Using Skype to research literacy practices: providing opportunities for participants with mental health conditions to share their experiences

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Abstract
Research exploring the literacy practices of diverse participants is integral to developing our understanding of literacy. Diverse groups of participants, for example participants with mental health conditions, bring specific ethical considerations and methodological challenges. This paper presents the use of Skype to research literacy practices through qualitative interviews as a solution to such methodological challenges, focussing this discussion on a research project into the mental health literacy practices of students. The ethical concerns of working with participants with mental health conditions are discussed, particularly issues with confidentiality and safety which mean that interviews in both public and private locations could be inappropriate. This paper argues that using Skype allows both participants and researcher to be in private but separate locations, reducing barriers to participation for participants with mental health conditions and minimising the intrusion and anxiety of qualitative interviews. Vignettes from research into the literacy practices of students with mental health conditions are presented to show that using video calling to research literacy practices allows researchers to learn more about participants’ literacy practices and the role these practices play in their lives, whilst maintaining comfort and ease for participants.

Key words: methodology, interviews, ethics, literacy practices, video calling

Introduction
The possibilities afforded by the use of Skype in my recent research on student mental health literacy practices were exemplified in an interaction I had with Lucy, a third-year student. In this interview, Lucy was able to talk to me from her bed, with a duvet wrapped around her shoulders and the glow of fairy lights illuminating her face. I was in my office at work, sat at a desk with light streaming in the window and my colleagues in the next room. During this interview, Lucy told me about the traumatic experiences she had whilst on a placement, and the impact this trauma had on her ability to engage with a reflective portfolio she was expected to write, highlighting the link between mental health, emotion and academic work which was apparent in many of the experiences of the student participants. If Lucy had been with me in my office, rather than in her bed, I wonder if she would have felt able to share her experiences in such depth and detail.

Rationale for paper
The engagement of literacy researchers with diverse participants, including participants with long-term health conditions, is crucial for us to be able to explore the wide range of experiences with literacy both in education and in wider contexts. The importance of literacy research engaging with diverse participants has been highlighted in recent work by Satchwell (2019) with young people with disabilities, Smith et al. (2020) with diverse youth and Heydon et al. (2020) with elders.

Successful research with diverse participants, including participants with mental health conditions, requires methods that are flexible and responsive to participant needs (Stone and Priestley, 1996; Watson, 2019). This responsiveness has been identified as a core principle of acceptable research with people with disabilities and long-term health conditions; it is critical that the form of qualitative research is responsive to the needs of participants (Stone and Priestley, 1996), which may require creative approaches to methods (Watson, 2019).

The need for innovative methods when working with such participants has been identified in recent research from across the social sciences (e.g. Campbell, 2019; Chown et al., 2017; Williams et al., 2020). Creativity in literacy research methods more widely has also been a topic of discussion in recent years (e.g. Blikstad-Balas and Sørvik, 2015; Davies, 2015; Heydon et al., 2020; Smith et al., 2015; Watson and Marciano, 2015). Work developing new research methods can help literacy research engage with a wide range of participants, enabling researchers to learn more about the diversity of literacies.
Engaging with a diverse range of participants in this way may involve listening to and learning from the experiences of participants who are considered vulnerable and who therefore may be systematically excluded from contributing their perspective due to ethical concerns. Working with these participants could, therefore, require negotiating methodological challenges which need a different approach. In this paper, I aim to provide a methodological rationale for the use of Skype as an interview medium in literacy research, highlighting how this approach could be valuable for researchers wishing to engage with diverse participants with diverse needs. The need for a methodological rationale for the use of video interview methods for literacy research has been strengthened even further by the current situation with COVID-19, which emerged during the writing of this paper. My further aim for this paper is to show how Skype has been productive in generating data about literacy practices that illustrate individual lived experiences of participants with mental health conditions, demonstrating how such research can continue even with the need for social distancing.

Structure of the paper

I will support this discussion through reference to my research into the mental health literacy practices used by students to navigate support systems and manage their mental health. My study involved repeated interviews with students with mental health conditions at a university in the North West of England. Eleven student participants engaged in the project, which I conducted as part of my PhD studies. The project was approved by a Lancaster University ethics committee. Anonymised vignettes, using pseudonyms, from participant interviews are used here to highlight the value in video calling as an interview method for qualitative literacy research.

To contextualise these vignettes, and the research more widely, I will firstly introduce the concept of mental health literacy practices and the need for engagement with the real experiences of people with mental health conditions in mental health literacy research. I will focus on students with mental health conditions as an under-researched population, who formed the participants of the discussed study. Following this discussion, I will examine the ethics of working with people with mental health conditions, illustrating the methodological challenges and the subsequent need for innovative methods. In the final section of the paper, I will present the use of Skype as an interview medium for qualitative literacy research with diverse participants as a valuable approach, exemplified using vignettes from my research.

Mental health literacy as situated social practice and the need for understandings of participants’ experiences

The move towards understandings of literacy based on the real ways people use literacy across different contexts has been well documented and researched (e.g. Barton and Hamilton, 1998; Street, 1995). The social practice approach to literacy views literacy not solely as an individual skill but instead as a situated, social, purposeful practice (Barton and Hamilton, 1998, 2000), with subsequent implications on the way literacy is researched. The focus of work exploring literacy from this perspective is on engaging with participants in qualitative, in-depth research which aims to capture what people do in real contexts with literacy and the meanings of these practices for participants (Barton, 2000; Papen, 2009).

In this paper, I draw on my project exploring the mental health literacy practices of students. Mental health literacy, as a concept, is a development of health literacy, which has been conceptualised in a range of ways. For example, health literacy has been defined as a measure of patient reading skills in comparison to clinical text readability (e.g. Parker et al., 1995). However, more recently, following the wider social practice approach to literacy, health literacy has been conceptualised as embedded, purposeful literacy activities used by individuals in the domain of health (Muro, 2004; Papen, 2009; Papen and Walters, 2008).

Mental health literacy

The concept of mental health literacy was initially developed from health literacy with a focus on knowledge and beliefs about mental health (Jorm et al., 1997), with later developments also incorporating cognitive skills and mental health management strategies (Canadian Alliance on Mental Illness and Mental Health (CAMIMH), 2007; Jorm, 2012; Kutcher et al., 2016). There has been little attention given to the use of texts, reading and writing in mental health literacy, however, and particularly no work exploring what people actually do in real contexts with literacy practices in terms of their mental health. My approach, therefore, conceptualises mental health literacy as the situated literacy practices used by individuals in the domain of mental health. This includes the texts individuals need to engage with in order to navigate support systems and manage their mental health. As with the wider social practice approach to literacy, research exploring mental health literacy therefore requires engaging with participants with mental health conditions to explore what they do in real contexts with literacy regarding their mental health (Papen, 2009; Papen and Walters, 2008).

Research exploring mental health literacy necessarily requires researchers to engage with participants...
who may need more flexible approaches to research participation, as will be discussed in later sections of this paper. Mental health literacy research is just one example of literacy research where engagement with participants who may be considered vulnerable is necessary, however, and therefore, any discussion on approaches to mental health literacy research has implications for any literacy research with such participants.

Context of study: students with mental health conditions

University students with mental health conditions represent a growing, but under-researched, population. The number of students registering as disabled with a mental health condition on entry to university has grown rapidly since 2009/10, with students with mental health conditions now representing almost 25% of all students registering as disabled on entry (HESA, 2019). However, information on the incidence of mental health conditions across the student population in the UK is lacking, particularly in recent years (Cant, 2018). A recent study focussing on medical students in Wales found that 89% of the student participants had clinical levels of poor mental health, as determined by the authors (Farrell et al., 2019). Studies looking at wider student populations have reported clinical incidence rates ranging from 17.3% (Macaskill, 2012) to 29% (Bewick et al., 2010). The experiences of students with mental health conditions therefore represent the experiences of a significant proportion of students. My research study aimed to explore the ways these students used mental health literacy practices to navigate support systems and manage their mental health.

The ethical considerations and implications of literacy research with people with mental health conditions

People with mental health conditions have been described as ‘vulnerable’ participants (e.g. Moore and Miller, 1999). ‘Vulnerability’ has a specific meaning in research ethics (Nordentoft and Kappel, 2011), relating to groups of participants who may be less able to make informed decisions regarding consent or who may be more susceptible to harm from research interactions (Moore and Miller, 1999; Nordentoft and Kappel, 2011; Silva, 1995).

Much work on research with people with mental health conditions has focussed on the capacity to provide informed consent to research (Pope, 2012). It is vital that literacy researchers consider capacity; however, many people with a diagnosis of a mental health condition retain their capacity in decision-making (Crow et al., 2006; Pope, 2012). Wider ethical issues also need consideration when working with participants with mental health conditions in literacy research, particularly concerning confidentiality and safety.

Confidentiality

Participant confidentiality is essential in all research, but ensuring participant confidentiality is particularly vital when working with people with mental health conditions, as there are greater risks involved with disclosing participation. Participation in a study on mental health implies experience of a mental health condition, a potentially stigmatised characteristic. When participation in literacy research implies a stigmatised condition, inadvertently disclosing somebody’s participation could mean disclosing the stigmatised condition to a wider community, potentially causing distress and further trauma (Loue, 2012). The risks associated with confidentiality breaches are heightened when participants are drawn from one setting, as in my study, as the chance of a participant being identifiable to a wider community is higher (Thompson and Chambers, 2012; Thompson and Russo, 2012). These greater risks associated with participation disclosure have implications on the appropriate level of visibility in research interactions, highlighting the need to consider alternative research mediums.

Safety

Further ethical concerns relate to participant and researcher safety. Researchers have suggested that studies concerning mental health experiences with people with mental health conditions may be particularly high risk for further psychological distress, as they may involve discussing past moments of distress and trauma (Kidd and Finlayson, 2006; Liamputtong, 2007; O’Reilly and Parker, 2014). People with mental health conditions may also experience psychological distress arising during research interactions, regardless of the specific literacy focus, differently due to their condition, and the risks associated with feeling distressed may be higher (Kidd and Finlayson, 2006; Millum, 2012). It is not necessarily the case that participants will find such literacy research distressing, but the greater potential for and risks associated with psychological distress emphasises the importance of maintaining participant comfort. A common strategy for achieving this is for the location of the interview to be somewhere the participant feels ownership over, such as their home or workplace (Green and Thorogood, 2004; Parker and O’Reilly, 2013). This strategy has disadvantages, however, which need to be considered.

The needs of researchers in terms of safety are also important (Parker and O’Reilly, 2013; Thompson and Chambers, 2012). As with participants, researcher safety may be more at risk in qualitative work on sensitive subjects, including experiences of literacy in...
sensitive contexts or with certain groups of participants (Ensign, 2003; Liamputtong, 2007; Parker and O’Reilly, 2013). The potential risks to researcher safety are increased when researchers are undertaking face-to-face interviews on sensitive subjects in the participant’s home; researchers have to negotiate the sensitive nature of the topic, the potential emotional distress of the participants and the structure of the interview, whilst maintaining appropriate boundaries in a space that is not their own (Corbin and Morse, 2003; Dickson-Swift et al., 2006; Dickson-Swift et al., 2009; Johnson and Macleod Clarke, 2003).

Maintaining boundaries, appropriate to the context, helps to create a safe environment for both participants and researchers (Dickson-Swift et al., 2006). These boundaries can be blurred by the location of the interview; if the interview is taking place in the participant’s home, then the researcher is also their guest, which can be problematic. For example, Chiswell and Wheeler (2016) describe feeling obliged to be receptive of a participant’s extended hospitality invitations to avoid damaging their rapport, even though this felt uncomfortable. Similarly, it cannot be assumed that participants will feel comfortable with inviting a researcher into their home, as this may feel intrusive. In studies where researchers wish to access participants in their own homes, as some literacy researchers may hope to, this can in itself become a barrier to research participation.

The nature of literacy research with people with mental health conditions, and potentially with other participants when the research is particularly sensitive, means that psychological safety is a central concern, but physical safety concerns also need to be addressed. Physical harm has been identified as a risk to researcher safety, particularly in sensitive research in private locations (Ensign, 2003; McCosker et al., 2001; Parker and O’Reilly, 2013). Researcher safety could be better protected in public locations (McCosker et al., 2001), as other people can more easily be reached for support.

The concerns surrounding literacy research with participants with mental health conditions highlighted in this section reveal an inherent tension; the potential risks involved with participant disclosure make public interviews inappropriate, whilst the need to protect researcher and participant safety and boundaries makes private interviews in the participant’s space inappropriate. This tension is likely to be apparent in literacy research on other potentially sensitive subjects and with other groups of participants for whom the potential risks of participation are higher. The need to meet these concerns is a methodological challenge for literacy researchers which the use of video-calling interviews can help solve.

**Skype as a research medium for investigating literacy practices**

The potential of being able to conduct qualitative interviews using technology has been discussed for some time, as this could expand the pool of participants and allow researchers to access remote settings in an efficient manner (Deakin and Wakefield, 2014; Weller, 2017). Long-standing distance interviewing methods include telephone and e-mail interviewing (Holt, 2010; Sturges and Hanrahan, 2004). Using video calling as a research medium is a relatively new innovation, although it builds on the work done exploring these earlier distance interviewing methods and has been used in several qualitative research studies (e.g. Deakin and Wakefield, 2014; Hanna, 2012; Weller, 2017). Skype and other video-calling applications hold some distinct advantages over other distance interviewing methods and, I argue, over face-to-face interviews for literacy research with participants with mental health conditions.

**Advantages of distance interviewing: privacy and safety**

The key advantage of distance over face-to-face interviewing methods is that it allows both participant and researcher to be in private but separate locations, where they feel comfortable and where there may be fewer risks to their safety (Hanna, 2012). The locations where participant and researcher feel most supported might not be appropriate if both parties needed to be in the same physical location; it might be too risky to researcher safety if the participant’s chosen location is isolated or it might excessively blur the boundaries between participant and researcher. For example, participants in my research chose to situate themselves in highly private locations, such as Lucy in her bed in the initial vignette, whilst I chose to situate myself in my office at work or home.

**Advantages of video-call interviewing: synchronous audio and video**

Video-calling interviews hold advantages over other distance interviewing methods, as they allow for synchronous auditory and visual communication. Unlike telephone interviewing, for example, Skype allows the researcher and participant to share both video and audio feeds (Deakin and Wakefield, 2014). Seeing a video feed allows both parties to benefit from seeing facial expressions and body language, which may enable more effective emotional judgements than an audio feed alone (Deakin and Wakefield, 2014; Hanna, 2012).

When working with participants, and discussing sensitive topics, the ability to see a participant and read their visual cues in terms of emotional state is important for literacy researchers. This could allow the researcher to assess any visual signs of distress and judge whether this is due to the current line of discussion, vital in work on sensitive topics. The ability to see the emotional state of participants may also tell
researchers something about their literacy practices and allow researchers to ask appropriate questions to understand the relationship between emotions and literacy practices more clearly.

For example, in my first interview with a participant, Amelia, we were talking about the process of her applying for an allowance for disabled students. Whilst Amelia was telling me about how stressfully filling out the forms and collecting the necessary evidence had been, her voice became strained, and I could see that she was looking down more, playing with her hands, suggesting uneasiness. This prompted me to comment that it sounded like this process had been difficult for Amelia emotionally, showing a level of understanding which in turn prompted Amelia to tell me about both her intense negative memories and the way her mother had helped mediate this mental health literacy practice. If I had not been able to see Amelia’s body language and gestures and responded accordingly, then Amelia may not have continued to share her experiences of this process and her mother’s literacy mediation.

Advantages of video-call interviewing: rapport building and emotional co-presence

The opportunities for emotional judgement provided by the synchronous communication of video calling over other distance interviewing methods are compounded by the opportunities for rapport building this medium provides, vital in literacy research where in-depth descriptions of a participant’s lived experiences are sought. Deakin and Wakefield (2014) suggest that this synchronous conversation could lead to a more natural conversational flow, which would allow for greater rapport being built between researcher and participant. On the other hand, issues with building rapport have been identified as a potential disadvantage of distance interviewing methods, with suggestions that it may make participants feel remote or distant from the researcher (Seitz, 2016).

It is not necessarily the case that interviews over Skype need to feel remote, however. Weller (2017) focusses on the idea of co-presence, the feeling of being together in the same time or space, as being central to rapport building in interviews. In Weller’s (2017) study employing remote interview methods, she found that the feeling of emotional co-presence is more important than being physically co-present in terms of rapport building and that emotional co-presence can be achieved more successfully in remote interviews than in face-to-face interviews. Interviews over video calling in Weller’s study were experienced as less pressurised and anxiety inducing, allowing participants to feel more relaxed and giving them the space to think about their answers more carefully (Weller, 2017). This level of comfort and reduction of pressure is critical when considering the sensitivity of researching mental health literacy practices, and other literacy practices that may be sensitive, and the risks of potential distress that may come from working with participants with mental health conditions. This can be seen in the vignette of Lucy presented in the introduction; the ability for Lucy to participate in the research from her bed helped her feel comfortable enough to open up about the trauma she felt from her placement and the impact that had on her subsequent academic literacy practices, emphasising the relationship between mental health and literacy practices.

Advantages of video-call interviewing: reducing barriers to participation

A further advantage to video calling over face-to-face interviews is the reduction in barriers to participation, specifically for people with mental health conditions and potentially other conditions. The need for a safe location identified previously entails that face-to-face interviews would require physically commuting to an appropriate location for both participants and researchers, a need negated by the use of Skype (Deakin and Wakefield, 2014; Hanna, 2012). For some participants with mental health conditions, the need to commute to a meeting location could have posed a barrier to participation, as they experience intense levels of fatigue and feelings of being overwhelmed by having to leave home.

The potential reduction of pressure and anxiety in Skype interviews compared to face-to-face interviews may also reduce a potential barrier for participation for people with mental health conditions. Face-to-face interviews can be experienced as intrusive, embarrassing and anxiety inducing for participants, whereas the physical remoteness and space given by video-calling interviews can feel less intrusive and daunting (Weller, 2017). For participants who may be more susceptible to anxiety, reducing the levels of anxiety induced by an interview situation may mean that individuals feel more able to agree to participate and keep the appointment once it has been made. In my research with students with mental health conditions, using Skype as the interview medium helped the interviews feel achievable for participants, providing the space to explore their mental health literacy practices. This will be explored further in the vignettes.

Advantages of Skype over other video-calling platforms: flexibility and ease of use

In the discussed research, Skype was the chosen video-calling platform due to its flexibility and ease of use. Skype is a piece of communication software which allows for video and audio calls through a Microsoft account or Skype username, rather than a phone number or e-mail address as is the case with FaceTime or Google Hangouts (Microsoft, 2019). The ability to connect using a username represented a key
advantage in my research project, as this allowed the
students to decide how much personal information
they wished to share with me. A further advantage to
using Skype in my project was its flexibility; Skype
works across desktops/laptops and mobile devices
across Windows, Apple and Android, maximising the
possibility of participants having a suitable device.
The advantage of this flexibility was exemplified in
an interview during my research with Sasha, who ini-
tially was using her laptop to participate before mov-
ing to use her mobile phone to connect when her
laptop ran out of battery. This resulted in only a couple
of minutes of disruption rather than the cancellation of
the whole interview.

The final key advantage to using Skype over other
video-calling platforms is that recording of audio
and/or video data can be easily achieved using
in-built features of the premium Skype for Business
or low-cost third-party software (e.g. Evaer). In this re-
search project, Evaer was used successfully with the
basic-level Skype to record only the audio data from
both sides of the call. The ability to record only audio
data was key for this research, as it allowed me to reas-
sure participants that their video data were not being
captured. In other literacy research projects, the ability
to easily capture video data may be an advantage,
allowing for analysis of facial expressions, gestures
and body language.

Mental health literacy practices of students:
vignettes showing the value of using Skype
for qualitative literacy research

The value of Skype as a tool for interviewing partici-
pants in qualitative literacy research can be seen not
only in the way it makes participation easier for people
with mental health conditions but also in the ways it
can help researchers learn more about their literacy
practices. This will be exemplified through vignettes
from my research project from interviews with three
participants, Gabriella, Magda and Rebecca.

Gabriella

Gabriella is a first-year undergraduate student who
identifies as having depression and anxiety. The ex-
tract below comes from our final interview and was
part of a longer discussion on Gabriella’s experiences
with the Disabled Students’ Allowance (DSA) applica-
tion process. Here, we were talking about the physical
form that Gabriella had to complete and hand in to the
campus Disabilities office. Gabriella was talking to me
from her laptop whilst sat in the corner of her desk in
her bedroom.

Gabriella: the DSA was definitely something I had to force
myself to do, it was just like, I like to have everything done,
so it was like this form was [...] as much as I want things
done, I just couldn’t bring myself to take it on campus, it
was like sat on my desk (adjusts the angle of her laptop, so
that I can see more of the desk surrounding her, gestures
to the desk) for ages and it was like cluttering (fans out a
small pile of paper sat on her desk, so that it takes up more
room) the one thing I don’t like on my desk is paper (ges-
tures angrily towards the small fanned out pile of paper),
as much as there is a lot of shit on my desk, I don’t like bits
of paper flying around everywhere so yeah

As she was describing the physical form and the
difficulties she had with handing it in, she turned her
laptop slightly, angling the webcam so that she could
show me her desk. She then mimicked how the form
‘clutter (ed)’ up the desk, causing her frustration. Be-
cause Gabriella was at home, I was able to see her desk
in its ‘normal’ state, devoid of almost all paper, ex-
remely tidy and organised. Gabriella was also able
to show me how it looked when the DSA form was
on her desk. This view of Gabriella’s experience of
the physical DSA form would have been almost im-
possible to ascertain through an interview in a differ-
et location. If I had not been able to see Gabriella’s
desk for myself, I would not have been able to see
why one physical form was so overwhelming – it
was so out of place compared to the rest of her desk,
which did not have ‘a lot of shit’ on it, like Gabriella
said. Furthermore, I could see Gabriella interact with
her desk and the small amount of papers there; I could
see her gestures of frustration, which emphasised her
emotional reaction to the DSA form. If I had not been
interviewing Gabriella using video-calling software, I
would not have been able to see Gabriella’s perception
of this literacy experience in the context of her room,
and my understanding of her experiences with this
specific practice would have been less detailed.

Magda

Magda is a first-year doctoral student who has a
long-term mental health condition. The extract below
comes from our first interview, when Magda was
talking to me on her laptop from her living room in
off-campus accommodation. In the extract below,
Magda was telling me about a particularly emotionally
difficult series of events that occurred during her
Masters’ course.

Magda: so first lesson, when they say there was going to be a
group project, I went up to the teacher, who should have read
my file, which would show my special arrangements, and
was like is there a chance that I could do the project by my-
self [...] and I expected them to look through my file, but he
was like no you have to do the project, so he put us in groups
and we had bloody group meetings that I couldn’t go to be-
cause I was freaking out, and I didn’t want to see anyone
and then I had to take pills to fucking come down and go
to said meetings
In this extract, Magda was describing a group project that she had to participate in because her teacher had not read her support plan, which stated that she did not have to take part in group work as this was something which caused her intense anxiety. This intense anxiety is described by Magda in the extract, and Magda’s experience emphasises both the important role of texts, such as the support plan, in allowing students with mental health conditions to be successful in their academic work and the relationship between mental health and academic literacy practices (e.g. group presentations). This was an emotionally distressing experience for Magda, and reliving it during our interview was also distressing; Magda’s voice became strained, her speech became quicker and she started using more swear words. During this part of the interview, Magda’s cat was walking along the back of her sofa before settling next to her, acting as a source of comfort during the interview. Using Skype for the interview meant that Magda was able to have this source of comfort to provide the support to allow her to share her experiences regarding the support plan and what happened when this process failed. In a face-to-face interview in a more public location, this could have been too distressing, and therefore, I would have not learnt about this aspect of mental health literacy practices for Magda.

Rebecca

Participants feeling comfortable and safe was one of the key reasons why Skype was a valuable interview medium in this research project, exemplified by Rebecca’s discussion in the extract below. Rebecca is a first-year undergraduate student who identified as having depression and anxiety, alongside a lifelong physical disability which caused chronic pain. The extract below comes from our final interview, during the debriefing process, when all participants were asked about their experiences of the research.

Rebecca: again, I guess, just very easy to participate in you know, I like the fact that we are able to do the interviews via Skype, for me with everything it’s important like I don’t necessarily have to get out from my bed, like I’m in my bed right now and comfortable, it’s nice to be able to do it in a not very formal setting you know as well, I would have found that very intimidating doing it in a formal setting […] I know that like, if we did it in like a coffee shop or something, I would […] there’s always the possibility of like people like overhearing and that would definitely would remove any anonymity um yeah and obviously like even if we had a discussion in like a classroom or something, or a computer room or something, again it’s a very formal, a very formal setting and it would have been very uncomfortable for me for the most part, yeah it’s good like this

In this extract, Rebecca described how the use of Skype made things easier for her to participate both physically, as she was able to participate from her bed, and emotionally, as she did not have to come to an ‘intimidating’ or ‘formal’ location. Rebecca also raised issues with more informal public locations, such as coffee shops, describing the potential issues with identifiability that come from overhearing. With a participant like Rebecca, who has both a mental health condition and a physical disability, the barriers to participation in a research project using face-to-face interviews would have been high, with such interviews being formal, intimidating, uncomfortable and risking her anonymity. The use of Skype reduced the barriers of participation for Rebecca, giving her the opportunity to share her experiences with mental health literacy practices.

For example, in the same interview as the above extract, Rebecca discussed the impact that having the texts she had been given by her counsellor, such as information sheets about positive thinking and worksheets to help with goal setting, around in her room could have on her mental health, shown in the below extract.

Rebecca: yeah I mean, you know sometimes like I do sort of forget about my issues, like say I’ve just come from a lecture and you know I’ve had a nice conversation with friends and I’m feeling pretty good and then I see this leaflet on the desk and it’s like oh yeah, that’s a problem that there, like it is a reminder […] that’s why I do like putting them away, because if things are going good, I don’t want to be reminded that things weren’t so good and then if I am reminded of that then I’ll start thinking oh what things aren’t so good still, and sometimes when you do have that spark of thought, that can lead on to another thing and then another thing and another thing and then all of a sudden you’re in bed and you’re crying and it’s like you’re down a rabbit hole

These texts, which Rebecca had previously described positively, and which represented an important part of her mental health management, sometimes served as unwanted reminders of her mental health condition potentially leading to a breakdown. When telling me about this aspect of her use of these texts, Rebecca became emotional; I could see her eyes filling with tears and hear her voice becoming shaky. Nevertheless, she felt comfortable enough to share this, as the use of Skype meant she was in her bed, not a formal, intimidating location. This exemplifies how the use of Skype enabled me to learn more about my participants’ uses of literacy and have more productive, comfortable and safe research interactions.

Conclusion

In this paper, the utility of Skype as an interview method for research into the literacy practices of participants considered vulnerable, or otherwise facing high barriers to participation, was discussed, with reference to a study on the mental health literacy practices of students with mental health conditions. The primary
implications of this work, therefore, are methodological. The ethical concerns of working with people with mental health conditions in qualitative literacy research, including the potential risks of participation disclosure and the potential risks to participant and researcher safety, result in a methodological challenge; face-to-face interviews in either public or private locations would potentially be inappropriate. The use of Skype, and other video-calling applications, represents a way forward for qualitative literacy research in such situations, giving participants with mental health conditions, and other diverse participants, an opportunity to contribute their experiences. This methodological implication could represent an opportunity for literacy researchers to engage with new groups of participants and to change their practices surrounding interviewing participants.

For researchers, the potential implications of using Skype as an interview medium are further highlighted in the vignettes presented from interviews with three participants. In these vignettes, we see the productive possibilities of this research medium, including the ways it can allow researchers to learn more about participants’ literacy practices and the role these practices play in their lives. The new opportunities represented by the use of this interview method could enable literacy researchers to develop their theoretical contributions in new directions, leading to wider implications for theory and pedagogical practice.

This discussion is small scale and therefore has inherent limitations, being focussed on one research study with one group of participants. The limitations of the journal article format mean there needs to be greater discussion in future work about aspects inherent to face-to-face interviewing which could be affected by using Skype. Further discussion of the differences in co-presence between face-to-face and video-calling interviews could be productive, for example. Nevertheless, the discussion in this paper suggests a role for Skype and other video-calling applications as an interview medium in qualitative literacy research with participants, particularly those who may face high barriers to participation in research studies employing more traditional methods. For example, in further research into the relationship between disability and literacy, Skype could allow literacy researchers to interview people with chronic fatigue about their use of digital literacies to socialise or create communities, without the need for physical commuting becoming a barrier to participation. Providing the opportunities for diverse groups of participants to have their voices heard through research is integral to expanding our understanding and appreciation of the diverse literacy practices that exist in our schools, universities and communities.

Acknowledgements

This research project was possible due to funding from a Lancaster University Faculty of Arts and Social Sciences doctoral scholarship. I thank Professor Uta Papen (Lancaster University) for useful discussions, helpful comments on this paper and supervision of the research project as a whole. I also thank Professor Julia Gillen (Lancaster University) for her feedback on earlier drafts of this paper. Finally, I thank my participants who made this project and thus this paper possible through their open engagement with the research process.

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