photographs in photo-elicitation interviews; notions of intrigue, providing alternative perspectives and interest were present, which augment conventional notions of composition, lighting and focus.

Using the photo-elicitation method meant that participants had the opportunity to comment upon their photographs after they had been developed, as well as discussing the photo-taking process retrospectively. This extra layer of supporting text enabled the construction of a number of themes relating to the hospital environment. This depth of understanding could not have been reached through the images alone, or from third-party interpretations of the images. The photo-elicitation method elucidated participants' perceptions of the mental health hospital, which focused upon its functions of care and containment, and their negotiations of it depicted through the processes of retreat and rebellion. The arrival at these constructions of the mental health hospital may not have occurred through conventional interviewing; indeed, these discourses as constructed through user perspectives are not present in the existing literature relating to modern mental health hospital environments. For me, the use of photography aided participants in their articulations of their feelings towards the hospital environment, and this study supports the findings of others in this field which attest to the contribution that photo-elicitation makes to communicative processes, rapport-building and engagement of research participants through creative processes. Specifically, the focus on the cameras and

photography meant that there was less focus on the individual diagnoses or conditions of mental ill health of the participants. I deliberately did not ask these questions as I did not want to begin from a clinical point of view; I believe that engaging in a creative activity helped me to earn participants' trust and separate my role from that of other professionals with whom service users engage on a daily basis.

The study further explored the contribution of supporting text by conducting a number of mobile photo-interviews. During this phase, I noted the occurrence of several of the same themes as the previous phase – such as care, containment and retreat. In terms of the research process, this final layer of understanding added to interpretation by immersing me in the hospital environment as experienced by participants, and indeed enabled us to contribute to the construction of the therapeutic environment through our companionship and shared experiences. This sensorial phase of data collection enabled me to appreciate something of the lived experience of being a service user or member of staff at the hospital, and reflects some of what has already been found in the field of sensory ethnography. I remember the most about this phase of the study; and it had the biggest impact on me emotionally. We shared sounds, smells, sights and sensations as we walked through the hospital environment. Participants were more likely to use metaphors relating to strength, care and resilience by drawing on aspects of the environment such as the Walnut Tree as we walked. This aspect of the research develops the literature on therapeutic environments, in which embodiment and mobilities are emergent topics (Doughty, 2013). Much of the literature on therapeutic environments and therapeutic landscapes has been about the impact of certain environments upon health and whilst there is an acknowledgement that they are continually re-constructed through everyday interactions, there is room for greater understanding of embodiment and mobilities in this context. The mobile photo interview method is one way of exploring these.

Furthermore, aspects of participants' photo-taking practices which may not have been articulated retrospectively were incorporated into my field notes, and hence provided a more in-depth and accurate understanding of the factors mediating photo-taking and of perceptions of the hospital. For example, participants sometimes spoke about their feelings towards certain aspects of the hospital, yet declined to photograph them. Whilst these feelings were not depicted via visual data and therefore may not have been captured during photo-elicitation interviews, mobile photo-interviews were able to capture these non-

photographed perceptions. This meant that, when it came to data analysis, there were a number of things that I was already aware of through my relationships with participants, and which affected my reactions to the data. Having been an active participant in the mobile photo interviews, and sometimes having taken photographs myself at the request of participants, I did not look at the photographs with new eyes. I viewed some photographs (as did participants) from a critical arts stance, in terms of composition, focus and lighting, but some images also spoke to me in terms of Barthes' notions of punctum and studium. Some photographs provoked an embodied, physiological response from me, particularly of the Walnut Tree and the allotment area, making me feel (or recall perhaps) a sense of relaxation and calm. Other images struck me as oppressive, gloomy and depressing. For images taken during mobile photo interviews, I could remember what participants had said as they were taking their photographs. So I responded to some images through 'studium' – a more intellectual reading of the image.

My relationship with participants was dynamic and sometimes involved collaboration, particularly during the mobile photo interviews. For example, Kalim wanted to be in some of his photographs, so I took some photos of him in the gym and outside. Kalim also wanted me to help him compose a photograph in the woodwork room so I held up an item he had made so he could photograph it. We were passing the camera back and forth between us during the mobile photo interview, and it felt to me that I was getting to interact with Kalim in ways than were only made possible through our use of a creative method. In another instance, accompanying Derek to the allotment transformed our dynamic as researcher / participants into that of teacher / student. Derek showed me different soils and plants, explaining what certain plants needed to flourish and pointing out well looked after plants in other peoples' allotments. I remember to this day walking around the flower beds with Derek, which he pointed out were raised to enable wheelchair users to access the plants, and the feeling of contentment I picked up from him which contrasted so clearly with his initial reaction to me.

In terms of future research, there are several areas of enquiry that could build upon the findings of this study. Firstly, significantly more research could take place to augment this initial exploration of the mental health hospital environment from the perspective of users of the hospital. This study began to identify processes of retreat and rebellion experienced by service users and staff, but the limited scope of the study in relation to the

substantive topic means that no generalisations can be confidently made at this stage. I recognise that there were tensions between the focus on methodology and the substantive topic. The heavy focus on methodology meant that there was a sacrifice in terms of how far the hospital environment could be theorised within the scope of the study. Further research could address this by using the methods developed here in a more focused study of mental health hospital environments.

Interesting research could take place to develop the theme of arts and creativity in relation to photography that was present throughout the study. Creative activities are often provided as part of occupational therapy for mental health service users, and the use of photography may be developed here in terms of therapeutic intervention. Understandings of the use of photography in research may also be augmented by looking again and in more depth at creative processes that take place within research projects and how they influence knowledge construction.

The field of sensorial ethnography could be usefully developed to include mobile photo-interviews, perhaps in combination with other sensorial methods such as communal cooking and eating.

There are several considerations and recommendations which, having completed the research, I can offer to researchers, practitioners and planners. For researchers, I would recommend using multiple visual methods for place-based studies. Each method I used – thematic visual analysis, photo-elicitation and mobile photo-interviews – provided a unique yet complementary perspective of the hospital environment, so a mixture of all three methods would produce a multi-layered understanding. One consideration when using photography as an exploratory method, and using photographs as data, is the possibility that those aspects of experience difficult to capture with cameras may be missing. I found that accompanying participants as they took their photographs meant that they spoke to me about elements of the hospital that they did not photograph, such as relationships with staff and cooking. In addition to this, having a number of ways in which people can take part means that those who wish just to take photographs can still contribute, and those who can commit more can participate in photo-elicitation or mobile interviews, or both. I found the inclusion of reflective, observational field notes to be a very effective way of capturing non-verbal and sensorial aspects of data collection. I also found it useful to reflect upon how each encounter at the hospital produced an emotional reaction in me, and to consider

whether this had any impact on my interpretation of the data. To this day, when I look at some of the photographs, I am transported back to the hospital setting and can remember vividly some of the conversations that I had with participants, particularly during mobile photo interviews.

An incredibly important lesson I learned during data collection is that, as researchers, we cannot assume that gatekeepers will always act in the best interests of the participant rather than the research. The frankly shocking attempt made by nursing staff to coerce a highly distressed service user into taking part made this crystal clear to me. This may have been more likely to happen in a mental health setting than in other settings, but nevertheless it is important to realise that gatekeepers may not fully appreciate the concepts of research ethics and consent. Bearing this in mind, researchers might ensure that all gatekeepers or other stakeholders involved in the recruitment of participants are fully aware of the risks of taking part as well as understanding that it is perfectly acceptable for participants to refuse to participate. I felt that staff did not want to let me down as I had travelled some distance to get to the hospital, and the interview had been cancelled once before.

From a practitioner's point of view, thinking about the potential risks relating to the use of visual methods and photography is important. Taking photographs and talking about them can be highly emotional and, particularly in the context of mental health, may lead to distress or over-disclosure, as happened during my field work. I suggest that practitioners involved in research reflect on the potential benefits *and* risks associated with research project involving creative methods, and resist viewing them as 'something to do' for service users. If I were to repeat the study I would dedicate more time at the beginning to talking with nursing staff on each ward to make sure they were fully aware of these ethical issues of the research.

The research has highlighted the intrinsic value that service users attach to creative and physical activity and the production of pieces of art, woodwork and food. Occupational therapy was central to a number of sets of photographs and service users spoke in very complementary terms about the OT staff and activities available at the hospital, as well as being proud of their own achievements. This supports other research on therapeutic environments such as Daykin et al's (2010) study, which found that service user participation in an arts project was "almost universally rewarding", even if participants were

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critical of some elements of the process (Daykin et al, 2010: 41). This may be due to the possibility that the arts afford for service users to take on non-stigmatised and non-medicalised identities such as 'critic' and 'artist'. The provision for activities such as arts and creativity, the gym, gardening and woodwork, along with appropriate space and equipment, is therefore important for planners to bear in mind. The study found that the availability of a range of activities and opportunities to 'create' is an overwhelmingly positive aspect of the mental health hospital environment. Indeed, I believe that other hospitals could take this one as an example of excellence and good practice in terms of occupational therapy.

The hospital buildings, facilities and environment were generally very well regarded by service users, but perhaps more attention could be paid to staff experiences of the environment during planning and design as these participants tended to be more negative. Whilst some staff lamented the loss of wilder external environments, service users and other staff enjoyed the layout of the outside space and especially the large Walnut Tree, benches and flowers. Interestingly, whilst the visual thematic analysis highlighted the ways in which the internal and external spaces were rendered visible (and therefore conducive to surveillance) through lighting, enclosure and internal windows, no participants commented upon this. This suggests that these may be acceptable ways of maintaining subtle forms of surveillance within mental health settings.. Planners, commissioners and designers could use participatory photography during the consultation stages of improvement programmes in order to engage users buildings in a meaningful and in-depth exploration of their experiences of their environments. This could apply to hospitals but also to other buildings where people spend much of their day such as prisons, schools, universities and offices.

As a final recapitulation, the key argument of this thesis is that interpretations of visual images and understandings of the mental health hospital environment become deeper with added layers of text. Whilst it is possible to construct a 'thin description' of the hospital environment using images alone, the addition of third party speculations, interview data and my observational notes serve to 'thicken' this description significantly. In particular, the sensorial nature of mobile photo-interviews enriches the interpretive process by submerging the researcher in the lived experience of the participant, if only for a very short time.

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Appendix 1: Data extraction sheet

Reference

Overview

Aims:

Participants:

Researchers:

Setting:

Methods:

Results:

Data Collection

Analysis / Interpretation of photographs

Dissemination

Ethics

Strengths

Limitations

Other comments

Appendix 2: List of included studies

1. Aldridge, J. (2007) Picture this: The use of participatory photographic research methods with people with learning disabilities. *Disability & Society.* 22 (1), pp. 1-17.

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