Introduction

The aim of this chapter is to explore the potential of a video-based methodology for theorising identity. Drawing on the theoretical and analytical framework of conversation analysis (CA) and video-based research on mother-midwife interaction (Lomax, 2005), the chapter will explore the role of the visual in mediating social interaction and in the discursive construction of identity. Drawing on sequences of interaction in which mothers talk with midwives about their recent birth experiences, the chapter will examine how particular normative professional and patient identities are accomplished locally and sequentially through co-ordinated gaze, body movement and speech. Mothers and midwives story-telling activity can be understood as a dance through which each subtly displays, through their talk and visual attention to the other, their acknowledgement of, and shifting affiliations to, institutionally defined and wider cultural understandings of birth and mothering and through which particular maternal and professional identities are ‘talked into being’ (Heritage, 1984).

The chapter will also focus on sequences of interaction in which I, as the researcher, am observably drawn in to the on-going interaction through mother’s visual interaction (gaze, gesture and facial expression) in order to outline an empirically based reflexive approach which moves beyond ‘confessional’ reflexive positions (Finlay and Gough, 2003) in order to enhance research practice and methodology. Analytic focus on these sequences makes visible the significance of the visual and its pivotal role in the construction of preferred patient identities while also making explicit the role of the researcher and video camera in the construction and mediation of video-based data.

The research context: problems and possibilities

A common theme across the corpus of academic and professional literature, including some feminist literatures, is the promotion and prioritisation of a model of midwifery which claims
to support and empower mothers’ ways of knowing through an ‘emotionally connected supportive relationship’ (Wilkins, 2000:38). Underpinning this perspective is the view exemplified, to varying degrees, in sociological and psychological accounts in which mothers and midwives’ priorities are meshed together as the common-gender based concerns of women (Campbell and Porter, 1997; Martin, 2001). Despite its limited empirical basis, the ideology of woman-centred midwifery underpins much recent professional literature and debate (Hyde and Roche-Reid, 2004; Leap, 2009; Page and Sandell, 2000) and has been a key influence on policy development in which midwifery care is politicised as a means of re-gendering and transforming woman-focused services (Department of Health, 1993; 2004; 2007). However, the suggestion that mothers and midwives locate the same ideological and emotional space is increasingly contested. Research on doctor-patient and nurse-patient relationships highlights the incompatibility of gender-based service provider-user affiliations with professional hegemonies. These works suggest instead a mis-match between clients’ gender-based expectations and practitioners’ psychological defence against anxiety (Menzies, 1998) and ideas about professional and work-based identities (Brooks, 1998). While, within the sociology of midwifery, work by Sandell et. al. (2001) on the impact of team-based midwifery on midwives’ work practices, found that midwives’ needs as both workers and women may be subjugated to mothers’ needs through unfriendly work practices and mothers’ expectations about service provision.

At a theoretical level, the idea that mothers and midwives are uniquely connected through a shared epistemology has been vigorously attacked by Annandale and Clarke (1996). Their post-structuralist analysis provides an authoritative critique of what they see as the essentialist gender-based alignment of mothers and midwives. As they argue, the assumption that because mothers and midwives are biologically female they necessarily share common interests results in the conflation of a set of putative feminine ideals perpetuating an essentialist myth of womanly sameness (and difference from men) which ultimately mitigates against and undermines women. Further, in conceiving power as ‘male’, it glosses over the way that women may exert power, including over other women (Bowes and Domokos, 1998; Fink and Lundqvist, 2010). Annandale and Clarke’s position is supported by Foucauldian analysis which questions the unique pairing of gendered discourses of empowerment with midwifery (and medicalised discourses of control with medicine), highlighting the ways in which normative discourses may operate across gender categories (Arney, 1982; DeVries and Barroso, 1997; Pitt, 1997 and Williams, 1997). Drawing on documentary analysis (Arney,
1982) and oral history methods (Pitt, 1997) they expose the fluid nature of professional discourses, suggesting that midwives, like their medical counterparts, may draw on ‘male/medical’ discourses (which prioritize ‘science’, ‘rationality’ and birth as ‘normal in retrospect’) and ‘female/midwifery’ discourses (which valorize ‘femaleness’, ‘nature’, ‘intuition’ and birth as ‘natural’) and caution against:

arguments about the “male take over” of childbirth (which) need to be framed very carefully…. professionals of both sexes need to consider how their practices set up particular relationships of power with the pregnant woman. (Pitt, 1997: 228-9, my emphasis)

However, absent from these accounts is an empirically drawn analysis of the ways in which these relationships are managed in practice, including how cultural, professional and institutional discourses are invoked, embraced or resisted in interactions between mothers and professional care-givers, including midwives. In order to answer these questions, a more sophisticated methodological approach capable of capturing and analysing the details of interaction, including its visual dimension, is required. Such a methodology is provided by the theoretical and analytical framework of ethnomethodological conversation analysis (CA) (Sacks et. al. 1974). CA is a well-established approach to the study of talk-in-interaction which, through an analysis of the detailed organisation of people’s talk, and increasingly their gaze and deportment (Heath et. al., 2010; Ruusuvuori, 2001) makes visible the everyday methods that people use to make meaning. CA’s focus on ‘ethnomethods’ (Garfinkel, 1967) makes explicit the ways in which social order is accomplished through ‘talk–in-interaction’ (Schegloff, 1968). As Antaki and Widdicombe (1998:1) elaborate, ‘social life is a continuous display of people’s local understandings of what is going on’, an activity which is accomplished by their ‘elegantly exploiting the features of ordinary talk.’ In this way, identity categories (including gender-based categories), institutional priorities etcetera are viewed, not as independent of members’ practical action, but as embedded in and accomplished through their situated interactions. The participants themselves (rather than the analyst) display, orient to and make relevant these meanings.

Within Psychology, these analytic concerns have been taken up by scholars of identity including feminist scholars (Kitzinger, 2000; Speer, 2005 and Speer and Stokoe, 2009) in their elaboration of the value of CA for making visible the ways in which identity is
constructed in everyday interactions and, increasingly, in health and social care-service encounters (Finlay et. al., 2008) adding to the body of sociologically informed CA in this field (Heath, 1986; 1997; Have 2001; Drew and Heritage, 1992). Within this body of work, Kitzinger’s (2000) feminist CA has been of central importance in providing an empirically drawn critique of essentialist feminist perspectives on sex-based identity helping to shift academic feminism away from the binary thinking which constructs such differences as a priori natural facts. As she explains:

‘Rather than seeing language use as marking a gender ... identity which exists prior to the act of speaking, we can understand language use as one way of understanding identity...... Instead of “how do women and men talk differently?” we can ask how particular forms of talk contribute to the production of people as “women” and as “men”. Kitzinger (2000: 170, my emphasis)

In articulating gender identities as locally and sequentially accomplished in everyday interaction, Kitzinger’s work has resonance for feminist understandings of the mother-midwife relationship which are premised on gender-based assumptions of empowerment and sameness. Rather than seeing gender categories as pre-existing, it is possible from the perspective of CA to explore how the participants themselves orient to their statuses as women, mothers, midwives etc. and how these identities might be displayed and encouraged, refused or resisted in their situated interactions. Further, drawing on recent theoretical and methodological developments within visual methods, it is possible to extend this analysis to systematically consider the role of the visual in mediating interaction. As Goodwin (2001) elaborates:

‘A primordial site for the analysis of human language, cognition and action consists of a situation in which multiple participants are attempting to carry out courses of action together while attending to each other, the larger activities that their current actions are embedded within and relevant phenomena in their surround. Vision can be central to this process. The visible bodies of participants provide systematic, changing displays about relevant action and orientation’ (Goodwin, 2001: 157, my emphasis)

The development of increasingly sophisticated video technology including video-data handling packages which assist in the inspection of the coordinating role of seen phenomena (gaze, facial expression, eye-movement and gesture) has advanced research practice in this
area, enabling analysts to attend to the significant role of the visual in mediating talk and activity including in the co-constitution and display of understanding, disagreement and resistance (c.f. Finlay et. al., 2008; Goodwin, 2001; Ruusuvuori, 2001).

Research questions and methods

The aim of this research was to empirically explore the potential of video-based methodology for theorising identity and to contribute to the emerging body of literature examining the role of the visual in mediating interaction. Drawing on the theoretical and analytical framework of CA, the research aimed to explore how particular normative professional and patient identities are accomplished locally and sequentially through an analysis of the ways in which midwives and mothers themselves attend to visual phenomena (gaze, facial expression and gesture) and their relationship to the accomplishment of speech and activity. The fieldwork, which involved video-taping midwives routine home and hospital-based consultations, generated over 30 hours of video-tapes of 22 mothers and 17 midwives (Lomax, 2005). In addition to an analysis of mother-midwife interaction, these data enabled me to reflexively examine my own position and that of the recording device in the generation of data and analysis, something that I have come to see as essential in ethnographic work (Lomax and Casey, 1998; Lomax and Fink, 2010). However, before I discuss this I will briefly describe the methods of data transcription and analysis.

Transcription and analysis

Data was transcribed and analysed according to the system developed within conversation analysis which continues to evolve and encompass visual interaction (Flewitt et. al, 2009; Goodwin, 1981, 2001; Heath, 1986, 1997; Heath et. al., 2010). Within the chapter, excerpts from the video-tapes are presented in both verbal and visual format. These transcripts follow closely the original video tape, detailing the interaction of the participants as expressed through their speech, gaze and body-movement. Data are presented, not as isolated utterances but as sequences of talk which display the sequential, turn-by-turn accomplishment of interaction, the primary unit of analysis within conversation analysis. Within the transcripts, midwives are represented as ‘M’, mothers as ‘C’ and myself as ‘H’. In order to differentiate
Video-based methods and reflexivity: Analytic implications of researcher-participant interaction


In this section I want to draw attention to aspects of the management of the video-taping, suggesting that the ways in which video-based fieldwork is practically managed and analysed has important implications for the status and meaning of visual data. Systematic analysis of the ways in which research participants respond to the video-based research process, provides important insight into the role of the visual in the discursive construction of patient, professional and researched identities. However, my argument for a reflexive methodological approach was not something I had envisaged at the outset of this project. Rather it emerged as a result of contingencies of field-work and, in particular, my growing awareness of the need to both practically manage and account analytically for the research process as a social interaction.

Although, within the broader ethnographic literature, reflexivity is encouraged and advocated as an important means of situating qualitative approaches (Alvesson and Sköldberg, 2009; Finlay and Gough, 2003; Forrester, 2010) within the theoretical framework of
ethnomethodological conversation analysis and video-based conversation analysis there is a strong positivist tradition such that the ways in which data is collected and the ways in which research subjects position themselves and respond to the research process is frequently overlooked (although see Heath, 1986 and Speer and Hutchby, 2003 for important exceptions). There is a dearth of literature describing how to practically manage video-based fieldwork and what is available strongly suggests that researchers maintain a low profile in order to avoid contaminating the data. From this perspective, I had little to draw on when presented with research participants who, despite my efforts, responded to and commented upon the experience and process of being video-taped and, did so, visually, audibly, and on camera. Not only did these experiences necessitate me having to re-think how to respond to and manage myself and the recording equipment they also disrupted the idea that data can be extracted, pristine, from the social world (Harper, 1998). Rather, I was confronted with the empirical evidence that video-taped data is both technologically and socially mediated. As Schnettler and Raab (2008:12) describe, ‘every video factually encloses constructive aspects (or “footprints”) of those operating the camera.’ Video-based data is the product of the technology (the choice of camera, microphone etcetera) and the processes of its production (the camera operator’s decisions about how and when to film the event).

Of particular interest to me are the ways in which social actors respond to these technologies and processes. Rather than eschewing this empirical position I want to propose a methodology which embraces video’s unique capacity to preserve the ways in which participants respond to and negotiate the research process; their orientations to the video-camera and to me are important elements of the research process and provide critical analytic insight. This is illustrated with reference to the concept of ‘other-directed gaze’ which, as the CA literature elaborates, is an important means by which subjects co-ordinate entry into talk; signal enthusiasm for and manage topic closure (Ruussuvuori, 2001). Correspondingly, in these data, the asymmetrical, question-answer format of birth stories is shaped by particular choreographies of talk and gaze through which midwives display, through their situated visual orientation and body alignment, the appropriateness of mothers’ contributions. Mothers, in turn, use their own gaze to determine appropriate next action in the bodies of midwives and actively change the structure of their talk and bodily alignment in response to what they see. Mothers responsiveness to midwives’ interactional initiative in this context is an important means by which a clinically focused, partial birth story is initiated and maintained, power relations are mediated and professional and patient identities embodied.

However, as I will now explore, the specific contribution and relevance of participants’ shifting visual engagement and, specifically its absence from sequences of talk in which mothers’ displayed difficulties in maintaining interactional engagement with midwives was highlighted through the analysis of sequences of interaction in which, paradoxically, I was troubled by my own visibility in the on-going interaction. This is exemplified in the following sequence in which a mother, ‘Hilary’, invites a response from me about the noisy fish tank at line one:

Data extract 5.11: Community midwife and Hilary (S27)

(30.0) ((midwife is writing in the notes))
((mother starts to smile))
1  C  (You'll be looking at this) and saying what's
2     that noise in the background on that video
((mother looks over at fish tank))

[                                ]

3  M  yes it's the fish tank in' it
4  C  Ahahah (you'll be goin’) *what's=

[                                ]

5  M  (that's) noisy in it
6  C  =that noise* ahaaha
7  H  Aha
((Midwife resumes note writing. Mother continues smiling to herself))

(4.5)

8  M  *Right then so:::* ((murmured to self))

[                                ]

9  H  They're tropical aren't they?
10 C  'Aven't got a clue.........

Video fragment 5.4: ‘Noisy fish tank’ (S27, ‘Hilary’), from sequence ‘You’ll be looking at this and saying what’s that noise in the background on that video’
Whilst initially I felt uneasy about this sequence, unable to quite shake off the view that such examples are evidence of data contaminated by the research process, I began to explore where and in what form respondents sought to elicit my involvement and what this might mean for the status of the data and for the analysis as a whole. This analysis was enlightening. It became apparent that mothers (it was more often mothers) invited me to take part in the interaction (for example, by gazing in my direction or making a specific comment about the camera) in those parts of the visits where interaction with the midwife was temporarily suspended, notably, when midwives were observably busy reading and recording the clinical details of the visit. These issues are clearly evident in extract 5.11 in which the mother’s initial utterance at line one ‘You'll be looking at this and saying what's that noise in the background on that video’ is embedded in a lengthy period of silence (30 seconds) during which the midwife is noticeably occupied writing in the mother’s notes and during which she can be observed gazing into the middle distance (illustrated in video fragment 5.4). Following this pause, the mother can be observed to smile, glance briefly at the midwife and finding her gaze un-met, issue a remark about the noise that the fish tank is generating. Initially the midwife responds to the mother’s utterance, briefly breaking off from her paperwork activities to comment about the fish tank in lines 3 and 5 (and which I also acknowledge with a laugh at line 7 in response to the mother’s shift in gaze and laughter at line 6). A pause of 4.5 seconds then occurs during which the midwife resumes her record-keeping activities and the mother adopts a middle-distance gaze while continuing to giggle silently. The mothers continued visible amusement combined with a further gaze in my direction produces a verbal response from me at line 9 to which the mother immediately responds generating several turns of talk on the topic of fish-keeping.

As I have argued earlier with Casey (Lomax and Casey, 1998) the mother’s comment here (and my response) is interesting rather than contaminating. The mother’s proffered topic at line one centres on a 'noticing' (Bergmann, 1990; Sacks, 1995) which is one means by which participants manage interactional unavailability and the social discomfort which silence generated by the midwives’ clerical activities. While midwives may be observed, on these occasions, to be predominately oriented to the paperwork, mothers, by contrast, may be seen to be gazing at a non-gazing recipient, a situation which is ‘dis-preferred’ in the normative order of conversation (Goodwin, 1981; 2001). However, where I am also present a dis-
preferred silence can develop in that potential speakers are unaccountably silent, a situation which the mother resolves through gazing and speaking activities which solicit my interactional involvement. In other words, these sequences can be understood as a means by which mothers (and researchers) manage interactional awkwardness.

This analysis is significant for several reasons. Firstly, it makes explicit the ways in which the research process inevitably intrudes upon the activities of research subjects, demonstrating that these activities are part of the situated and on-going interaction and attend to the contingent requirements of the setting. In this way, rather than interpreting researcher involvement as inevitably contaminating, analysis demonstrates that it is both necessary, in terms of maintaining fluent social interaction but also, transparently available on the videotape for inspection. Secondly, analysis of these sequences makes visible the significance of other-directed gaze as it is made subtly relevant in the minutiae of mothers and midwives interaction. Systematic analysis of these sequences which are characterised by midwives visual disengagement reveals occasions of interactional trouble in which mothers attempt to restore the normative order of conversation and midwives resist, prioritising a consultation format scripted by clerical activity and choreographed by visual in-attention. The ways in which this game of repair and resistance is managed is of significance for the construction of professional and maternal identities in these encounters as I shall now explore with reference to sequences of interaction in which mothers talk with midwives about their recent birth experiences.

**Scripted Identities: Birth stories, asymmetries and visual disengagement**

Within the home visits midwives can be observed to accomplish a great deal of clerical work. Indeed, they have a professional responsibility to maintain records of care given and observations made (Nursing and Midwifery Council, 2008). However, reading and writing these documents, presents a potential dilemma in that midwives are unable to give mothers their full attention and maintain interactional involvement. One of the ways that midwives appear to manage this is to make explicit their unavailability with comments about ‘all this paperwork’ and ‘pieces of paper everywhere.’ Additionally they may invite mothers to talk about their recent birth experiences. However, as I will illustrate, the management of this topic in this visually compromised context has
important consequences for the nature and shape of mothers’ contributions. Analysis demonstrates that these sequences are asymmetrically organised. What mothers can say within the interactional architecture is strongly determined by midwives possession of the interactional initiative in which, midwives through ownership of the first position in talk are strongly placed to steer talk to a ‘factual’, clinically oriented agenda and to circumvent mothers’ attempts to describe emotional and experiential aspects of birth. While mothers, in response to the conditional relevance (Schegloff, 1968) imposed on them by midwives’ questioning strategies, can be observed to restrict their talk to the narrow focus conditioned by the previous turn construction, there is considerable evidence that they prefer to talk about more than just the clinical details. However, their efforts are largely unsuccessful within this asymmetrical structure.

Midwives’ orientations to clerical activities contributes to and reinforces these verbal asymmetries in a recurring pattern in which mothers can be repeatedly observed, gazing at a non-gazing recipient. This is observable in these visits as interactional ‘trouble’ (Jefferson, 1984). While studies of mundane conversation have demonstrated that this situation is usually successfully resolved by the speaker engaging in practices such as pauses or restarts in order to secure the gaze of a co-participant (Goodwin, 1981; 2001) these data indicate that this is managed in non-normative ways by the midwife attending minimally to the mother (for example at turn completion points) and the mother, in response to the midwife’s visual alignment, shifting her attention away from the midwife’s face towards the paper-work. Thus, in this way, and in order to maintain cooperation and engagement with midwives, mothers can be seen to engage in practices which are ordinarily associated with interactional disengagement (i.e. non-looking at a co-speaker) but in this context is the preferred engagement format. This is one of the ways in which mothers must modify their talk and activity and a particular maternal identity which attends to midwives’ definition of what is appropriate in this context is talked into being. These issues are immediately evident in the opening sequence of Jenny’s story (extract 7.10), which exemplifies a typical birth story in these data.

Data extract 7.10: Community midwife and Jenny (S8)

(opening envelope) (begins to shifts gaze towards mother)

61 M __________________________

M So::: it all went alright and you're quite relieved↑
C ______.,___________________________.

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(watching midwife open notes)

(shuffles across bed towards midwife, looking at notes)

62

C

Yes I'm very relieved!

M

(smiling)

(opening envelope)

[S8, home visit]

**Video fragment 7.5** Taken immediately before the production of ‘so’ (line 61); mother gazing at the midwife; the preferred engagement format in the normative order of conversation (S8, home visit).

**Video fragment 7.6** Taken from line 61 ‘it all went alright and you’re quite relieved’. Mother aligning posturally and visually to the paperwork in a non-normative engagement frame in response to the midwife’s visual and postural inattention (S8, home visit).

As extract 7.10 displays, the midwife’s visual attention during the production of her invitation at line 61 is directed not at the mother but at the envelope which she is simultaneously opening.
As the CA literature makes clear, not looking at an addressee in this way is ordinarily dis-preferred. However, the midwife, at this juncture, is minimally attentive to the normative order of turn-taking. As the transcript reveals, moments before the completion of her utterance at the end of ‘quite’ she re-establishes eye-contact with the mother (indicated by ..... in the transcript) so that by the completion of her turn and the production of ‘relieved’ she is gazing at the mother, an activity which is required for smooth speaker exchange. In this way, her actions facilitate turn-taking and maintain interaction, but they do so minimally. The mother, in response, actively displays co-operation in a number of ways. She answers the midwife immediately, which, is the preferred turn-construction (Sacks et al., 1974) and her answer is produced as an agreement which mirrors the midwife’s in both emphasis and expression (repetition of ‘relieved’ and increase in pitch at the completion of the turn). In addition, the mother’s co-operation is reinforced posturally. During the midwife’s production of the invitation at line 61 she moves physically closer to the midwife and can be seen to align her gaze in response to the midwife’s direction of gaze. This subtle shift in orientation is captured in video fragments 7.5 and 7.6. Fragment 7.5, taken immediately before the production of ‘so’ shows the mother gazing at the midwife while fragment 7.6 illustrates her postural and visual shift towards the paperwork on the midwife’s lap. In this way, as the transcript and fragments display, the mother attends verbally and visually to the midwife’s interactional initiative. On finding the midwife’s gaze directed, not at her, but at the paperwork, the mother; in a choreographed organisation of talk, posture and gaze; re-orient her attention to the notes. However, she remains attentive to potential shifts in the midwife’s direction of gaze, monitoring the midwife’s movements in order to be able to perform the relevant next action (Sacks et al., 1974). In this way mothers can be seen to actively monitor their speech and activity, changing their visual orientation and bodily alignment in response to what they observe in the embodied action of midwives.

A further example of the powerful mediating factor of the visual and mothers’ responsiveness in the context is illustrated in the following extract from Gail’s story. As with the previous example, this sequence displays features of mothers’ and midwives’ talk which are typical of those seen across the data set as a whole.

**Data extract 6.7: Gail (S20)**

<table>
<thead>
<tr>
<th>Line</th>
<th>M</th>
<th>S</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>M</td>
<td>So what time did you actually deliver in the end?</td>
<td>(.h) Um: (0.4) it was ten past eleven</td>
</tr>
</tbody>
</table>

22nd June, 2nd draft
In this example, in response to the midwife’s question at line 18 ‘so what time did you actually deliver in the end?’, Gail’s reply makes explicit the emotional and embodied circumstances of her decision to remain at home for as long as possible and the difficult journey to hospital, a response which is shaped by the midwife’s determined questioning about the timing of events (lines:18-19; 21; 23-24; 29-30 and 33-34). As the transcript displays, this questioning does not acknowledge Gail’s emotional and experiential contribution and, indeed, is interruptive of it, violating the turn-taking rule that only one speaker should speak at a time (Sacks et. al., 1974). Rather, the midwife’s question, at line 29 ‘So what time did you actually go in then?’ intrudes deeply into the internal structure of the mother’s utterance to assert a factually oriented agenda concerning the precise timing of entry to hospital. Despite its interruptive status and lack of topical projection, Gail suspends her description in order to provide the required response, an activity which gives her some difficulty. As the transcript displays, her speech is noticeably ‘dysfluent’ (West, 1984), characterised by hesitations (‘um’) and a lengthy pause (1.4 seconds). This dysfluency is echoed and reinforced in the mother’s body movement. Analysis of the video tape at line 31 shows Gail struggling to remember the time of admission. She temporarily suspends her visual alignment with the midwife, briefly looks down and makes a visual display of ‘remembering’, running her hands through her hair, an activity which culminates in the adoption of a middle distance gaze away from the midwife (illustrated in video fragment 6.2), and her utterance, at line 32, ‘I can’t remember’:
Video fragment 6.2: Gail (S20) breaking the visual engagement frame with the midwife and displaying ‘remembering’ in response to the midwife’s interruptive question at lines 29-30: ‘So what time did you actually go in then?’

In this way the midwife’s verbal interruption results in a fractured non-normative engagement frame which shifts the story to a narrow clinical focus. Moreover, as with the previous example, the midwife’s speech and activity and the mother’s associated visual and verbal acquiescence, re-asserts the midwife’s authority to steer talk and activity and militates against the mother’s efforts to provide a coherent accounts of her birth experience.

Summary and Conclusion

The aim of this chapter has been to explore the potential of a video-based methodology for the study of professional and patient identities in the context of a body of literatures which makes a priori claims about the nature of mothers and midwives on the basis of shared gender. Analysis of the situated talk and activity of mothers and midwives demonstrates the unique insight that video-based methods can offer. As I have shown, identity-work is accomplished locally and sequentially through co-ordinated displays of speech, body-movement and gaze. Midwives, as hearer’s of mothers’ stories, display; through their situated use of body alignment, speech and gaze; the appropriateness of mothers’ contributions in this context, preferring responses from mothers which have a narrow clinical focus and an engagement frame which is co-operative but which has the printed page as its focal point. Mothers are attentive to the interactional order imposed by midwives and can be observed to
momentarily resist and attempt to reinstate an interactional format in which speech, body-movement and gaze are more symmetrically organised and which makes explicit the emotional and experiential aspects of birth. They are, however, largely unsuccessful. Rather, as the visual analysis elaborates, mothers are relatively powerless in this context. Midwives’ commitment to non-normative engagement frames coupled with their professional record-keeping responsibilities, result in a fractured, clinically oriented birth story and consultation which is problematic for theoretical and policy positions which privilege the gender-based alignment of mothers and midwives.

A second objective of this chapter was to explore the potential of a reflexive analysis of sequences of interaction in which participants make explicit their visual orientation to the research method and to the recorded interaction. As the analysis illuminates, investigation of these sequences makes possible an understanding of these interactions as the contingent activities of social actors and is informative of the analysis as a whole. Rather than glossing over these sequences as examples of spoiled data, CA makes visible the interactional work that is being accomplished. By rigorously exploring such sequences, a reflexive approach, conceptually located within the analytic framework of CA, makes possible an analysis of the situated, visually mediated identity work of social actors as mothers, midwives and research participants in this context. In this way, the video record and analyses makes explicit the significance of visual events such as other-directed gaze and the relevance of seen phenomenon for the accomplishment of social action. The visual, but more specifically participants’ embodied orientations to seen phenomena, is a powerful mediator of social action through which power relations are embodied and professional and patient identities talked into being.

References


http://www.qualitative-research.net/index.php/fqs/index


22nd June, 2nd draft
TRANSCRIPTION NOTATION

Symbol | Explanation
--- | ---
M | Midwife
C | Mother
H | Researcher
[ ] | Overlap in speakers’ talk
(0.5) | Pause in speech, in this case of 0.5 seconds
(.) | Pause of less than one tenth of a second
- | No pause between speakers
= | Used at the beginning or end of a new line to indicate continuous speech
word | Speaker's stress on a word or phrase
*Word* | A quietly spoken word or phrase
(word) | Transcriber's uncertainty about what was said
wo::rd | Extension of the sound preceding the colon (the more colons the longer the sound.
word† | A rise in intonation occurring in the sound preceding the symbol.
((raises head)) | Contains transcriber’s description

| A single continuous line above transcribed speech indicates that the person is gazing at the face of the co-participant.

| A series of commas above transcribed indicates that a participant is turning away from a co-participant.

| Indicates that a participant is looking at an object other than the co-participant. The object is described above or below the symbol.

| Participant is turning towards the co-participant.

Helen Lomax, 18th June 2009. Word count: 6,620 (inc references & transcription notation, 5,516 without)