Multimodality, visual methods and lived experience

View from the Top from Prof Paula Reavey

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Paula Reavey is Professor of Psychology and Mental Health at London South Bank University. This interview took place at the Qualitative Methods in Psychology (QMiP) and History & Philosophy of Psychology (HPP) joint 2019 conference at Cardiff Metropolitan University where Paula led a workshop on visual methods and delivered a keynote speech. Best known for her pathbreaking work on visual methods and multimodality (Reavey, 2011), she has also distinguished herself with her innovative interdisciplinary work in the field of mental health, space and embodiment.

Susanne Langer (Senior Lecturer in Psychology, MMU) and Deborah Bailey-Rodriguez (Lecturer in Psychology, Middlesex University), who are both associate editors of the QMiP Bulletin, asked the questions.

S: Can you start with a bit about yourself? Where do you see yourself sort of theoretically but also within psychology?

P: The work that I do takes me outside of psychology quite a bit. Through my mental health work, I work with a lot of people who use services, people with lived experiences of distress but also practitioners, so psychiatrists, clinical psychologists, nurses, OTs [occupational therapists]. It's all about managing the dynamics of those relationships that I'm inevitably always embedded in. For me as a person, talking from psychology, it's always about making sure that those groups are focusing in on lived experience, meaning-making, as well as ensuring that services are listening to the people that they purport to care for. It's both a theoretical position because I'm often reminding people about spaces, about emotions, about affect, and also discourse. But also a political position of saying 'you've got to listen to service users, you've got to ensure that when you say you're caring for people, that you're actually doing that'. For me, it's not straddling, it seems as though those two positions are

separate, but it's certainly often a political and psychological position. And that's how I've always done stuff.

S: How did you get there?

P: I was in Sheffield in the '90s and was taught by Peter Ashworth, Brendan Gough, Kathy Doherty and Paula Nicholson, all of whom encouraged me to think in ways that weren't just psychological, they were political and about power, and thinking about how that shapes who we are, how we feel and all the rest of it. I was thinking about it before I even got to Sheffield. I did an A-level in Sociology, which was brilliant actually. It really set the scene for me as a psychologist. My politics have always been about social justice and the origins of that are when I was little. I was in the Salvation Army, and it was all about the social justice project. It was religious, and I'm not religious anymore, but for me it was always about treating people kindly, even though they may be engaging in morally, you know, adverse behaviours. In the Salvation Army you're always taught, if somebody is drunk or they are abusing alcohol, it's because of their life history, something bad has happened to them and you should look on them kindly, you should try and find out what their story is. For me, it started in the Salvation Army, which is a peculiar route into thinking about social justice but it certainly was for me where it all started.

D: You've been incredibly productive in your research career. [At the conference] you've told us about your collaborative research, research on embodiment, in forensic wards and on map-making. Amongst all the projects that you've conducted, what would you consider to be your most fruitful work? Not necessarily your most successful but whatever you consider to be most fruitful.

P: That's a hard one! In terms of successful, what I've done in mental health has been much more widely acknowledged than what I've done in memory studies, even though I'm really proud of the work I've done with Steve Brown on vital memory (Reavey & Brown, 2015). Having said that, we've used that stuff on memory to inform what we do in mental health.

The book I wrote with Dave Harper and John Cromby on psychology, mental health and distress was a non-diagnostic approach to mental health and thinking about going back to experience to make sense of people's distress (Cromby, Harper & Reavey, 2013). We wrote that because we were fed up with all the terrible books on mental health that

psychology undergraduates ingested and then went out into the world and reproduced. We wrote that thinking *(laughing)* no-one's going to read this because it was so critical, even though we made a conscious effort not to use the word critical, and it yet was entirely critical. We also worked with people with lived experiences of distress in that book and we included a whole chapter on service users. I was really really proud of that book and it won the British Psychological Society Book Award, *(chuckling)* which we were really gobsmacked at. We were like 'thbbfff, who was on *that* committee? It must have been one of our mates!' But it wasn't!

And that psychosocial approach has really set the scene over the last few years, and I then started to be invited to do some work with the Maudsley in a psychiatric team looking at young people and their experiences of hospital and that has been really successful. We published a paper in *The Lancet* a couple of months ago, so it's weird! It's gone from this perspective that sees people as utterly bonkers and weird to actually being taken seriously by some mainstream practitioners, not everybody. Some people still think we are off the wall, which is fine, but in CAMHS, Child and Adolescent Mental Health, because of the work they do which is very systemic, very about relationships, it doesn't seem to be that at odds with what they are doing on the ground level. And in terms of grants, we've just won a big grant to do more work looking at hospital versus an intensive community intervention. I never thought in a million years I would do an RCT but now I'm doing an RCT with visual methods. Bonkers and wow! Who would have thought? *(laughs)* Who would have thought?

For me it's about the ideas. If the ideas are alright and sound who cares if they are qualitative versus quantitative, it's ‘are these ideas going to be received well by a particular audience?’ And sometimes you have to lay to one side your epistemological framework, because I'm doing this RCT and [the other people on the team] are doing stuff that I'm not entirely convinced that's, you know, meaningful, like counting things, doing health economic analysis and stuff like that. But the qualitative stuff, sits alongside that quite comfortably. So it’s about like-minded people trying to do the right thing to improve services, and as a result it's almost irrelevant what your epistemology is, in those moments, in those contexts. Of course, very interesting that other stuff at other times.

The mental health stuff has taken off in a way that I never had anticipated. But I'm so bloody passionate about it and I think that sense of commitment and passion and working

with people on the ground with lived experience has been both the most successful and the proudest moment in my career really. When I got my professorship, that's what they asked me 'what was your best moment?' and I said 'working with people' because it's all very well saying you want to be a professor but actually you learn so much from people. And [your participants] kick you up the arse for your methods as well. They'll say 'I can't answer these questions, this interview, can we do something different?' And that's partly what's prompted this attempt to look at experience from a much broader and more messy perspective. Because people's lives are messy, so...

S: I think nice segue into our next question. Is there a different kind of embodied feel when you engage in research encounters using multimodal methods? A feel, or a smell or an atmosphere?

P: Yes. I was teaching in Copenhagen in February and I did a session on reflexivity and multimodal methods and I gave this example of one of my participants in the Wellcome Trust funded project where we were asking people to draw pictures and it was on sexuality and vitality, and the bloke just got a black pen and went *(moves hands sharply across imaginary paper)* 'Eh! Eh! Eh! Eh!' across the page and this act just absolutely arrested me because I could feel how he felt. It was so powerful, and he then started about really difficult issues, but it was a strength of feeling that was in that act that made me think.

It's almost like the distance you get by just speaking to people is broken down in that moment of people drawing stuff and that's really, really powerful. Zoe Boden and I are writing about that at the moment in relation to reflexivity using visual methods in the context of sexuality. We've all got examples of being very arrested by the process because sometimes when you do research and interviews, you're sitting there across from somebody and it's their life that they're recounting to you. Sometimes when you're just speaking it can be incredibly close, but there's something about using the multimodal that makes you realise the kind of humanity of somebody that I find deeply moving and also quite terrifying at times.

Moving onto a funnier story. Steve Brown and I were doing some research in a psychiatric unit and we were thinking about atmospheres because we're both in there and we were just laughing all day. We have a laugh anyway, but we couldn't work out what was

making us laugh so much, and at really odd times. You know, like one of the classic symptoms of schizophrenia which is laughing inappropriately and we're just sitting there, fitting in, blending in. You can imagine what staff were thinking! *(everyone laughs)*.

And then we were thinking 'what is it about this place?' And we realised on a visual level all the walls were covered in posters telling you not to do certain things. They had a relaxation room right, and we were like 'ooh! That sounds nice.' A nice sensory space you can go to when you want to feel calmer. We got in there and there were these big pictures of diseased lungs captioned 'smoking is really really bad for you' and then others 'eating too much is really really bad for you' and the whole purpose of this relaxation room was to bollock you about the sort of behaviours you as a service user were using to cope with being in that space, as well as your own distress. And then you'd go to the tuck shop - and they were always banging on about this tuck shop - and at the side of the tuck shop they'd list all the calories and fat in every single treat that you could buy. So the whole space had this atmosphere of prohibition and paternalism.

Their spoken language was all about 'oh no, we're not like that here. It's all about the patient and what they need.' And no, it wasn't! The atmosphere was really built around this idea of foreboding, prohibition. When we got out, we went straight to the off-license, bought booze and I bought a packet of fags and I don't usually smoke, oh and a bag of chips! And then we were just sitting there on the train platform and started thinking about atmospheres because it was so evident that the space was literally communicating something to us that wasn't being communicated via the spoken word and what people were saying. It was literally the space itself. So that got us onto atmospheres and attunement (Reavey, Brown, Kanyeredzi, McGrath, & Tucker, 2019). *(everyone laughs)*.

And Laura McGrath, who was also there, woke up the next morning and ate a burger for breakfast, a pizza for lunch and then something horrific in the evening, and we were all laughing about it. It was almost, the atmosphere was pushing us in a particular direction and it was an act of rebellion when we were outside those walls. You know, ‘aren't we lucky that we can leave that space?!’

D: We've spoken about messiness and of staying with the trouble. Are there any particular challenges to you as a researcher in terms of occupying these positions? And is it emotionally demanding for you?

P: I can completely understand why students in particular flock towards procedure and steps and all the rest of it. And do you know what? When I do my own analysis, it's very much in line with a lot of qualitative modes of analysis, of reading the data and rereading it and it resembles those practices because you can't just stay with the mess when you're trying to get through 200 pages of transcripts.

Yes, it is emotionally demanding. When you're working with modalities that force you into feeling particular things, when you're not necessarily anticipating them, like this idea of atmospheres, then it can cause a sense of unease or dis-ease. If you can withstand that, and it's usually temporary, then it's really fruitful. But it is not your standard distanced position as a researcher, it's a bit more messy. And sometimes when I've been working with people with lived experience, when you're working with multiple modes where you see things, where people bring pictures and you get that real feeling of the sense of the life, and you sometimes hear stories about how that life has been really tragic or unhappy at times, then that's difficult to manage. You have to do a bit of self-care around leaving it, putting it to one side and then coming back to it, or using procedures as a way of distancing.

Images can be tricky. In our book on vital memory we talk about images that adoptive parents who have talked to us have shown us that have been really challenging (Reavey & Brown, 2015). The mess comes at a cost, but it can also be really really fruitful.

S: Do you see particular possibilities of visual methods for collaboration and co-production, when working with participants, but also with colleagues from other disciplines?

P: In terms of working with people with lived experience, I mean they are already doing it. They are doing their own self-archiving work, they are using sometimes creative methods at a therapeutic level, or just at a community level. They are generating images that help them orient to their lives in a particular way.

If you are working across disciplines, occupational therapists, they totally get it, they do it already, that's their business so they completely embrace it. More conservatively-minded professionals like psychiatry are more of a challenge. Having said that, whenever we've presented our work with images, they've always been very positive. We are just doing a project at the moment about memory in forensic institutions and will be recommending that psychiatrists think less about memory being in the head. Memory is a very problematic concept in forensic institutions. It's all about dialectical behaviour therapy and trying to get people away from thinking about their past. We will be working with some psychiatrists about working more visually with their patients. That's going to be a challenge! Psychiatrists like the concept but the idea of working together to produce a meaning around an activity is slightly alien to some of them. Again, psychologists can be just as conservative. It really depends what perspective they adopt. We work with clinical psychologists who are very diagnostic, not very open working with visual data and experiences. But that's changing. There's now a real buzz around co-production, isn't it?

D: What do you think is needed for visual methods to fulfil its potential in terms of training and funding?

P: That's part of a broader discussion around what we are doing with qualitative methods. Undergraduates would love to do visual methods so we need to embed it in undergraduate programmes, like they do in sociology, like they do in anthropology. We teach visual methods on our Master's programmes, but it should also be embedded at undergraduate level. Given young people's engagement with technology and social media, they just get it. They know how to use visual data so why not enable them to do that?

In terms of funding, things have really changed. In the NHS, we started out from a position of being seen as quite oddball by using visual methods. Now we are on our fifteenth NHS study using visual methods and no-one blinks an eye anymore.

My advice would be to be bold. Be ready to argue why a particular approach is going to engage people, how it is going to help with your recruitment, which is does because you're doing something interesting with people. So yeah, always be bold and think about the reasons why it is you decided to use something that's non-traditional, because ultimately if it's good, it will become part of the more mainstream sort of sets of tools that

we have available to us. But never use it just for the sake of it, be certain that the research question necessitates using a more multimodal perspective because sometimes a good discourse analysis is what's really needed.

D: Final question. What advice would you give to colleagues who would like to use visual methods, but are perhaps feeling a little apprehensive?

P: When I started using it, hardly anyone was using visual methods in psychology, and the comments were often 'how are you going to analyse that?' It's like, well you don't just analyse it on its own, for its own sake, you use it as part of the meshwork of different activities. If you're confident about why you're using it and how you're using it, and you see it as an enabler to address a particular research question, then use it. Don't worry if it's a bit odd because the audience, if they can see its merit in what you then produce, will be convinced. Make good research questions, do that collaboratively with your participants and don't worry about whether it's mainstream or not, or accepted or not. Because as I say, over the past 10 years we've gone from using visual methods in the margins of all sorts of practices in psychiatry, psychology, to people really accepting that it's a worthwhile approach to use. And that's because the data has been so good. If it's good data, if it's a good research question, then you'll convince people. As Carla Willig pointed out in her presentation at this conference: 'Let's reclaim research!' . Do good research, generate good questions and really don't get caught up in too many debates about what side you're on or where you're coming from. As long as the research is good, it will speak volumes.

D: So just get on with it?

P: Get on with it!

D: *(laughing)* **Do it well!**

P: *(laughing)* Exactly, do a good job!

D: Fantastic, thank you so much!

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