

Why Video? How Technology Advances Method

Martin J. Downing, Jr.

The City University of New York, New York

This paper reports on the use of video to enhance qualitative research. Advances in technology have improved our ability to capture lived experiences through visual means. I reflect on my previous work with individuals living with HIV/AIDS, the results of which are described in another paper, to evaluate the effectiveness of video as a medium that not only collects data, but also produces knowledge. I have provided strategies for confronting specific technological barriers and concerns in research. I made sure to consider my own role within this research, and have chosen to share the personal insights and revelations that occurred in light of using this visual method. Key Words: Visual Research, Image-Based Data, Video Camera, and Audiovisual Analysis

Why Video?

How Technology Advances Method

In this paper I describe how video technology can enhance qualitative research. Drawing on examples from my own work, which is reported in another paper (Downing, 2008), the value of this tool as a medium to produce knowledge is explored and evaluated. The possibility of collecting image-based data can lead to questions regarding ethics, role of researcher and camera, and analysis; as well as concerns about the proper use of video equipment. In what is to follow I have raised these issues and offered solutions based on actual experience. In doing so, I want to stress that close attention has been paid to the concept of reflexivity, which is an awareness of the researcher's role in acquiring data (Lynn & Lea, 2005). My purpose here is to share with other qualitative researchers the interesting, yet often surprising thoughts, reflections, and decision-making points I encountered as a result of incorporating video and ultimately having visual elements as a source of information. It has been deliberately written un-glossed, so that my experiences with this technology will be more accessible and perhaps relatable.

The initial interest in video research occurred during the end of my first year as a Ph.D. student at the City University of New York. I was in the process of preparing a research proposal for my second-year field project, which was geared toward understanding the relationship between home environments and living with HIV/AIDS. I had already decided to collect survey data on sleep quality, perceived stress, medication adherence, and perceptions about urban residential environments. However, I wanted to study home in the context of illness, so I realized that I would need to include a qualitative dimension to this project by visiting the residence of each participant. Interviewing participants in the comfort of their own home is essential for evoking emotional topics (Cooper-Marcus, 1995). But how might my efforts make a novel

contribution to the literature? This was a question I would often refer to as I progressed toward a final proposal. Should I interview the participants about their experiences with home or was that too obvious a solution for such a problem?

I realized that it would be significant if each individual could describe to me the layout of his or her residence, and what attention to HIV occurred in different spaces. So, I initially planned to write down this information as I heard it and hoped that a visual image could be reconstructed later during analysis. This, however, seemed entirely too complicated and virtually impossible for someone with my limited qualitative research experience. Fortunately for me, I had a colleague who was struggling at the same time with her own field project involving the use of video. Suddenly I had a viable option to collecting this valuable information.

My next question was not so simple to answer. How would I get consent from participants who were considered part of a vulnerable population to have a video camera inside their homes? It was already going to be a difficult situation explaining why I needed to conduct the study at their home rather than in a neutral or laboratory setting. Adding the use of video would make the research prospect even more threatening. I decided, somewhat regrettably, that all participants would be promised complete confidentiality where my eyes, as the principal investigator, would be the only set reviewing these tapes. This seemed to be the only ethical solution, despite the obvious benefits of having more than one viewer/rater during analysis. I came to this decision too quickly out of fear that no one would participate without the added security. As it turned out, I still had trouble finding a diverse and sufficiently sized sample.

This study received approval by the Institutional Review Board within the Graduate School and University Center of the City University of New York. However, since it was not a funded project, I relied on my own 8mm video camera, which had the capability to display footage on a larger screen (i.e., television). This feature would become particularly important in the data analysis. For the purposes of my research proposal, I stated that participants would take me on a tour of the interior and exterior spaces within their residences. The video camera would capture the sights and sounds during the tour, leaving open the possibility of taping elements that were not explored by the individual. Initially, my only expectations for using this technology was to record the structure and layout of each home, with the hope of uncovering some evidence of an interaction between the environment and illness. It would be an exceptional way of representing the physical space so that later I could revisit, reflect, and reconstruct the scene by simply watching the tapes. I had no idea how relevant that statement would become until months later.

During my first two home visits, I took on a much greater role than I had anticipated. I was working with two disabled participants who were not able to fill out the survey packet without my assistance. Given the number of surveys that I had included, I ended up spending close to an hour writing down answers for each participant. By the time I was ready for the video tour I felt mentally exhausted and unable to fully comprehend the situation at hand. I experienced technical difficulties during the first home tour despite having used this camera on several occasions. I was unaware that the nightshot effect had been turned on. I resolved this problem only after videotaping the tour in nightshot mode, and then awkwardly having to ask my participant if I could redo the experience. Fortunately I did not have any more equipment trouble with the

remaining tours. However, those first two videos were very basic, emotionless, and lacked in dialogue. It was almost as if the camera had been attached to a remote control car and steered through the home. I also felt that the participants were shy about being recorded, even when it involved only their voices.

I arrived at the home of my third interviewee ambivalent about going through this process all over again. My mind was racing with concern that the project had taken on an entirely different face than I intended. Fortunately, this was the man who would turn it all around! Kaleb was a very outgoing and lively spirit who welcomed me into his home as if we had been friends for years. From the outset I could tell that he would be in charge of this whole encounter, and for once I was comfortable with stepping out of control. Once again I helped fill out the surveys, which gave Kaleb an opportunity to tell his story in between questions. I found that many of these participants wanted to tell the story of how HIV or AIDS came into their lives. I had not expected this during the design phase, but was quite receptive to it. I felt honored that these men and women wanted me to know about who they are and how they got to this point.

When it was time to do the video tour, Kaleb walked me over to his front door and turned into an actor playing for a full audience. As an experienced performer, this was nothing new for him. He took me through room after room showing me anything and everything about the home that he continued to create. At times I would stop and ask questions or make comments, to which he would further elaborate or show me something else. I was not only capturing the environment, but his active life within it. What an experience this was turning out to be. From this point forward, I approached each video tour as an opportunity to interview. While most of my questions were formed during these interviews, I did ask participants about any attempts they had made to improve overall health by altering the physical surroundings of their home. I also thought it was important to ask what adjustments to the interior and/or exterior spaces of each residence would be made if possible, and how these changes could affect a person's struggle with HIV/AIDS.

Thereafter, all I needed to do was probe a few times during a tour and participants would open up. As Pink suggests "Video invites informants to produce narratives that interweave visual and verbal representation" (2004, p. 62). It was as if my opportunity to meet them had become their opportunity to meet me, and subsequently anyone else I talked to about this. Sometimes I felt as though my video camera were being used as a weapon against landlords or housing policy. It was not uncommon for participants to remark on the difficulty in acquiring certain maintenance services (i.e., repairing of windows, smoke detectors, heating system, and bathroom drainage), or obtaining permission for particular amenities such as the installation of a washer and dryer or an extra door lock. However, what I found more surprising was the positive reception that I received utilizing this tool. Instead of a threat to their security, it provided a voice for educating and even venting. Looking back after having developed some adeptness with the camera, I could see missed opportunities in the footage of my earlier tours.

I had promised everyone that their physical body would not be the focus of my filming in order to ease any fears. But how would I engage them in conversation if my eyes were constantly behind the camera? During Kaleb's video tour I found myself disconnected from him and the stories he was telling. There were times when I wanted to look him in the eye instead of being a mere extension of the camera, reminiscent of

Gibson's "tool" in the person-environment relationship (1987). Unfortunately, I did not come to a solution that day, but on my next interview I made some adjustments to the filming process, allowing me to be more personable with the remaining participants. At certain moments throughout the video tours movement would cease as objects were described, pictures were identified, or design modifications were explained. It was at these moments that I realized I could pull my head away from the camera and talk directly with the participants. I had managed to stay attached to the equipment while still filming, yet now I had joined the conversation.

This may seem like a simple concept, but for an amateur video researcher it made a world of difference. As a social scientist conducting these interviews, I needed to be a participant-observer (Willig, 2001). MacDougall (2006) reminds us to be aware of the bodies and images not in front of the camera. There are entire scenes taking place just outside the frame. My body and the participant's body were engaging in verbal communication to which the lens was not privy. Fortunately the built-in microphone was! When I began to review the footage, in those early stages of analysis, I remember being struck by the notion that my camera had captured more than just visual elements. Would this be information that I could use to effectively answer my initial question about how individuals living with HIV/AIDS relate to their home environments?

I decided to pursue an audiovisual analysis of the video footage with the hope of demonstrating relationships between home and illness. My first goal in this process was to view and transcribe all of the video tours. Once I had accomplished this, I began to look for insights about any interactions between the participants, their homes, and HIV/AIDS. By extracting content from transcripts, I was able to focus on connecting participant words with visual elements. Specifically, I asked how these sights encouraged theme development within the interviews and text. What I found far surpassed my original intentions for this project. I discovered that the home serves as a place of security, self-expression, control, and restoration (Downing, 2008). It was not just the participants' voice that led to these conclusions. The visual had provided essential support to the audio, thereby rendering both elements mutually reinforcing. At the outset, I may have forgotten that a video camera can hear as well as see, but never again will I underestimate the power that these two features might afford a qualitative research endeavor.

I have tried to stress in this discussion the unexpected qualities video afforded my research. Not only was I able to capture the physical environment of my participants, but also the camera provided a unique interviewing and analyzing opportunity. I found it to be a vehicle for capturing the lived experience of home and illness. While I certainly agree with Banks (2001) and Pink (2001) that not every situation warrants the use of a visual method, researchers should not be too quick to discount its potential. Video has long been considered a useful instrument for recording data, but this process is in itself knowledge producing. As such, social scientists must consider the possibilities of exploring human behavior with technologies that advance traditional methods. My advice for anyone considering video as an option in research is to be comfortable with your equipment and to have an open mind throughout the process.

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Author Note

Martin J. Downing, M.S., is a Ph.D. candidate in Environmental Psychology at the Graduate School and University Center of the City University of New York. His primary area of research reflects a commitment to understanding the human-environment relationship, particularly in the context of chronic illness. Mr. Downing is a co-founder of Video Vision: A Conference for the Changing Culture of Social Science Research, and is currently editing a book on using video technology in research. The author can be contacted at Environmental Psychology, The Graduate School and University Center, The City University of New York, 365 Fifth Avenue, New York, NY 10016; Email: mdowning@gc.cuny.edu

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Article Citation

Downing, M. J. (2008). Why video? How technology advances method. *The Qualitative Report, 13*(2), 173-177. Retrieved from <http://www.nova.edu/ssss/QR/QR13-2/downing.pdf>