

ROAR, the University of East London Institutional Repository: <http://roar.uel.ac.uk>

This article is made available online in accordance with publisher policies. Please scroll down to view the document itself. Please refer to the repository record for this item and our policy information available from the repository home page for further information.

Author(s): Daniel Briggs

Title: Emotions, ethnography and crack cocaine users

Year of publication: 2011

Citation: Briggs, D.(2011) "Emotions, ethnography and crack cocaine users", *Emotion, Space and Society*, In press, available online 2 October 2011, DOI: 10.1016/j.emospa.2011.09.002

Link to published version:

<http://dx.doi.org/10.1016/j.emospa.2011.09.002>

Publisher statement:

"NOTICE: this is the author's version of a work that was accepted for publication in *Emotion, Space and Society*. Changes resulting from the publishing process, such as peer review, editing, corrections, structural formatting, and other quality control mechanisms may not be reflected in this document. Changes may have been made to this work since it was submitted for publication. A definitive version was subsequently published in *Emotion, Space and Society*, 5(1), 1-12, DOI 10.1016/j.emospa.2011.09.002"

Information on how to cite items within roar@uel:

<http://www.uel.ac.uk/roar/openaccess.htm#Citing>

Emotions, ethnography and crack cocaine users

This article includes images of drug injecting which some may find disturbing.

Abstract

There is little acknowledgement of researcher emotions in qualitative texts; especially so, within the context of street drug users. In these contexts, there is little reflection on how emotion is shaped in the field, not only with research participants, but also within the research environments. Based on a project which used visual ethnographic methods with a cohort of crack cocaine users in south London, this paper offers some reflection on these issues. It considers the practical, methodological and ethical tensions of managing relationships when repositioning ethnography within 'visual ethnography' to fit the remit of another qualitative project. Using both interview and observation data, I will exemplify this through two case study 'scenes' which follow the narrative of "Blood".¹ I firstly argue that the methodological, emotional, ethical, and pragmatic characteristics of ethnography become 'magnified' in the process of capturing visual data. Secondly, I also suggest that many of the 'everyday' interactional faculties available to ethnographers are difficult to maintain when using such visual methods in drug-using locations because awareness of social dynamics are amplified. My conclusion offers critical reflections and reflects on the emotional consequences for the researcher when withdrawing from the field.

Key words: Emotions, ethnography, crack cocaine users, fieldwork, ethics.

¹ All names have been anonymised to protect participants' identities.

1 Introduction

This article discusses the methodological, emotional, practical and ethical dilemmas of using visual ethnographic methods in drug-using locations. It begins by acknowledging the role of emotions in the research process before discussing ethnography and introduces the concept of visual ethnographic methods. A brief historical overview of visual ethnography and its application with the field of drug-use studies follows. The subsequent section then outlines the aims of a research project funded by the National Treatment Agency (NTA). Some attention is given to the practical and ethical issues of the research before discussing the tensions of relationships with participants when repositioning ethnography within 'visual ethnography' to fit the remit of a qualitative research project. I argue that the methodological, emotional, ethical, and pragmatic characteristics of ethnography become 'magnified' in the process of capturing visual data. Furthermore, I suggest that many of the 'everyday' interactional faculties available to ethnographers are difficult to maintain when using such methods in drug-using locations because awareness of social dynamics are amplified. I conclude by offering critical reflections and reflect on the emotional consequences for the researcher when withdrawing from the field.

1.1 Emotions in field research

Emotions have increasingly been acknowledged as a complex and mysterious part of the research process (Ferrell et al 2008, Katz 1988), affecting both the researched and researchers. Katz (1999), for example, suggests for the 'researched' that emotions are both *situationally-responsive* and *situationally transcendent narrative* projects; that is, what is the socially visible sense that a person is trying to make in the immediate situation of his action and what is the current sense that the situation acquires within this awareness that his life reaches beyond the current situation. Katz also indicates that emotions are part of *interactional processes*; that is, how people shape their emotional conduct in relation to the readings and responses given to their emotions by others. Finally Katz shows that *sensual metamorphoses* represent how people move in and out of emotional states like shame, anger and rage.

In the context of the 'researchers', the focus of qualitative research tends to be on narrative, story-telling and personal reflection as the primary means of generating description about behaviour and

context (Bourgois 1995, Lambert and McKeitt 2002, Rhodes and Fitzgerald 2006). Indeed, there is a growing awareness that undertaking qualitative research can have emotional consequences for the researcher (Dickson-Swift et al. 2008). Indeed, Coffey (1999, 1) notes: *It has become increasingly fashionable for individual researchers to 'personalise' their accounts of fieldwork. But there has been little systematic attempt to reflect upon their experiences and emotions that are reported in any overarching collective or epistemological sense.* Emotional needs or responses do not simply disappear as one declares oneself a 'researcher' (Stoler 2002). Therefore accepting one's emotional disposition and understanding the emotional involvement in the field can be beneficial to how research is written up and designed for future work (Ridge et al. 1999). While a few authors point to showing emotion in the field (Burr 1995, Campbell 2002), and others reflect on the consequences of sensitive fieldwork (Hochschild 1983, Roberts 2007), there is little reflexive attention to emotions, especially using visual ethnographic methods in drug-using locations.

1.2 Ethnography

The ethnographic method examines the behaviour and interaction of groups in their natural settings, using field observation and open-ended interviewing techniques. The key features of ethnography include its emphasis on people and their behaviours, the meanings they attach to their actions and the ways in which social processes emerge and change (Hammersley 1992). Furthermore, ethnography is particularly suited for examining complex social relations, exposing the intersection of history, institutional forces, culture, and structure as they affect every day interaction (Vaughan 2005). The ethnographer attempts immersion, to the extent permitted, in local life in order to understand and document 'how things work' and to reach understandings through experiencing the same activities, rituals, rules and meanings as the subjects (Erstoff 1981). 'They', Erstoff suggests, become the experts and the researcher becomes the student. Adler and Alder (1994) importantly acknowledges that the ethnographer learns by being there, by seeing what people do, by listening to what they say, and by experiencing firsthand the factors that influence their lives. "*It is*", as Ciccarone (2003: 115) has noted, "*the disciplined observation that finds the crucial fact*". The method is particularly suited in the context of emotion because it is linked with documentation of the human feelings and experiences (Young, 2007).

Yet in its own way, the nature of ethnography these days is much different than its traditional anthropological heritage. As Hammersley and Atkinson (1983) note, the abandonment of positivism and naturalism lead to a form of reflexivity which concedes that data cannot be collected untainted by the hands of the researcher. Therefore ethnography has become a far more participatory and reflexive set of practices; a process which is 'both appreciative of the researchers experiences' (and this includes their feelings) and those of the people they are studying' (May 1992, 73). In the context of drugs and crime research, some even suggest it is a process through which researchers learn to 'lose themselves' inside a series of illicit situations – and by losing themselves, they find meanings and emotions that those situations carry' (Ferrell et al 2008, 178). I have sought to do this using visual ethnographic methods with crack cocaine users.

1.3 Visual ethnography

Visual ethnography's roots lie firmly in anthropology and early forms were considered ahead of their time (Harper 1998, Mason 2005). For example, Mead and Bateson (1942) used the photograph to examine Balinese culture: the 759 photos were not only a visual supplementation to the field notes, but were given methodological significance in their own right. In 1968, Gardner and Heider used film to examine daily cultural practices of families and ritualistic warfare between tribes of Dani in New Guinea. This work placed the Dani as central to the global perception about 'primitive' populations. Cancian's portrayal of Mexican peasant culture in 1974 showed the Zinacantecos in a more human and less noble perspective than had earlier been documented. Michaels (1985) worked with Australian aborigines in participant-authored TV in an effort to explore the cultural and social impact of this medium among them, and also facilitated their touching responses to it. This was the first work of its kind. Visual ethnography has also influenced academics in the sphere of cultural studies: For example, Hall (1993) used visual examples to demonstrate how the media, and especially visual media, has become the key participant in the process of modern 'story telling'. More recently, video has been employed through Holliday's (2000) poignant examination of sexual identities through video diaries. Her work elucidated on how identities and meaning were 'performed' in relation to clothing and fashion.

It is only recently that visual ethnography has emerged as a means of documenting social life (Pink 2006). Indeed, such a method which makes use of ‘images’ has been considered a neglected source of data in the field (Silverman 1997). What we see, Silverman suggests, is taken for granted and our first thought tends to associate social research with what we can read (text, statistics) or hear (interviews, conversations). Visual ethnographic methods stand in contrast because it allows the “*voices of the other, the voices of the researcher, [to] come alive and interact with each other*” (Denzin 1997, 33) and “*promises to capture the detail and nuance of social interactions in context more intensely than audio or written description*” (Rhodes and Fitzgerald 2006, 351).

With this method, the symbolic meaning of emotions, visual codes, such as bodily appearance/language, gesture, tone of voice, timing of interaction and aspects of the physical environment, are brought to life. Disaggregating these codes involves an element of understanding how meaning is embedded in context-based interaction (Fitzgerald et al. 2004, Lambert and McEvitt 2002). Thus visual ethnography, as a model for the acquisition of cultural production (and reproduction), corresponds with ‘life as it is lived’, documenting it as a narrative ‘as it happens’ and making it available for ‘playback and analysis’ (Erickson 1992, Plummer 2001). For this reason, new types of visual media have increasingly become incorporated into the work of ethnographers (Denzin 1997, Rhodes and Fitzgerald 2006). However, few note its emotional consequences for the researcher and researched (Pink, 2006).

1.4 Visual ethnography and drug-use studies

The method has also been used within the field of drug use and has proved critical in the description of: health-risk practices associated with drug injecting (Koester 1996, Rhodes et al. 2006, Rhodes et al. 2007); the environments in which injecting takes place and the social interaction between participants (Fitzgerald 2002, Koester 1996, Rhodes et al. 2006); and how interaction is shaped by social relations, especially by environment (Heath 2004, Pink 2006). Despite a strong North American tradition in ethnographic accounts of drug use (Bourgois 2002, Curtis 2002), there is an absence of ethnographic research on injecting drug use in the UK (Taylor 1993). This lack of systematic observational work has been combined with an over emphasis on interview-based methods and a tendency to conflate ‘ethnographic’ with ‘qualitative’ interview-based research (see Moore 2002, Power et al. 1996). In an ‘interview age’, which predominates over naturally-occurring visual

data (Silverman 1997, Stimson 1995), an ethnographic study of injecting-drug use, with an emphasis on visual data, in the UK is timely. Indeed, such a method would be most beneficial in considering the 'emotional realities' of damaging drug use in its home contexts. This, in part, forms the rationale for the project and in the next section the background to the study will be contextualised.

2 Methodology

2.1 The rationale for the project

Public health concerns provided the impetus for this study. There was an urgent need for ethnographic research focusing on problematic poly-drug use (use of heroin and crack) in the UK because of: recent and rapid shifts in patterns of poly-drug injection (Carlson 1998, Hunter et al. 1995); an increased risk of human immunodeficiency virus (HIV) and Hepatitis C among crack injectors (Clatts et al. 2002, McCoy et al., 2004); and little understanding of the effective treatment of poly-drug use and crack use/injection in the UK. The project was a four-month feasibility study on drug-injecting practices of heroin and crack users funded by the NTA. The main aims were: to explore the feasibility of using video-camera techniques with drug-using populations; identify the key 'risk moments' occurring during injecting; describe the perceptions of risk and strategies of risk management; and to describe the immediate social and physical 'risk environment' and how this affected drug consumption and risk practices. Emotions was not a focus of the research per se but emerged as a theme throughout data collection.

The pilot produced approximately 20 hours of unedited video footage comprising fourteen separate cases, of which ten were selected. The complete edited film was approximately 2h 20 min. A total of 55 days were spent in the field between the researchers. Consent forms were signed prior to filming and data was stored in a secure location at Imperial College. The resulting work produced a report with recommendations and a DVD for drug practitioners about drug-injecting environments. The opportunity to do this is very rare in the UK. Normally, government funded drug research rarely considers ethnography – perhaps because it doesn't satisfy 'value-for-money' criteria, despite the potential rewards to be gained from its rich analysis (Jeffery and Troman, 2005). So the timescale should not

detract from its potential to extend knowledge in an area poorly understood (Wolcott, 1995). Indeed, some argue that ethnography can be *months* or *moments* (Kane, 1998), even 'moments of meaning' which can be captured through the use of ethnography (Ferrell et al. 2008, Young 2007). For more details on the methodology see Rhodes et al. (2006).

2.2 Location and access

Access was gleaned through existing drug-injecting networks from previous research in South London and Bristol. Additional participants were recruited through 'snowballing': getting one participant to recruit others. I had known some participants in South London for five months while undertaking other ethnographic research examining crack users and crack houses. Fieldwork was undertaken from December 2004 to April 2005. All my filming sessions were undertaken at locations such as flats, car parks, parks, and crack houses in South London. For these reasons, and others, there were a number of ethical and practical dilemmas in undertaking the fieldwork. The next section will examine this in more detail.

2.3 *Ethical and practical dilemmas* Among the many ethical considerations which the research team endeavoured to account for prior to the fieldwork, there was little which could prepare us for the complexity of the situations in which we were about to participate. Although we had witnessed damaging drug-use practices, one of the most draining aspects was the pressure to capture these scenes. Becker (1965: 602) reminds us that with ethnography "*no matter how carefully one plans in advance the research is designed in the course of its execution*". Dilemmas often emerge as the researcher confronts the myriad social processes that affect everyday research practice (Robert and Sanders 2005). Thus, ethical considerations were explorative and open-minded, and reflexively revisited throughout and after the fieldwork period. Similarly, this was the approach with our emotions – both during and after fieldwork. This was because a number of features affected the research arena: the environmental conditions; unpredictable socio-situational dynamics; confidentiality; and researcher safety.

To help participants feel more comfortable and to sideline researcher presence, empathy, compassion, and understanding were demonstrated with participants (Jupp et al. 2000). While this went someway to securing trust

in situational contexts, it also meant researchers were 'playing a part' in the scene. It must be acknowledged that when using the ethnographic method that the investigator is, to some extent, involved in the cultural and social projects of those under investigation. Much of Agar's work is pivotal in placing my experiences in context. According to Agar (1986, 12), "*Such work requires an intensive personal involvement, an abandonment of traditional scientific control, an improvisational style to meet situations not of the researcher's making.*" Therefore, at times, actions and emotions were moulded to the momentum of the scene: to meet the needs of interaction; to ease the way in which it could be captured; and to convey our understanding and empathy.

Several measures were taken to alleviate the danger of working in drug-using locations including wearing thick clothing; contacting the office before and after filming the event with an estimate of the duration of filming; and, when possible, working in pairs. In practice, the latter was disruptive to drug-using dynamics and was done on few occasions. Generally, filming as individual researchers was more advantageous because participants felt less threatened and less 'on show'. There were, however, risks of participants damaging themselves; scattered paraphernalia; unpredictable social dynamics; the potential for intrusion of the police or members of the public; or interruption from other drug users. However, while these are common features of the everyday experience of street drug users it meant that researchers had to be strategic in where they positioned themselves. This, as I discuss, led to increased pressure when capturing the scene but perhaps says something quite significant about the 'lived experience' of street drug users (Rhodes et al 2006).

While considering the aims of the project, researchers acknowledged that 'everything could not be captured' so it was agreed that injecting activity would be the focus for filming and researchers would 'document' other events through field notes. There were also practical dilemmas of camcorder use which affected the quantity and quality of the scenes. In some locations, lighting was poor and the camcorder not only facilitated light for drug injection but also acted as a safety guide among paraphernalia-strewn environments. The quality of these scenes was substantially lower and any abrupt movement of the camcorder resulted in a blurred picture until the focus could regain control. Camcorders had viewfinders which allowed researchers to a) use a bigger screen, b) be able to zoom in and out more efficiently, and c) observe other activity in the scene. Spare tapes and batteries were also taken on field days.

2.4 Context for research

Many participants were part of a large network of transient drug injectors who had unpredictable lifestyles, and were heavily stigmatised by crime-control dynamics such as aggressive anti-social behaviour policies, increased crack house raids and anti-begging initiatives. These structural forces had put immense pressure on drug-using spaces. Therefore the heavily monitored and policed space which they occupied was characterised by mistrust, caution and fear. Their fast-moving lifestyle and structural exclusion meant drug-injecting environments were hidden, risk orientated, and prone to intrusion. This was reflected in their attitudes, perceptions, behaviour, emotions, actions, discourses, and also their drug-injecting practices. This means they were under constant pressure to smoke and inject drugs which added to the atmosphere of fear and paranoia in these spaces.

The narrative presented in this article follows one such participant known as Blood. I had known Blood for five months prior to filming; he was eighteen years of age at the time of research. Of African origin, he had been in the UK since he was 14 having moved here for a better life, away from the civil war which was tormenting his home country. He had no experience of alcohol or drugs in Africa. He first lived with his aunt in 2000 and joined the Territorial Army (TA). After two years in the TA, aged 16, he left his aunt's after a dispute. He then moved in with his sister but with no qualifications or work experience, he struggled to find money to pay rent. He managed to put himself into hostel accommodation while awaiting a flat. There he met Flick who introduced him to heroin and crack. Flick was 39 years of age and had a history of mental health illness, substance use and had, on many occasions, had his flat overrun by drug dealers. So when Flick received accommodation, Blood got impatient, also left the hostel and, consequently, the housing waiting list. Their history, our relationship and the unstable structural conditions which impacted on drug use practices had important implications for how the scene was to progress. I present the data as a story-telling narrative accompanied by personal reflections (May 1992) to establish myself, my participants, our social interactions and behaviour and the social context (Bourgois 1995, Lambert and McKeitt 2002, Rhodes and Fitzgerald 2006). There now follows two examples in which the narrative of Blood is followed.

3 Findings

3.1 Blood's early injecting experiences: Introducing the camcorder into relationships

When I was first invited to Flick's crack house, I was not sure what to expect. If I am honest, I was completely nervous (Stoler 2002) but this was not reflected in my demeanour. Field notes recorded my first experience of its physical appearance:

We came up in the lift. The lift stank of urine. I stood crammed in the lift with Flick, Big T and JC. We walked out across the landing and Flick fumbled for his key. He apologised in advance for the mess. I guess he felt embarrassed that someone who didn't take drugs was coming in. I felt privileged, as he said he wouldn't normally do this unless someone had crack for him. The toilet was on the right hand side as we went in. There was a fish tank in the hallway, because, for some reason, Flick said he thought he might one day have fish. The floor was tiled but hadn't been swept for months. JC and Big T went straight into the living room which was on the right as we walked in. Flick politely showed me his bedroom, which was on the left from the hallway. It was made up of a single bed in the corner with white but yellow-stained duvet, broken mirror and cupboard. The living area was a rubbish dump. For some reason there was sawdust everywhere, and some porno magazines lying around. There was no distinctive smell. The crack-smoking area was around a decrepit sofa which Flick had been given by a church charity. There were small crack wrappers and some crack pipes on the little table near the decrepit sofa, and a television propped up in the corner. The kitchen area, which had no flooring, was bloodstained in areas. [Field notes]

This was Flick's crack house. At first, it was difficult to acclimatise to these new social conditions but after a few visits it felt like it was a second home. At least I was familiar with the environment and the social relations it supported (Fitzgerald 2002, Koester 1996, Rhodes et al. 2006). Indeed, some months later I would consider it a blessing to be filming within a familiar environment where I had spent the last five months. However, I realised that the scene might be different because I hadn't seen Blood and Flick for a few weeks. A police raid the week before, which Blood was perceived to have been responsible for, added to the tension and pressure of 'capturing

the data'. In this way the scene aptly reflected the social relations of this particular scenery (Heath 2004, Pink 2006). Flick was nervous at my sudden re-emergence and became cautious of me again:

Figure 1 – Talking with Flick

Flick: *I tell you what he said, Mohammed said...well it was like you were coming up here practically every day, then we didn't see you over Christmas, and I bumped into Mohammed and he said 'you have given him too many pipes.'*

Blood: *Ah football's on. What team do you support?*

Dan: [laughs] *Norwich.*

Flick: [Slightly accusingly] *How comes you grew up in Kennington but you support Norwich?*

Dan: [Feeling cautious but holding nerves] *Well my family moved to Norwich when I was about six, then I came back to live here.*



Blood returned with a score of two crack and one heroin, and came into the living area where he prepared a crack pipe. Knowing that there were needles on the floor and in the sofa, I perched on a stool which faced the sofa where he was preparing crack pipes. At first, the camcorder focus struggled to adjust to the dim light.

Figure 2 – Sitting over the table preparing crack pipes



I felt there were limitations to what I could film as they started to prepare crack pipes. The strain on their relationship became evident and I could feel the tension between them. A timely line was used to reduce the social pressure: "*better not send this to' You've Been Framed*"² I said. It was received well and some positive interaction began between the two. Nevertheless, I

remained nervous but tried not to show this in my disposition to limit my influence over the social dynamics.

² "You've Been Framed" is a British television show, where home viewers send in humorous home videos.

Blood had two crack pipes in quick succession. Meanwhile, Flick proceeded to smoke one pipe, and, stimulated by the high, started to move around and talk. This required my attention while maintaining the dialogue with Blood. As Flick moved around, my confidence started to grow with the scene and I experimented with the light features of the camcorder but could not improve the quality. I did, however, develop a comfortable zoom speed so as not to throw the image out of sync. As Flick stuttered around the room, moving things from place to place, I felt this gave me licence to also 'move around'. *"Can I film behind you"* I asked Blood as he was about to put pipe to lips, *"yeah, yeah, whatever"* he said. Figure 3 shows six stills of Blood smoking a crack over the course of 25 seconds of filming. As I moved behind Blood, I was also responding to Flick's incessant talking with intermittent glances at him and periodic responses:

Figure 3 – 25-second smoking crack sequence with zoom



Unlike the traditional role of ethnographer, where judgements could be made on personal space and the fluidity of interaction, new judgements were required on what was intrusive with the camcorder. While it seemed that the camcorder was facilitating access to new sets of personal emotion about the scene and the people involved (Ferrell et al 2008), I felt slightly awkward about capturing their practices. Although editing facilities were available, I didn't want to break the sequence of the event because it would have ruined the aesthetics of the scene. Equally, I didn't want to capture Blood's face. Fortunately, the viewfinder enabled me to make eye contact at key moments when interaction appeared to require a response. In these moments, thoughts, actions, speech and movement were clustered together in a split second. At the end of this sequence, I resumed my place by the table, while still maintaining conversation with Flick. He then came back to the table to prepare heroin 'on the foil' while Blood started his painstaking crack-pipe cleaning process. I was feeling brave. Some minutes passed and I asked to hold Blood's crack pipe (Figure 4). This extended the interplay to physically include me in the scene, thus uniting my voice and body with the machinery of the scene (Denzin 1997). The result was that Blood started to interact more with the camcorder and offered to show how he unblocked crack pipe residue (Figure 5).

Figure 4 – Holding Blood's crack pipe



Blood loaded the pipe, took it to his lips, and spat in the bin. Flick's anxiety and cautiousness of the scene, however, started to become apparent as he was assembling a crack pipe:

Figure 5 – Blood showing me how the holes of the crack pipe got blocked



exhaled,

Flick: Does this have sound, Dan?

Dan: Yeah.

Flick: Can it hear what we're saying?

Dan: *I can take it off if you want...*

Flick: *You got facilities to narrate over it?*

Dan: [Calmly downplaying] *Oh, yeah, yeah. Don't worry about that.*

These short sequences aptly reflect the nervous exchanges between myself and participants (Denzin 1997, Rhodes and Fitzgerald 2006). After this reassurance, Flick allowed me to film over his shoulder while he smoked a crack pipe. They remained seated while I moved to film Flick but this changed the dynamics of the scene and I suddenly realised I felt uncomfortable standing over both of them. It seemed permissible when Flick was standing so after ten seconds of filming Flick, I returned to the table and focused the camcorder on the table so not to appear too voyeuristic. There needed to be a balance between capturing the data and simply following their every move just to capture every detail of practice.

Figure 6 – The kitchen

Blood moved over to the kitchen to prepare a heroin injection. I slowly followed. With several traumatic street-injecting experiences, most of which had been 'skin pops' (jabbing the needle into skin without locating a vein) and 'dirty hits' (a contaminated injection, which results in illness, and can lead to hospitalisation), Blood did not seem confident in preparing heroin. This had not deterred Flick from



continuing his discussion from across the room. Then, clearly still unsatisfied about the names on film, Flick shouted:

Flick: *Dan, does that make any difference to say the names on it and it will record them on tape?*

Dan: *Don't worry about the names. It doesn't matter...ultimately, no one knows who you are...*

Flick: *I didn't even think of it until half way through* [appearing to feel a little bit guilty about this although we talked about this before the scene].

Dan: *Never mind.*

[Pause]

Flick: *Voice experts you mean?*

Dan: *Yeah, they will do all that.*

These were momentary responses to problems which were emerging in the scene (Katz, 1999) – perhaps not anticipated either (Ferrell et al. 2008, May 1992). Despite the consent procedure and our previous relations the scene was now feeling a little imbalanced. Maybe what I was doing was only becoming apparent to them? As Blood prepared the heroin, I noticed some differences in the preparation. "You didn't use swabs the other day," I said. "Yes, I did," Blood responded and looked into my eyes. Mixing visual data collection with the potential for researcher-led examples of irony and contradiction from past events could have led to Blood feeling betrayed on camera. In the ethnographic role, this exchange would have held less significance but we were involved in the interactional processes and the visual construction of an event (Katz, 1999) which would be seen by others and may personally reflect on him. I concluded that this was not the forum for the discussion to continue. Downplaying my observation, I replied, "Oh ok" and he continued.

Figure 7 – Blood clearing the bubbles from the syringe



Rather than leave awkward silences and respecting the fact that Flick had invited me here to capture the scene, I felt obligated to continue to respond to Flick across the room while continue as best I could to capture the 'cooking-up process'. Unfortunately, because Flick had been smoking crack, he was talking in some detail which

required thought in my responses. To my relief, (and pain at holding the camcorder with one hand for 50 minutes), Blood moved from the kitchen to the living area. This feeling was temporary because as they settled and prepared the tourniquet, Flick started to question our five-month relationship after he cursed himself for forgetting our bogus names:

Flick: [Frustrated with himself] *I fucked it up already didn't I because the names are on.*

Dan: [Reassuringly] *Don't worry about it, we can put no sound over it.*

Flick: [to Blood] *You were going on saying I was worried...*

Blood: *Yeah, well I was feeling like...*

Flick: [Feeling more reassured] *Because we were going to be filming and the person who told me who you are, I trust Mohammed, so I trust you.*

Dan: Again, I do reassure you that...

Flick: [Interrupting me and talking to Blood] Put the thing on...

Flick instructed Blood to tighten his grip as he approached with the needle. Blood grew increasingly nervous at the prospect of Flick's injecting technique:

Blood: Go down again, down.

Flick: You off?

Blood: Yeah

Flick: I have to block it off there or it will go too far

Blood: Ow, pull it back [the syringe]. Shit.

Flick: It's in. I want to press down so it goes in...

Blood: Go on then...It's still hurting, Flick, shit, nah man.

Flick: It's in.

Blood: It's still hurting – I don't trust that thing.

While this highlights the health-risk practices associated with drug injecting (Koester 1996, Rhodes et al. 2006, Rhodes et al. 2007), it also shows how emotional states evolve and dissolve (Katz, 1999). Some seconds later, Flick found the vein and made the injection, and, to my relief, many of the concerns I was having seemed to deflate; the adrenalin of the scene clearly affecting me as well as Blood and Flick (Ferrell et al 2008). The scene was finally captured after 65 minutes of filming. Such experiences had become the norm for me over the months I had spent with Flick and Blood but because we were exploring new boundaries of data collection, our relationships were tested and this had implications for emotions in the field (Dickson-Swift et al. 2008). There seemed to be greater frustration and anxiety on the part of Flick and Blood and increased worry on my part about the logistics of capturing the scene. These discourses, field notes and images also give the reader an understanding into the tense atmosphere, the complex nature of their relationships, and some idea of the lived experience of drug injection in these spaces (Fitzgerald 2002, Koester 1996, Rhodes et al. 2006).

3.2 Blood's refuge: Compromising camcorder and researcher space

One month on, Blood was injecting more frequently and had spent more nights on the streets. Between stints at Flick's flat, he sought refuge in the basement of a hospital. My field notes recorded our first visit a few weeks prior to filming:

Blood and I walked to the hospital. I couldn't believe a hospital could be the grounds for a using den or a 'squat' – whatever Blood called it. We walked into the hospital grounds at the back entrance where all the deliveries and rubbish were kept. We walked round a corner; it was surprisingly quiet. We came into a metal gate which appeared to be locked. Blood twisted something and pulled it open. I wasn't sure where we were going. He said there was a possibility there would be other people down here – I have to confess I was quite excited. We went through a door and down some steps – it looked like we could be seen from the corridor but maybe we couldn't? When we got to the bottom of the stairs, it again looked as if we could be seen but Blood assured me the door at the bottom was always locked. I thought we were completely open but Blood seemed to think we were well hidden. Hospital workers were walking around down past the door but we were wedged half way up the stairs so you had to stop and look from a very tight angle to see us – at least this is what I was now telling myself. I looked up and there was a gap where you could see the car park. If you walked up a few steps you could be seen in the corridor although there was no one walking past in the time we were there. Blood got out some heroin and picked up some foil which he had left there earlier. He put a large pile of heroin on the foil and started smoking. I said I would just look around out of curiosity. As I walked down the stairs, there was drug paraphernalia everywhere – crack pipes, needles, swabs, and empty syringes. There were blood stains on the wall where people had flushed out their needles. There was also blood on the steps where people had dripped blood from injecting. There was used foil all over the floor. There were also several tourniquets – someone had used shoelaces, another had used some wire from the open ceiling. I climbed back up the stairs and saw more blood stains from flushing – you could definitely see this spot from the corridor though. We were there for about 30 minutes. We left and Blood then showed me where he slept. We walked to the exit of the hospital grounds and he climbed up a wall and levered a

panel of wood back and there was a narrow corridor with cardboard on which Blood slept. He then turned around with a knife and said jokingly "*give me your money.*"

This was certainly an environment laden with risks (Fitzgerald 2002, Koester 1996, Rhodes et al. 2006). Therefore, when I later met Blood and two of his drug-using associates outside the underground station and I was feeling confident; however, this quickly diminished as this time we had to negotiate hospital security staff to gain access to the hospital grounds. Regardless of preparation and experience, it seems, this research was definitely affecting me (Hochschild 1983, Roberts 2007). Although I had already been to the hospital squat a few times, my awareness of people had multiplied because I was to be filming in this space. In fact, this only amplified feelings of paranoia – who would be there? If so, how many? What might they say? Now I suddenly felt the definitive gaze of the security guards, the potential glance of domestic cleaners and the fleeting look from hospital staff. This time, because of the filming, I somehow expected intrusion to be imminent from other drug users.

We came to a set of stairs. Blood (B) settled half way down some stairs behind where I (R) was filming, Tattoo (T) sat collapsed in the corner while Irish (I) started preparing the heroin and crack on a piece of cardboard (see Figure 8 for positions). Had other drug users entered the location, the dynamics would have shifted dramatically. I was facing Irish and Tattoo and had my back turned to Blood. I was particularly close to Irish and Tattoo because it seemed like the most natural place to position myself so I could firstly have a view for filming, could see behind me to where Blood was and down towards the locked door, and also importantly, see up the stairs where hospital staff were passing by. Therefore for much of the scene, Blood was not in sight and we only occasionally communicated.

Figure 8 – Position of participants and researcher

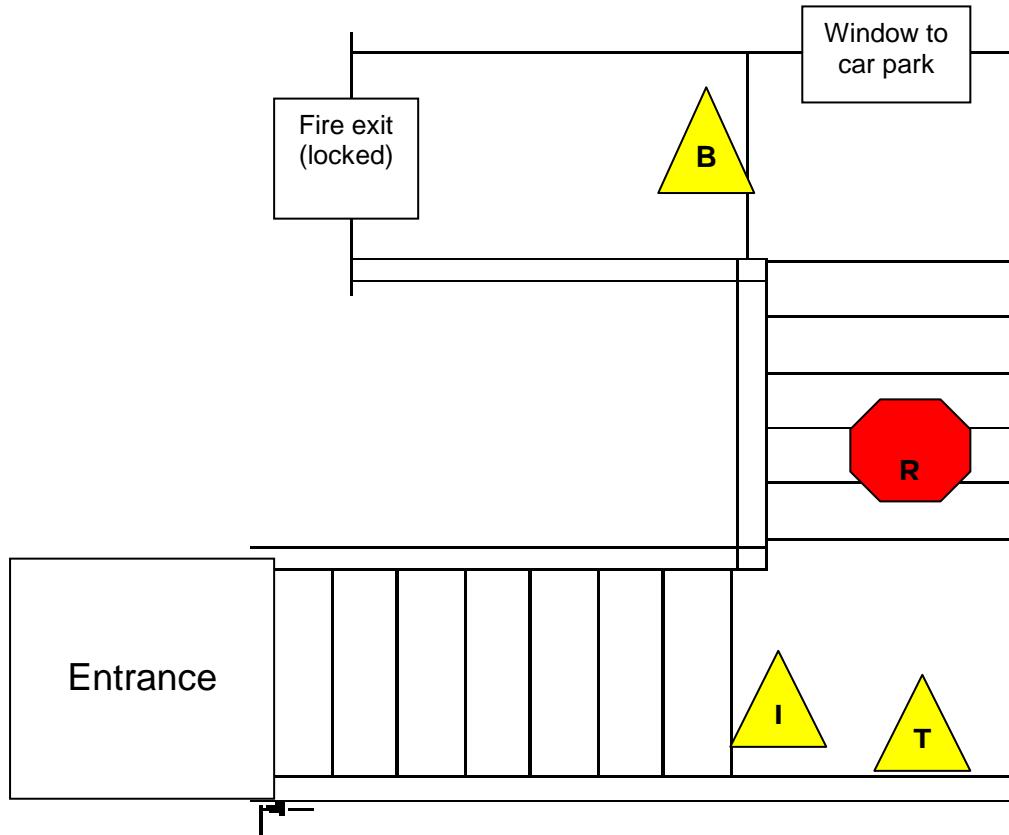


Figure 9 – Views from my position (from left to right): down to my immediate right; above and behind my head; and round to the right, up the stairs.



These spatial tensions, however, compromised my ability to interact within the group. As an ethnographer my physical positioning would have been 'freer' if I would have been able to crouch with my back to the wall thereby projecting my view over the whole scene. I was, however, limited in where I could be because of the camcorder and was also vulnerable to activity behind me down the stairs. Moreover, my role was torn between maintaining an interview discourse and showing empathy in my responses (Lambert and McKeitt 2002). The lighting was

particularly poor which meant sudden movement appeared blurred on the camcorder. Moreover, the constant use of the light used more battery power. This added to my growing anxiety of capturing the scene:

Tattoo took his coat off and the smell was very bad. It wasn't a body odour smell as I was to learn later. The stairs were strewn with needles, syringes and crack pipes. Irish had set the cardboard on the first set of stairs which directly faced the windows up ahead where staff could see down. To the left of us, someone had squirted their blood from a syringe up against the wall. This didn't make me feel very confident. The environment and its possibilities were starting to challenge my mind. [Field notes]

Figure 10 – Irish preparing the heroin and crack



I also started to feel as if we were 'on show' to those passing at the top of the stairs. Regulation of potential intrusion rested with me, as Irish and Tattoo seemed undisturbed at the potential - these circumstances were clearly normal for them. Blood started to smoke crack and heroin behind me on the stairs, which prompted me to make regular checks up and down the stairs with the camcorder. While doing this I became distracted from the preparation process and the camcorder strayed away from the scene: "*Hey, watch this*" Irish said reminding me of my duties. Further distractions came when Tattoo started coughing violently. I glanced over and asked him if he was 'ok' (Jupp et al. 2000) while leaving the camcorder viewfinder focussed on Irish's actions.

Figure 11 – Irish revealing his lower stomach

In the ethnographic role, the environment and its possibilities appeared familiar yet filming seemed to produce an infinite sequence of potential scenarios. After five-minutes of heroin and crack preparation, in which Irish smuggled an extra rock into his mixture as Tattoo was privy to his chemistry, Irish attempted an injection. After three attempts in his leg, and to his frustration, the syringe filled with blood.



My anxiety levels increased when he squirted blood from the syringe over my shoulder: "Easy man, careful of the stuff," I said. After nine attempts in the leg, he stood up in full view of the doorway (Figure 11). We had been filming for 20 minutes. Unsure of whether my actions would be seen, I stood up with him to follow the action and he instructed me to position the camcorder light on to his stomach. I was now also convinced that the light from the camcorder was also making us more visible in the doorway above. After another attempt in the leg, Irish finally moved to his arm where, after several more attempts, he injected in the arm.

The focus of the camcorder immediately shifted to Tattoo, who was sitting with his trousers around his legs. Out of courtesy for the scene, he had waited for 40 minutes while Irish injected himself. His one-handed injection in his upper leg, with a rolled up cigarette in his hand, was effortless and over in a matter of seconds (Figure 12):

Figure 12 – Tattoo injecting in the upper leg

Blood was still going about his business on the stairs and he was fussing over finding a lighter to smoke a pipe. Tattoo was still in vision of the windows at the top. He rolled down the left leg of the trousers to reveal the Deep Vein Thrombosis (DVT), gangrene and septicaemia in his left leg. The whole left leg was twice the size of the right. He suddenly spoke with a very deep voice and relayed the story of how he had jumped over a fence and cut the back of his leg. Without tetanus, he left it and gangrene set in. He was already injecting in the groin on that side so DVT had developed as well because the "*crack crystallises in your veins*" he said. [Field notes]



Figure 13 – Tattoo's leg with gangrene and DVT



While Irish put his clothes back on, Tattoo invited me explore areas of his redundant leg (Figure 13). After 48 minutes, the scene was captured

and some minutes later, after we had packed away the equipment, three other drug users entered down the stairs to use the same space. I was even more relieved to be leaving this time.

4 Discussion

4.1 Critical reflections on the methods

In this paper, I have reflected on my use of visual ethnographic methods in the context of studying crack cocaine users and the ethical, methodological and emotional consequences which emerged for both the researched (Katz 1999) and researcher (Hochschild 1983, Roberts 2007). I offer personal reflections because research texts tend to avoid this, instead opting to personalise their narratives (Coffey 1999). While there appears to be no blueprint to deal with emotions in the research field, this paper shows that any guidance must recommend critical reflections on how the researcher, their verbal responses, emotions and body language interplay with the social dynamics of the scene (May, 1992). The emotional investment was arduous and these reflections serve to complement other research which has considered emotions in the field (Burr 1995, Campbell 2002, Hochschild 1983, Roberts 2007) but also augment other studies undertaken in the context of visual methods with street drug users (Koester 1996, Rhodes et al 2006). Given that ethnography is not a method which is generally used for drug studies in the UK (Jeffery and Troman, 2005), I had to make the most of this opportunity to research an area poorly understood (Wolcott, 1995). The interactions I reflect on here are a result of months of relationship building *and* moments of meaning making (Kane, 1998), captured through the use of ethnography (Ferrell et al. 2008, Young 2007).

For this, and I am sure other commentators would agree, elements of ethical uncertainty about the involvement of the researcher are undoubtedly part of the process of using visual ethnographic methods in drug-using locations: that, without using the camcorder to interact with the players in the scene (Schrum et al 2005); without being flexible and improvisational (Agar 1986); without being sensitive in a number of capacities (Jupp et al. 2000, Katz 1999), it would ultimately have jeopardised the scene and produced a visual narrative absent of the cultural and social discourses of their actions. It would also ignore the potential to learn about the meaning crack cocaine users attribute to cultural products and practices in more detail (see Koester 1996, Pink 2006, Rhodes et

al. 2006) given that interactive-based fieldwork in such environments hold uncomfortable prospects for the qualitative researcher (Bourgois 2002, Curtis 2002).

While it was anticipated that all the potential ethical and practicalities would be clear from the outset (Becker, 1965), having researched in these environments, my role as ethnographer became blurred, and new navigation was needed through new possibilities of capturing the data (Ferrell et al 2008, Robert and Sanders 2005). In my ethnographic role, I would have been able to maintain some control over social interaction but using visual ethnographic methods limited my capacity to apply all my faculties of social interaction (body language, eye contact) and restricted spatial freedom in the research arena. My previous relationships could not be maintained in the same context when using the camcorder as, at times, suspicion, caution and paranoia temporarily underpinned the nature of those relationships. Here, social interaction required constant stability while thinking about where and what to film as well as simultaneously selecting the appropriate moments for research questions and pinpointing the correct moments to respond accordingly to the scene (Henley, 1998). Perspectives from visual sociologists are therefore important to acknowledge here:

A digital video camera is also an actor in the sense that human or non-human entities are viewed as represented by and representing other entities (human and non-human). The camera can take on the identity of the researcher or that of the subject, and in the next instant be a third party observer, a meta-subject occupying the focus of the video-active context or meta-researcher hovering inconspicuously over the research scene. (Shrum et al 2005, 8)

In particular, the introduction of the video camera amplified and opened up new channels of emotion and possibility. Not only were there greater fears of safety and intrusion but also an increased fear of the environment as my social faculties were distracted and tensions arose on where to 'direct attention'. It certainly sharpened the observational edge (Schrum et al 2005) but also created new parameters for the confidentiality of participants. Indeed, the level of paranoia is evident in the discourse; for example, despite my assurance, Flick made constant reference to "names on the camcorder", and he proceeded to seek reassurance. Indeed, this continued up until

the injecting scene when he, despite months of fieldwork, questioned the foundation of our relationship and my identity. It is clear in this scene that the notion of the camcorder, as well as a period of absence from the flat on my part and crack smoking partly prompted these feelings. The perceived interruption of the police, however, also contributed to the context of the scene, thus blurring the relationships between researcher and participant (Vaughan 2005). Conversely, I have highlighted how participants can act normatively, without apparent emotional disturbance in the face of being captured on film, and the concern and paranoia can be more on the part of the researcher than the researched. In the second scene, my anxieties dominated my thoughts and affected how the scene was captured: the visibility of the location; the perceived greater potential for intrusion; my vulnerable positioning in the research arena; the use of the light which blurred quick movement; and the dilemma of losing battery power because of the constant use of the light. In both examples, however, my relief to capture both scenes was quite clearly evident.

Equally, there were considerations of whether the scene could be documented within 90 minutes (a standard length of tape). While spare tapes and batteries were available, making a change would have disrupted the momentum and aesthetic of the scenes. In addition, there was little discussion made before the research about zooming or focusing techniques so this had to be learnt in the field or experienced firsthand (Adler and Adler 1994). It was most beneficial to hold the camcorder at arm's length, using the zoom in to carefully pinpoint precise moments. This gave me more freedom to support other social interaction and make frequent glances at other activity, which informed judgements on whether to capture other events. As the scenes evolved, however, some experimentation, under the very specific conditions of each scene, permitted some time to prepare the camcorder to capture the scene. This was especially apparent in the first scene in a reasonably stable flat environment as there was time to 'gain confidence' with the camcorder. There was less time, however, in the second scene, when there was a time limit to the injecting event and the pressure to act with events at a quicker pace, while accounting for possible intrusion.

4.2 Towards an ethnographic research ethic and consideration of emotions in the field

In writing this paper, I hope that most will read and be motivated to use such methods because it is evident that the ethnographic method can give voice to 'dangerous' and 'problematic' populations: their feelings, lives,

situations, dilemmas and ambitions. These examples show that, in spending time with them, we can understand what shapes their lifestyles and the decisions they make. Ethnography and visual ethnography can give us important insights into their position, how they got there, their responses to their position and interactions in their environments. I would like to think that the latter methodological tool has helped policymakers and drug practitioners understand the lived realities which street drug users face (Vaughan 2005). Undoubtedly, such an approach relies on an 'improvisational' style (Agar, 1986) and requires qualitative researchers who study drugs to come out from behind their desks (Curtis, 2002; Bourgois, 2002) but how else might we know what is going on unless we get close? (Weibel 1990, Adler and Adler 1994, Inciardi, 1995)

These scenes, however, represent more than capturing drug-injecting practices for a research project: they represent a sphere populated by those 'at the margins' of society. The scenes also symbolise their relationships with each other and how they were compounded by the uncertainty of the structural landscape (Rhodes et al. 2006). They characterise a 'reality' which is far beyond the methodological and theoretical acumen of surveys because we can see from the 'outside' and from the 'inside' at the same time (Ramella and Olmos, 2005). In these scenes, human emotion 'comes alive'. As an ethnographer, using visual ethnographic methods has, at least, helped me construct this paper more vividly than I could have imagined otherwise, and helped me present discourses of emotion, frustration, anger, humiliation, and excitement (Katz, 1988) - all of which are the essence of the human experience (Young, 2007). The narratives are both situationally responsive to my investigation, oscillating in and out of different emotional stages but they are also transcendent narrative projects (Katz 1999). However, my interactions (Hammersley and Atkinson 1983) and emotions (May 1992) are also evident because I was trying to find meaning in these scenarios (Ferrell et al 2008).

4.3 Emotional consequences for the researcher

I found the people in this study more than misunderstood than 'dangerous'. Indeed, I feel more threatened in some pubs and bars than crack houses. It bothers me that their social position is generally stigmatised and socially excluded when most people with whom I spent time with were just eager to tell their story. Just ask the other crack cocaine users I spoke to:

Yeah because you've opened your eyes. That's why I respect you because you're willing to come out here, that's what I keep saying to everybody, you're willing to come out here and see – not take it [crack] – because a lot of people see this life, what we're doing, and they have to take it but you ain't. You've gone another way and you're willing to sit down with us and see what it is happening, how it is and I respect that. I really do because a lot of people to find out about this shit have to start smoking it and I respect you because you can sit there and watch other people smoke and not even have a little line. [Cuz]

I mean, coming to me because I mean then most people on the street, who would be writing down this and writing down that, would not come near me. A person is not going to go up to them who uses drugs, you know. I mean 'cos, I'm doing drugs which is a mind altering thing, you know. You coming to me, you know, I think that's terrific, and if more people approach drug users, I think they would get more results in a way. [Mr Lee]

So how has it affected me? Well I now see the world from the bottom of the bottom, upwards and it is a frustrating perspective. I get annoyed at 'normal people' and their petty frustrations. I get angry by the pompous, one-dimensional nature of tabloid reporting and the ease with which it drives public opinion on issues of crime and deviance. I quickly get defensive with my students when they say that the best thing for 'problematic drug users' and 'criminals' is to lock them up and throw away the key. I also seem to now have a permanent grudge against the state and the greedy mechanisms of a capitalistic society. When I write about the subject, I struggle to avoid using emotive words and descriptions – as if you hadn't noticed?! '

There are regular reminders of this research. When I encountered Blood two years after the fieldwork had concluded in 2007, I felt completely broken. He was begging at a bus stop but no one was giving him money; a very common sight in most Western cities. He tried to avoid me at first but in the end I went over to him. Believe it or not, he still had the same jumper two years previously. His clothes had accumulated numerous bloodstains and he smelt badly. He didn't ask me for money but probably feeling ashamed of his position, he just looked down and never once looked me in the eye. I insisted he take my money for food or something, and he

reluctantly did. When I got on the bus, however, I just broke down in tears; probably because I knew Blood and clearly he was still in that brutal world in which I spent some time. The difficulty I have is that I know what goes on in that world and these delicate feelings and emotions now surface so quickly in such moments.

I concede that my motive in this scenario may have been careless but I acted on impulse. I certainly didn't have my 'researcher' hat on when I approached him...but I had my 'human' hat on – and always will. Had I ignored him, like so many others did, it could have had the same outcome; that is, instead I would be part of a collective othering process in which overt symbols of destitution and poverty, such as street drug users begging, are dismissed by community members because engaging with them may expose social suffering to their conscience. I suppose this is a measure of just how the research affected me on an emotional level. Others certainly agree:

The morality of ethnography is that of human engagement and situational decision, its politics more the do-it-yourself dynamics of anarchism than the governance of guidebooks and bureaucratic regulation. (Ferrell et al 2008, 178)

References

Adler, Patricia and Adler, Peter 1994. *Observational techniques* Eds Norman Denzin, and Yvonna Lincoln, Thousand Oaks: Sage.

Agar, Michael 1986. *Speaking of Ethnography*. Beverly Hills, CA: Sage.

Becker, Howard 1953. Becoming A Marihuana User, *American Journal of Sociology*. 59: 235-243.

Becker, Howard 1965. Review of Sociologists at Work: Essays on the Craft of Social Research *American Sociological Review*. 30: 602-603.

Bourgois, Philippe 1995. *In search of respect: Selling crack in El Barrio*. New York: Cambridge University Press.

Bourgois, Philippe 2002. Anthropology and epidemiology on drugs: The challenges of cross-methodological and theoretical dialogue, *International Journal of Drug Policy*, 13: 259–269.

Burr, Gayle 1995. Unfinished business: interviewing families of critically ill patients, *Nursing Inquiry*. 3: 172-177.

Campbell, Rosie 2002. *Emotionally Involved: The Impact of Researching Rape*, London: Routledge.

Cancian, Frank 1974. *Another Place: Photographs of a Maya Community*, San Francisco: Scrimshaw Press.

Carlson, Robert 1998. Crack cocaine injection in the heartland: an ethnographic perspective, paper presented at the annual meetings of the Society for Applied Anthropology, San Juan, Puerto Rico.

Ciccarone, Dan 2003. With both eyes open: notes on a disciplinary dialogue between ethnographic and epidemiological research among injection drug users, *The International Journal of Drug Policy*, 14: 115-118.

Clatts, Michael., Welle, Dorinda., Goldsam, Lloyd., and Lankenau, Stephen 2002. An ethno-epidemiological model for the study of trends in illicit drug use: reflections on the 'emergence' of crack injection, *International Journal of Drug Policy*. 13: 285-295.

Coffey, Amanda 1999. *The Ethnographic Self: Fieldwork and the Representations of Identity*, London: Sage Publications.

Curtis, Ric 2002. 'Coexisting in the real world; the problems, surprises and delights of being an ethnographer on a multidisciplinary research project', *International Journal of Drug Policy*. 13: 297-310.

Denzin, Norman 1997. *Interpretive Ethnography: Ethnographic Practices for the 21st Century*, London: Sage.

Dickson-Swift, Virginia., James, Erica., and Liamputong, Pranee 2008. *Undertaking Sensitive Research in the Health and Social Sciences: Managing Boundaries, Emotions and Risk*, Cambridge: Cambridge University Press.

Erickson, Frederick 1992. Ethnographic microanalysis of interaction, Eds Margaret LeCompte., Wendy Millroy., and Judith Preissle. San Diego: Academic Press.

Estroff, Sue 1981. *Making It Crazy*. Berkeley, CA: University of California Press.

Ferrell, Jeff., Hayward, Keith., and Young, Jock. 2008. *Cultural Criminology: An invitation*. London: Sage.

Fitzgerald, John 2002. Drug photography and harm reduction: Reading John Ranard, *International Journal of Drug Policy*, 13: 369-385.

Fitzgerald, John., Dovey, Kim., Dietze, Paul., and Rumbold, Gary. 2004. Health outcomes and quasi-supervised settings for street injecting drug use, *International Journal of Drug Policy*, 15: 247–257.

Gardner, Robert., and Heider, Karl 1968. *Gardens of War: Life and Death in the New Guinea Stone Age*. New York: Random House.

Hammersley, Martyn 1992. *What's wrong with ethnography? Methodological explorations*, London: Routledge.

Hammersley, Martyn and Atkinson, Paul. 1983. *Ethnography: Principles in practice*. London: Tavistock.

Hall, Stuart 1993. Encoding and Decoding in Television Discourse. (CCCS Paper 7) Ed Simon During, London: Routledge.

Harper, Douglas 1998. An argument for visual sociology. Ed Jon Prosser, London: Routledge.

Heath, Christian 2004. Analysing face-to-face interaction: video, the visual and material, Ed David Silverman, London: Sage.

Henley, Paul. 1998. Film-Making and ethnographic research. In J. Prosser (Ed.) *Image-based research: A sourcebook for qualitative researchers*, (42-59). London: Falmer Press.

Hochschild, Arlie 1983. *The Managed Heart: The Commercialisation of Human Feeling*, Berkeley: University of California Press.

Holliday, Ruth 2000. We've been framed: Visualising methodology. *Sociological Review*, 48: 503–521.

Hunter, Gillian., Donoghoe, Mary., and Stimson, Gerry 1995. Crack use and injection on the increase among injecting drug users in London. *Addiction*, 90: 1397-1400.

Inciardi, James 1995. Crack, crack house sex, HIV risk, *Archives of Sexual Behaviour*, 24: 249-269.

Jeffery, Bob., and Tromen, Geoff. 2005. Time for Ethnography, *British Educational Research Journal*, 30 (4): 535-548.

Jupp, Victor., Davies, Pamela., and Francis, Peter. 2000. *Doing Criminological Research*, London: Sage.

Kane, Stephanie. (1998). Reversing the ethnographic gaze. In J. Ferrell and M. Hamm (Eds.) *Ethnography at the Edge*. Boston: Northeastern Press.

Katz, Jack 1988. *Seductions of Crime*, New York: Basic Books.

Katz, Jack 1999. *How emotions work*. Chicago: University of Chicago Press.

Koester, Stephen 1996. The process of drug injection: Applying ethnography to the study of HIV risk among IDUs. Ed Tim Rhodes and Robert Hartnoll, London: Routledge.

Lambert, Helen., and McKevitt, Christopher 2002. 'Anthropology in health research: From qualitative methods to multi-disciplinarity', *British Medical Journal*, 325: 210–213.

Mason, Paul 2005. Visual data in applied qualitative research: lessons from experience, *Qualitative Research*, 5: 325-346

May, T. 1992. Feelings matter: Inverting the hidden question. In D. Hobbs and T. May (Eds) *Interpreting the Field*, Oxford: Oxford University Press.

McCoy, Clyde., Lai, Shenghan., Metsch, Lisa., Messiah, Sarah. and Zhao, Wei. 2004. Injecting drug use and crack cocaine smoking: independent and dual risk behaviours for HIV infection. *Annals of Epidemiology*, 14: 535-542.

McRobbie, Angela 1991. *Feminism and Youth Culture: From 'Jackie' to 'Just Seventeen'*, London: Macmillan.

Mead, Margaret., and Gregory, Bateson 1942. *Balinese character: A photographic analysis*. Special Publication New York: New York Academy of Sciences.

Michaels, Eric 1985. How video has helped a group of aborigines in Australia. *Media Development*, 1, 16-18.

Moore, David 2002. Ethnography and the Australian drugs field: Emaciation, appropriation and multidisciplinary myopia. *International Journal of Drug Policy*, 13: 271–284.

Pink, Sarah 2006. Doing *Visual Ethnography: Images, Media and Representation in Research*, London: Sage.

Power, Robert., Jones, Steve., Kearns, Gary., and Ward, John 1996. An ethnography of risk management among illicit drug injectors and its implications for development of community-based interventions. *Sociology of Health and Illness*, 18: 86-106.

Plummer, Ken 2001. *Documents of Life*. London: Sage.

Ramella, Marcelo. and Olmos, Gonzalo. 2005. Participant authored audio-visual stories: Giving the camera away or giving the camera a way? London: LSE Methodological Institute.

Rhodes, Tim., Briggs, Daniel., Holloway, Greg., Jones, Steve., and Kimber, Jo. 2005. *A visual assessment of injecting drug use*, London: National Treatment Agency for Substance Misuse Research Briefing 13.

Rhodes, Tim., and Fitzgerald, John 2006. Visual data in addictions research: Seeing comes before words?, *Addiction Research & Theory*, 14: 349 – 363.

Rhodes, Tim., Briggs, Daniel., Kimber, Jo., Jones, Steve., Holloway, Greg. 2007. Crack-heroin speedball injection and its implications for vein care: Qualitative study. *Addiction*, 102: 684-690.

Ridge, Damion., Hee., Amos., and Aroni, Rosalie 1999. Being real in suicide prevention evaluation: the role of ethnographers emotions under traumatic conditions. *Australian Journal of Primary Health Interchange*, 5: 21-31.

Roberts, John., and Sanders, Teela 2005. Before, during and after: Realism, reflexivity and ethnography. *The Sociological Review*, 53: 294–313.

Roberts, Brian. 2007. *Getting the most out of the Research Experience: What Every Researcher Needs to Know*, Los Angeles: Sage.

Schrum, Wesley., Duque, Ricardo., and Brown, Timothy. 2005. Digital video as a research practice: Methodology for the millennium. *Journal of Research Practice*, Vol 1 (1): 1-19.

Silverman, David 1997. *Interpreting qualitative data: methods for analysing talk, text and interaction*, London: Sage.

Stimson, Gerry 1995. AIDS and injecting drug use in the United Kingdom, 1987–93: the policy response and the prevention of the epidemic, *Social Science and Medicine*, 41: 699–716.

Stoler, Linda 2002. Researching childhood sexual abuse: Anticipating effects on the researcher'. *Feminism and Psychology*, 12: 269-274.

Taylor, Avril 1993. *Women Drug Users: An Ethnography of the Female Injecting Community*, Oxford: Oxford University Press.

Vaughan, Diane 2005. On the relevance of ethnography for the production of public sociology and policy, *The British Journal of Sociology*, 56: 411-416.

Weibel, Wayne 1990. Identifying and gaining access to hidden populations, Elizabeth Lambert (Ed) *The Collection and Interpretation of Data from Hidden Populations*, National Institute on Drug Abuse Research Monograph 98. Washington DC: Govt Print Office.

Young, Jock 2007. *The Vertigo of Late Modernity*, London: Sage.