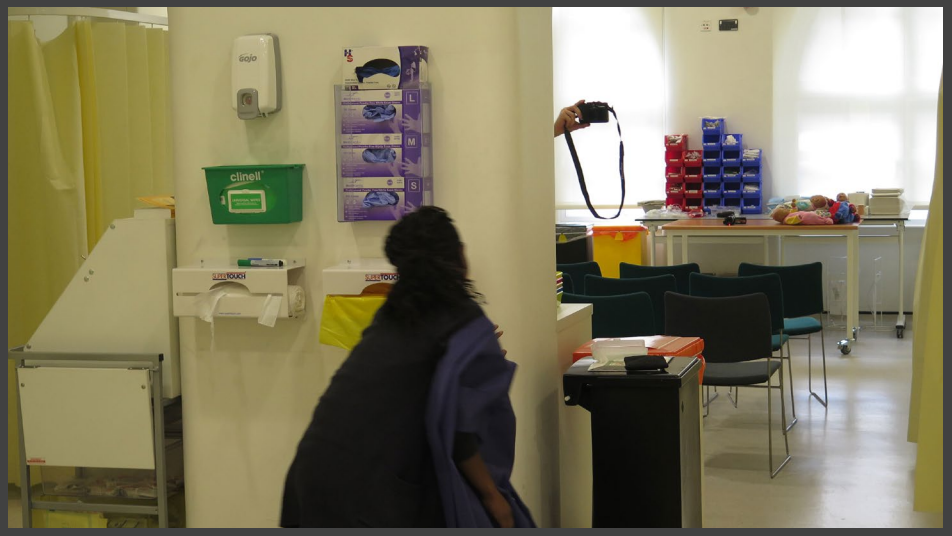
NARRATIVE 1/1
OUTPUT
METHODS
DISSEMINATION
EXTRA INFORMATION

‘Hiding in Plain Sight’ explores the relationship between staff, space, institution and the visibility of care work, in the disintegrating UK healthcare system. Building on Shaw’s record of live art in healthcare, the work proposes to re-position art practice, not as bringer of well-being to patients, or as environmental enhancement, but as shared critical inquiry with staff. The research is situated between arts and health discourse, live art inquiry into body and environment, and a reconsideration of institutional critique for everyday infrastructure.

‘Hiding in Plain Sight’ is a body of work including live, photographic, filmic (with Rose Butler) and written publication. Shaw worked with nursing research students over ten weeks. The engagement with students took place at the Florence Nightingale Museum and a simulated ward learning environment in Guys and St Thomas’ Hospital were used as studio and site. Photographic, assemblage and performance strategies were used to explore visibility, movement, performance and roles. This developed into a live work where staff played hide and seek, using cameras as a tool for ‘seeking’. The footage includes moments where the boundaries between bodies and ward, carer and environment, are indistinct. Walter Benjamin’s text, ‘A Child Hiding’, was used as a resource to aid discussion.

Works were exhibited at Somerset House, London, for the 2016 UTOPIA festival, commissioned by a consortium including Kings College London, Somerset House, Courtauld Institute and the AHRC. An accompanying book (ed. Frances Williams) includes texts by Shaw and three participating nursing staff. A video documentary was commissioned by Quiet Voice films. Dissemination includes a conference paper at ‘Putting Space into Action’, University of Huddersfield. The work offers a form of escape from, or a way to re-form, institutional forces without leaving the institution; and a way to work with others to develop shared forms of material critical practice.



Above: Images from game of hide and seek in the Simulated Learning Environment, Guys and St Thomas’ Hospital. Includes research students from Florence Nightingale School of Nursing and Midwifery.
Image credits: Shaw and Rose Butler.

NARRATIVE

OUTPUT 1/3

METHODS

DISSEMINATION

EXTRA INFORMATION

Press play to watch

‘Hiding’ took place in a medical simulation ward in a private part of Guys and St Thomas Hospital so had no audience. Rose Butler, a film maker with an interest in regimes of viewing and technology, was invited to work with Shaw to develop ways to record the experience of hiding. The movement of ‘seekers’ is captured with go-pro’ cameras. Hiders were given microphones to capture the sounds of breath holding and laughing.

Shaw and Butler reviewed the footage and devised a structure of four acts to capture the hiding and seeking. The film has a loose narrative, seeking to let the mood and energy of hiding be transmitted through movement. Periods of fast darting movements are often proceeded with static, slow footage, with strange shapes slowly pushing through curtains or questioning whether a shape is hospital or person.

In addition to the film there is a body of photography produced by the participants, exploring the material of a ward, and their own playful attempts to disrupt it. An artist’s publication captures the participant’s responses to hiding, through reading Walter Benjamin’s short text, ‘A Child Hiding’.

Following discussions about utopia, representation, visibility and role the group played games of hide and seek: a tangible way to explore the relationship between them and the healthcare institution.

Film is eight minutes, made in SaIL, Guys and St Thomas; Hospital, 2016. Shaw and Rose Butler.

NARRATIVE
OUTPUT 2/3
METHODS
DISSEMINATION
EXTRA INFORMATION

Objectives

- To work with a group of healthcare practitioners and researchers to develop a shared material and visual language to explore their experience.
- To challenge current orthodoxy that sites the value of art in healthcare as enhancing the environment or patient wellbeing- and to explore the potential of art as a critical and discursive force.
- To explore how art practice can generate forms of enlivening and 'escape' from institutions.

Above: Image taken in workshop by 'Hiding' participant

The established arts in health movement includes diverse purposes, including humanising and improving the clinical environment, providing distraction and meaning to counteract patient distress, aiding rehabilitation and potentially improving health outcomes. It is expected that art will comfortably fit into the designated spatial and social limits and goals set by healthcare contexts. Shaw, and others she works with, explore an alternative seam of practice, grown from histories of social practice, live art and institutional critique. This involves attempting to get into the fibre of the infrastructure of care environments, and to think imaginatively and critically about what we expect of art in these contexts. The intention is not to reflect on the science of healthcare but its politics and practices. Healthcare is a site where individual and state are knotted together in complex relationships, and issues such as representation, visibility, care, responsibility, finance, scale, identity, intimacy and materiality are entangled.

NARRATIVE

OUTPUT 3/3

METHODS

DISSEMINATION

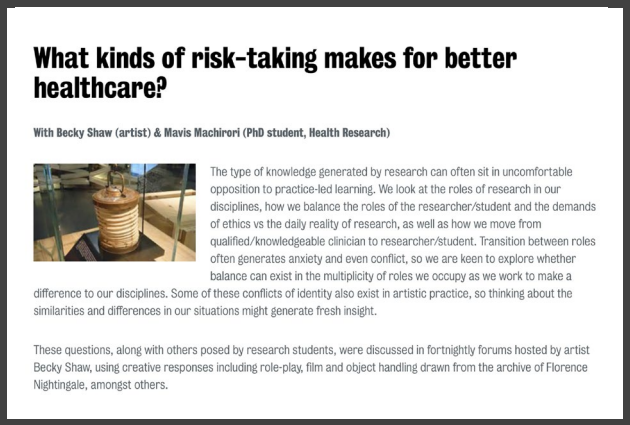
EXTRA INFORMATION

In 2016 the Cultural Consortium, a partnership between Kings College London, The Courtauld Institute and Somerset House produced the London festival UTOPIA 2016, exploring the legacy of Thomas More's text 'Utopia'. A series of exhibitions, events and projects were commissioned across the year. Kings College sought to explore 'utopia' within the student population so commissioned projects that would engage directly with their communities. Curator Frances Williams was commissioned to lead a strand of this, generating an exhibition about utopia in healthcare for 'Paths to Utopia': an exploratory exhibition format within the larger 'blockbuster' exhibition at Somerset House.

Shaw was commissioned, alongside Anthony Schrag, James 'the Vacuum Cleaner' Leadbitter and Joanna Brinton to develop a project with a healthcare student community. As the utopia festival gained pace, the junior Drs strike generated one of the largest and most high-profile periods of healthcare unrest. The irony of expecting the arts to explore the utopian achievements of healthcare, Universities and government was not lost on Williams and she devised a project where artists and students might critically explore whether their healthcare environments were best serving staff and patients.

Through student representatives involved in the 'Paths to Utopia' steering board, Shaw met Mavis Machiori, a vocal nursing and midwifery research student and practitioner. Machiori devised an invitation to other nursing research students, inviting them to work with Shaw to explore their working lives in a context of utopia.

View pdf of info on UTOPIA 2016



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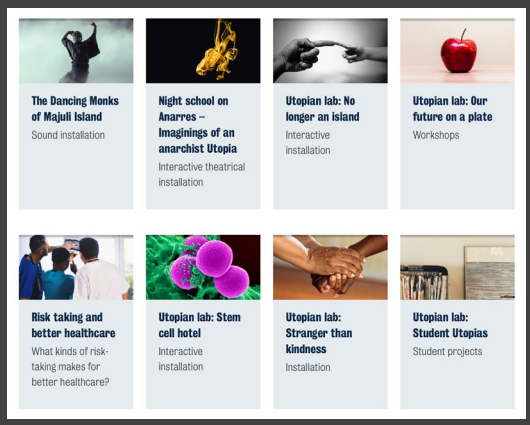


View pdf of info on Paths to Utopia

NARRATIVE

OUTPUT

METHODS 1/8

DISSEMINATION

EXTRA INFORMATION

The Method process is divided into 7 Stages

STAGE 1
Identifying a focus

The first meeting took place in the Florence Nightingale Museum at St Thomas Hospital. Nursing and midwifery PhD students were invited to attend an initial 'scoping' meeting, so they could decide whether to take part, and to work out a schedule and a focus. Eight students took part and began by discussing the wider frame of utopia and their working lives.
As part of the discussion, the group looked at a photographic exhibition of nursing through the ages. They commented on the passive or distant gaze of the nurses represented. The group also discussed objects they selected from the collection: Florence Nightingale's radial diagrams mapping patient death, and her personal foot warmer, to relieve pain while travelling. The students reflected on the relationship between these two objects: one distanced and objective, the other focused on immediate discomfort in the individual body. The students proposed this reflected the life of a nursing researcher.

Points from the discussion

- Being both researcher and practitioner often generates a sense of not fitting in and being 'between spaces'- a 'no place', like utopia.
- Practitioners are physically engaged in their roles and belong, researchers are distanced, observing and separate.
- Observation is a key part of nursing- both in terms of understanding illness, but also in terms of legislation, accountability and the keeping of records.
- The two aspects are considered essential to being a good nurse- one is involved in care, the other focused on reviewing care. This was likened to climbing a ravine where having contact with both sides keeps you 'safe'.
- Relationships with patients, as a researcher or practitioner, are equally complex and entangled.
- When practicing your use of time and your purpose is clear. Research can feel uncertain and unstructured.
- The physical experience of nursing is deeply spatial- moving around the ward at speed, and at bedsides. This was contrasted with the still and slow space of research. The students laughed about a common material metaphor for research transmission into practice: 'benchside to bedside'. They noted that for nursing researchers this happened anyway.

Above: Images of 'hands and eyes' from Florence Nightingale Museum Collection. Shaw.

NARRATIVE

OUTPUT

METHODS 2/8

DISSEMINATION

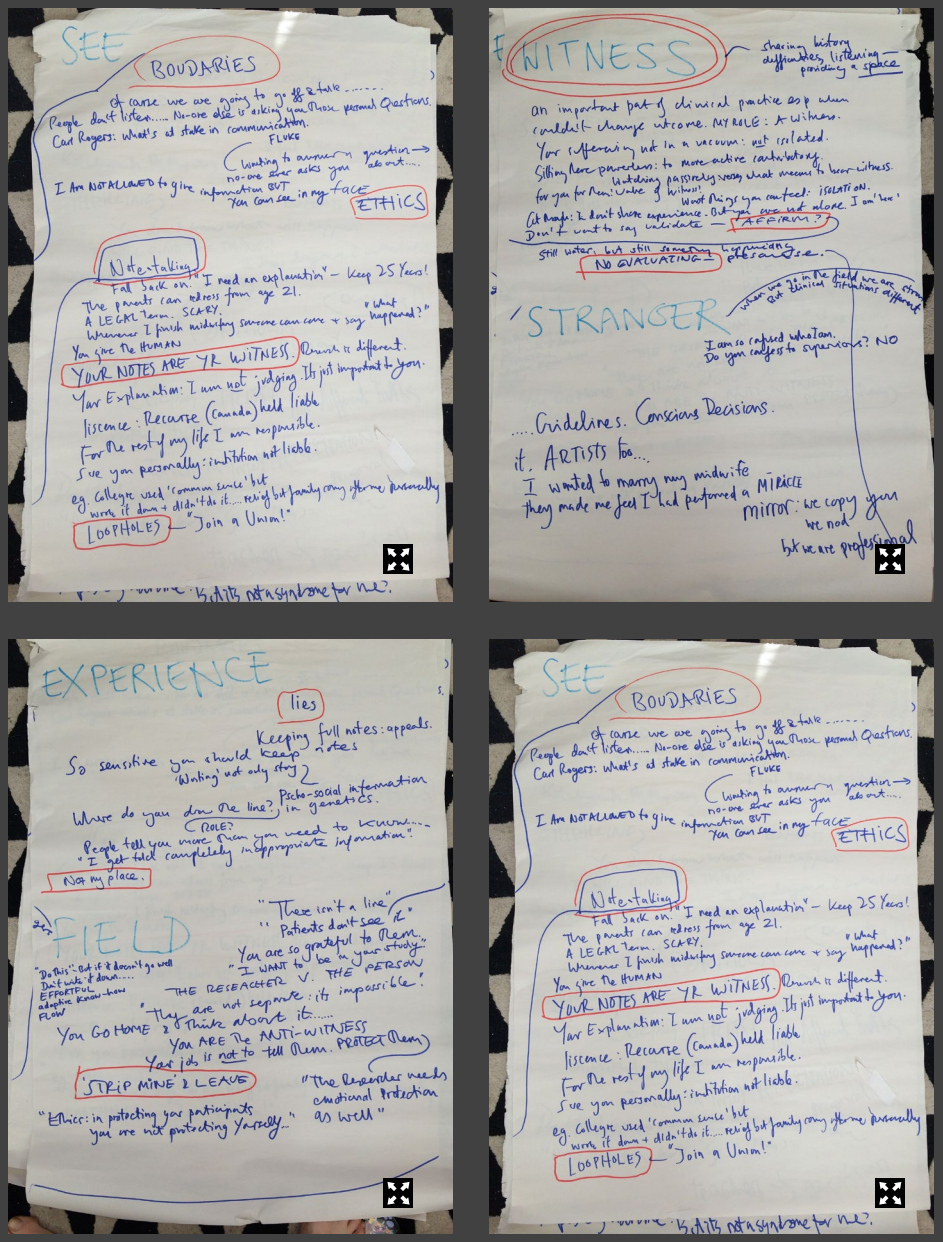
EXTRA INFORMATION

STAGE 2: Exploring Visibility

The group next met in a teaching space in the Robert Maxwell Building, Kings College. Fascinated by the complexity of the previous conversation, Shaw and Williams invited the students to reflect more deeply on the ways that looking, appearing and representing are experiences in their working and research lives.

Key points:

- Seeing: the negotiation of eye contact is loaded- the patient and research subject can see things in the nurses and researchers face even if they don't use speech.
- Boundaries between patient and carer, and researcher and subject are negotiated and mutual, and communication challenges conventional ethical limits.
- In nursing, and in some research, staff know more than they can tell their subjects, or patients and this feels unethical so sometimes you tell them anyway.
- Witnessing: midwives must keep patient records for 25 years- that is how long they are accountable.
- Staff witness death and illness and situations they cannot change and that has an impact upon them. In these situations, eye contact is not evaluative but about wanting the patient to know they are not alone. In this moment you are an 'anti-witness' you ignore the boundaries that are delineated by your profession.



Above: worksheets from discussion.
Image Shaw

NARRATIVE

OUTPUT

METHODS 3/8

DISSEMINATION

EXTRA INFORMATION

STAGE 3

Shaw visited a Simulation and Interactive Learning Centre (SaIL) in Guys and St Thomas. This is a fully stocked ward with six patient bays where nursing and medical students learn CRASSH and non-emergency procedures, on dummies. The ward also operates as a classroom so has rows of moveable chairs for lectures and discussions. Access to the space for three hours in an evening, weekly, was negotiated with managers.

The SaIL Centre has multiple forms of representation and performance taking place in the space. The SaIL is also a space of surveillance and monitoring, where student's capability is assessed. Rose Butler was invited to join Shaw. Butler is a film maker interested in technological regimes of surveillance, so would bring in her knowledge of this to support Shaw. The SaIL would be used as a studio to talk and develop ideas, as a site of inquiry about healthcare space and movement, and also possibly, as a performance space.

Shaw invited the group to discuss their experiences of learning in this space or similar. The students were first asked to use digital bridge cameras to explore the space slowly, looking at its materials and hidden spaces. This generated a rich and ambiguous set of images.

View pdf

NARRATIVE

OUTPUT

METHODS 4/8

DISSEMINATION

EXTRA INFORMATION

STAGE 4:

Following this the group were invited to rearrange the space to make some aspect of it more tangible. The group attacked the space with relish, moving dummies and equipment round vigorously. Shaw, given her unfamiliarity with the space, noticed how confident and incautious they were as they manipulated the material of their working lives.

- One student performed a reverse assembly of a CRASSH cart. He noted that he had been trained to put the cart together repeatedly so could do it automatically. He delighted in undoing this, taking all elements out and laying them on a sheet on the floor.
- A professional midwife took all the dummies used to train midwives (dummies that are hips to thighs only) and laid them, vagina upwards on the trolley. She brought together 'mother' and 'child' dummies to cuddle and staged a maternity emergency with fake blood.
- A community care practitioner took time thinking about what the patient saw and continued to take pictures of this perspective.
- Another student, who had been a senior nursing manager took photographs of herself in different positions as nurse. This student talked in detail about her experience of extremely difficult situations in critical care when she had not been able to give the care she knew was needed because of lack of time and exhausted staff.
- Another student pulled material out of a cupboard and got in.
- The students talked extensively about their support for the junior Dr strike and the appalling lack of care for staff they saw in their environments.

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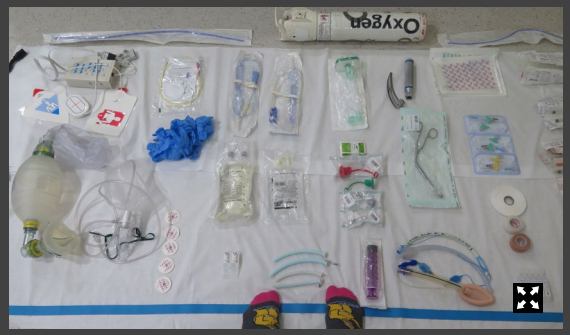

NARRATIVE
OUTPUT
METHODS 5/8
DISSEMINATION
EXTRA INFORMATION

STAGE 5:

Shaw reflected on the group work and the ambiguous identity of the SaIL and proposed to the group that they play hide and seek. The group were intrigued, amused and incredulous that the small clinical space would offer many places to hide effectively. The activity was trialled one week and then a more focused 'hide' took place the week after. Seekers went out of the room with Shaw, Butler or Williams, while the hiders helped each other to work out hiding places. It was noted that hiders hold their breath and giggle, so zoom and collar mics were used to record this sound. Seekers walk with an exaggerated creep or move erratically and urgently. The students were fitted with zoom cameras to capture their individual movement. 'Finding' was concluded when the seeker had taken a photo of the hider's face.

It was not possible or, considered appropriate, to bring an audience to the space. Four games of hide and seek took place, with a great deal of ridiculous hiding places and laughing. One woman was found under a dummy as it shook with her laughter. One woman used a series of hospital blankets to merge herself into beds, gaps and as a ghost in a corner. One person hid in the laundry bin and was not found for a long time. The point of discovery generated much interaction with hiders attempting to shrink into surfaces, away from seeker's hands.

Above: Images of 'hands and eyes' from Florence Nightingale Museum Collection. Shaw.

NARRATIVE

OUTPUT

METHODS 6/8

DISSEMINATION

EXTRA INFORMATION

Still imagss from ‘Hide and Seek”

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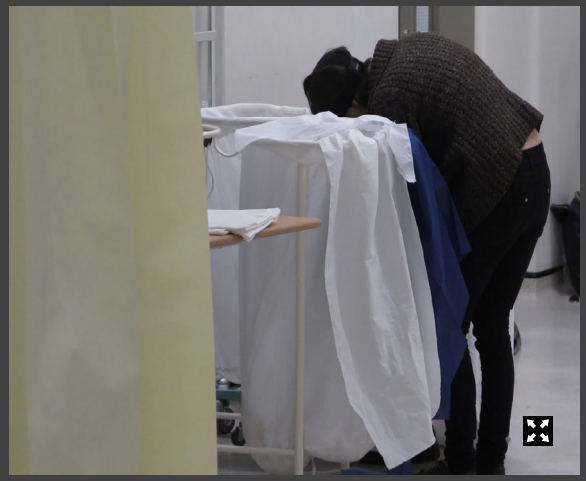

NARRATIVE

OUTPUT

METHODS 7/8

DISSEMINATION

EXTRA INFORMATION

STAGE 6:

To extend the ways the group could reflect on their experience of hiding, Shaw invited them to read a short text, Walter Benjamin's 'Child Hiding' (One Way Street, 1990). This simple but ambiguous text explores how the child becomes joined with their space or might remain perpetually in hiding. It also captures something of the way a 'hider' might feel.

This generated a discussion where the group connected their experiences of nursing and research with hiding and seeking. This conversation was developed into a small publication made with d.ust in Sheffield. The publication sought to bring the students experiences together, using a paper towel with 'eye holes' as a playful cover.

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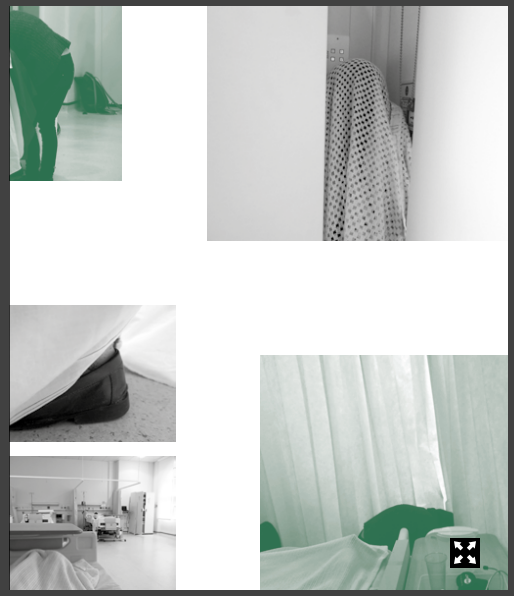


Matthew Alders is a PhD student at *Florence Nightingale Faculty of Nursing and Midwifery* (FNFNM) at *King's College London* (KCL). His research investigates Organisational Resilience in healthcare. He qualified as a nurse at KCL in 2014 and continues to work part-time as a staff nurse on the Acute Admissions Ward at *St.Thomas' Hospital*. He also has a BA in Philosophy from the *University of Warwick*.

Rose Butler is an artist and researcher on the Cultural, Communication and Computing Research Institute (C3Ri) PhD Programme and senior lecturer in Fine Art at *Sheffield Hallam University*.

Rita Forde is an advanced nurse practitioner in diabetes care in Ireland. In 2013 she was awarded a Foundation of *European Nurses in Diabetes scholarship* to undertake PhD research at FNFNM.

Jennifer Jackson is a PhD student (FNFNM) and Registered Nurse, with a clinical practice background in critical care, and a research interest in organisational resilience and nursing. After growing up in Canada, Jennifer is excited to continue her nursing career through research in the UK. She is passionate about social justice and advocacy, and using innovative technology to bring people together.

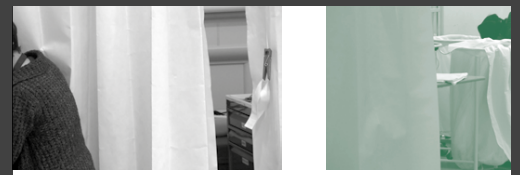
Louise Gillies is a PhD student (FNFNM) based in Wales. Her research connects the seemingly disparate areas of genetic counselling and genealogy through the use of the family tree.

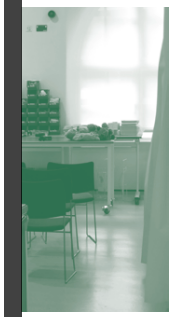
Mavis Machiori is a midwife by training, with an interest in anthropology, public health and health inequalities. She currently studies full-time while working part-time hours. Her PhD research (FNFNM) explores how knowledge of inherited diseases is constructed and understood in BME groups and focuses on familial cancers such as those related to BRCA1 and BRCA2 mutations.

Becky Shaw is an artist and Reader in Fine Art at *SHU*. She leads the PhD programme for the Art and Design *Research Centre in C3Ri Sheffield Hallam University*.

Frances Williams is a curator, writer and researcher. She is currently a PhD candidate at *Manchester Metropolitan University*, studying arts and health as a social movement in the context of devolution.

Many thanks to other FNFNM participants including *Rabab Hashab & Claudia Leone*.





NARRATIVE
OUTPUT
METHODS 8/8
DISSEMINATION
EXTRA INFORMATION

STAGE 7:

In reviewing the footage Shaw and Butler developed a structure to edit the film around the four games of hide and seek.

Shaw did not want to make a film that sought to simply document or record the hide and seek, nor did she want to make a separate film with the footage that lost its connection to the live event she sought to maintain the film as an ambiguous space - akin to the simulation ward. Intending that the film would muddy the boundaries between experiment' and work and also process and product. The film sought to convey the ways bodies and environment relate during the eruptive nature of the find.

NARRATIVE

OUTPUT

METHODS

DISSEMINATION 1/2

EXTRA INFORMATION

There were three elements of dissemination, brought together in the exhibition

The exhibition 'Are you Feeling Better?' curated by Williams, within 'Paths to Utopia' as UTOPIA 2016. 1st July-2 October 2016.

Publication 'Are you Feeling Better?' edited by Williams and including writing by Shaw, and also three of the research students most involved in the project.

Please read texts within PDF below:

Shaw 'Being Seen'

Jennifer Jackson 'Between Being and Doing' (project participant and nursing doctoral student)

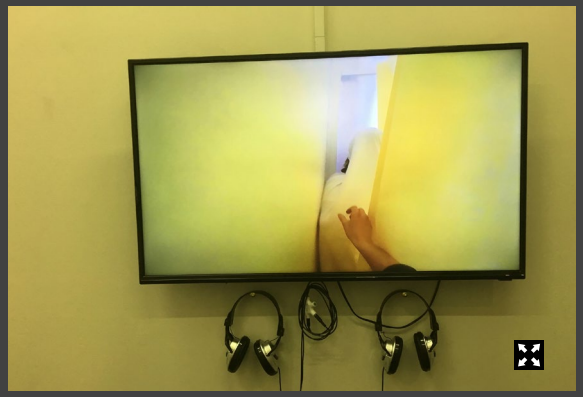
Mavis Machiori 'Not Knowing' (project participant and midwifery doctoral student) and

Matthew Alder 'End Goals' (project participant and nursing doctoral student).

Video By Stephen Rudder, Quiet Voice film.

A short, public facing video gives an overview to the project. The visual material focuses on James Leadbitter's project 'a space to go mad in'. The commentary includes Shaw and several of the students involved in 'Hiding'.

Please watch in the video 'Are You Feeling Better?' on the right of the page



BETTER?
BETTER?

You are invited to attend a book launch for:

Are You Feeling Better? a programme exploring Health Utopias, created between contemporary artists and healthcare students at Kings College London, through the Cultural Institute
+
Hiding in Plain Sight, a booklet and film by Becky Shaw & Rose Butler and healthcare research students from the Florence Nightingale Faculty of Nursing and Midwifery

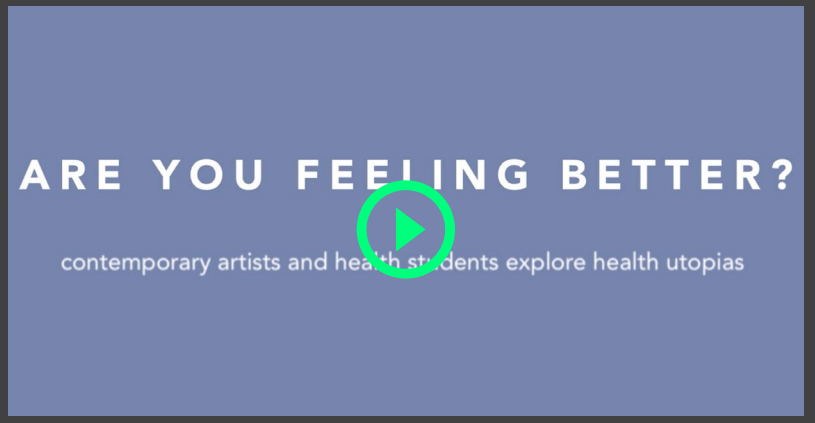
Thursday 15 September
6.00-8.00pm

The Archaeology Room
Somerset House East Wing
Strand
London
WC2 1LA

Please RSVP francespushkin@outlook.com

KING'S College LONDON

UTOPIA 2016 is a collaboration between three neighbours: Somerset House, King's College London and the Courtauld Institute



Press play to watch

Official link to Journal Article:
https://shura.shu.ac.uk/13831/

NARRATIVE

OUTPUT

METHODS

DISSEMINATION 2/2

EXTRA INFORMATION

Paper

A text that challenges the orthodoxy of art in health, using 'Hiding in Plain Sight' and Anthony Schrag's project 'Society for Perfect Nurses' was produced by Shaw, Williams and Schrag

Becky Shaw (2018) 'The Creep' in eds Smith, S and Walters, J, Double Agency- colloquium as part of Design4Health 2018, Sheffield Hallam University.

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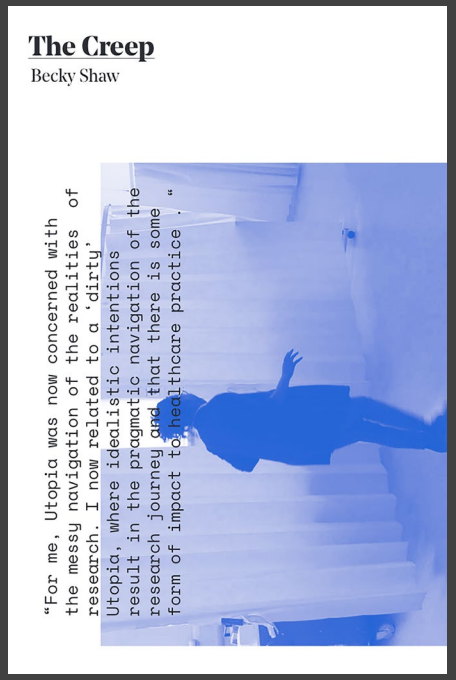

Conference paper

Becky Shaw and Rose Butler 'Hiding in Plain Sight': **Place, Space, Action** University of Huddersfield.

AHRC project 'Odd: Feeling different in the world of education'

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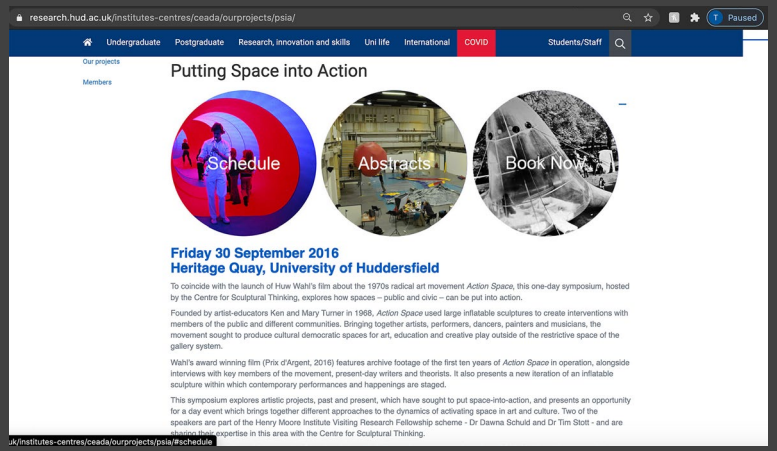
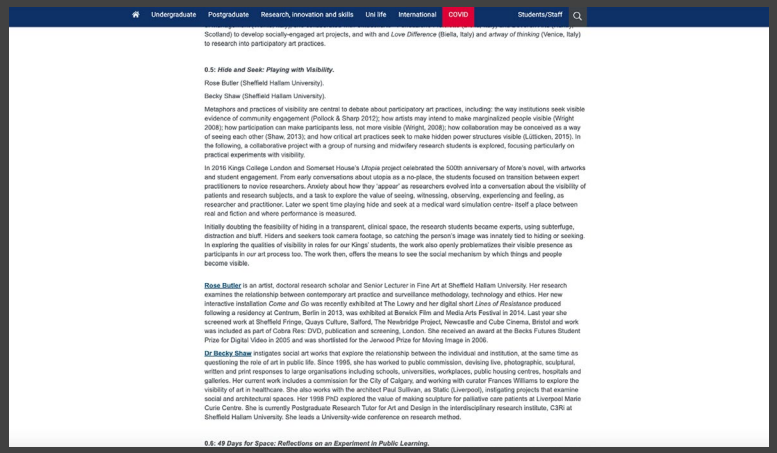




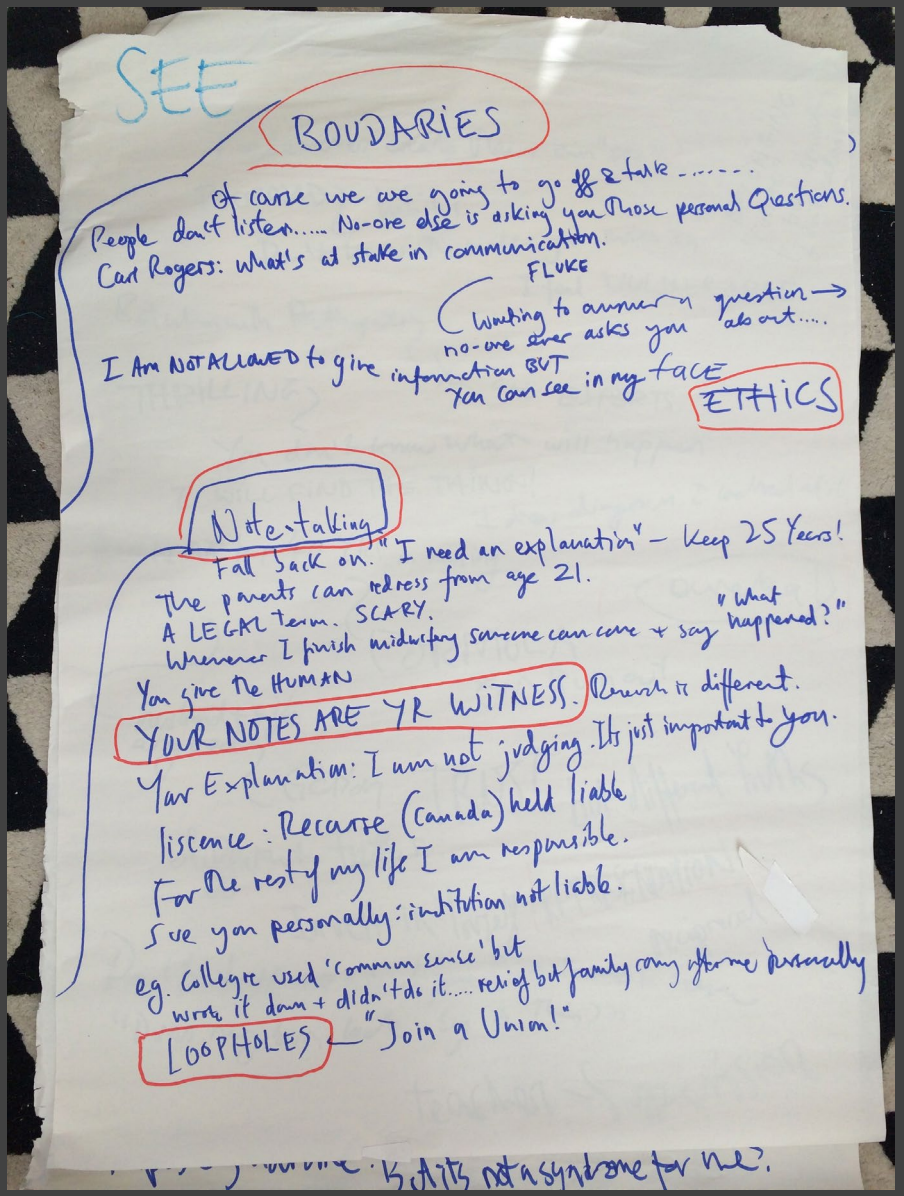
NARRATIVE
OUTPUT
METHODS
DISSEMINATION
EXTRA INFO 1/1

Future development
From the experiences of ‘Are you Feeling Better?’ Shaw, Williams, Schrag and PhD student Sarah ‘Smizz’ Smith are developing a Critical Arts in Health network.

While separate to this output, the method of ‘hide and seek’ is now being applied to children’s experiences of not fitting in at school in the AHRC project ‘Odd: Feeling different in the world of education’. Shaw is a co-I on this project.

https://gtr.ukri.org/projects?ref=AH%2FR004994%2F1

https://www.mmu.ac.uk/esri/odd-project/



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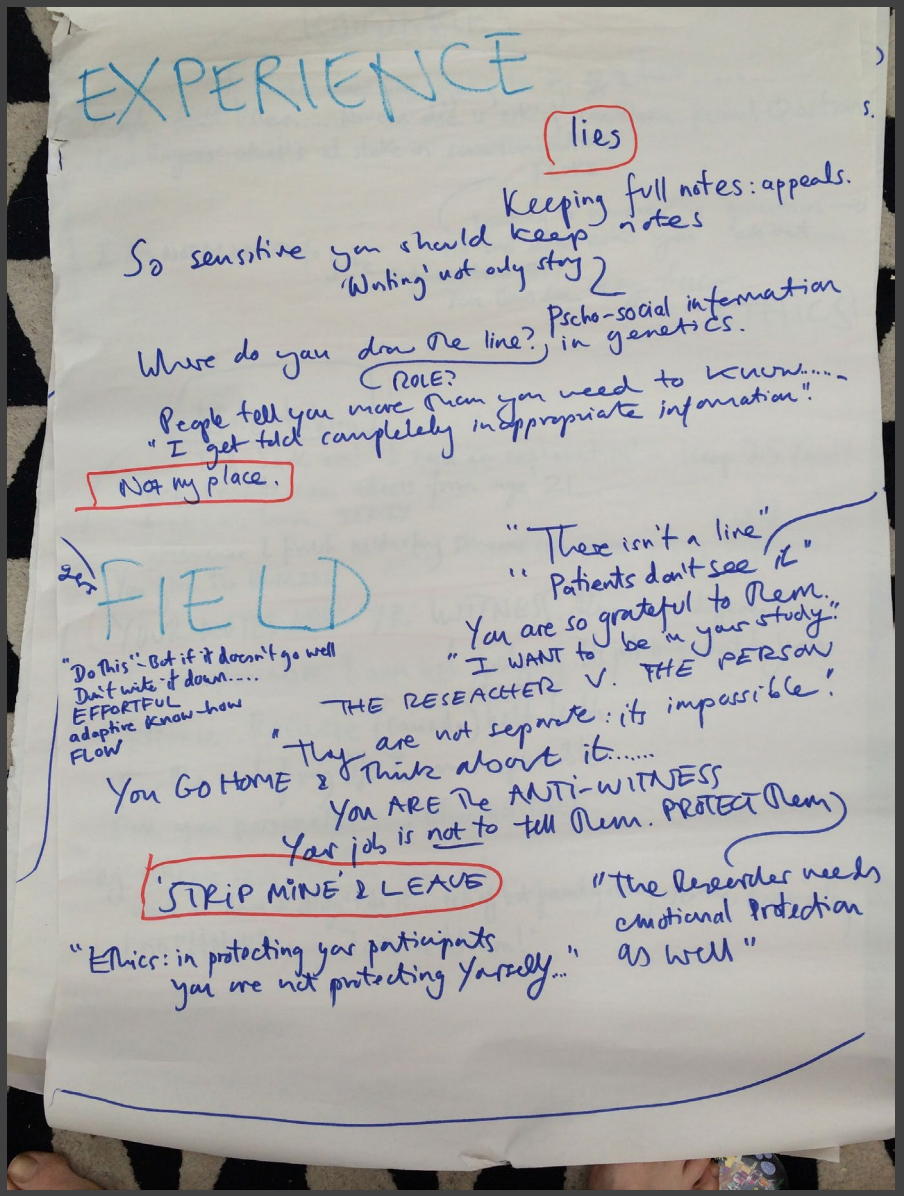

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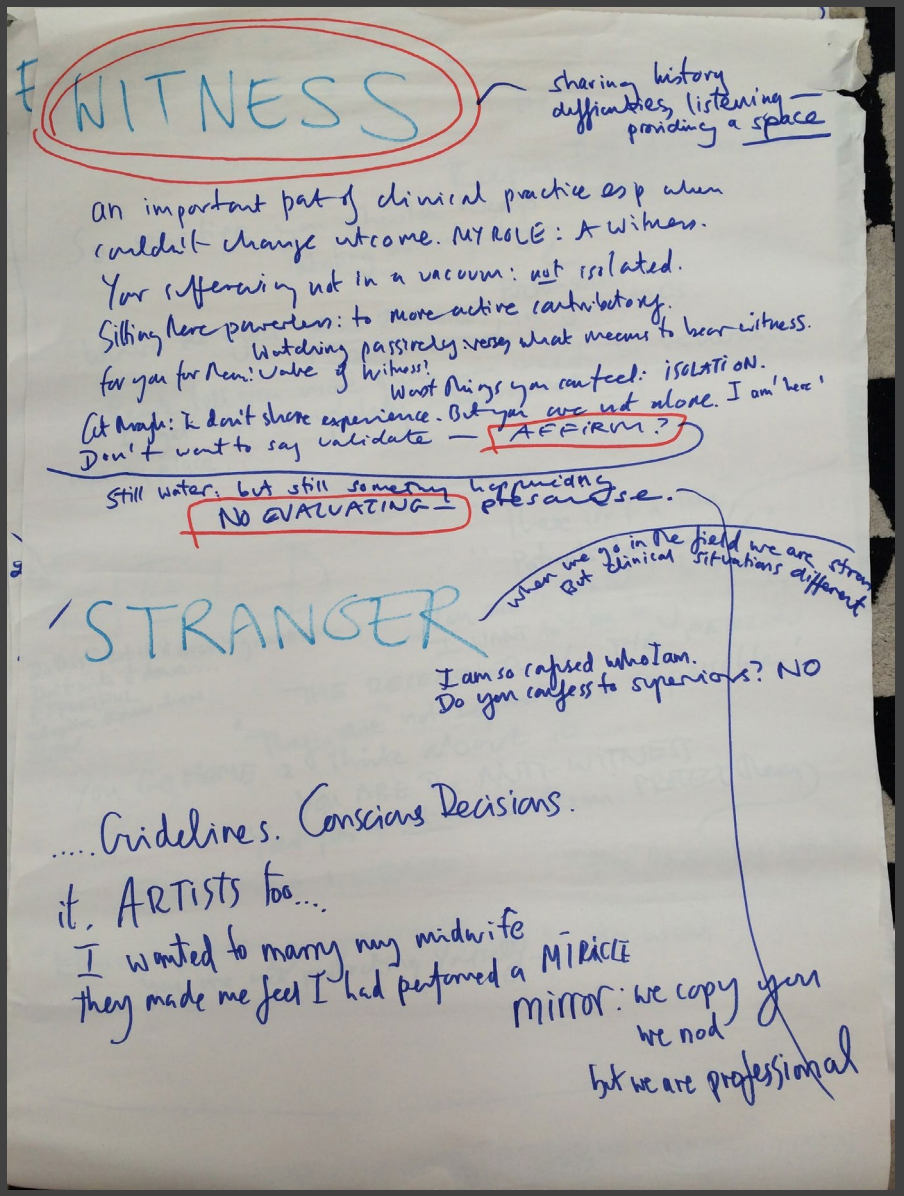

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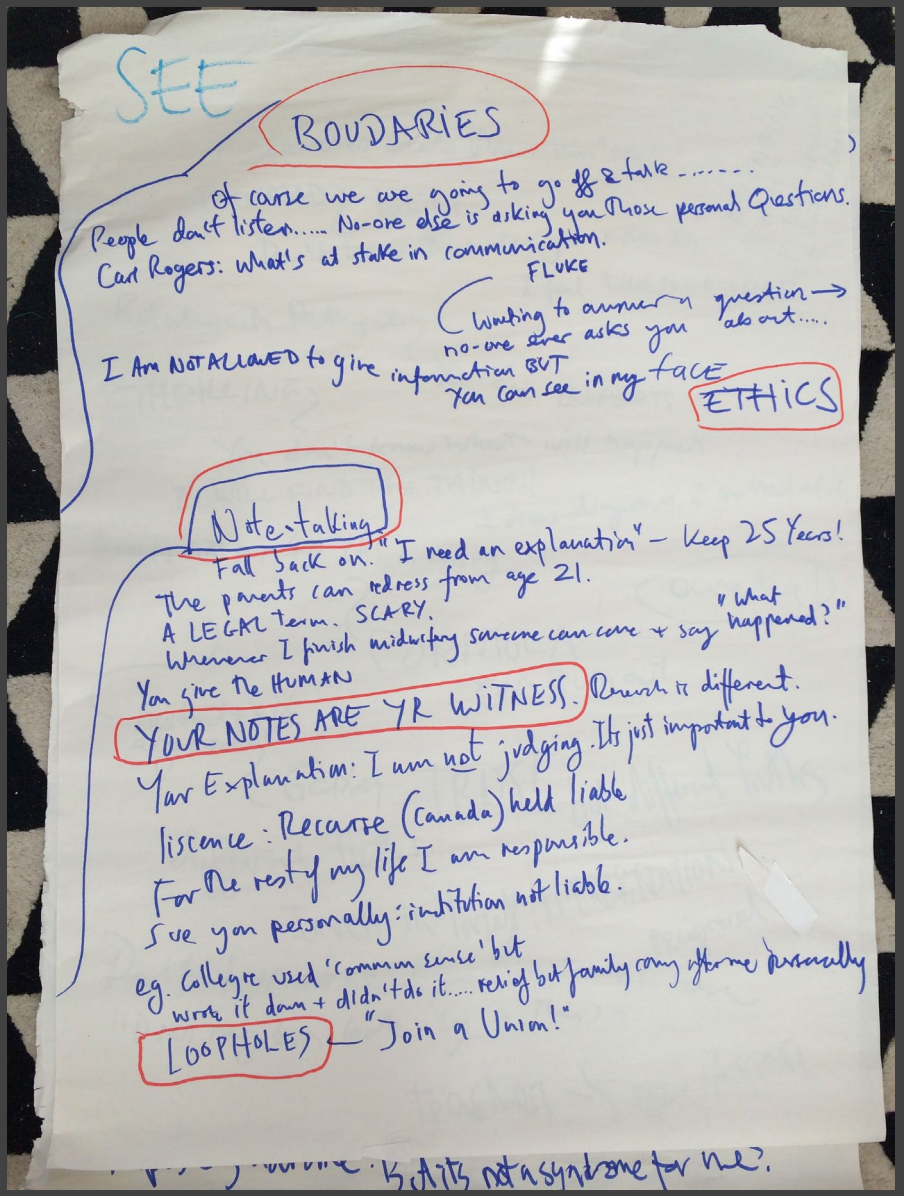

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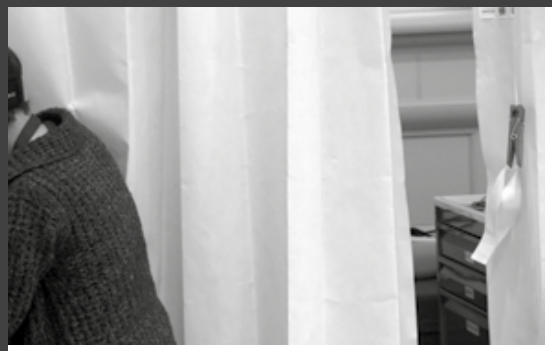

Go Back to Previous Page

Matthew Alders is a PhD student at *Florence Nightingale Faculty of Nursing and Midwifery* (FNFNM) at *King's College London* (KCL). His research investigates Organisational Resilience in healthcare. He qualified as a nurse at KCL in 2014 and continues to work part-time as a staff nurse on the Acute Admissions Ward at *St.Thomas' Hospital.* He also has a BA in Philosophy from the *University of Warwick.*

Rose Butler is an artist and researcher on the Cultural, Communication and Computing Research Institute (C3Ri) PhD Programme and senior lecturer in Fine Art at *Sheffield Hallam University.*

Rita Forde is an advanced nurse practitioner in diabetes care in Ireland. In 2013 she was awarded a Foundation of *European Nurses in Diabetes scholarship* to undertake PhD research at FNFNM.

Jennifer Jackson is a PhD student (FNFNM) and Registered Nurse, with a clinical practice background in critical care, and a research interest in organisational resilience and nursing. After growing up in Canada, Jennifer is excited to continue her nursing career through research in the UK. She is passionate about social justice and advocacy, and using innovative technology to bring people together.

Louise Gillies is a PhD student (FNFNM) based in Wales. Her research connects the seemingly disparate areas of genetic counselling and genealogy through the use of the family tree.

Mavis Machiori is a midwife by training, with an interest in anthropology, public health and health inequalities. She currently studies full-time while working part-time hours. Her PhD research (FNFNM) explores how knowledge of inherited diseases is constructed and understood in BME groups and focuses on familial cancers such as those related to BRCA1 and BRCA2 mutations.

Becky Shaw is an artist and Reader in Fine Art at *SHU*. She leads the PhD programme for the Art and Design *Research Centre in C3Ri Sheffield Hallam University*.

Frances Williams is a curator, writer and researcher. She is currently a PhD candidate at *Manchester Metropolitan University*, studying arts and health as a social movement in the context of devolution.

Many thanks to other FNFNM participants including *Rabab Hashah & Claudia Leone.*

Go Back to Previous Page

OBSERVE

Some distance is required.

So cold & passive.

You need to manage these boundaries, build a relationship/**TEST** boundaries.

In practice — in ultrasound she started to talking to me and now we are friends on Facebook.

Researcher is sometimes the only person to understand. The person may be **HEARD** through research.

STRANGER

When we go into the field we are a stranger, but when we are in clinical situations we are not.

I am confused who I am — do I confess?

There are guidelines for researchers, but we make conscious decisions about how we work with participants — same for artists too.

MIRROR: We nod but we are professional.

There isn't a line between them and us. Patients don't see the line.

They don't know what a researcher is. There is **NO SIMPLE ANSWER.**

Asking *'who am I?'*

'I don't know who I am anymore'

TOUCH and **PERFORM.**

Prove your worth, speak their language.

In practice you chose which boundaries to cross.

Find a language.

SEE.

Boundaries — I am not allowed to give information when I am interviewing, but sometimes they ask me questions and they can see the answers in my face.

WITNESS

Sharing history, difficulties, providing a space (in research or in practice?).

To witness is one important aspect of clinical practice, especially when there was no way to clinically change an outcome. **MY ROLE:** *a witness.* Your suffering is not in a vacuum, you are not isolated.

EXPERIENCE

People tell you far more than you need to know including completely inappropriate information — when researching genetics.

Where do you draw the line?

IT'S NOT MY PLACE.

Researchers create their own sea. *I feel vulnerable.*

Do we have to be 'book smart' to belong?

Moving from sitting here powerless to a more active contribution. I don't share your experience but you are not alone, I am here. To be a *witness* is to **AFFIRM** but not to **VALIDATE.**

It is 'still water' but there is still something happening, through presence.

NO EVALUATING.

Keeping full notes for 25 years because of the danger of appeals **A LEGAL TERM** — licence, recourse, liable. Loopholes — *join a union!*

'Do this' 'but if it doesn't go well, 'Don't write it down'

YOUR NOTES ARE YOUR WITNESS.

Research is different though.

But when with subjects, you are the expert.

It is **THRILLING**, you don't know what will happen.

I will **FIND THE THING!**

I found a formula for burn-out.

Invest in yourself, in **REPRESENTATION.**

Imposter syndrome.

Go Back to Previous Page

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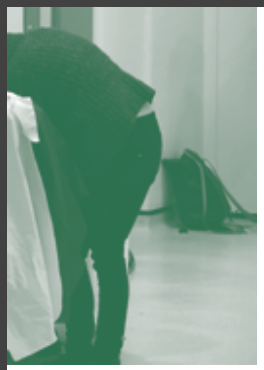

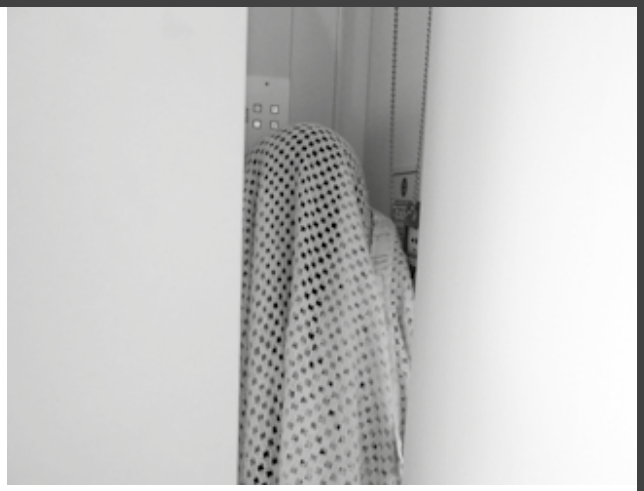

Go Back to Previous Page

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Go Back to Previous Page

Go Back to Previous Page

Go Back to Previous Page

Go Back to Previous Page