



**PHOTOTHERAPYEUROPE  
LEARNING AND HEALING WITH  
PHOTOTHERAPY**

PHOTOTHERAPYEUROPE Learning and Healing with Phototherapy

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# PHOTOTHERAPYEUROPE – LEARNING AND HEALING WITH PHOTOTHERAPY

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## 1 INTRODUCTION

# **PHOTOTHERAPEUROPE**

## **– LEARNING AND HEALING WITH PHOTOTHERAPY**

**Ulla Halkola**

### **Learning and Healing with Phototherapy**

Learning and Healing with Phototherapy is a Leonardo da Vinci Lifelong Learning Partnership Programme project during the years 2009-2011. The partners are Brahea, Centre for Training and Development at the University of Turku Finnish Phototherapy Association from Finland, The Research Centre for Therapeutic Education of the Roehampton University from London, United Kingdom and Lucca Mental Health Care Centre from Italy.

The project aims to develop and disseminate the use of phototherapy methods for promoting wellness and preventing social exclusion. The plan was: “During the project the development of phototherapy methods will become more systematic in each of the partner organisations. Partners will learn from one another’s strengths. The practices and the expertise of phototherapy will be shared during the project among field professionals (i.e. teachers, nurses, counsellors, psychological therapists and artists) from the consortium countries and it will be organized an international dissemination conference”. Learning and developing the methods took place in workshops, seminars, online forums and in two international symposiums held in London and Turku in Finland.

### **What is phototherapy?**

What is phototherapy? In this handbook the partners use the definitions partly based on pioneers’ like Doug Stewart, David Krauss and Judy Weiser’s definitions.

Doug Stewart’s definition is from the year 1978: “Phototherapy is the use of photography or photographic materials, under the guidance of a trained therapist, to reduce or relieve painful psychological symptoms and to facilitate psychological growth and therapeutic change”.

David Krauss (1980) has defined phototherapy as “the systematic application of photographic images and /or photographic process (often in combination with visually referent language and imaging) to create positive change in clients’ thoughts, feelings and behaviours.” (Krauss, Fryerer 1983).

Judy Weiser definition (1993) is: “Phototherapy means using photos and photography as a component of psychotherapy practice with clients. Therapeutic photography is using photos and photography as therapeutic activity for one’s own personal insight and self-expression in situations where the skills of a trained therapist, psychotherapist, or counsellor are not needed.”

Phototherapy methods have been widely adopted by several professionals in different contexts and various theoretical approaches. Thus there is a need to elaborate further the use of these concepts. In addition we must be aware that there are different definitions for therapy professionals in different countries. In the following we try

to clarify the terms “ phototherapy” and “therapeutic photography” in contexts of application.

The use of photographs and photography can be described in following contexts

### I. Psychotherapy context

To use photography and photographing in psychotherapy by trained psychotherapists.

### II Health, social and educational contexts

To use photographs and photographing in a therapeutic way by professionals who have training and experience in using phototherapy techniques.

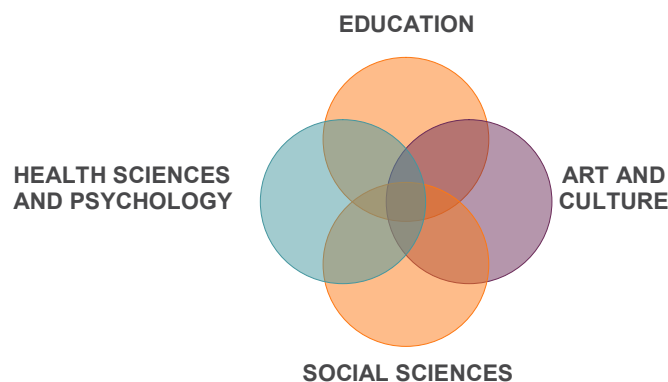
(e.g. doctors, nurses, psychologists, social workers, counsellors)

### III Other contexts

Application of photographs and photography in other fields

(e.g teachers, artists, organisational consultants, facilitators and trainees)

## **RELEVANT FIELDS FOR PHOTOTHERAPEUTIC PRACTICE AND RESEARCH**



Phototherapeutic research can be conducted in different fields of science and with various theoretical approaches. See figure 1.

### **HEALTH SCIENCES AND PSYCHOLOGY**

Different specialities of medicine  
Psychotherapy  
Psychosomatics  
Counselling  
Rehabilitation  
Nursing science  
Prevention and health promotion

### **SOCIAL SCIENCES**

Social work  
Social policy  
Community work  
Sociology

### **EDUCATION**

Public education  
Special education  
Higher education  
Adult education  
Health education

### **ART AND CULTURE**

Visual Arts  
Photo Art  
Art Education  
Media sciences  
Anthropology

In this handbook we have used several background approaches and theoretical models. The main streams of psychotherapies have been psychodynamic therapy, humanistic person centred and existential therapy, cognitive therapy, family therapy and trauma therapy although most of the projects have been done in health, social and educational context. We shall describe the use of photographs and photographing in our practices during the Learning and Healing with Phototherapy project. There will be some exemplifications of different scientific fields of research and theories as well as different target groups and contexts of applications. In all contexts and fields the same techniques based on photographs and photographing can be used but the therapeutic aims differs depending on professional purposes.

The phototherapy techniques are:

#### I Using autobiographical photographs like family album photos

This includes family album photos and snapshots which have been taken by the client or by other people. This part includes in addition all kind of client's photographs he/she has collected during the life. This item is one of the most essential and it is very important especially in the context of psychotherapy.

#### II Using associative, symbolic photos

This includes many kind of photographs which can be used in a symbolic and associative way in connection with viewer's mind. It is possible to use also the name the projective photographs or photo-projectives. In this handbook using symbolic photos as a tool in therapy were called by British writers 'Talking Picture Therapy'.

There are some ready-made photo card series which are created for therapists and counsellors for the using the cards in therapy and counselling or other similar purposes. During the Learning and Healing with Phototherapy many practitioners used Spectro Cards created by Ulla Halkola in the year 2004. Nowadays other series are also available. Some of them are listed at the end of the handbook.

#### III Photographing (self portrait or symbolic photos)

This item includes photography in all it's richness. It is possible that photography might for instance be photographing symbolic or projective photos or photographing nature. One of the most important matters is self-portrait, which is possible to do with various techniques like photographing self with releasure, photographing with mirror or photographing with help of other person like in empowering photography. The last technique will be described in Miina Savolainen's and Mika Venhola's chapter.

#### IV Combining phototherapeutic techniques with other techniques

The items I-IV are the basic items which work very well as separate techniques as well as interrelated together. It is possible to combine phototherapy techniques with many other activating processes such as music, writing dancing and drama. In the project Learning and Healing with Phototherapy –project phototherapy techniques were combined with music and drama in Turku University's project The Many Stories of Being.

Since photographic techniques are very powerful, e.g. elicit strong emotional responses, it is important that the practitioner is sensitive in detecting their reactions in his/her clients especially in vulnerable ones (children, person with traumas and people who are mentally disturbed). Consequently to our opinion it is important that the practitioner has sufficient training, experience and competence in the use of phototherapy techniques with his / her clients and there is necessary professional support (e.g. supervision) provided, as well as psychotherapeutic support being available for those in need of it.

I hope the reader will get practical knowledge and inspiration for professional work where phototherapy might be useful as a non-verbal way to the vast world of the mind. The Learning and Healing with Phototherapy project has been an interesting learning expedition for all the partners during the years 2009-2011. Turku University as a coordinator of the project had also an active evaluation group. The members participated in the learning process and also had presentations during the project. I wish to thank all the partnership colleagues and members of evaluation group for their good cooperation during the project. Special thanks to Professor Päivi Niemi who has participated in the editing work of this handbook. Besides the project members mentioned at the beginning there have been hundreds of participants learning together with us in the projects such as seminars, workshops and symposiums. I wish to take the opportunity to warmly thank all the participants.



# TALKING PICTURES THERAPY: THE USE OF PHOTOGRAPHS IN COUNSELLING AND PSYCHOTHERAPY

**Del Loewenthal**

## **Introduction <sup>1</sup>**

‘Talking Pictures Therapy’ is a technique devised by Del Loewenthal for the therapeutic use of photographs in counseling and phototherapy. Del uses this approach, after piloting it in schools and in his private practice, in workshops for training counsellors, psychotherapists and art therapists.

‘Talking Pictures Therapy’ may be defined as the use of photographs within brief counselling and psychotherapy; a process which may be incorporated into any psychological therapy that aims to enable the client to speak of what is of concern to them, such as person-centred and psychodynamic approaches. Specifically, the use of photographs within the therapy is to facilitate this talk.

Phototherapy and therapeutic photography are not completely separate entities but may be classed as existing on the continuum of photo-based healing practices. In turn, the two practices involve making use of the ‘emotional-communication qualities of photographs and people’s interactions with them’ (Weiser, 2004, p 1), to enable client’s to begin to speak of difficulties they experience, that are otherwise difficult to speak of (Weiser, 1999, 2001). Broadly, phototherapy is the use of photographs within psychotherapy where therapists will use techniques to enable clients to express their concerns during counseling sessions (Krauss & Fryrear, 1983; Weiser, 2002). However therapeutic photography often involves self-initiated, photo-based activities, conducted by a person and sometimes without a therapist guiding the experience for self-exploration and personal growth (Martin & Spence, 1987, 1988; Spence, 1986). This process often involves the taking of photographs, for working through what might be considered an emotional constriction..

Within therapy, photographs can be seen as a route to an unconscious, with the meanings clients attach to the photograph, assumed to be the result of the client’s projections, being what may have been previously repressed. Repression, is taken to be an unconscious exclusion of memories, impulses, desires, and thoughts that are too difficult or unacceptable to deal with in consciousness; ‘the essence of repression lies simply in turning something away and keeping it at a distance from the conscious’ (Freud 1915, p 147). In turn, for Freud (1914, p 16) ‘the theory of repression is the corner-stone on which the whole structure of psychoanalysis rests’.

In turn photographs may be seen as a device, through which the clients repressed projections can be realized within the therapy. Weiser (2010) in turn, speaks of ‘photo-projective’ methods whereby clients project meaning onto photographs and as a result, the technique is not located in the photograph, but between the interface of photo and viewer. As a result, the photograph may act as a tool facilitating the client to speak of

<sup>1</sup> Di Thomas, Tom Cotton and Christine Wells (see other chapters) were trained in post-existential psychotherapy and following this, with Sophie Hamilton received training in Talking Pictures Therapy and phototherapy by Del Loewenthal and other members of PHOTOTHERAPYEUROPE of which we are all members.

what may be unconscious to them and helping client to come to be aware of their way of interpreting the word.

Photographs have been reported as effective when incorporated into therapy, for example, for people who have a diagnosis of schizophrenia, photographs have been reported as useful as a 'metaphor for self', enabling the therapist to enter the client's experience of reality as well as enabling the patients to form more realist concepts of themselves (Phillips, 1986). Further, photographs have been used as an aid in therapy, leading patients to experience improvements with impulse control, social skills and self-esteem (Cosden and Reynolds, 1982). Working with photographs of published pictures, Comfort (1985) introduced patients to what is seen as the value of visual language and as a foundation for imagery communications between the patient and the therapist.

### **Who can use this method**

Whilst PHOTOTHERAPYEUROPE is specifically looking at the use of photographs within existing professional practices, traditionally, it is recommended that Talking Pictures therapy is carried out by a professionals, such as psychotherapists, mental health nurses, who have at least some basic therapeutic interpersonal training which also involves the therapist gaining personal insight. In particular, with 'Talking Pictures Therapy' in schools, teachers and Special Education Needs Coordinators should not be assumed to have these abilities (even though many will have gained much through their work experience).

### **Target group**

'Talking Pictures Therapy' can be offered to most people who wish to explore what is of issue to them. Within therapy, photographs can be seen as a route to an unconscious with the meanings the client attaches to the photograph, assumed to be the result of the client's projections, enabling an opportunity through which emotional learning may take place for the client.

It is important to note that as in the case below, the use of photographs in therapy is particularly effective with *children* who struggle to articulate themselves emotionally but respond powerfully to visual images (Loewenthal, 2009). In particular, research into the use of photographs within therapy with children has been reported as enabling self-concept enhancement of children in a school setting and has been found to lead to improvements in mind state and emotional management in school children (Halkola, 2011).

### **The Process Description**

#### *Talking Pictures therapy*

'Talking Pictures Therapy' may be defined as the use of photographs (or photocards) within brief counselling and psychotherapy; a process which may be incorporated into any psychological therapy that aims to enable the client to speak of what is of concern to them, such as person-centred and psychodynamic approaches (as outlined below).

## *Therapeutic Frame*

### Client-centred

The client-centred approach focuses on the client as directive in their growth and development, in which their phenomenology or subjective experience used to understand their existence is paramount. If a facilitative climate is communicated by the therapist and received by the client, to at least a minimal degree, the actualising tendency will take over, initiating therapeutic growth and change (Ryan & Deci, 2000). Within this facilitative climate, three conditions are essential;

- *Congruence* whereby the therapist is congruent or integrated in the relationship, expressing an accurate symbolization of experience. Here the therapist is in a process of understanding and accepting each of his or her perceptions and reactions as they occur, able to be fully present in the relationship with the client ;
- *Unconditional positive regard* (UPR) towards the client, an acceptance and caring of the other individual which is not conditional on what the person says or the behaviour they exhibit.
- Empathetic understanding of the client's internal frame of reference whereby empathy refers to the therapist's ability to understand sensitively and accurately reflect the client's experience and feelings in the here-and-now.

### Existential-Phenomenological

An approach is existential if it takes into account the cultural, social, political and ideological context of a person's existence for instance. An existential approach is an approach that explores the human condition and tries to capture and question and individual's experience of it. It aims at clarifying and understanding personal worldviews, values and beliefs and it makes explicit what was previously implicit and unsaid. Its practice is primarily philosophical and seeks to enable a person to live more deliberately, more authentically and more purposefully, whilst accepting the limitations and contradictions of human existence.

- It is essentially about investigating human existence through the particular preoccupations of one individual and this has to be done without preconceptions or set ways of proceeding. Therapists must therefore '*set aside our initial biases and prejudices of things, to suspend our expectation and assumptions*' (Spinelli, 1989)
- The second step in the phenomenological method is to the 'rule of description', the essence of which is 'describe, don't explain'
- The rule of horizontalisation asks the therapist to treat what the client speaks of as having equal value or significance

The existential therapist needs to come to the sessions with complete openness to the individual situation and with an attitude of wonder that will allow the specific circumstances and experiences to unfold in their own right.

## Psychoanalysis

The following psychoanalytic terms, may be found useful when working with photographs, however care must be taken not to 'apply' techniques or make interpretations.

- *Projection* takes aspects of one's internal world and projects them onto external subjects. This can be a defence mechanism where it is used to expel and externalize uncomfortable inner thoughts and feelings. Projective identification involves projection into another object and then identifying with the object (often a person). This keeps bad parts of the self at a safe distance without losing them.
- *Introjection* occurs where a subject takes into itself the behaviours, attributes or other external objects, especially of other people. A common pattern is where a child introjects aspects of parents into its own persona. According to Freud, the ego and the superego are constructed by introjecting external behaviour into the subject's own persona.
- *Splitting* is a Freudian defence mechanism in which an object or idea (or, alternatively, the ego) is separated into two or more parts in order to remove its threatening meaning. Freud referred to splitting as a mental process by which two separate and contradictory versions of reality could co-exist. This conceptualization of splitting defines an ego that allows reality to be both acknowledged and denied.
- *Transference* is the redirection of attitudes and emotions towards a substitute. For example, an employee may see his manager as a father figure (paternal transference), especially if the employee had a difficult relationship with his father during childhood.

## Case Study

Charlotte was 12 years old when she came for six sessions of 'Talking Pictures Therapy' at her school. The case is from a larger scale study in which Talking Pictures Therapy was evaluated. Within the study, each, child was asked to select a photograph in the initial and final session, as well as at other times in the therapy if this was deemed useful. This case was carried out under the therapeutic frame of post-existential counselling and psychotherapy, which considers the implications of existentialism, psychoanalysis and post-modernism in the work, in enabling the client to speak of that which is troubling them.

The selection of photographs used for this study were 'Spectro-cards' created by Ulla Halkola; an associative set of 60 photographic cards created for practitioners to use within therapeutic activities to facilitate the client to speak of their concerns, through captivating imagination, exposing feelings and promoting storytelling (Halkola, 2011). In the initial session, she chose a photo with what she called 'a twist' in it (Photograph A, Figure 1). She said she found it difficult to talk about her situation, for her father had been run over and killed 3 years ago, and her mother had never wanted to know her. She lives with her gran and her aunt (her father's mother and sister). Her aunt had been in psychiatric hospitals from 16 after being in care and was 'in crime'. She did not have a computer at home, but there was talk that she might get one 'one day'.

Photograph A



Photograph B



Figure 1: Charlotte's Photographs

She talked about films and she said her favourite one was a story about how 3 people got killed in a Range Rover in Africa. But there was a 'twist' to it, in that no one is sure as to whether the person taken prisoner did it, or not, particularly as he had a record. She came to speak of how her father had also been involved in some criminal activity, but that didn't necessarily mean to say that there wasn't any good in him.

Charlotte seemed relieved when the therapist said there could be bad and good in everybody. Charlotte had a 15 year old brother whom she was only just getting to know, but who was currently in prison. She talked about how her brother was in prison because he got some other boy to hold somebody down whilst he threatened him with a knife. Charlotte said, in a disbelieving voice, *'the boy who had been threatened claimed that his face was black and blue, but it could not have been so'*. The therapist was able to wonder with her how in saying that, she took on the values of her family (which on both sides were notorious for crime in that area and something Charlotte had said she did not want to get into). Charlotte told the therapist her favourite subject was Drama, and how the other children were impressed at how realistically she was able to make up the part of a drug dealer. 'More crime', the therapist said and she looked crestfallen.

In the fifth session, she was asked again asked to choose a photograph that called to her. She chose one of some trees with green leaves (Photograph B, Figure 1). She said it reminded her of a peaceful place she goes to on her own where there is nobody else. She said it was a lane and there were cars in the first part, and someone had been murdered a bit further on, but here was ok, 'but I suppose one has to be careful'. In the last session, she brought in to show the therapist a photograph of the trees in the lane that she had taken on her mobile.

### Overview

It seemed as if *'Talking Pictures Therapy'* had enabled Charlotte to be less depressed and to start to talk more of her anxieties. Charlotte initially chose a photo that could

be seen to have indicated her turbulent states of mind– for Charlotte, the metal with the twist in it. This supported the particular effectiveness of the use of photographs in therapy with children who struggle to articulate themselves emotionally (Loewenthal, 2009). And further, through the facilitation of this talk through the photographs, it may be said at the end of therapy, Charlotte chose photographs that may be found to indicate she had found a safer place to be, and to speak from (Figure 1), a lane with some trees where Charlotte could be on her own. She was able to find places outside her therapy to do more with her friends, and on her own.

## Limitations

However, it is important to note that with regard to the use of photographs in the psychological therapies, there are, nevertheless, some potential disadvantages to a '*Talking Pictures Therapy*' approach. The first is that clients might say too much too soon for them to be able to manage its representation in the photograph as this may prevent healthy repression. The second concern whether photographs or projective techniques (in a digital era where photographs are so common place), could be used consciously or unconsciously by, for example, a teacher, in order to make one person carry out another's agenda. It is therefore recommended that *Talking Pictures* therapy is carried out by professionals who have at least some basic therapeutic interpersonal training which also involves the therapist gaining personal insight.

In schools and other settings, it is important that the therapist is independent though with the young person's permission, is able to share some aspects that emerge. This can be very delicate, involving for example both teachers' inappropriate curiosity and own anxieties, as well as their desire to help, and the complexity around for example, the ethical notions of what it might mean to put the other first (Loewenthal, 2011). However, with these provisos, phototherapy as part of our digital culture is considered a helpful and cost effective way of reducing constrictions in people's lives.

## Conclusions

'*Talking Pictures Therapy*' can both enable clients and in this children to speak in brief therapy about that which they find difficult to voice. In conclusion, *Talking Pictures* could be offered to most people who wish to explore what is of issue to them.

## References

- Comfort, C. E. (1985). Published pictures as psychotherapeutic tools. *Arts in Psychotherapy*, 12:4, 245-256.
- Cosden, C. & Reynolds, D. (1982). Photography as therapy. *Arts in Psychotherapy*, 9:1, 19-23.
- Freud, S (1914). *On the history of the psycho-analytic movement*. S.E, 14, 7-66.
- Freud, S (1915). *Repression*. SE, 14, 141-158.

- Halkola (2011). A photograph as a therapeutic experience. In Loewenthal, D (ed). *Post-Existentialism and the Psychological Therapies*. London: Karnac.
- Kraus D. A. & Fryrear J. L. (1993). *Phototherapy in Mental Health*. Springfield, Illinois: CC Thomas.
- Loewenthal D. (2009). (editorial) 'Can Photographs help one find one's voice? The use of photographs in the Psychological Therapies', *European Journal of Psychotherapy and Counselling*, 11:1.
- Loewenthal D (2011). *Post-Existentialism and the Psychological Therapies*. London: Karnac.
- Martin, R., & Spence, J. (1987). New portraits for old: The use of the camera in therapy. In: R. Betterton (Ed.), *Looking on: Images of femininity in the visual arts and media* (pp. 267- 279). London: Pandora.
- Phillips, D. (1986). Photography's use as a metaphor of self with stabilized schizophrenic patients. *Arts in Psychotherapy*, 13:1, 9-16.
- Ryan, R., & Deci, E. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55, 68-78.
- Spence, J. (1986). *Putting Myself in the Picture: a Political, Personal and Photographic Autobiography*. London: Camden Press.
- Spinelli, E. (1989) *The Interpreted World: an Introduction to Phenomenological Psychology*. London: Sage.
- Weiser, J. (1999). (2nd Edition). *PhotoTherapy Techniques: Exploring the Secrets of Personal Snapshots and Family Albums* (1st edition: 1993). Vancouver: PhotoTherapy Centre Press.
- Weiser, J. (2001). PhotoTherapy techniques: Using clients' personal snapshots and family photos as Counseling and Therapy tools. *Afterimage: The Journal of Media Arts and Cultural Criticism*, 29:3, 10-15.
- Weiser, J. (2002). PhotoTherapy techniques: Exploring the secrets of personal snapshots and family albums. *Child and Family*, Spring/Summer, 16-25.
- Weiser, J. (2004). PhotoTherapy techniques in counseling and therapy: Using ordinary snapshots and photo-interactions to help clients heal their lives. *The Canadian Art Therapy Association Journal*, 17:2, 23-53.

Weiser, J. (2010). Using Photographs in Art Therapy Practices Around the World: PhotoTherapy, Photo-Art-Therapy, and Therapeutic Photography. *Fusion (a publication of Art Therapy Alliance, International Art Therapy Organization, and Art Therapy Without Borders)*, 2:3, 18-19.

This chapter is part of the PHOTOTHERAPYEUROPE handbook and is part of a UK chapter; Talking Pictures Therapy (Del Loewenthal); Researching Phototherapy and Therapeutic photography (Del Loewenthal)



# RESEARCHING PHOTOTHERAPY AND THERAPEUTIC PHOTOGRAPHS

**Del Loewenthal**

## **Introduction**

### **What is research?**

Research can be considered a cultural practice (fashioning and fashioned). It can be understood as original investigation undertaken in order to gain knowledge and understanding (RAE, 2008) or an attempt to find out information in a systemic manner (Princeton, Wordnet Web, 2006). Yet a different definition is that research and experimental development comprise creative work undertaken on a systematic basis in order to increase the stock of knowledge of man, culture and society, the use of this stock of knowledge to devise new applications.

In the broadest sense of the word, the definition of research includes any gathering of data, information and fact, for the advancement of knowledge. The strict definition of scientific research is performing a methodical study in order to form a hypothesis or answer a specific question ([www.experiment-resources.com](http://www.experiment-resources.com)).

### **What is psychotherapeutic research?**

Psychotherapeutic research has as of late been involved examining processes and outcomes with an increasing interest from government and the profession in so called evidence based practice. There exists an abundance of qualitative and quantitative approaches to psychotherapeutic research, approaches which are amenable to the research of phototherapy and phototherapy methods.

#### *Qualitative and quantitative research*

Quantitative research is concerned with counting and measuring things, producing in particular estimates of averages and differences between groups whereas qualitative research has its roots in social science and is more concerned with understanding why people behave as they do: their knowledge, attitudes, beliefs, fears, etc. (see figure 1: Approaches to Research).

#### *Differences between quantitative and qualitative research methods?*

Quantitative and qualitative research methods differ primarily in:

- their analytical objectives
- the types of questions they pose
- the types of data collection instruments they use
- the forms of data they produce
- the degree of flexibility built into study design

	Positivism	Interpretative Social Science
Reason for Research	To discover natural laws so that people can predict and control events	To understand and describe meaningful social action
Nature of social reality	Stable pre-existing patterns or order that can be discovered	Fluid definitions of a situation created by human interaction
Nature of human beings	Self-interested and rational individuals who are shaped by external forces	Social beings who create meaning and who constantly make sense of their worlds
Role of Common Sense	Clearly distinct from and less valid than science	Powerful everyday theories used by ordinary people

*Figure 1: Approaches to Research*

*What are the advantages of qualitative methods for exploratory research?*

One advantage of qualitative methods in exploratory research is that use of open-ended questions and probing gives participants the opportunity to respond in their own words, rather than forcing them to choose from fixed responses, as quantitative methods do. Open-ended questions have the ability to evoke responses that are:

- meaningful and culturally salient to the participant
- unanticipated by the researcher
- rich and explanatory in nature

Another advantage of qualitative methods is that they allow the researcher the flexibility to probe initial participant responses – that is, to ask why or how.

*Examples of Qualitative Approaches* (see: Loewenthal, D and Winter, D (2006) What is Psychotherapeutic Research and Loewenthal, D. (2007) Case Studies in Relational Research)

- *Case study* is a [research](#) method common in [social science](#). It is based on an in-depth investigation of a single individual, group, or event. Case studies may be descriptive or explanatory.
- *Discourse Analysis* is a general term for a number of approaches to analyzing written, spoken, signed language use or any significant [semiotic](#) event.
- *Heuristic Research* is an organized and systematic form for investigating human experience where from the beginning and throughout an investigation, heuristic research involves self-search, self-dialogue, and self discovery; the research question and the methodology flow out of inner awareness, meaning, and inspiration
- *Phenomenological research* (e.g. Empirical Phenomenological Analysis,

Interpretative Phenomenological Analysis) explores the “subjective reality” of an event, as perceived by the study population; it is the study of a phenomenon.

- *Grounded Theory* is an inductive type of research, based or “grounded” in the observations or data from which it was developed; it uses a variety of data sources, including quantitative data, review of records, interviews, observation and surveys.

### *Examples of Quantitative Approaches*

- *Single Case Experiment Design*, a method for determining the effect of an experimental manipulation with only one test subject (one user, one organization, etc.), basically by applying and removing the intervention over time
- *Randomised Control Trial* is a type of scientific [experiment](#) - a form of [clinical trial](#) - most commonly used in testing the [efficacy](#) or [effectiveness](#) Of [healthcare services](#).
- *Questionnaires* that should be administered the same way, word-for-word, for each respondent to obtain a reliable measure of the market.

### **What is visual research?**

Visual research uses both researcher created data and respondent created data which could be compared with phototherapy and therapeutic photography respectively. A prominent visual method is the use of photo elicitation which would appear similar to projective techniques of phototherapy. However visual research is still a rather dispersed and ill-defined domain (Prosser, 2006)

### *Strands of Visual Research*

There are two main strands to visual research in the social sciences (see: Banks, M. (2001). Visual methods in social research):

- The creation of images by the social researcher to document or subsequently analyse aspects of social life and social interaction
- The collection and study of images produced or consumed

### *Using Visual Methods*

Visual research methodologies should only be used as part of a more general package of research methodologies and their use should be indicated by the research itself. Whilst psychotherapeutic researchers try and identify the research questions that lie behind the specific investigation, visual research methodologies are often used in an exploratory way (to discover what the researcher has not initially considered).

It is also important to note that the meaning of images changes over time as they are viewed by different audiences. Similarly, the meaning intended by the phototherapeutic researcher when creating the image may not be the meaning that is read by the viewer. Photographs are therefore used differently by phototherapeutic researchers who adopt either a positivistic or interpretative approach (see Fig 1).

## Questions for the researcher carrying out research into phototherapy or therapeutic photography?

Further questions for the researcher to hold in mind:

- ☐ Who is the researcher?
- ☐ Is the client the researcher?
- ☐ Is the phototherapist the researcher?
- ☐ Is it collaborative research?
- ☐ Should the phototherapist be a practitioner researcher?
- ☐ Should the researcher be independent of all of the above roles?
- ☐ What is the reason for the research? Is the researcher interested in a positivistic or interpretative approach to research (see Fig 1).

The researcher needs to make clear their position and needs to have thought about the above questions, before the research is carried out.

## Research process

Research reports and these normally follow variants of the following headings (see: Loewenthal, D. (2007). Case studies in relational research, for further information):

- ☐ Abstract
- ☐ Introduction/Issue identification
- ☐ Theory
- ☐ Methodology
- ☐ Method
  - o Participants and Sampling
  - o Ethical Approval
  - o Research Procedure
- ☐ Data Analysis
- ☐ Findings/Conclusion

### *Abstract*

The purpose of the abstract is to provide the research with an outline of the research, and this includes a series of statements on the issue being addressed, the theoretical orientation, the research method chosen, the number of people interviewed/tested/questioned and the findings. It may be useful to consider writing at least one sentence for the abstract for each of the research report headings outlined above.

### *Introduction/Issue identification*

Research ideas initially need to be tested, through passing back and forth through the implications of theoretical orientation, possible method and time and resource constraints. This is an essential phase of good research, enabling the researcher to consider and convey both what is considered 'fact' versus 'opinion' and a manageable issue.

All the terms used in the research question need to be considered and eventually defined in two senses. The first is to provide a theoretical description (the theory chapter in the report), which shows the current research takes into account previous writings in the field. The second is to define the terms used with this research question operationally, sometimes referred to as working definitions (the method chapter in the report) which shows how the key variables will be measures.

### *Theory*

The overall purpose of the theory section is to locate the research question in the available literature around the subject. This requires first an overall orientation, for example, phenomenological, psychoanalysis, Marxist and so on – and the particular developments within it. Following this, the concepts described in the research question can be defined. Again this is often to produce a ‘state of the art’ description of the key aspect one is researching. This may require limiting discussion on some of the concepts in the research question in order to focus on one particular term.

For some research, the literature review involves collecting information on four aspects: theoretical, orientation, the findings and the methods used.

### *Methodology*

Methodology or ‘the study of the method’, particularly within research involving high levels of abstraction, is more likely to be a major consideration along with epistemology (questions concerning the nature of knowledge) and ontology (questions concerning the nature of being). In fact, higher level research often focuses on exploring one of these areas.

For those at an early stage of their research career, methodology might involve analyzing the various research methods and giving reasons for the research method(s) chosen.

### *Method*

The purpose of this chapter is to describe the method chosen in the previous section for measuring the key variable(s) in the research question. In doing so, the reader will be taken through aspects as the sample selection, the ethical approval obtained, the communication with participants, the research questions asked, methods of data collection and how the data obtained is to be analysed

### *Participants and Sampling*

Within the research, depending of the methods used and purpose for the research, a number of participants with demographics suitable for the study (as decided by the researcher(s)) will be sampled for the study. Again, depending on the methods and purpose of the researcher, sampling methods will be carried out in locating these participants suitable for the study. The researcher will need to where possible, researching a whole population is better than a sample and a randomly chosen sample would be regarded as being next best. There are times when it makes sense to stratify the sample, so, for example, we may try to ensure in the sample the same proportion of men to women as there would be in the total population. It is important to state the way in which participant sampling may

bias the findings.

## Ethical Approval

Research ethics are a set of principles or guidelines that will assist the researcher in making difficult research decisions and in deciding which goals are most important in reconciling conflicting values. Some examples of ethical issues are given below:

- Data acquisition, management, sharing, and ownership
- Mentor/trainee responsibilities
- Publication practices and responsible authorship
- Human subjects
- Research misconduct
- Conflict of interest and commitment

Ethics committee, involved in 'approving' studies according to ethical standards, appear sometimes to be more concerned about politics than ethics, with the result that what some may see as unethical gets approved and what others may see as being ethical does not. The researcher will therefore need to consider political issues regarding operationalising as well as putting the other first in the research (i.e. participants).

## Research Procedure

The research procedure includes aspects such as the communication with participants, the research questions asked, methods of data collection and how the data obtained is to be analysed. These aspects need to be clearly presented, so that another reading the research would be clear as to what was carried out with who, and how it was carried out.

## *Data Analysis*

Data analysis involved attempting to make sense of the information collected in a way that can be understood by the reader and legitimised through being regarded as research. The data analysis will refer to qualitative, quantitative or visual methods used. It is important that the reader of a research study can clearly see at least a sample of the primary data and also the process by which any conclusions have been drawn from it. For example, providing transcripts of an interview, can greatly facilitate an understanding of the research relationship and thus provide an important grounding.

## *Findings/Conclusion*

This section starts with clearly stating any claim of this research, together with any possible limitations resulting from any potential sampling bias. It is important that claims are modest and relate directly to the objectives of the research and resulting data analysis. There is a temptation for some researchers either to be too grandiose in their ambitions and/or to smuggle in their pet theory at this point as if it had come out of the empirical research.

Once findings and their limitations are provided, the relational researcher is able to speculate, so long as it is made clear that these are speculations and from these areas, future research can then be identified.

Another major section is that the findings can then be compared with previous findings and used as feedback to the whole research design. Thus one question here whether the issue that was initially identified needs to be revisited, whether the theoretical framework now appears appropriate, whether the methods used and the assumptions behind it need to be critiqued from another perspective and whether the data analysis could be fruitfully explored from another research approach.

### **Research Checklist**

- ☐ Was the research question clearly identified?
- ☐ Was the setting in which the research took place clearly described?
- ☐ If sampling was undertaken, were the sampling methods described?
- ☐ Did the research worker address the issues of subjectivity and data collection?
- ☐ Were methods to test the validity of the results of the research used?
- ☐ Were any steps taken to increase the reliability of the information collected, for example, by repeating the information collection with another research worker?
- ☐ If visual methods were appropriate as a supplement to the methods, were they used?

### **Examples of Possible Small Scale Research Projects within phototherapy and Therapeutic Photography**

- ☐ The representation of experience in phototherapy, with particular reference to mothers of children with a significant language delay
- ☐ Questioning the phototherapist as practitioner-researcher: asking questions in the therapeutic hour
- ☐ The phototherapists experience of working with despair in a UK prison setting
- ☐ Exploring the experience of trainee phototherapists working in organisations offering a time limited service.
- ☐ Exploring phototherapists experience of medical model thinking when working in both primary care and private practice.

### **References**

Banks, M. (2001). *Visual Methods in Social Research*. London: Sage Publications.

Loewenthal, D. & Winter, D. (2007) (eds) *What is Psychotherapeutic Research?* London: Karnac Books

Loewenthal, D. (2007). *Case Studies in Relational Research*. Basingstoke: Palgrave Macmillan.

Princeton, Wordnet Web. (2006). Retrieved April 2011, from <http://wordnet.princeton.edu/perl/webwn?s=word-you-want>.

(University of Oxford, Frascati definition).

Prosser, J. (2006). 'The Darker Side of Visual Research. In: Hamilton, P. (Ed.) *Visual*

*Research Methods*. Sage, London.

RAE (2008). Research Assessment Exercise. Retrieved April 2011, from <http://www.rae.ac.uk>.

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## **NARRATIVITY**

### **– Artistic Research on Death and Sorrow**

*Mari Krappala*

The group of artists and theorists researched, how death is dealt with in our society. How discourses of sorrow and loss are created on the Internet? How professionals working with death see and deal with it? What kind of stories we find from those who face the death of someone close to them. Results were put into the artworks.



Photography by Mari Krappala

*Your limit, your words, all will be reached, as will time, ere long.  
You have given me instructions for that day.  
Stay here in my shelter.  
Remind me to breathe.  
(Aura Saarikoski, translated into English by Kaisa Sivenius)*



Photography by Merja Isokoski

*Many come to help. We use words and spend hours. I imagine, because I am asked to, in words. I know that my body which feels dead might come back to life better if someone touched me. But our cure is offered in words and pills. I sit and I lie down. For the most, I speak from the bottom of the grave, and the story is always the same. I repeat the same story a thousand times with ever uglier turns. Once I am able to imagine a ladder and have the strength to climb. For a short while I speak through the eyes of the baby I carry inside me. I cry a dream of two children walking into the dark. Which two? My sister and my child or I and either one of them? They go. Part of me goes with them. The two figures keep walking until they finally disappear. It hurts all over my body. (Translated into English by Kaisa Sivenius)*



Photography by Merja Isokoski

*Even time will not straighten this back.  
I hope not to forget, but to put everything to memory.  
When a year has passed, and more,  
The memory becomes ever stranger,  
It mixes with others and others' memories.  
What happened then,  
Your memory, your wish, do you remember.  
Or were you gone already.  
(Aura Saarikoski, translated into English by Kaisa Sivenius)*



Photography by Merja Isokoski



Photography by Merja Isokoski

*We wandered into a gloomy corridor, walking upright, some of us cramping, some with eyes closed, imagining. These artistic practises arise from the need to resolve conflict or traumatic events, or the need to express experience by overcoming the limitations of available discourses<sup>1</sup>.*

In our society we confront death through the media innumerable times each day, but we are still estranged from dealing with it.<sup>2</sup> We no longer take care of our deceased loved ones. Instead of practising these numerable different types of past rituals, taking care of the death persons and farewelling them, different professionals do the most of it for us. We no longer kiss the dead. We stay at a distance. And the coffin is closed during funerals. Sometimes you hear a child asking out loud, "Where is he?", "Is he in that coffin?", but we can no longer imagine what happens after death.

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<sup>1</sup> See Estelle Bennett 2010.

<sup>2</sup> Luce Irigaray talks about a loss of human consciousness. We know more things now but we return less to ourselves in order to examine the meaning of all these things for a more accomplished human becoming.

## 1. GATHERING OF NARRATIVES

Andrea O. collective<sup>3</sup> researched death and sorrow through embodied and social processes. Along the way of this work photographs were used; they were part of the material gathered from memories of mourning, the process documentation and the works presented at the end. Narrativity was emphasized in the working process. Death was researched through visual, verbal and embodied stories.

Stories were gathered from others and personal stories were told. During the exercises new stories, common to everyone, came to life. The method follows in the footsteps of philosophers Luce Irigaray and Julia Kristeva. It refers to Julia Kristeva's emphasis on practice and process in arts; it demonstrates how art itself provides us with the means for discovering and naming the knowledge it produces<sup>4</sup>. Theoretical and poetic storytelling forms a non-linear knitting. The storytelling moves in an intermediate space, lingering. Irigaray talks about spoken words that visit another person and then return back to the speaker. Things are not put into frames and they are not modeled. Moving forms are sought for expressing grief.



Photography by Merja Isokoski

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<sup>3</sup> The installation R.I.P. by the collective Andrea O. was realized as a collaboration of the artists during the end of 2010 and the beginning of 2011. It has been displayed at the the Resurrection Chapel, Turku in 2010 and Aboa Vetus & Ars Nova Museum, Turku in 2011.

<sup>4</sup> Barrett Estelle 2011; Julia Kristeva

How do narratives work in the artistic process? Kristeva talks about 'amatory discourses', discourses that connects embodied experience, affects and emotions in ways that expand the capacity of language to articulate meanings that lie beneath established codes and the customary use of language<sup>5</sup>. How were the narratives gathered, how were they processed bodily and how were they moved between the spoken and non-spoken storytelling? As the working process went on, ways of using the narrative storytelling method in collective art, when artists work with different target groups, were sought.<sup>6</sup>

Grieving opens up an empty space in our minds and can inhibit us from dealing with our emotions. Kristeva calls this sojourning in dwellings of gravewomb. Words are served to us in many professional and social ways. But our non-verbal experience can only slowly be formed into speech. Some experiences remain in the body without being verbalized at all. Artistic exercises offer a way to bring bodily memories and experiences into awareness. Art can help us to find painful memories hidden in our bodies, and give our longing a form that can be touched, heard and seen. It might invite our minds to move and give us back our imagination, that we have somehow lost a long time ago.



Photography by Mari Krappala

The live-art installations focus on experimental ways of dealing with death and grieving including material from the media and photographs produced during the process. Based on this material, multidimensional installations have been built, where narratives on grief and dying alongside photos, drawings and video material, is shown. The visual imagery of the installations seeks to create a dialogue with the performing artists and their physical presence in the installation space. Each level of the works has different points of view, a new narrative, how emotions could be confronted. The aim is to leave an imprint through imparting with methods to transform grief through art, through the stories told and the ones that will be created.

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5 Kristeva 1987; Barrett 2011.

6 They are aimed at individual people, organisations and patients in institutional care.



The group has studied how grief is represented in society in places such as virtual burial grounds and on YouTube. It has also collected material from professionals working with death, sorrow groups and individuals. On an individual level the group followed the traces that the death of loved-ones leave in our minds and bodies. It was followed in the process how these two levels are intertwined. In addition the group examined how the fear of death or its acceptance is set in us.

The group was further interested in forms of grieving that are socially not accepted. Or the ones that are called into question, like abortion, rape or the loss of a secret loved one. An imaginary loss, such as sorrow over childlessness, or the longing for a love that never arrives can also be the cause of silent sorrow. Differences in ways of mourning were explored, for instance between the virtual space and the real world. Kristeva theorises these affects (of artworks) as structurings of psychic space that through creative practises attribute values and valencies to experience and is transferred to the audiences via artworks<sup>7</sup>. The process of collecting narratives also includes autobiographic material, based on the experiences of loss by the individual members in the group Andrea O.



Photography by Aura Saarikoski

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<sup>7</sup> Kristeva 1987; Barrett 2011.

## 2. AUDIOVISUAL NARRATIVE AND BODILY EXPERIENCE



Photography by Merja Isokoski

It is easier to live with sorrow, if we have room to dream. Imagination makes it also possible for us to move closer and further away from difficult feelings. According to Kristeva, in narrative, free verbal association puts thought processes on a level with perceptual processes, allowing thought to invest mnemonic traces<sup>8</sup> that fix the attention required for the retrieval of perceptual memories that have escaped thought.<sup>9</sup> In the process the group did not necessarily restrict their practises to their own fields, there were ways developed, in which to move from one form of artistic expression to another. The exercise of the choreographer could continue as a vocal practice. Stories of loss connected to clothing continued as searching gestures of lifememories from our own bodies. Photographs were the starting points of the processes as well as the collages created after the stories had been told.

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<sup>8</sup> The mnemonic trace, the notion of unconscious memory that is essential in Freudian theory, results from the inscription upon the psychic apparatus of a perception that is strong enough to cross the barrier of the protective shield. This perception is totally unconscious, whereas the memory of it is conscious. Sigmund Freud envisaged the psychic apparatus as a system of multiple and complex facilitations of mnemonic traces.

<sup>9</sup> See Kristeva...; Bennett 2010, 137.





**Photography by Aura Saarikoski**

All of the exercises were not successful. It is not necessarily easy to cross artistic borders, even for professionals. When dealing with death, one inevitably has to face things about oneself, that may be unpleasant or unaccountable. And dealing in a group with these emotions, that we often want to avoid, wasn't always processed in the best way possible. But that we understood only afterwards. Someone got upset at the end of the exercise, when the story that was told or presented still felt awkward. And the group wasn't necessarily able to respond in the right way. There were times when the exercise was cut short, part of the group left and some people stayed to look at pictures in silence. Stopping in the half way was not fulfilling either. Many times the other members of the group were insecure how far or deep should the performer be leaded.

Sometimes the narratives started from words, sometimes a photograph would set off a reminiscence, where we would stop at individual memories, recall the forgotten and fill in blanks. As the process went on, we got interested especially in non-verbal stories. In the exercises we moved between corporeal and audiovisual art. An exercise could, for example, start with a photograph, from which music would lead into an authentic movement. You listen to your body and move freely in the room. Two people follow and document the movement. The embodied memory of Irigaray's and Kristeva's philosophies glided in my mind from a conceptual level to a perception and memory experienced directly in my body. With small movements it was possible to find situations, people, events and touches that went all the way back to the childhood, even to go back to a forgotten sensation of sitting in someone's knee.

The memory related exercises were discussed afterwards. We went back to a certain photograph that referred to a found memory. We looked for photographs and showed them to each other. Pictures, events, people's words and new stories come into mind by looking at a photograph. Storytelling, as type of utterance that affects both thought and perception,

involves free association that can retrieve what has been lost to memory. In this process thought and perception become amalgamated in the artist's images (e.g. photographs), allowing memory to be put into words, bringing about the displacement of prohibition and possible renewal of psychic space.<sup>10</sup> Storytelling can also start from the movement. The sensation created in some part of the body by the movement is placed in something that has already happened. The mover becomes aware of the sensation, for which a visual, auditive or verbal reflection can be sought. The bodily sensation can in turn be linked to an experience in a certain space, a space from the past or the space where we are in at the moment.

The goal is a two-way movement between the picture and the body, we seek a form for the emotion that has appeared, is experienced, created (either by moving from the photograph to the physical exercise or vice versa). We continue to seek a gesture or an image, with which we can enter into and again distance ourselves from the emotion.



Photography by Mari Krappala

In movement improvisations we engaged in mapping our own bodies and studied psychosomatic memories preserved therein. From perceiving our own bodies we went on to perceive the space. The architectonic lines of the photograph, for example, were formed with the hands to areas within the space. The doer could move into this imaginary space and seek out a suitable position and then exit the space. The exercise on the ten positions of life started from remembering important incidents and from the attempt to achieve the bodily position in which one found oneself during that incident. Each person would work on the positions alone in front of a mirror and the positions would later be photographed. The experience was discussed in the group, but we never got back to showing the positions to each other.

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<sup>10</sup> Kristeva 2000; see Bennett 2010.

The soundscapes made during the process included sounds emanating from the body, such as breathing and sighing. Some of the recorded sounds were also results of improvisations. Sometimes the effects were strange, how a sound, like walking through the broken glass path would arise memories from the past. One of the practises was made in an old house. Everyone brought their childhood photos along and we had a plan to confront the past time by looking at our old pictures. We made series of autentic movements, followed the performance of five voices of separation and drew sketches of them. We ended up recording different sounds of the house; someone was singing, playing the piano, rocking the cradle, walking in the attick, following the sounds of the longcase clock and playing with toys in the wendy house.

Clothes belonging to members of the group or their loved ones, stories on significant pieces of clothing were discussed. The unphysical feeling experienced in the midst of strong grief can later take a concrete form as an embodied memory connected to an item of clothing. Do we want to communicate our grief through clothes, or enfold ourselves inside the separation?



Photography by Mari Krappala

In the process bodily practices were also set in the dialogical positions with light. Through the use of everyday light sources and audiovisual material the lighting alternates between darkness, light and shadows. Alternations in lighting can follow the rhythm of breathing, thus giving the art works a specific pulse. The lights created a dynamic movement between private experience and collective thoughts. Depending on the circumstances, the lighting can cross the limits of the self and the other (the unknown part of the self or the other person).

*The room is lovely and green. It is good to breathe here. Love left a wound inside me. I could not feel so happy about this moment if I did not feel the presence of people around me; they are alive; and more.  
(Translated into English by Kaisa Sivenius)*



Photography by Aura Saarikoski

*In the middle of the forest a shrine opens its doors from a dream  
where it sank in times long past.  
The black and white world glows yellow when you light the taper, it  
emits a strong smell.  
Your memory is transferred to me, and I shall never let it go. I will be  
there, again and again.  
(Aura Saarikoski, Translated into English by Kaisa Sivenius)*



Photography by Mari Krappala

### 3. COLLECTIVE ART AND UNSPOKEN NARRATIVES - PHOTOGRAPHY PLAYS THE LAST PART OF THE PROCESS

*What happens in the video? Something is moving in the lake, someone is walking on the path...But all the colors are lost. Something has happened. Can you hear the bird singing, somewhere far away. If it would come here, it might be easier to get the colors back...*



Still photo of video by Eeva Hannula

Collective art is artistic working with different target groups. Usually the work takes place in the collectives own space, a space that defines it or in a situation that unites it. We started the work in a museum by inviting potential target groups to a workshop. The methodic starting point was to face the target group such as it was and to try and come into the space or the matter that united the group.

We invited people who live with grief and experts in grieving to the museum. The installation presented at the museum served as the space, where we worked with the groups almost in silence. Rotating series of photographs and a video showed material, by way of illustration, that had to do with death and loss. The auditive piece of art consisted of audial pictures of departing, leaving and longing. Live music and dance created a movement between different emotions and invited those present to participate in the process. We aimed at working without words, by being present and by guiding the group with physical exercises. We let the stories remain bodily experiences. When people left, they got to take with them a picture of themselves taken by a photographer with the scenery of the installation in the background. The idea was that with the help of the picture it would be possible to return to the state of mourning. The picture would also help in sharing the experience with others. Also, it can be moved further away – and one might feel that the grief can be moved around as well.



**Photography by Tiina Palmu**

When moving into the collective's own space, the idea is still to create an audiovisual space together with the target group; a new installation built with photographs, videos and sounds, where the stories belong to the collective. This way the space is processed together with the collective or on their terms. The visual narrative of the space is based not only on the collective's own pictures, but also on classical fairy tales, myths and dreams, that might reach the memories. In the space that is built (the installation), traumatic memories are dealt with through physical exercises. For a moment the participants can include themselves as part of the space through their physical presence. How would the participants remember their own losses? How would they find the bodily connections to them? How does the body memory function with grief for something that is already known and is still ahead? The moment could be dedicated to an emotion or person or to see what loss can be to another person. The situation is photographed.





Photography by Hertta Kiiski

This text includes photographs, words and thoughts by the members of Andrea O. collective. The performers are Maria Nurmela (white dress), Salla Kärkkäinen (black dress), Laura Kokko (violin). Thank you to the group.

Phototherapy Europe Conference visited our installation in Turku in February 2011. Community art group held the presentation in the conference. Thank you for the comments and advice.

#### REFERENCES

Barrett Estelle 2011. *Kristeva Reframed. Interpreting Key Thinkers for the Arts*. I.B. Tauris, London.

Irigaray Luce 2002. *Between East and West. From Singularity to Community*. Columbia University Press, New York.

Kristeva Julia 1987. *Tales of Love*. Columbia University Press, New York.

Kristeva Julia 2000. *The Sense and Non-sense of Revolt*. Columbia University Press, New York.

### **3 PHOTOTHERAPY – THE PRACTICES AND TECHNIQUES**



# THE MANY STORIES OF BEING

Ulla Halkola, Tarja Koffert

## Introduction

In this chapter we describe how to use phototherapy methods for promoting and supporting the mental health and wellbeing of children and young people in their everyday life. The methods were created and used during the project *The Many Stories of Being* which is one the Turku European Capital of Culture projects. The Many Stories of Being has been carried out by psychotherapists Ulla Halkola and Tarja Koffert in cooperation with a theatre group third place 3T. In the project we combined phototherapy techniques with writing, short film, music and drama. The Many Stories of Being method was taught to teachers, counsellors, nurses and social workers in workshops and after that the participants used and developed the method further with their own groups. The project was carried out in schools, institutes and various groups for children and young people. In this chapter we will describe the phototherapeutic part of the method.

## Aims of the process

“Many stories of being” method concentrates on the children’s and adolescents’ life stories and storytelling arising from their own life experiences. The life of children and young persons is often disorganized. Especially youth involves many changes, emotional fluctuations, renouncement and grief. The purpose of the method is to contemplate participants’ identity and narrative, including problems and possible disorders, as well as their coping skills. The main questions examined by this method are: “What is my story like?” , “What is it based on?” and “How does one cope with life?” The presumption made is that the mental state of children and young people can be eased by processing and reflecting the life story, especially with non-verbal methods such as phototherapy methods.

According to Dan McAdams, professor of psychology, people begin to construct narrative identities in adolescence and young adulthood and continue to work on these stories across the adult life course. He argues that there are six common principles for the narrative study of lives: (1) the self is storied, (2) stories integrate lives, (3) stories are told in social relationship, (4) stories change over time, (5) stories are cultural texts and (6) some stories are better than others.  
( McAdams 242.)

The Many stories of being method stresses the importance of reflecting on one’s own life story in social interaction. It is a “learning by doing” process which draws from David A Kolb’s experiential learning theory. “Learning by doing” is a holistic perspective that combines experience, perception, cognition and behavior. According to Kolb’s theory, these four dimensions are interrelated and they form a spiral circle. Development on each dimension proceeds towards a state of self-actualization, independence, pro-action and self-direction.

The aim is, through reflecting on the stories, to support and clarify the comprehensibility, manageability and meaningfulness of the everyday life of children and young people.

Sociologist Aaron Antonovsky has named these factors as being essential for coping with life. The importance of understanding one's own life and its meanings and to have coping skills is highlighted in Aaron Antonovsky's research findings and in his Salutogenetic Coherence Theory. The theory focuses on human wellbeing, mental health and coping. Particular attention is focused on the differences the people have as regards their coping skills.

Antonovsky has defined the Sense of Coherence as being "A global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable and explicable; (2) the resources are available to one to meet the demands posed by these stimuli; and (3) these demands are challenges: worthy of investment and engagement."

The sense of coherence includes three components:

- Comprehensibility: a belief that things happen in an orderly and predictable fashion and a sense that you can understand events in your life and reasonably predict what will happen in the future. (cognitive area)
- Manageability: a belief that you have the skills or ability, the support, the help, or the resources necessary to take care of things, and that things are manageable and within your control. (skills)
- Meaningfulness: a belief that things in life are interesting and a source of satisfaction, that things are really worth it and that there is good reason or purpose to care about what happens. (motivation, emotions)

According to Antonovsky, the third element is the most important. If a person believes there is no reason to persist and survive and confront challenges, if they have no sense of meaning, then they will have no motivation to comprehend and manage events. His essential argument is that "salutogenesis" depends on experiencing a strong sense of coherence. His research demonstrated that the sense of coherence predicts positive health outcomes. (Antonovsky 1979)

MD Päivi-Leena Honkinen, from the University of Turku, wrote her doctoral thesis under the title "Sense of coherence in adolescence: measuring, predictive factors, consequences". One of her findings was that: "Identification of behavioural problems in early childhood helps to identify the children at risk of ill-being and poor SOC in adolescence since problems seem to persist unchanged until adolescence. The 13-item SOC scale aimed at adults is applicable to adolescents of 12 years of age or older and the SOC scale is a useful tool in identifying adolescents in need of supportive interventions." She also emphasizes the importance of developing new intervention methods to promote the wellbeing of children and adolescents. Aaron Antonovsky's Coherence Theory and Päivi-Leena Honkinen's research with adolescents were important springboards for developing the Many Stories Being method.

The Many Stories of Being method aims 1. to activate children and adolescent to examine and observe their life and experiences 2. to help children and adolescent to find their own unique stories and 3. to help them to find their strengths, weaknesses and resources. The method supports the formation of a sense of identity based on their

own findings about themselves, and also helps them to create and maintain better and more fulfilling intimate relationships in the future, and find coping skills do deal with problematic situations.

### **Methods and notes for instructor**

In the “Many Stories of Being” method participants use autobiographical photographs like family album photos and snapshots and there are will also be used associative, symbolic photos.

In the “Many Stories of Being” method it is possible to combine phototherapy techniques with many other activating processes like with music, writing dancing and drama. In this chapter we will give an example where it is used with writing words and texts besides photographs.

Phototherapy techniques as well as other experiential methods are powerful. Photos and writing are used to recall one’s experiences, to facilitate talking or to activate thinking in order to concentrate on a particular topic. These methods easily activate different emotions, they are personal and increases one’s self-knowledge. The purpose is to create a process which clarifies the young person’s situation in life and helps him/her to observe his/her own life and to become conscious of his/her own ways of survival. Teaching emotional regulation skills and social skills is also very important. As bringing out a variety of memories and strong emotions it is important that the working environment is warm and safe.

We recommend that the project instructor takes care of the group and group members by noting the following:

*1 Group organization before and during the event.* This includes: reserving room facilities, arranging materials, informing the parties concerned about the group etc. Enough time should be reserved for organization also with the group in the beginning of the process. Compiling an agenda or a checklist to the participants can be helpful.

*2 Group rules should be decided on together.* Group rules promote the feeling of safe atmosphere, encourage working together and structure the working. Here are some examples of possible rules: Participants must arrive in time for the group sessions. Mobile phones must be turned off during the group sessions. Discussion in the group should be constructive, criticism should be avoided. Confidentiality is important and it means that talking about the things discussed in the group is not allowed outside the group. Only matters such as the group’s working methods can be discussed outside the group.

*3 Leading a group means that the instructor acts as a group leader.* For the group to start off well, the members need to feel that they can trust each other and that their experiences are valued. The instructor is an expert which involves that he/she explains how to work in a group and finds answers to questions regarding the process. He/she is like a conductor, striving to make the group “tick”. The team spirit must be tuned and maintained. It should be stressed that the group members have the responsibility to take care of their tasks. The instructor should underline that the more active they are, the more they will gain from the group work. Activating the group to discuss and to

make observations is very important. Group discussions and sharing experiences in the peer group is important. Group members should be asked to give feedback on the observations made by other young people. The instructor should involve quiet group members and make sure all group members are given enough time to talk about their experiences. It is important to maintain team spirit and motivate group members to work. Group cohesion can be promoted by bringing up common things (for example, three girls in the group have a dog as a pet, two girls have a cat). When young people realize that they have things in common in life, the group formation becomes easier.

Assuring good functioning of the group the instructor pays attention to everything that functions well in the group. Giving feedback should be paid careful attention to. To avoid criticism and negative feedback is important. A positive attitude is very important as the young people are often rather sensitive to criticism. Being positive activates the group and gives self-confidence to the group members.

The instructor needs to monitor the time spend on different tasks and control the whole working process. The working schedule which is written on a flip board is the way how everyone sees the working plan and the time reserved for each phase.

### **Who should apply this method**

Professionals working with children, youth and students: teachers, curators, psychologists, social workers, nurses etc.

### **Target group**

Target group includes children, youth and students in schools, institutions, associations and children's and youth centres.

### **Resources / Requirements**

<i>Time</i>	Minimum 3 hours -> 2 days (6 hours)
<i>Materials</i>	<p>Family album photos, snapshots or other autobiographical photos, symbolic photos. Participants are asked to bring with them 6-10 photos that are meaningful for them, from their own collection of photos.</p> <p>The instructor should have available a photo cards series (Photo card series like Spectro Cards) or photo postcards or similar collections of cards, around 50-80 photos.</p> <p>Paper, pencils</p>
<i>Staff</i>	1-2 persons

## **The process description**

### **Preparations**

The instructor should make reservations for the location and equipment well in advance. In some cases it is important to inform also the co-workers in the work community or employer of the working process. As the method uses biographical photos, also the young people's parents should be informed of what the photographic activities comprise of. In addition, it should be verified if any official permissions, such as a written permission from the parents to use the photos, take photos or display the photos are needed.

### **Step 1 - Orientation**

The instructor should aim to create an open and safe atmosphere in the group as written before. It is recommended to familiarize the participants with working with photos, for example by looking at photos together or by making photographing exercises.

### **Step 2 - Looking at autobiographical photos**

The instructor organizes a space where the participants can lay out their biographical photos (about 10 photos). Participants are asked to examine the photos and to choose 5-6 photos they wish to work closer with.

### **Step 3 - Writing down associative words to photos**

Participants are asked to write on a separate piece of paper words connected to each photograph. The words should be written spontaneously. They are supposed to be adjective describing emotions and sensations including to the photos atmosphere and memories.

### **Step 4 - Choosing a meaningful theme which comes out from photos and words**

Participants are asked to examine the photos and words they have written and to explore if they can find in them a particular theme important to themselves, such as loneliness, insufficiency, being together with others, grief or joy.

The instructor(s) should be prepared to help the participants in considering and choosing the theme.

### **Step 5 - Choosing a symbolic photograph**

The instructor spreads the symbolic photos on a table. Participants are asked to choose intuitively a photo which represents a theme or an ambiance important to oneself that emerged from their own photos.

### **Step 6 - Writing a text**

Participants have on hand their photographs, written words and the symbolic photo. Next they write a short story, a poem or a song which springs up spontaneously after choosing the symbolic photo. The story can be true or fictional.

### **Step 7 - Sharing experiences in the group**

## **Telling your story with photographs and text**

After writing the text, each participant reads their text out loud and tells about their photos, or about one particular photo that is especially significant to oneself.

The role of the instructor at this point is very important. Focusing his/her full attention to each participant's life story, to its meaningful moments, and validating them, is crucial. Supporting and encouraging the participants to find resources is one of the main aims. It is the instructor's task to name the skills the young person has and to consider in which areas he/she will be needing support in future. This part of the activity should be given enough time.

In the feedback and discussions, particular attention should be paid to the following aspects and skills as regards the participants, their lives and surroundings. The themes are derived from Aaron Antonovsky's theory of coherence. (Flensburg-Madsen 2006).

### **Comprehensibility (cognitive area)**

How well do you understand yourself

- do you think you are open, self-confident or sincere etc.

How well do you understand life

- do you feel you are intuitive, are you free to choose what your life is like etc.

How well do you understand external world

- what kind of relationships you have with your family, friends etc.

### **Manageability (skills)**

How well do you manage yourself

- do you feel you are strong-willed, filled with fighting spirit
- do you accept yourself as you are

How well do you manage with your life

- do you often regret your actions
- do you easily adjust to new situations
- do you feel you are competent

How well do you manage your external world?

- do you think that you are involved, responsible?
- do you blame others for your unhappiness?
- how well are your social needs being fulfilled now?
- do you see problems as a challenge?

### **Meaningfulness (motivation, emotions)**

How meaningful do you experience yourself?

- do you feel you are cheerful, successful?
- do you accept yourself as you are?

How meaningful do you experience life?

- do you feel your life is a success?
- do you feel that your life has meaning?

- how satisfied are you with your life?
- how happy are you now?

How meaningful do you experience your external world?

- do you feel that your work (studies) is meaningful?
- do you feel that you are part of a greater whole?
- how satisfied are you at the present with the community around you?

The questions above are examples of how the participant's story can be discussed together. They can be adapted according to each story told.

### **Step 8 – Future plan - Finding empowering elements in your life**

Based on their own stories, participants examine and evaluate independently their coping skills and evaluate how they can take advantage of them to support their coping in the future.

### **Step 9 – Continuing with discussions, film making, making collages, drama**

After the working process, it is a good idea to talk about the experiences. In the group, it can be examined together what kind of skills for coping were found and how each person can develop the skills he/she feels that need improvement.

The participants should also have the possibility to continue the discussion with the instructor later, if they feel a need for it.

If necessary, the photographic working can be continued through taking self portraits, making short films (Haiku), a collage or an installation, or a drama play together with other group members.

### **Haiku short film (digital story) by Lotta Peronella**

Search for yourself a pleasant place.

Write in your place during some minutes words or sentences which includes:

- 1 what do you see
- 2 what do you experience
- 3 where are you
- 4 what time it is
- 5 how do you feel

Take 3 photographs. The next step is to edit a short digital story with your photographs and sentences.

### **Photographs - The “Many Stories of Being” workshops**

Photographs are taken by Ishwar Maharaj, Ulla Halkola and Maija Kurki during the workshops for adults who used the methods afterwards with their own groups.



Looking photos and writing words - photos Maija Kurki and Ishwar Maharaj



Choosing a symbolic photo card – photo Ulla Halkola





Orientation – Photo Maija Kurki



Writing text – photo Ishwar Maharaj



Sharing experiences - Photo Ishwar Maharaj

## Conclusions

It is often difficult for the young people to talk about their lives, especially about problems. Using phototherapeutic methods is known to facilitate talking about difficult and emotional issues. Photos and photographing were used as a route to emotions, memories and meanings associated to personal life and coping in life.

When we used the above described photographic method during the project *Many stories of being*, we received feedback that supports our idea that the method encourages the different aspects of young people's sense of coherence, for example in the following ways:

### Comprehensibility (cognitive area)

- Photos helped participants to talk about their own life with their own voice, also about problems and difficulties
- It was valuable to learn to use nonverbal communication as information and a way to oneself besides verbal communication
- Participants got to view life as a narrative with many colours and polyphony

### Manageability (skills)

- Phototherapy methods woke up emotions and improved the skill to understand and regulate emotions

- Participants shared coping skills
- Working in the group increased social skills
- Photos helped to create and improve the mutual understanding between participants
- The skill to be more "present" improved
- Participants found important things in their own life
- Stressful and problematic situations were understood in a new way and it was even possible to find hidden resources
- Reformulation happened
- Empathy and feeling of togetherness increased

### **Meaningfulness (motivation, emotions)**

- The process supported the identity of the children and youth
- Participants found important things in their own life
- Stressful and problematic situations were understood in a new way and it was even possible to find hidden resources
- Reformulation happened
- Empathy and feeling of togetherness increased
- The process supported the identity of the children and youth

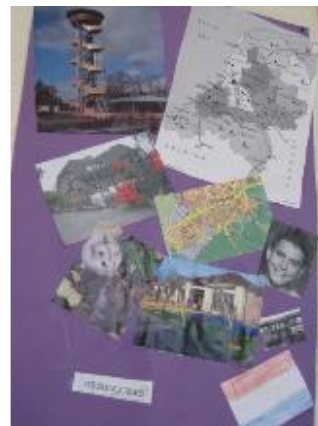
We will offer to readers two cases which will describe The Many Stories of Being process with children.

## CASE STUDY

### MANY STORIES OF BEING IN KERTTULI SCHOOL IMMIGRANT CLASS

#### Maarit Pihlava

The first case comes from The Kerttuli primary school. The instructor was Maarit Pihlava, the teacher of an immigrant class. She had help from mother tongue teachers and interpreters. The pupils were originally from China, Russia, Ukraina, Estonia, Pakistan, Holland, Peru and Iraq. The time used to the process was six times, 2 hours in each time, total 12 hours.



#### The goals

- ☐ Supporting the integration of the pupils to Finland
- ☐ Increasing the understanding of different cultures and backgrounds of fellow pupils
- ☐ Improve the mutual understanding between the pupils
- ☐ Pupils have a possibility to express themselves and tell about themselves to the others
- ☐ Supporting the identity of the pupils
- ☐ Supporting empowerment

#### The topics

- ☐ Me – who I am?
- ☐ Finnish School
- ☐ My own country and Finland, differences and similarities
- ☐ My own life-story
- ☐ Future plans

- Co-operation with a Finnish class

## The methods

- ☐ Finding pictures from students own countries, making posters
- ☐ Drawing: own family, house, own life story
- ☐ Taking photos and writing a haiku: “about an important place at school ”what I see, hear and feel ”
- ☐ Photo Cards and pictures: How I am or how I feel today
- ☐ Discussions



### Teacher's experiences

- ☐ Different topics than during ordinary lessons
- ☐ Teacher got understanding and information from students' backgrounds
- ☐ Students could tell about themselves in their own language
- ☐ The atmosphere in the class became more relaxed than usual
- ☐ Students were happy when they could use their own language
- ☐ Students got to know each other better
- ☐ Becoming more "at present"

## Comments and experiences of pupils, from a questionnaire to the students

- ☐ It was nice to speak about myself and to get to know my friends better
- ☐ I wanted to speak about myself
- ☐ It was nice to remember things
- ☐ It was nice to tell about my life for the others
- ☐ As if going back in time



- ☐ It was interesting to remember how our house looked like
- ☐ It was nice to take pictures at school
- ☐ I liked to draw
- ☐ It was nice to tell about the school and take pictures
- ☐ It was interesting to hear about what the others told
- ☐ I wanted to get to know the families from my friends
- ☐ I missed my family, but when I talked about them I remembered, because I had started to forget



## REFERENCES

Antonovsky A. Health, Stress, and Coping (1979). San Fransisco: Jossey-Bass Publisher; 1979.

Antonovsky H, Sagy S. (1986) The development of a sense of coherence and its impact on responses to stress situations. The Journal of social psychology;126 (2):213.

Flensburg-Madsen Trine , Ventegodt Søren and Merrick Joav, Sense of Coherence and Health. The Construction of an Amendment to Antonovsky's Sense of Coherence Scale (SOC II), (2006) Research Article, TSW Holistic Health & Medicine 1, 169-175

Honkinen Päivi-Leena Honkinen, (2009) "Sense of coherence in adolescence: measuring, predictive factors, consequences". the Department of Public Health University of Turku 2008, Annales Universitatis Turkuensis. Scripta Lingua Fennica Edita, Ser. C. ( 4, 15-18)

Räsänen Marjo, "Building Bridges – Experiential art understanding: A work of art as a means of understanding and constructing self." (1998), University of Art and Design, Helsinki (21-22)

# LEARNING COPING SKILLS FOR ATOPY

## Experiences from a rehabilitation course

Leena Koulu & Pirkko Pehunen

### Introduction

Atopic diseases of a child, such as atopic dermatitis (AD), asthma and food allergies, have a negative impact on the quality of life of the whole family. Reported emotional symptoms for a young child with AD include irritability, fussiness, and increased crying. Parents most often attribute these emotions to the symptom of pruritus. The cardinal symptom of itching also causes scratching, which is often associated with disturbed sleep for all of the family. The feeling of “living with fear” is predominant in families of food allergic children. Parents have reported both high stress and anxiety related to treating and taking care of the child with atopic diseases as well as feelings of helplessness, hopelessness and guilt regarding the child’s symptoms. (Balkrishnan et al. 2003, Lewis-Jones 2006, Camlin & Chren 2010, Cummings et al. 2010). Thus it is clear that atopic children and their families also need psychological and educational treatment approaches designed to increase the ability to cope with stress, to accept the feelings and emotions caused by the chronic disease, to enhance adherence to treatment guidelines and to ensure optimal care for the child.

The Finnish Allergy and Asthma Federation is a professional producer of rehabilitation courses. Phototherapeutic methods were introduced by our multidisciplinary team (psychologist, paediatric allergist, dermatologist and dancer specialized in therapeutic use of creative movement) for a family course, where the index persons were children suffering from severe atopic dermatitis and/or food allergies. In the future the organization can add a phototherapeutic approach to their forthcoming rehabilitation courses.

### Aims of the rehabilitation course

- Give information of the atopic disease and the factors influencing the symptoms
- Adapt the information to everyday life and support self activity and self care
- Enhance compliance with the treatments and acceptance of feelings and emotions caused by the chronic disease
- Enhancement of social adaptation and emotional resources of the family
- Coping skills and problem solving
- Peer support

### Methods

- Lectures and demonstrations by professionals
- Health education media (DVD -recordings) for children under school age (The media has been realized by the means of



creative expression and movement with atopic children in their own world of experience. This media offers a child an experiential journey into the world of skin and skin care, as well as asthma and food allergies. The media is produced by Sosfa, Society of psychosocial support for allergy families, and designed & realized by Kaisa Koulu.)

- Individual, family and group discussions
- Photographs, phototherapeutic exercises and creative movement



Every morning started with play



## Structure of the program

	Parents and children together	Parents group	School aged children	Toddlers
Monday	<ul style="list-style-type: none"> <li>- Family interview</li> <li>- Get together and get to know each other</li> </ul>	<ul style="list-style-type: none"> <li>- Kickoff to the group of the parents – family album photographs and Spectro-cards</li> </ul>	<ul style="list-style-type: none"> <li>- Play and creative movement</li> </ul>	<ul style="list-style-type: none"> <li>- Play and creative movement</li> </ul>
Tuesday	<ul style="list-style-type: none"> <li>- Beginning of the day with play and creative movement</li> </ul>	<ul style="list-style-type: none"> <li>- Watching skin-DVD and discussing the emotions provoked by it</li> <li>- Photographic self-portrait exercise with Polaroids</li> </ul>	<ul style="list-style-type: none"> <li>- Watching skin-DVD and preparing magic tubes</li> <li>- My skin – Polaroid images</li> </ul>	<ul style="list-style-type: none"> <li>- Watching skin-DVD and preparing magic tubes</li> <li>- My skin – Polaroid images</li> </ul>
Wednesday	<ul style="list-style-type: none"> <li>- Beginning of the day with play and creative movement</li> <li>- Social evening, the program made by the families</li> </ul>	<ul style="list-style-type: none"> <li>- Watching asthma- and food allergy-DVDs and discussing the emotions provoked by them</li> <li>- Review of the self-portraits</li> </ul>	<ul style="list-style-type: none"> <li>- Watching asthma-DVD</li> <li>- Creative movement</li> <li>- Tight space – wide space Polaroids</li> </ul>	<ul style="list-style-type: none"> <li>- Watching asthma-DVD</li> <li>- Creative movement</li> <li>- Tight space – wide space Polaroids</li> </ul>
Thursday	<ul style="list-style-type: none"> <li>- Beginning of the day with play and creative movement</li> <li>- “Family track” (creative movement, music, relaxation and the family pyramid, which was photographed for the family as a souvenir)</li> </ul>	<ul style="list-style-type: none"> <li>- Discussion</li> <li>- Photographic exercise to take a Polaroid for personal empowerment</li> </ul>	<ul style="list-style-type: none"> <li>- Watching food allergy-DVD</li> <li>- Drawing the favourite food plate</li> </ul>	<ul style="list-style-type: none"> <li>- Watching food allergy-DVD</li> <li>- Making the favourite plate of toy materials and having a play party together</li> </ul>
Friday	<ul style="list-style-type: none"> <li>- Beginning of the day with play and creative movement</li> <li>- Exhibition of childrens’ photographs</li> </ul>	<ul style="list-style-type: none"> <li>- Review of the photographs and prospects for the future by Spectro-cards</li> <li>- Individual discussions with the staff</li> </ul>	<ul style="list-style-type: none"> <li>- Preparing photograph exhibition for the parents and the staff</li> </ul>	

## Phototherapeutic exercises

- Parents' group Monday: The parents had been asked to bring to the rehabilitation course five photographs from their family albums. The parents introduced themselves and their family to the other parents through the family album photographs. The family history was briefly told via the images.
- Parents' group Monday: The spouses were asked to choose together one Spectro-card, which symbolizes their family right now, and another Spectro-card representing their expectations for the rehabilitation course. Spectro-cards is a set of associative photographs by Ulla Halkola. The expectations and aims for the group were listed on a board.
- Parents' group Tuesday: Individual self-portrait exercise with the following instructions using Polaroids: Design and carry out an image of yourself showing you exhausted and an other showing you feeling your strength. The photographer will follow your instructions. The images were taken to the group the following day.
- Parents' group Thursday: Take a Polaroid which could relieve the burden by empowering you. The images were shown to the group the following day.
- Childrens' group Tuesday: The children got a photographic task to be carried out using Polaroids. They were asked to take themselves an image, which represents their own skin.
- Childrens' group Wednesday: The children got a photographic task to design an image where they are in a tight space (symbolizing asthma symptoms) and in a wide space. The image was taken by the staff according to the instructions of the child.
- Childrens' group Friday: The children built up an exhibition for the parents and the staff of their images. The parents had not seen these photographs before. The participants were able to take all the photographs home.



### **The themes discussed in the parents' group**

- What is the influence of the chronic illness of a child on the everyday life of the family?
- Where does the family get help and support when needed?
- How does the illness influence the social relationships of the family?
- How are the siblings affected?
- What is the influence of the illness of a child on the relationship between the spouses?
- How to be supportive?
- The stress provoked by the evolutionary phase of the family.
- Feeling guilty for the child's illness.
- Frustration with the medical discipline.

### **Themes approached with children**

- Discussions about atopic diseases and their consequences
- Health education media DVDs were watched and children were encouraged to comment immediately what they had just seen
- Children took Polaroids (skin, tight space / wide space)
- Creative movement was used every day
- Arts and crafts was linked on the theme of the day



Magic tubes helped the skin to heal

### **Conclusions and discussion**

Natural methods dealing with children's problems are playing, fairy tales, fantasy, doing movement and music together. The use of photographs and photographing are quite new elements in psychotherapy. In our rehabilitation course phototherapeutic methods were central.

Watching together the DVDs of the essential themes - dermatitis, itching, asthma and food allergy – seemed to be helpful to the children. The themes were interpreted in the DVDs using creative movement and play. Although the themes were difficult, imaginative elements, humour and playfulness made it easier for a child to identify with the assigned subjects. The parents saw the same videos at the same time in the parents group. The children and their parents could share the same experience - not with words but in their minds. The children continued to approach the themes by making the magic tubes, by preparing "play foods" and by taking photographs of their skin and of tight and wide space.

Photographing and the photographs were therapeutic for the children because they could externalize their inner experiences to the images. Using Polaroid cameras brought a magic element to the activity. The children saw immediately their photographs coming out from the camera. Photographs and photographing had also an empowering effect on the children because their experiences of the disease were thus valued, trusted and validated. The children got the experience "I'm not alone with my troubles", when they watched together the images with the other children. This was peer support. In the exhibition the children could see, how their photographs were looked and admired by their parents and the staff.

The therapeutic elements of the group - to get information, to share experiences and to learn that the family is not alone with the difficulties - were important both for the children and their parents. Every morning started with play and creative movement. The children, parents and the staff were together. It was therapeutic for the children to see their parents in different roles, having fun, playing, feeling relaxed instead of being tired, anxious and stressed. The family got a different kind of experience of being together.

It was important that the parents were interviewed and listened to carefully at the beginning of the course. Many of the parents had experienced that their worries about the disease were not taken seriously. This is a very common result in the literature on families with chronically ill children (Godshall 2003). The aim of the interview was to get information about the structure and developmental phase of the family, about family functioning and the coping skills and strengths of the family. Enhancement of coping skills and strengths could lead to better treatment, guidance and adaptation to the illness (Väisänen L & E). The staff got personal contact to the families. During the rehabilitation course the parents also had an opportunity to discuss with the paediatrician and the dermatologist and get extra support and information about the disease of their child.

Because the working time was limited we had planned the themes in advance. The themes covered different aspects of family life, when there is chronic illness in the family. Family album photographs and Spectro-cards helped getting acquainted and fastened the group process in the parents group.

Most of the family album photographs were of happy moments of the family history, e.g. weddings and other family celebrations. When the spouses together chose a card symbolizing their family right now, they emphasized the family as tight, close, lasting and having many common interests. The family system was closed and harmonizing. Discussion in the parents group revealed many experiences of loneliness and not getting support from grandparents, friends or support systems. There were feelings of being responsible alone and continuous cautiousness and fear that something terrible can happen. Especially the role of the mother as primary caretaker parent was hard. The danger to over involvement of an ill child, family isolation and emotional problems in siblings are found in families with chronically ill child (Libow 1990).

Taking self-portraits showing exhaustion and strength seemed to help to accept these different sides of oneself. The parents group discussed, how to support each other, and what kind of support was needed.

According to the literature the features often found in families with chronic illness are:

- Conflicts and anger are bad and must be suppressed under all circumstances.
- In the family everyone should be ready for the other. The family is the only safe place in a hostile world.
- It is better not to speak about the disease and its consequences in order not to burden the other family members.

One can observe in these families typical sequences of behaviour which are repeated again and again. As a result the range of feelings in the family is limited and the behaviour is reduced to a small number of predictable patterns. To avoid conflicts, relations in the family are not revealed. Members of the family avoid expressing clearly their views as if all family members think the same, feel the same, perceive the same. Alliances are in most cases concealed coalitions and seem to change frequently. The consequence is the profound uncertainty within the relation system. Power struggles between wife and husband are not carried openly. There are indirect power strategies: passive resistance or complaints about physical pains. The one who is “bad” is made feel guilty. The cohesion of these families is strong. The system is closed and there are strong bonds and dependencies between family members. In spite of this apparently utmost nearness there is strong isolation between family members. When feelings cannot be expressed openly, each one remains alone with their sorrows, grief and fears. Conflict resolution is difficult because of enmeshment, overprotectiveness and rigidity. (Minuchin et al. 1975, Wirsching et al. 1981).

We found many of these features in the atopy families during the rehabilitation course, both in discussions with them and shown in their photographs. All methods that help the family to more open communication and expression of emotions are valuable and beneficial to these families. Phototherapeutic methods seemed to help the families to handle difficult feelings and issues easier. Images evoke body memories and multisensual feelings. They helped to express feelings and emotions. The families got much information, peer support and learned coping skills. They found strength and new visions to their family life and enjoyed the creative exercises.

Using photographs and photographing requires a lot of time for therapeutic processing of the information and evoked feelings.



Take an image  
which represents  
your own skin



A. told that his dry skin needs humidity.

## Survey 6 months later

The Finnish Allergy and Asthma Federation sent a feedback questionnaire to the families 6 months later. According to the answers:

- The families had got information and knowledge
- Discussions about emotions, feelings and social well-being were considered empowering
- Social adaptation and emotional resources of the families were enhanced
- The families had learned coping skills and problem solving
- The children and the parents had got peer support
- The children were more compliant with the treatments

## References

Balkrishnan R, Housman TS, Carroll C, Feldman SR, Fleischer AB. Disease severity and associated family impact in childhood atopic dermatitis. Arch Dis Child 2003;88:423-427.

Chamlin SL, Chren M-M. Quality-of-life Outcomes and Measurement in Childhood Atopic Dermatitis. Immunol Allergy Clin N Am 2010;30:281-288.

Cummings AJ, Knibb RC, King RM, Lucas JS. The psychosocial impact of food allergy and food hypersensitivity in children, adolescents and their families: a review. Allergy 2010;65:933-945.

Godshall M. Caring for families of chronically ill kids. Reg Nurse Journal 2003;66:30-34.

Lewis-Jones S. Quality of life and childhood atopic dermatitis: the misery of living with childhood eczema. Int J Clin Pract 2006;60:984-992.

Libow J. Chronic illness and family coping. Contemporary psychology 1990;213-229.

Minuchin S, Baker L, Rosman BL, Liebman R, Milman L, Todd TC. A conceptual model of psychosomatic illness in children. Family organization and family therapy. Arch Gen Psychiatry 1975;32:1031-1038.

Wirsching M, Stierlin H, Weber G, Wirsching B. Family therapy with physically ill patients. Psychosomatic factors on chronic illnesses / Psychiatria Fennica 1981;111-118.

## Links

Halkola, U. HYPERLINK "http://www.spectrovisio.com" [www.spectrovisio.com](http://www.spectrovisio.com)

Sosfa ry. HYPERLINK "http://www.sosfa.fi" [www.sosfa.fi](http://www.sosfa.fi)

Väisänen L & E. Perheen haastattelu ja hoito. [www.terapiafennica.fi](http://www.terapiafennica.fi)

# THE HEALING GAZE – EMPOWERING PHOTOGRAPHY AND THE DIVERSITY OF GENDER

**Miina Savolainen and Mika Venhola**

## **The Group**

The participants in our group are fifteen intersex or transgender persons whose sex and/or gender do not conform to the traditional dichotomous male – female concept of gender. The age range of our group is from 25 to almost 60 years of age the majority being young adults.

Intersex is a congenital atypical combination of the physical features that are used to distinguish the binary female and male sex. The bodies of intersexed persons do not follow the usual male or female sexual anatomy but display the biological variety of human sex. Transgender is a condition where a person's identity and feeling of gender is in contrast with the anatomical sex of the body. Both intersex and transgender persons have experiences of nullification of their identity and gender and also harming authoritative control and power over their right of self-determination in the diagnostic and treatment processes in health care. Through the viewpoint of these individuals they have been seen wrongly by our society and even by the people they come in contact with. This makes the photographic working process very challenging since they usually have painful and "wrong" personal and family album photographs – they have not been seen in a way they feel represents their true self or identity.

Intersex as condition is not well known and is not easily adapted to our cultural concept of sex and gender being clearly either male or female. This causes a lot of ethical dilemmas especially in paediatric health care. An intersex condition can be noted in a newborn due to ambiguous genitalia but sometimes it is found out later in life. A team of healthcare professionals investigates the hormonal status, anatomy, karyotype and physical well being of intersex infant. They are usually faced with the dilemma that these biological markers of sex do not give a uniform answer to identify the infant's gender. So the gender of the child is an educated guess and entails a great risk of error. The atypical genitals of babies with intersex conditions are not a health risk but genital surgery is often performed for aesthetic or social purposes. Genital surgery seeks to produce genitals that match the supposed gender of the infant. The techniques of surgery are infested with poor long-time results and redo surgery is very likely. The management of intersex conditions is based on expert opinion and evidence on proper treatment is lacking. Intersex is also an ethical problem as full disclosure, informed consent and children's' rights are not unquestionably respected and the process is tainted with ethically unsound use of power over the children and families by the healthcare professionals. The treatment paradigm of intersex conditions is debatable and originates from the belief that a newborn child's gender is malleable and can be decided to either way – a paradigm that was crafted in the USA during the 1950 and 1960's and since then proven wrong. The result this treatment process can be a situation where the individual does not feel belonging to either – male or female – gender even after being forced to go through all the treatments. The traditional treatment paradigm and process does not help these children and their family to



understand the possible gender dysphoria or feeling of being different. Since the techniques and possibilities of surgery are limited the choice of gender is also affected by reasons not related to the individual. Every year about eight to ten intersexed children are born in Finland and they are treated the way explained above but we have no data whether the treatment has been beneficial or how the individuals experience the treatment process when they get older.

The situation transgender people face is almost the opposite. These individuals that have since their childhood had a strong and uniform gender identity have been “seen” wrongly by the people around them and by the society because their anatomy is in contrast to their gender identity. Transgendered persons have to endure a long psychiatric diagnostic process before granted the permission to alter their social gender and possibly the anatomy of their bodies to correct the discrepancy between their sex and gender. As in intersexuality also in transgenderism the society and especially healthcare systems possesses and uses violent power over the right of self-determination of these people: intersexed bodies are cut and treated without consent and transsexual persons are not allowed consent to correct their bodies. This is illustrative of the fact how society values biology over personal experience. It also reveals how much hidden anxiety can be incorporated in situations where individuals with atypical gender or sex are faced with the dichotomous setting of binary sex and gender – a construction not representative of the true variation and diversity of sex and gender in nature and humans.

## **The Method**

In our process art- and social educator Miina Savolainen and paediatric surgeon Mika Venhola tutor the group. This uncommon artist-healthcare professional couplet entails a very special ground for a dialogue where new and different aspects of different discourses on sex and gender can be found. In the latter part of this group process (in the public artistic exhibition) we shall also present this process of aiming to discover a dialogue between art and science as an integral part of the final exhibition.

## **The dialogic way of working – the method of empowering photography**

As a basis of our group’s working process is the method of empowering photography created and developed by Miina Savolainen. The method has been applied in the 21st century in education, care work and therapy and in improving work communities in Finland. It has been granted with several acknowledgements in Finland. There are now over 3000 professionals in therapy/care work and education that have received teaching to apply this method in their work.

A photograph is not a therapeutic means in itself and it can be used as a medium of misuse of power and nullification of personal experience. The concept of empowerment sets the ethical boundaries to the process of this method and establishes the way and situations when the use of photographs can be therapeutic or empowering. The basic preconditions are the right to self-determination of the client and the dismantling of the power and hierarchy.



Thus the photographic process is an equal creative dialogue between the photographer and the person to be photographed. The photographs in this method are not used in evaluation or indoctrination of the client since the concept of empowerment means that one cannot empower another person. Not even a therapeutic professional can truly know what is empowering for the client. Thus the professional has to dismantle the precognitions s/he has on the person s/he is working with. The same has to be done to the traditional decoding patterns or concepts of the photograph and the client is allowed to define the meaning and importance of the photograph to him/herself. The photograph is placed in the service of identity work and self-determination of the client.

Anyone using empowering photography as a method has to go through his/her own personal process of empowering photography before implementing this method to other persons. This requires also that the professional in education, care work or healthcare has to give up the hierarchy, authority and shelter of “knowing better” over the client and give up also the power and authorship when acting as the photographer. In our group process this means that we (tutors Miina Savolainen and Mika Venhola) have gone through beforehand our own personal empowering processes and complete the same tasks as all group members during the different practice sessions in the group’s working process. The results of these practices are then shared mutually in the group. Since we (Miina Savolainen and Mika Venhola) are “outsiders”, not being intersexed or transsexed or belonging to any peer-group, we have been forced to earn the trust of our group members and to obtain the permission to express the subjective feelings and experiences of our group members – something that is fundamentally foreign to us. Without the dismantling of power, hierarchy and sharing our personal process it would have been impossible even to start this group work because due to the experiences in their lives before the group members felt it almost impossible to start working with photographs.

## **The Aims**

The major aim of this group process is to create a possibility to do empowering identity work. We also aim to find ways to make more visible in our society the multifaceted nature of sex and gender. The final artistic exhibition of our work will aim to represent our group members’ personal experiences of sex and gender, to start and build dialogue in our society on the variability of sex and gender and to produce material in an artistic and scientific way for the evaluation of ethical aspects of the treatment paradigms of intersex and transgender individuals.

## **The Process (starting in January 2010-)**

The process originated from joint discussions and working processes with empowering photography between Miina Savolainen and Mika Venhola from January 2009. Before our first group meeting in January 2010, we had two

short introductory sets on empowering photography to the possible group members: the first a short lecture and sharing of the personal experiences of the tutors Miina and Mika, the second a half-day workshop using the method of empowering photography.

Since the beginning of year 2010 we have worked with existing family or personal photographs and used pair-photography to create new photographs to explore the different aspects of personal identity and the roles we have. We have reconstructed personal and family photographic albums to create more truthful personal histories, created new concepts of “family” and kept personal photographic diaries to explore and build a positive body image. Some of the pictures have been developed into art-size colour photographs personally in a photo-lab. All pictures starting from the fall of 2010 have been used to create a collage of “the map of gazes” – process where we explore how the people in our lives and our society has shaped us through their gaze and seeing resulting in an artistic collage using photographs. We have used different techniques to bring together personal history and present day experiences, tried to find comforting and strengthening ways or redefining childhood experiences and we have used collage technique to build an empowering piece of work on gentle gazes in our lives.

The group has presented four times the results of these different working processes in public. These include our visits to Roehampton and Turku (the Leonardo project’s official symposiums). Our working together will continue for years still before the actual final artistic exhibition and finishing of the materials for peer-groups and professionals.

### ***Impressions in 2011***

The members of our group have found it important that all our working is based on equal dialogue. The use of pair-photography has enabled an appreciative and healing gaze between individuals and made it possible to look into one-self with more gentleness. The meaningful photographic assignments done with the special people (family members, friends, relatives) in our group member’s lives have made possible to create healing encounters with these people. The peer support of the group and the feeling of been truthfully seen by the tutors has given the group members a sense of meaning and enabled healing. The photographic assignments and working in pairs and in a peer-group have enabled our members to look more lovingly, gently and appreciatively the self-portraits and photographs from their personal history. Many members of our group have also been able to look at the photographs taken during the time their gender dysphoria was evident and have been able to incorporate this era as an integral part of their history and life story. The possibility of photographs to mix true and fiction has enabled making of photographs that have been necessary on an emotional level but have not existed in the albums or photographs of their personal history. The process, lasting now a year, has been both meaningful

and empowering to group members and tutors in a way and to a level that can be described as dramatic. The following short notions are a segment of the feedback collected after 4 months (five meetings) of group work. Since that we have already had nine workshops by the end of March 2011.

*“The workshop has been a tremendous experience to me. One cannot even describe a thing like this, this is a big and meaningful issue to me...”*

*“The workshop has awakened creativity in me and given tools to bring out something in me that I previously thought no means existed”*

*“This work has strengthened the feeling that someday I can be myself without hiding”*

*“The environment and the inspiration during the photo-shoots have opened up new dimensions and new aspects of me”*

*“I am happy about the boy-like moments of vigour that I experienced with my partner during the photo-shoots when we conquered all sorts of concrete obstacles and rocky cliffs. We approached them in our personal ways and reigned them. We wanted to explore the murky hollows and huge boulders. It was powerful and joyful!”*

*“Working with a pair was the most profound thing and with him I always felt safe and confident. I also felt that I could give him something. That was important to me”*

*“Just before the workshop I had started to find an approving gaze to my self-portraits and the workshop took this even further. After the workshop I had joy and interest to go through more photographs – the former feelings of fear and loathe were almost completely forgotten”*

*“There is a big bunch of photographs at my home that I still cannot look at without bad feelings. They remind me of past problems and past life that I did not want to live. It would be tremendous if I could tell comforting things to the persons in these photographs from my past, tell them that you will survive after all”*

*“The workshops have been in a moment of my life where it is fruitful to redefine the relationship to myself and self-portraits. The workshops have been meaningful in defining who I am at this moment”*

*“The best things have been the photos – absolutely! And the wonderful words and support that I have been receiving with them”*

*“The change has been palpable. If I think my attitude towards photographs previously my thoughts have changed a lot. Now it is much easier for me to see myself in a photograph”*

*“After the eternal invisibility and living for others it has been amazing to find out that I can be the hero of my own life”*

*“I have noticed unconstructive and even harmful ways of being and thinking, ways that I would like to lessen in my life”*

*“Why didn’t my parents see me?*

*Why didn’t my brother see me?*

*My partner in our group could as an outsider see things in my life that lead to the invisibility of this little boy in his family. It felt comforting. It also made it easier for me to understand the behaviour of my brother and my parents. I have just been unable to see these answers before”*

*“I think this was the first time I told the story of my life”*

*“ The building of my life-story photo-album was joyful, especially the notion that some heavy things can be assessed lightly. It was also joyful that I could show my vulnerable side in the photos and see it acceptingly”*

*“By looking the photographs I have realised behaviour patterns and temperaments that have existed in me also in my childhood. I cannot really explain why but it has helped me to forgive myself”*

*“I have been able to incorporate the old photographs as a part of my personal history without getting bad feelings when looking at them. On the other hand all my personal photos are easier to look at now and I can find more and more those that I like and accept”*

More info on Empowering photography: [www.empoweringphotography.net](http://www.empoweringphotography.net)

## **4 CASE STUDIES**

# **ASSOCIATIVE PHOTOS IN REHABILITATING CHRONIC PAIN: LIFE-STORY, BODY-IMAGE, AND COPING-SKILLS**

**Liisa Heimo-Vuorimaa**

## **Introduction**

The overall goal of this project was to rehabilitate chronic pain and train people to cope better with their illness in daily life. Specifically, I wanted patients' life stories to be heard, have them create their body images, and help them find more understanding about their chronic pain without a complete medical explanation. The goal with the new coping-skills was to add quality to their everyday lives. Finally, I tried to increase knowledge about how this method works and can be made more effective.

The method is based on cognitive-behavioral theory and the theory of constructive learning (Beck 1995, Mahoney 1995). Accordingly, in the process of using associative photos, patients learn new information about their lives and the meaning they hold for their pain. First, storytelling about life history creates a continuum for the investigation and helps patients see in new ways what has happened, how they have experienced it in the past and how they experience those events as a result of the rehabilitation. Thus, patients become able to complement their life stories with new interpretations of past events, and find healing in the process.

In my use of this method, the concept of body image includes how patients view their bodies and how others view them. I consider this construction of the body image crucial because for human individuals, a group's 'approval' and perceptions are crucial and often conveyed through delicate and subtle non-verbal messages (Blinnikka 1984, 1990, McDougall 1989).

## **Suitability of this method**

The process facilitator needs to have experience in therapeutic or counselling work and a curiosity about this method since it is best suited to those health professionals and patients who want to approach the pain with a holistic attitude, narration, and emotional intelligence. Because the method targets chronic pain, the facilitator should know the specific pain history of patients who also need to be medically well examined and diagnosed. Finally, this method is best suited to all visually orientated patients and patients with difficulties expressing themselves verbally.

## **Resources**

This method can be conducted in one-on-one sessions or in small groups (3-5 individuals). I have conducted approximately ten sessions with each patient. The method is based on trust and confidentiality between the therapist and the patient and these attributes have to be formed in advance or during the sessions. A quiet place without disturbances is required. If a photo-series is used, the therapist has to purchase

it, but any photos or images, including those taken or brought in by patients can be used. I have used the Spectrovisio-cards by Ulla Halkola (2004-2009) and added photos brought or taken by patients during the process.

## **Participants**

Since the facilitator in this project is a dentist, patients with chronic pain in the facial area or mouth and teeth were chosen. Interestingly, they all had chronic pain in several other parts of the body such as the neck, shoulders, or lower back; they had headaches or joint pain and some of them were diagnosed with fibromyalgia or rheumatoid arthritis. These extensive diagnoses illustrate the aforementioned requirement of having the patients medically well examined and diagnosed. In this project, patients ranged from 25 to 72 years of age and I do not consider this method restricted to any particular age group in its effectiveness.

## **Process description**

This section describes the general steps in the process. They include:

1. Asking patients to think about their chronic pain and then to choose one or more photos from the series that represent their inner world, emotions, memories or meaningful incidents, or anything related to the pain that comes to their minds.
2. Asking patients to choose images that represent security, shelter or protection against distressing emotions resulting from the pain, or an image that represents consolation. It is often not possible to pick the security photos in the first session, but an initial photograph can, in a later session; turn out to be a 'safety photo' as illustrated later.
3. Sharing the photos in a discussion. In this step, patients construct their life-stories and body images. At this stage, patients should lead the process. This photo-aided narration not only reveals new information about the pain but also provides hints about how to interpret this information in new ways.
4. Discussing how patients felt when choosing the photos. Ask what emotions arose and why they chose the photos in the particular order they did? Were one or more images more important than others? Do some photos have connections and if so, what are they? Do some photos create significant pairings?
5. Focusing on interpreting the narration. This stage is to uncover new understanding of the life story, learn to integrate the past, and heal, thereby creating new coping-skills for everyday life.
6. Finally, asking patients to choose photographs which describe the changes they have experienced during the process or illustrate how the process has proceeded.

## **Case studies**

To protect the anonymity of the participants, pseudonyms are used for them, and their individual life stories are specified only very briefly. Below, I describe three case studies:

1. Loss of an early caring and nurturing relationship, 2. Loss of adult children, and 3. Loss of physical ability as a symbol of manhood.

1. Loss of an early caring and nurturing relationship. At an early age, Sophia had lost her mother. At the outset of the rehabilitation, she chose three photos which

represented for her both pain and consolation (Image 1, Ulla Halkola Spectrovisio). Core substance in these photographs consisted of creating and maintaining human connections, illustrated by this quote from Sophia: "The first picture is me trying to be seen by anybody." In the analysis of her life story and present situation, we discovered that she registered poorly that people had actually noticed her; instead of 'stopping' and recognizing people's notice of her, she 'frantically' continued to look for attention and recognition. These instances of 'missing' people's notice of her turned out to be the moments of emerging or worsening physical pain.

The second photo (Image 1) represented her becoming a grandmother and her expectation that, subsequently, her grandchildren would maintain contact with her. Our discussion brought her the understanding that she was the grown-up in the relationship with her grandchildren and thus responsible for maintaining it, as the grandchildren could not take that kind of responsibility.

The comfort she found in the third photo (Image 1) was the realisation that through this 'gate', many people had earlier walked and she was not alone with her pain and difficulties. She could tell that several people had passed through the gate because the stone stairs leading to it had worn out from numerous footsteps. This realisation gave her the trust that she, too, would be able to go towards the light on the other side of the gate and to heal.

As immediate results from analysing these photographs, her ability to take responsibility of her relationship with the children and their families increased: she started to schedule meetings and conduct regular telephone conversations with her grandchildren. The rehabilitation also encouraged her to sell her photographs and thus 'receive' people's recognition of her, as previously she had tried to 'earn' it by giving them away. This change in her ability to 'allow herself to be seen' enabled her to actually earn money with the photos.

In this process with photos, Sophia's pain actually diminished and she was able to heal from the loss she had suffered as a child and, as an adult, had 'replayed' through her own grandchildren. Sophia's experiences in rehabilitation illustrate how associative photos can relatively quickly increase the patients' self-knowledge and awareness and subsequently help them to learn new coping mechanisms and take control of their lives in order to make them more satisfactory.

2. Loss of adult children. Olivia had lost both of her adult children and blamed herself for their deaths. The photos of pain she chose initially came to represent the entire rehabilitation as well as comfort (Image 2, Ulla Halkola Spectrovisio). In her assessment, the padlock, which prior to the rehabilitation had blocked away threatening emotions, changed into a 'shelter' during the process with photos. And she believed that in the future, it would enable her to live a good life as an old person without having to deal any more with her past. She was able to let go of her traumatic past and leave it behind the lock.

In the beginning of rehabilitation, the red patch of paint, despite being smaller than the white one, carried equal importance in representing her bleeding heart after losing her children. However, during the rehabilitation, its importance diminished and she believed that she was able to leave her painful losses behind her and live a good life she was entitled to, instead of having to earn one. She was now able to think that in life, things happen beyond one's control, and one cannot blame oneself for everything. She also understood that despite the traumatic events, her life has been good and she



has survived the terrible loss. She cherished the fact that for many years she had had children in her life and she appreciated the fact that they were grown ups, although she could no longer have them with her.

At the end of the rehabilitation, Olivia started to believe that her pain could diminish in the future. The process also helped her to expand her life to new areas as she started to do gardening again despite the intense pain around her heart. But she had always loved flowers and working in the garden, and she wanted to live with that experience.

3. Loss of physical ability as a symbol of masculinity. For Steven, physical strength had been an important symbol of masculinity but, as a result of illness and pain, his strength had diminished and his ability to live a 'masculine' life was restricted. However, other areas of his life were beautiful and successful despite his rheumatoid arthritis. Essential photos for him were the one that represented his transformation process in the rehabilitation and the one that represented his new body image (Image 3, Ulla Halkola Spectrovisio).

The bottom part of the stone 'decoration' in Image 3 represents the broken part of his body and the upper part represents the beautiful parts of his life. The two photos together represent how the process with photos was a healing one for Steven: his body image changed from a 'crippled man' to a humorous and self-conscious one like the model in the photo. He started to want to define his body himself and in his own way and to convey the specific image to others.

The rehabilitation also helped him to find new coping-skills for his everyday-life. Because of the pain, he was not able to stand up long enough periods to sing in a choir; however, in order to continue singing, he started to sing alone, which gave him flexibility in singing positions and duration. Furthermore, because of the short drying time of egg colours used in icon painting, the completion of a painting seemed to require stretches of work that were too long for Steven. Therefore, he started to paint icons with oil colours which gave him breaks because of the slower drying time. This way, he was able to paint without hurry and with breaks. He also invented a gardening method that enabled him to restart this activity in a way that caused him less pain. Finally, he planned to go back to work but this time on his terms.

### **Factors to pay attention to**

As these case studies illustrate, the method requires the facilitator's close attention to several issues. First, make sure you let the patient lead the process because the images open the patient's narration and give meaning to it. As the images work differently for each individual, there are no right or wrong photos – the photos the patient chooses are therefore the 'right' ones. It is essential that the facilitator and the patient together analyze what the photos represent to the patient and what new information or interpretations about the pain and life story this meaning brings.

The power of the photos lies in their capacity to bypass the mind's defence mechanisms which is why patients may react to the photos more strongly than they initially realize. This power of the photos makes patients vulnerable and requires that the facilitator shows a great deal of respect and empathy. Additionally, patients must have enough

psychological coherence and stability to use this method. Without adequate coherence it is best that the patient takes psychotherapy and uses the photos there.

The facilitator must also be aware of the fact that at some point during the process, the pain may get worse. This can happen when the photos work as metaphors and pass the coded-in language and meaning to the body before they have been analysed. In this instance, it is important to tell the patient that increasing pain at this stage is 'normal'. Both the patient and the therapist also need to be aware that the pain is actually sending a powerful message about its origin and mechanisms, when the subconscious starts to make connections previously ignored or dulled.

## **Conclusions**

All participants in this study found using associative photos and the subsequent process interesting and pleasant as photorehabilitation transformed their self-understanding and behaviour both mentally and in everyday life: their pain eased and their life experiences expanded. As a result, they felt that they had more quality in life. They thought that they healed and learned new coping skills as the grief lost its grasp and as they found new methods of working and planning their daily life.

They thought that reconstructing the life story was meaningful because the photos told them more than expected. For instance, they revealed formerly unrecognized facts which, through the process, they were able to connect to the pain and, especially, its relationship to a trauma at some juncture in their lives. Finally they found it fun to work with photos

Patients also experienced changes resulting from their new body image. They became less self critical, which they found a relief, and the degree to which pain defined their physical activity diminished when they started to do exercises the way they liked despite the pain. Several patients also experienced that the pain lifted its limitations to self realization in other areas of life such as creative work.

These case studies also suggest theoretical and methodological importance. First, theoretically the photos represent a traumatic inner experience externalised as pain. In my understanding, the photos became the area where a transition between the internal and the external takes place resulting in healing, creative expression, and new behaviours.

Methodologically, as the nonverbal language is a quicker way to the core of understanding than the verbal language, the photos bring up 'issues' quickly and the time required for a behavioural and emotional change is shorter than in conventional therapies. Furthermore, mirroring life with the coach facilitates self reflection and helps patients to face and analyse life's difficult chapters.

Photos can also bring a traumatic event to consciousness and enable the patient to verbalize the event and the associated feelings, which constitutes healing. Finally, photos taken by patients demonstrate their courage to find understanding of and compassion for themselves through interpreting images and photos while interacting with the coach.

## Acknowledgements

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## References

Beck J.S. Cognitive therapy: Basics and beyond. Guilford Press, New York 1995

Blinnikka, L-M. Body-image and psychotherapy. A research plan. Acta psychologica Fennica 10, 54-55. 1984

Blinnikka, L-M. Uusitalo, M. Differences in body-image between psychosomatics and nonpsychosomatics. University of Turku. Psychological Research Reports 63. 1988a

Hakala, M. Brain Imaging Studies in Severe Somatization. University of Turku

Mahoney M.J. (ed) Cognitive and constructive psychotherapies. Theory, research, and practice. Springer publishing company, New York 1995

Mc'Dougall, J. Theaters Of The Body: A Psychoanalytic Approach to Psychosomatic Illness. Free Association Books 1989

[Ogden](#), P., Minton, K., [Clare Pain](#), C. Trauma and the body. 2006

Weiser, J. PhotoTherapy Techniques: Exploring the Secrets of Personal Snapshots and Family Albums, Vancouver, PhotoTherapy Centre Press 1993

## Links

<https://oa.doria.fi/handle/10024/42500>

Halkola, U. [www.spectrovisio.com](http://www.spectrovisio.com)

Scheinin, M. [photominna.blogspot.com](http://photominna.blogspot.com)

Image 1.



Image 2.

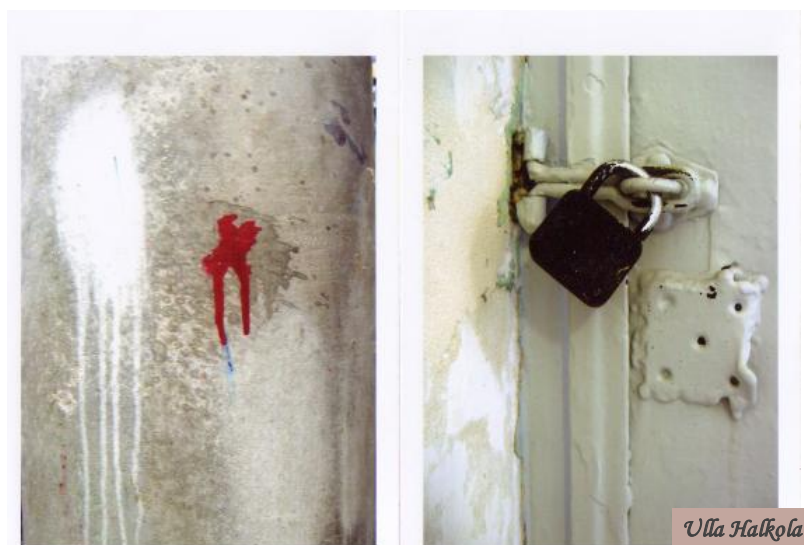


Image 3.



# **USING 'TALKING PICTURES THERAPY' POST-EXISTENTIALLY AND IN PRIMARY**

## **Care: Case Studies using Visual Images**

**Diana Thomas**

This chapter provides two case studies of clients seen using 'Talking Pictures Therapy', post-existentially, in primary care (Loewenthal, 2011a). The first case outlines the use of spectrocards (Halkola, 2009; 2011) in therapy and the second case outlines an example of using photographs in therapy (Loewenthal, 2011b). The author received training in use of the methods at Roehampton University (Loewenthal), as well as through PHOTOTHERAPYEUROPE symposia and trainings.

### **Case 1: Using spectrocards in therapy**

M is a smartly dressed woman in her early fifties, heavy set with thick brown shoulder length hair, greying at the sides. She wears black rimmed glasses with vivid pink lenses. She has slightly staring brown eyes with dark straight brows, she looks a little angry I think. However she seems friendly and articulate. M wears dark conservative colours and a very chunky and colourful necklace, she seems to have made a special effort with her appearance. M was referred by her GP for short term counselling the GP says she is anxious and a little depressed. M explains that she nearly didn't attend as she found it very hard to walk along the street to the surgery, going out in public places where she sees others, going into shops and supermarkets are difficult because of her anxiety.

M's parents are alive but she has recently ceased to visit them because she feels that this is detrimental to her health. M is an only child. Her father is an alcoholic, very domineering and controlling, her mother lives in fear of saying or doing the 'wrong' thing. He has shown violent behaviour and was verbally aggressive towards them both, M thinks he may have physically hurt her mother (bruises, changes in behaviour indicated this to her) but she didn't witness this herself. Although she doesn't see them now she phones occasionally, her mother can't speak freely and M knows that Dad is listening in to the conversation. Alcohol has been a problem in M's family on both sides for generations, her grandparents and an aunt died of alcohol related problems.

This chapter is part of the PHOTOTHERAPYEUROPE handbook and is part of the Research Centre for Therapeutic Education of the Roehampton University chapter set; Talking Pictures Therapy (Del Loewenthal); Researching Phototherapy and Therapeutic photography (Del Loewenthal); Phototherapy from an art therapist trainee viewpoint (Sophie Hamilton); Working with The Image; Using 'Talking Pictures Therapy' Post-existentially and in Primary Care: Case Studies using Visual Images (Diana Thomas); Using video as therapy, post-existentially: Experiences of 'schizophrenia' – A Therapeutic film project (Tom Cotton); Talking Pictures Therapy within Post-existential Practice with young people (Christine Wells).

M is married with one son in his late twenties, he has an alcohol problem. M also used to drink too much but says she has given up drinking now. M says her husband is very

supportive and it was his patience and the warmth of his family that have helped her to begin to change.

As a counsellor in primary care I now come under the IAPT programme which means asking clients to fill in a series of questionnaires on arrival at each counselling session. On assessment M scored 7/29 on the PHQ-9 and 11/21 on the GAD-7. She said that she had received counselling sessions as part of her training as an art therapist working with children but didn't address her past then and avoided speaking of it, she says she is ready to look at the past now. The estrangement from her parents has been difficult, she worries about mother and feels guilty to have 'left' her, memories from the past have been upsetting her and she finds it difficult also to go out of the house without her husband.

M had a series of six sessions counselling and completed IAPT questionnaires each session. Much of the time M talked about her parents, how controlling her father was and how she felt about him and irritated she felt with her mother. M was angry about the way her mother tiptoed into the room, almost trying to melt into the walls, if her mother dropped anything or made a noise when doing housework she would apologise and she would startle at the slightest thing. M shared memories about her parents and her father's embarrassing behaviour over the years and how he would try to take over her life, even as a married woman, treating her and her husband's property as if it were his own.

M had trained as a children's therapist and had an interest in creativity and colour. Although unable to go to other people's houses she had formed a home group for women and used to work with the idea of energy flow and that each area of the body had its own chakra and associated colour. She felt her group was successful as people kept coming and seemed to enjoy it.

In session two I suggested to M that we might use the spectrocards (Halkola, 2009: 2011) as a way of exploring further. I was prompted to do this on hearing about her feelings about colour and her background in art therapy. She responded with enthusiasm and helped me to spread out the cards on the carpet. I asked her to choose one she felt attracted to and one that she may feel she disliked. M immediately picked out the spectrum as the one she felt attracted to and after a little thought she chose the card showing a rough 'noughts and crosses' game sprayed on some concrete as the card she disliked.

Associations to the light spectrum were to M's group, the colours were together as one thing, a spectrum and yet each was distinct, like a group. The image seemed airy, warm and full of life. Associations included her own links to the colour yellow and to orange. She had found herself drawn to eating orange foods and then discovered it's link to the stomach chakra, she suffers with IBS and felt this was linked in some way. She also said that she had decided not to take any more diarrhoea prevention tablets and was being braver about coming to the surgery for sessions without having to take one beforehand. M also made a link to a children's story she had written at a time when she was most distressed. She subsequently brought this illustrated story into the next session and we explored this further. The story was about a little elephant who didn't like being grey and asked a rainbow tree to help him become more colourful, however some 'bad animals' steal his rainbow for themselves. Links were made to how

M felt about herself, lack of confidence and feeling grey and hopeless, feeling bullied. Happily the baby elephant comes to like and accept his grey colour and has a close and warm relationship to his 'beautiful grey mother' (no father elephant appears in the story). I wondered about M's mother who melts into the background, never having the chance to be seen or be colourful. Also about M who wants to change (colour) but had been struggling against her family history of violence and drink dependency, doesn't want to be like the other 'elephants' in the family.

The noughts and crosses card was associated with the school playground for M. She had never fitted in at school and she dreaded the playtimes, often on the outside of any peer friendship groups, sometimes bullied, often ignored. I noticed that this picture lacks colour, looks grey and stony, the ground looks hard, quite the opposite of the fuzzy light spectrum suspended in the dark surround, no hard lines, nothing distinct or boundaried. I observed to M that both pictures seemed to have a group association in common, one pleasant and associated with feelings of achievement and the other with feeling left out and bullied. M was quite pleased with this link, perhaps the two groups also represented her own family and the new family she had married into where she could become the creative person she had always wanted to be. It was after this session with the spectro cards that M's scores increased markedly, her anxiety at the start of session three was 14/21 and depression now 13/27 a rise of 8 points. It was at this time also that M found the courage to do more and more outside the sessions, going for more walks alone and going into a shop. She was starting to become a little more confident. We talked through some of the situations she dreaded, one of which was the hairdressers, and found a common theme was that of being trapped and not being able to get out or go to the loo. If her hair was wet she couldn't get home immediately without fuss and embarrassment. The same worries applied with shops, she hated queues because she thought that the longer she had to wait the more likely she'd have to leave to go to the loo and just leaving her shopping and walking out would draw attention to herself and cause embarrassment. M knew she had to challenge herself and she did, gaining in confidence and determination over the weeks. By session six her anxiety score was 6/21 and depression 2/27. Her phobia scores also dropped from 18 at session one to 8 at session six.

## **Conclusion**

The use of the spectro cards helped facilitate associations, memories and stories for M, helping her to discover her strength to tackle life again, to have the 'guts' to get back into the world if you like. Visual methods and associations were familiar to this client and a way she had always expressed herself so she was at ease with this way of working. The rainbow card triggered the client into bringing her 'children's story' and re-evaluating this. The story was very much about her, something she had not realised before sharing it with someone. It had been written when she was immobilised after falling down some stairs and she had felt compelled to write it and illustrate it, quickly and feverishly. After writing she had put it in a cupboard under the stairs and 'forgotten' about it until reminded by the association with the spectro card.

## Case 2: Using Photographs in Therapy

T is a young man of nearly 30, not tall and a little thick-set, he has very dark hair and is going bald. Casually dressed, he is wearing a baseball cap which covers most of his face, he seems furious. The iapt scores indicate that he is extremely depressed and anxious, he scores the maximum on the question about suicidal thoughts. He presents himself calmly and is reasoned in his speech. His girl friend has left him recently but he says that he has felt 'this way' for a long time, ever since he can remember. (He does however do a quite a character assassination, clearly angry and hurt his emotions are implied but not overt, a disconnect perhaps) I mention that his scores might give cause for some concern and we arrange some sessions.

Throughout the sessions T appears very factual and logical, in fact this way of being is most comfortable for him, I consider that this may be a defence against what seem to be overwhelming emotions indicated by the relationship break up, high scores and suicidal thoughts.

For most of the time it is his work situation that he seems to want to talk about, he feels that he could do more, that he is frustrated because managers give him high ratings but don't implement his suggestions and everything goes on much as usual with the same old mistakes being made. T works in the IT industry and tells anecdotes about the waste of money in the MOD and other major industries. If only 'they', the people in charge, had put in a little more time and effort in at the start to tease out the errors much money and further effort could have been saved. No one took his advice, they pat him on the head and carry on, blindly. The work situation dominates for the most part, however he also mentions that he feels that his friends don't really care, wouldn't put themselves out especially for him, wouldn't travel down from London although he goes up to see them. No one cares, or at least, not much, not enough. He says he has no one to talk to. For a while I allow him the space to talk about whatever he likes to bring but increasingly feel I don't really know much about him. I had asked about his family at assessment and he'd said his mother and father were separated but both live in area, he sees them but doesn't appear very involved in family life, he has a brother living in Madeira. I enquired about any interests and T tells me about his participation in many sports, also he has stopped going to the gym and would like to get back to this. He also likes photography and makes a photo-diary of his life situations quite regularly. I ask if he'd like to bring this in to a session and he seems pleased to do so.

The following session T brings in his lap-top and plugs it into the screen on the desk with a cable so that he can show me the photo's (he says the screen is bigger). I feel a little anxious about this and wonder if it's ok to let a patient do things to NHS equipment! (also I'm having paranoid thoughts here about the possibility of him extracting 'information'). Putting this aside I view the photo's with T and notice that they are in sets of 3, sometimes 4 photo's a little like a strip cartoon, telling a narrative with a few words. He has done a set showing his first visit to the surgery. Using small toys to represent himself and others, he is represented by a small white 'Moomin' (Moomin Troll from the Finnish stories by Tove Jansson) and I am a green 'power-puff girl' toy, ( a cartoon character from children's T.V.). I feel bemused and not sure how to react. 'I' am saying, 'I'm very worried about you' in the photo's and am portrayed as behind a desk while he, the Moomin, is in front of me. I begin to understand that the connection made between us was an already quite a powerful transference. My 'counter-transference'



is one of dismay, I start to feel very concerned about my responsibility and see him as very vulnerable, the Moomin is so small and white and soft, like a baby. (as for the connecting cable, sexual metaphors could be included here but also perhaps an umbilical cord?)

Other sets of photo's show the Moomin on a bench at the station waiting in vain for the girlfriend's train to arrive and searching the flat for her. He appears to be using this method to work through his relationship break up and was (is) clearly devastated and missing her a lot. Although he doesn't express strong emotion on sharing the pictures with me there is the glint of a tear in his eye, I feel moved by his images and say, 'he looks so small' and hope some empathy or understanding is communicated .

The sessions progress and it is only towards the end (8 sessions maximum in the NHS service) that I am able to learn more of T's early history, piece by piece. His brother has had severe depression and has tried to kill himself, he lives abroad with their mothers family. T feels that his brother is the only one of the family he has been able to be close to. He describes a childhood of being left to his own devices, neglected perhaps, allowed to wander around, with his brother, doing very much what he liked, there is a flat emotional tone to this. He remembers that he felt surprised when a child in the area wasn't even allowed to go to school or cross the road alone. His mother and father had furious rows, 'she knew how to wind him up', but there seemed to be no logical rules. He remembered breaking a glass door with a football and being puzzled at not being reprimanded by his Dad, while just moving a c.d. caused severe punishment. His mother, from his descriptions, appears to be suffering from something like paranoid schizophrenia and currently believes the neighbours are spying on her and breaking into her home. Although living in poverty she cannot accept any help or gifts easily and he spends time working out with his brother how to manipulate her into accepting any help. He feels closer to his father but doesn't feel respected by him or seen as an individual. His Dad is a qualified sports referee and so is T but he still explains the rules of the game to him as if he were a novice. This is frustrating and upsetting for T. One might make a connection here to his work situation and his attitude to those in authority. A neglected boy whose mother was emotionally unavailable to him, desperate for fathers attention, a father who was inconsistent and preoccupied with the mother. T took refuge in computing and the realm of logic and rationality, in sports he became strong physically and an expert in knowing the 'rules of the game'. Sport provides a way to try to be closer to his father with whom he now says he enjoys a better but still unsatisfactory relationship. His photographic work, which he values highly, allows him to express his feelings perhaps more than he yet realises. At the end of our therapy sessions it is still difficult for him to verbalise his feelings or express himself emotionally and he remains very low, however his suicidal thoughts no longer trouble him at the present. He has taken up more sporting activities recently and he has been referred for psychotherapy which I hope he will take up.

## **Conclusion**

The use of visual images in therapy proved a powerful tool for communication between therapist and client. Ideally a source of multiple metaphors and meanings to use and return to in greater depth over the course of time. The therapist did not employ any depth of interpretation as it felt a little too early (third session of eight) to do so. While an understanding is reached by exploring the relationship by verbal and relational

means images allow something additional and sometimes unexpected to emerge. I knew this client was vulnerable and isolated but the tiny moomin gave a very powerful message to this effect. I was surprised by the image by which the client represented me, both a magic, powerful, slightly aggressive figure who flies around fighting crime, an idealised image of a rescuer? also I felt it to be a ridiculous child's cartoon character, an indication of an ambivalence, denigration or attack perhaps? These however are my own interpretations and not those gained by an exploration with the client so must remain tentative

## References

- Halkola, U (2009) Photograph as a therapeutic experience, *European Journal of Psychotherapy and Counselling*, 11(1)
- Halkola, U (2011) in Loewenthal, D (2011) (ed) *Phototherapy and therapeutic photography in a digital age*. London: Routledge
- Loewenthal, D (2009) Can photographs help one find one's voice? *European Journal of Psychotherapy and Counselling*, 11(1)
- Loewenthal, D (2011a) *Post-existentialism and the psychological therapies: Towards a therapy without foundations*. London: Karnac
- Loewenthal, D (2011b) (ed) *Phototherapy and therapeutic photography in a digital age*. London: Routledge

# **WORKING WITH THE IMAGE. TALKING PICTURES THERAPY WITHIN POST-EXISTENTIAL PRACTICE WITH YOUNG PEOPLE**

**Christine Wells**

## **Background**

Trained as a post-existential psychotherapist at Roehampton University (see Loewenthal, 2011a), I received training in phototherapy through the Phototherapy Interest Group (Loewenthal) and via PHOTOTHERAPY EUROPE trainings, such as workshops of spectrocards (Halkola, 2011) and symposia attendance.

As the following case studies outline, I have used the cards within post-existential therapy with young people from the ages of 10 to 25 - in private practice and a college or school setting.

## **The process description**

One of the ways of incorporating phototherapy as a post-existential psychotherapist working with young people is to use images, as well as the family album (see Loewenthal, 2011b). I have used a range of cards devised by Ulla Halkola (Halkola, 2009: 2011), termed spectro cards due to the spectrum of possibilities that may be opened up when working with them. The series that I have used most has been the spectRo visions range but I also use the trauma series, and more recently, the cloud series. The process of using the spectro cards with young people can be very simple or very complex. The cards can be used at the outset of therapy when it may be the case that clients are feeling very anxious about how to begin or how to start to describe their issues. The cards may be set out already on a table and the student asked to choose a card that 'speaks' to them, or it may be that the client is asked to set out the cards in the order they choose rather than the therapist's. In this way the cards serve as a way in to the inner world of the client at that time, and it is possible to begin a dialogue as to why the card was chosen and why others may have been discarded. They can also act as 'ice-breakers' when there is extreme shyness or diffidence at the start of work.

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The cards may also be offered to the client at a point in the session where there is extreme pain at a memory or past trauma; giving a specific task like choosing the card(s) may enable the client to stay with the affect without the difficulty of having to voice it. They can also by-pass the embarrassment and self-consciousness which can be experienced whilst being caught up in the act of choosing. The very act of choosing can sometimes pin-point feelings more accurately than the written or spoken word. The

visual aspect coupled with the emotional impact can capture the moment when words cannot at that point work for the client.

Sometimes the cards may be used at the end of a session so as to capture the way the client has found a way to be; sometimes they may be asked to choose cards past, present and future so as to be more aware of what they have left and what they are seeking.

The cards can be used in individual therapy and also with groups so as to gain more understanding and empathy for others around them.

There is satisfaction and enjoyment in the creative aspect of phototherapy in psychotherapy and counselling, allied to a feeling that their choices matter as young people, where often their voices may be drowned out in other contexts.

## **Case Studies**

### **Case 1: Charlie**

One student I worked with was a boy of 10 called Charlie who had severe anger management problems at home and who was not living with his mother but his grandmother. His mother had 2 other children both by different fathers and was not been able to cope with her son and there was a risk of his being taken into care. Charlie's anger was in part a resentment of his siblings still at home with mother, and an inability to express feelings except through anger, over-eating and being creative. We worked for 8 sessions which stopped abruptly when some of the family members did not trust the process. In that time, it was evident that he possessed a creative energy far in excess of his years. This was exhibited in drama and in appreciation of art in many forms.

I chose the first set of Spectro cards in one of the earliest sessions and asked him to set them out which he did with exacting care and attention. The one he immediately chose with no hesitation was **the striped zebra fish**. He told me he loved fish and the sea and the treasures beneath it that people could not see. He loved swimming in the sea and the freedom it gave him, and going to rock-pools and finding sea-creatures. He said the fish were not visible to most people but went quietly about their business. I asked whether the silence was something that he felt drawn to and he said it was- somewhere quiet where there was no shouting and no anger. He liked this idea and we reflected that one of the reasons he was working with me was for screaming uncontrollably. We worked on anger and distress for the remaining sessions and the cards were used many times but always the striped fish was there. When we came to the last session, I asked if he would like to take a card to mark the end and he chose the fish. I said, 'Yes, fish don't scream.' He smiled and that was the end but not quite.

An hour later, his grandmother rang me, very distraught to say that Charlie had held on tight to the card in the car, holding it against the window but then had wound the window down as it was so hot. The card had fallen between window and door into the well of the car; he was inconsolable. I reflected that the fish in their actual habitat are difficult to spot and prefer the deep waters- just where the card had ended up, and although not visible, it still travelled with him.

## Case 2: Liam

Liam is a 15 year old boy with whom I have been working with for the last 3 years following his parents' acrimonious divorce. He has found his parents' separate lives very hard to come to terms with and in particular, his father's abandonment of his family and taking up with a new one. Latterly, his attitude towards authority in school and his disillusionment have fuelled a drug dependency, culminating in his changing schools. In the here and now, he finds it stressful being a mediator between his mother and his elder brother who is exhibiting aggression. Loyal to those he cares about, he is a thoughtful, intelligent and reflective young man: an independent thinker who can only respect adults when he believes they have deserved it. We have used the cards on a number of occasions when he has found it difficult to start to access his frustration and sadness. The first time, he set out the cards, he spent quite a time in choosing cards and the 2 he chose were of the **elephant with her calf**, the **3 dancing statues** and the image of **graffiti**. He said that the first card made him think of caring and a comforting presence, linked in a way to the dancing statues which seemed to represent joy and closeness. The last card seemed to him to represent two people with a smaller one (a child) in the middle with a question mark above. What was their relationship and did they understand him? We were able to look more fully at the relationship he would like with his parents and what elements are still there that he finds difficult to see.

## Case 3: Bel

Bel is 30 and recently married, having experienced severe trauma from the age of 9 to 14 due to sexual abuse and violence in the family. This has left her angry, self-harming, despairing and fearful of abandonment. She is on anti-depressants and has suffered from various dependencies. We worked with the cards on the first session in order to relieve her acute anxiety. Using the spectro vision series, she worked with great enthusiasm saying she enjoyed 'creative stuff' and would like to be a play therapist. She chose very carefully and the following cards represented her being in the world at that moment in time; **the knots**; **the capsizing boat**; **the empty track**.

She spoke of the knots first, as that was the one that jumped out at her- the number of knots were just too tight and too many for anyone to ever undo. I suggested we could attempt loosening them together. She looked doubtful. The card of the boat sailing- perhaps excitedly, perhaps dangerously, was the latter for her where she knew it would end in disaster and capsize. Others, she suggested, could see it as stable but she never could believe in it. The last card of the empty track showed a bleak and barren landscape where all was harsh and unyielding. It was 'dreadful', all in concrete, symbolising nowhere to go and with no one, with no way of knowing where you might end, only that you would be alone.

In another session, the same series of spectro vision cards are used. I ask her to choose 3 – of past, present and future. She chooses quickly and decisively and lays the cards out. The **half-eaten apple** represents the past; the apple is decaying and rotten and the further you might eat, the more rotten it is, she would not want to eat an apple like that, it is bad. The second card, representing the present, is the **bag of onions in a net**. This shows again things caught up and suppressed by the net. We look more closely and I observe that the onions are sprouting and there is still new life still

growing, and indeed, through the net. They could burst through the net completely. She looks thoughtful. The future card is of the **large 6-paned window**. She speaks of being inside but she can see this window and outside it looks calm and serene but the window is closed. I ask if it is tantalising to see this view and not to access it. She agrees. I also say that the window and the light take up equal room with the darkness in the photo. She nods and says that in the past she would have only been able to choose a window with one pane whereas this one has 6. There has been some shift.

#### **Case 4: Amy**

Amy is a 25 year old actor, who is trying to work through her own past abuse and her mother's chronic, deteriorating illness. She has found a way of displacing this distress, pouring herself into acting, music and writing at which she is very successful. She is gradually finding her voice and more alarmingly, her rage, towards all those in her family where nothing is ever spoken of. She is torn between wanting to speak to her parents about her sexual orientation and her fear of their rejection. One of the first uses of phototherapy was when Amy brought 3 photographs of her past self to the session, at my suggestion.

She handed me the photographs and said, 'Here you are.' I asked her if she could talk us through them as they were hers. She said that she had not brought the ones she had been thinking of in the last session when the idea was raised but did not want to say more on this. The ones she brought were of her as a 2 year old with her mother and brother- all look very happy and she is pictured with a red feeder-cup and there is a high-chair in the background. She said she remembered the holidays and holidays were... she is speechless and holds her head in her hands. Silence.

The next is of her as a 4 year old at school. She remembers her mother dressing her, before she was ill and could not help her. She remembers the uniform and how difficult it was to put the tights on. One day she did it all but it was at a time when the blouses had long sleeves and the buttons defeated her. She went into her brother's room to ask him to help and he said, 'No, it's Saturday.' She berated herself as an idiot. 'This was before I knew it would be all wrong- I was happy. What an idiot child.' She notices her fringe is 'wonky' as she remembers her dad had cut it.

The 3<sup>rd</sup> is of her at school at about 7 with 3 other children- all girls; she tells me this is where she begins to look weird. She is looking seriously and gravely at the camera whereas the others are all smiling and looking along the line at each other. They are miming and are holding actors masks in front of them – not wearing them as the performance has already happened but she is still there. She speaks of the time they had a class, wearing masks at drama school but when they took off their masks, their faces were all blank. I say, 'As though they had absorbed all the expression and feelings?' She nods. 'Like you seem to be?' 'I never smile,' she says.

## References

- Halkola, U (2009) Photograph as a therapeutic experience, European Journal of Psychotherapy and Counselling, 11(1)
- Halkola, U (2011) in Loewenthal, D (2011) (ed) Phototherapy and therapeutic photography in a digital age. London: Routledge
- Loewenthal, D (2011a) Post-existentialism and the psychological therapies: Towards a therapy without foundations. London: Karnac
- Loewenthal, D (2011b) (ed) Phototherapy and therapeutic photography in a digital age. London: Routledge

# PHOTOTHERAPY FROM AN ART THERAPIST TRAINEE VIEWPOINT

**Sophie Hamilton**

As an Art Therapist trainee my direct experience of Phototherapy has mainly come from within the context of my participation in the three Phototherapy conferences held at Lucca Mental Health Centre (Italy), Roehampton University (UK) and Turku University (Finland). Phototherapy was also the subject of one workshop within my Art Therapy training at Roehampton University in May 2010 (Loewenthal, 2009; 2011), where my peers and myself had a short first-hand exercise with significant findings for most people involved in my group.

## **Importance of a safe and facilitating environment**

Based on my experience with Phototherapy training, Phototherapy is a tool which provides a means for the client to get in touch with forgotten memories and feelings in a fairly immediate way. Thus, one of my concerns as an art therapist trainee is the importance of a safe and facilitating environment (Case and Dalley, 1992). Marion Milner's (1950) symbol of the outer and the inner frames come to mind as they are deeply vital to the structure of a therapeutic relationship for a safe and facilitating environment to take place.

For me these frames relate mainly to D.W. Winnicott's (1960) holding and W.R. Bion's (1962) containment concepts, upon which physio-psychological care and Objects Relations theory are based. Their underpinning ideas in their practice of a constructive therapeutic relationship are founded on the mother-child attachment model to provide the best conditions possible for a healthy child ego development in a safe and facilitating environment.

Within my art therapist training practice the outer frame, the British Association of Art Therapists (BAAT) and Health Professions Council (HPC) codes and standards reinforce my understanding that to practice as an art therapist I must, first of all, provide containment from a professional, ethical and legal framework with the client's best interests in mind, providing a safe environment for the patient. I reinforce the safety element of the outer frame by abiding to BAAT's code of ethics.

The outer frame is represented and provided by me and the inner frame is represented by the therapeutic relationship enabling the holding phase for self restoration to occur by having an accepting environment. The inner frame is also defined by the same weekly meeting time, length, protected space, the room and our art materials.

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Within the context of using Phototherapy, I feel that the inner and outer frames of the therapeutic relationship are especially important to create a third area of potential space (Winnicott: 1971, p. 62), i.e. boundaries for mutual safety, security and trust, which enable the holding in a safe environment to occur. The outer frame also relates to my ability in providing impartiality and being a 'good enough' (Winnicott, 1971) therapist in adapting and reflecting to the client's group needs with the professional guidance of my supervisor to 'provide a container that holds the helping relationship with the therapeutic triad' (Hawkins & Shohet: 2007, p. 3).

Moreover, the physical aspect of the work setting with safe storage for the client's work, clear boundaries in our contract (consent form) is essential to structure the outer frame in being conducive for the inner frame to evolve.

### **Some considerations using Spectro Cards**

Ulla Halkola (2009; 2011), psychotherapist, created the Spectro Cards, a set of 75 photographs, which are now used by many therapists, counsellors, teachers in Finland and in other European countries.

#### **1. Client group**

A consideration of the client group is essential when thinking about the use of Spectro Cards within the practice of phototherapy. Based on my experience I feel that it is necessary that the client is stable within him/herself to be able to process the intense emotional content that some of the photographs may bring to consciousness. I feel that the client, especially when referring to a child, would need a stable and nurturing home-base where his/her emotional needs would be met.

The Spectro Cards provide a space for a potential of introspective exploration. This process may be too intense and direct for a child or a person without strong attachment (Bowlby, 1971) with the mother or the primary carer. However by contrast, 'it is in the nature of image-making that most people are capable of making marks and therefore can use art therapy in some way' (Case: 1992, p. 5).

Phototherapy needs the client to verbalise his or her thoughts or/and feelings in response to the photograph he or she is looking at. It is a fairly directed approach without the mirroring back effect that the image in art therapy provides to the client. In art therapy the client's choice of art materials shows vitality effects, subject of attunement (Stern, 1998) with the therapist, making the image act as witness by mirroring the processed emotional content back to the client. The triangular art therapeutic relationship provides a complex dynamic dialogue for re-forming a subjective state.

#### **2. Not-knowing process**

Art therapy provides a space for maintaining boundaries while tolerating the not-knowing process and accepting an attitude of letting-go. With some clients, i.e. children without a stable emotional home, Phototherapy may be too structured and demanding as it needs the client to express what he/she sees and relate/interact with the photograph.

#### **3. Continuity in time**

Winnicott's concept of 'continuity in time' care (1988, p. 39) is important to consider when

thinking about short-timed workshops, which may tap into the client's personal material possibly too quickly without the stability of the continuity of a therapeutic relationship.

#### 4. Whose photographs?

When thinking about using photographs other than the Spectro cards, there is consideration of the ownership and the significance of the photographs. There is a real need to consider the mental and emotional state of the child before asking him/her to bring a family photograph for example. Who is selecting that particular photograph? Is it a parent? Has the child complete autonomy in deciding which photograph to bring to the phototherapy session? Is the child ready emotionally to explore that photograph? Is the photograph that the client is bringing to the therapeutic space a conscious as much as an unconscious decision? Photographs are related to memories – photographs are culturally, emotionally loaded, thus, I feel that the holding is essential in providing a safe and contained environment when jolting the client's memory.

Phototherapy is a valuable tool encompassing many possibilities for retrieving forgotten memories and working through feelings and thoughts within a safe and facilitating environment; however, from an art therapist's viewpoint I feel that in assisting children whose home-base is unstable and chaotic and whose attachment to the mother is not secure enough, it is important not to place the child within a too restrictive space creatively and to be sensitive to the timing of his/her needs. I also reflected on the meaning of a 'regulatory partner giving the space to become autonomous in good timing' (Gerhardt: 2004, p.91), which relates to the clinical work whereby the art therapist's observations of the sessions, the no-sound at all (Winnicott:1971, p. 66) or non-directive approach can help the patient in making his/her own creative interpretation.

#### References Bibliography

- Bion, W.R. (1962) *Learning from Experience*, London: Heinemann
- Case, C. & Dalley, T. (1992) *The Handbook of Art Therapy*, London: Brunner-Routledge
- Gerhardt, S. (2004) *Why love matters*, Hove: Routledge
- Halkola, U (2009) Photograph as a therapeutic experience, *European Journal of Psychotherapy and Counselling*, 11(1)
- Halkola, U (2011) in Loewenthal, D (2011) (ed) *Phototherapy and therapeutic photography in a digital age*. London: Routledge
- Hawkins, P. & Shohet, R. (2007) *Supervision in the Helping Professions*, Maidenhead: Open University Press
- Loewenthal, D (2009) Can photographs help one find one's voice? *European Journal of Psychotherapy and Counselling*, 11(1)
- Loewenthal, D (2011) (ed) *Phototherapy and therapeutic photography in a digital age*. London: Routledge
- Schaverien, J. (1999) *The revealing Image: Analytical Art Psychotherapy in Theory and Practice*, London: Jessica Kingsley Publications
- Stern, D. (1998) *The Interpersonal world of the infant*, London: Karnac
- Weiser, J. (1999) *Phototherapy Techniques: Exploring the secrets of personal snapshots and family albums*, Vancouver: Photo Therapy Centre
- Winnicott, D.W. (1988) *Human Nature*, London: Free Association Books
- Winnicott, D.W. (1971) *Playing and Reality*, London: Penguin Books Ltd.

# USING VIDEO AS THERAPY, POST-EXISTENTIALLY: EXPERIENCES OF 'SCHIZOPHRENIA' – A THERAPEUTIC FILM PROJECT

Noora Sandgren and Tom Cotton

'If there is a fault in reality, with whom does it lie?' This is the question writer, director and psychotherapist Tom Cotton raises with his documentary project in which he explores three people's experiences of hearing voices. The documentary challenges the dominant myths surrounding both the origins and the day to day reality of 'schizophrenia' and shows how little we know about people's experiences of the condition. In this sense, the use of quotation marks reflects the current contention surrounding its validity as a diagnostic term.

The project was influenced in part by Carmine Parella's therapeutic film work at the Centre for Mental Health in Italy, Lucca, which demonstrated how it might be possible to explore a subject "unbound by psychology's restrictive methodology" (Johnson & Alderson 2008:11). First person accounts of people who have experienced 'schizophrenia' have long been under-represented in both psychotherapeutic research (Chadwick 2006; 2009) and media representations of 'schizophrenia.'

Cotton's project was also influenced by his Psychotherapy Psych-D research at Roehampton University (supervisors Del Loewenthal and Michael Channon), which explores experiences of psychotherapy for people diagnosed with 'schizophrenia'. The research seemed to illustrate Laing's assertion that the psychoses are meaningful and intelligible (Bentall 2005: 227). This assertion has more recently been reinforced by the rise of service-user led advocacy bodies, such as Mind Freedom and the Hearing Voices Network, which have published first person accounts describing links between early trauma and the adult onset of 'schizophrenia' (Romme et al 2009, James 2001). This runs against the dominant cultural discourse which has seen a colonisation of the psychological by 'biological psychiatry' over the last 40 years, which has led to the inevitable 'belief that "schizophrenia" is an illness' in which 'life events and circumstances can play no role in its causation' (Read et al 2004a). This tends to lead to mechanistic explanations where psychotic experiences can only be meaningfully read as organic brain disturbances. The subjects in Cotton's film question this explanation in different ways. Jacqui Dillon, for example, felt that: "Rather than seeing the voices as a sign of illness or madness, as something wrong, I began to feel quite grateful to them, because I saw that if I hadn't start hearing voices, I would not be here now. I would have killed myself."

This chapter is part of the PHOTOTHERAPYEUROPE handbook and is part of the Research Centre for Therapeutic Education of the Roehampton University chapter set; Talking Pictures Therapy (Del Loewenthal); Researching Phototherapy and Therapeutic photography (Del Loewenthal); Phototherapy from an art therapist trainee viewpoint (Sophie Hamilton); Working with The Image; Using 'Talking Pictures Therapy' Post-existentially and in Primary Care: Case Studies using Visual Images (Diana Thomas); Using video as therapy, post-existentially: Experiences of 'schizophrenia' – A Therapeutic film project (Tom Cotton); Talking Pictures Therapy within Post-existential Practice with young people (Christine Wells).

In the film Jacqui, Peter Bullimore and the film's third subject, Jon Swift, explain how they have been able to confront their voices. In being able to listen to the content of the voices, they were able to understand and process the traumatic past experiences that

the voices embodied. Since completion, the film has been seen by many voice hearers, who felt that Jacqui, Peter and Jon's stories closely represented their experiences and who expressed their hopes that the film would contribute to changing the perceptions of 'schizophrenia'.

### Working dialogically and emphasising creativity

Rather than embarking on a phototherapy project, Cotton says that the primary aim of the film was to produce a narrative that a mainstream audience could engage with. In this sense, Cotton felt that he was working more as a filmmaker than as a psychotherapist. What emerged from this was a close, and perhaps more equitable, relationship with one of the film's subjects in particular, Jon. Cotton and Jon found they shared much in common: both had been to psychiatric hospitals as patients in their early twenties following breakdowns, however, the treatment they received differed. Jon had been encouraged to suppress his experiences in an attempt to control his psychosis. While this approach affected a short-term reduction of 'symptoms', it came at the cost of having to take heavy medication, an increasing sense of isolation and a declining sense of self-worth. Cotton meanwhile had been able to work through his problems in long term psychotherapy and through this, was able to find a path toward recovery. During the filming process, both shared their life stories and these conversations became the core of the interview process. For Jon, being able to share and reflect on experiences that he had previously been encouraged to not think about, seemed to add important detail to something that he felt murky and unclear to him in the past. During this process, Cotton wondered whether Jon might come to see himself in a different way? Would he develop a different relationship to his voices? Might doing so help free him from the impasse he was experiencing? In some ways, these questions mirrored for him some phototherapeutic process. For example, O'Rourke's (2001) Environmental Video Therapy Process, which involved working with the traumatised child survivors of war, involved revisiting the site of trauma through a lens, and in so doing, 'sounds, objects, people and landscapes that once elicited fear-based reactions, are transformed into sources of creativity.' Cotton also explored Jon's creative world, most important of which was his poetry. While Jon had made a name for himself as an underground poet, it was revisiting the discarded poems written at the time of his first hospitalisation that enabled him to reconnect to some difficult, buried aspects of his past. Similarly, exploring childhood photos and images of his troubled teenage years brought up difficult memories of being bullied at school. This in turn seemed to help Jon to reconnect with frozen, forgotten emotions and start talking about the anger that was still felt toward his tormentors - whose voices he could still hear. In one sense, Jon's story shows how medication might take the edge off the trauma of hearing distressing voices, but in doing so, Jon was left without an understanding of what the voices meant to him. In conjunction with the effects of the medication, Jon was not able to work, his self esteem had plummeted, and with an increasing sense of confusion and isolation, had felt excluded from mainstream society. By telling his story, Jon began to understand the importance of his unresolved past and how this had found expression in the voices he heard.

## Implications for working phototherapeutically

While Cotton had not embarked on a phototherapy project, he was struck by how the process of making the film, as well as some of the outcomes for the film's subjects reflected some of the phototherapeutic processes and aims found particularly in the area that Weiser (2001) refers to as 'video-as-therapy'. This has also been variously termed, Therapeutic Filmmaking (Johnson & Alderson 2008) and Environmental Video Therapy Process (O'Rourke's 2001). In reflecting on the process of making his film, Cotton also found a correlation with all five of Judy Weiser's (1993) principal phototherapy techniques:

- ☐ The projective Process – exploring perceptions, values and expectations
- ☐ Working with Self Portraits – helping clients to understand the images they make of themselves
- ☐ Seeing Other Perspectives – enabling clients to examine photographs taken of them by others
- ☐ Metaphors of Self-Construction – ways of reflecting on photos collected or taken by client
- ☐ Photo Systems – ways of reviewing family albums and photo-biographical collections

In one sense, Cotton felt that Jon's poetry resembled a kind of written 'Photo Projective' of Jon's internal world – 'the "place" where each person forms their own unique responses to what they see' (Weiser 2008: 3). Similarly, Jon's chaotic flat seemed an important photo projective, with its accumulated layers of memories. In the process of making the film, Cotton also found a correlation with the 10 themes that Johnson & Alderson (2008) identified in *Therapeutic Filmmaking: An Exploratory Pilot Study*. These themes were: Positive experiences, Feelings of Mastery, Observations on Perception, Changed Perspective on Self, Changed Perspective on Interactions, Humour as Healing, The Personal as the Subject in Filmmaking, Film as a Focussing agent, Film as a Catalyst for Discussion, Comparison to Other Experiences of Therapy.

Participating in the film was regarded as a powerful, positive experience by the participants, all of whom also felt that the film had created an important therapeutic forum where mental health service users could reflect on their own experiences. Jon in particular has expressed the process of making the film an important agent of change. However, the desire to build on these changes led to some difficult emotional challenges after the completion of the film. An important outcome of this has been Jon's decision to enter into therapy, something he had been afraid of in the past. The process of the film also raised many important questions for Cotton: as a filmmaker, had he been any more or less susceptible to the complex weave of interpersonal projections, than if his relationship with Jon had been as client and therapist? Cotton was reminded that in the psychotherapeutic field we persistently run the risk of 'getting others to explore our own mine/mind field' (Loewenthal 2009). He wondered if he had helped Jon to see himself, or merely helped him to pretend that he could be somebody else?

With these questions in mind, Cotton has discussed a new project with the Hearing Voices network, which would involve working on a therapeutic film project with young voice hearers. Cotton felt that making "There is a Fault in Reality" was an important learning experience and despite not setting out to be a phototherapy project, the film touched on some of the core aims of the Leonardo da Vinci Life Long Learning

Programme, such as fostering empowerment through creativity, encouraging deeper self-insight and combating social exclusion. In making a film that communicates the experiences of people who hear voices, Cotton aimed to engender a greater understanding of this experience and address social stigmatisation. In doing so, he seems to have also shown that audience and subject are perhaps not that different.

Film duration 29 minutes.

The film was produced by Joe Barker at Tigerlily Films and received development funding from Media.

To see “a clip from There is a Fault in Reality” go to:

[www.tigerlilyfilms.com/our\\_work/documentaries/there\\_is\\_a\\_fault\\_in\\_reality/](http://www.tigerlilyfilms.com/our_work/documentaries/there_is_a_fault_in_reality/)

For more information on the project and to make an advance order for the DVD, contact Tom Cotton: [tom@tomcotton.co.uk](mailto:tom@tomcotton.co.uk)

#### Useful websites

The Hearing Voices Network: [www.hearing-voices.org/](http://www.hearing-voices.org/)

Jacqui Dillon's website: [www.jacquidillon.org/](http://www.jacquidillon.org/)

Jon Swift's poetry online: [www.myspace.com/bewithletterscrawl](http://www.myspace.com/bewithletterscrawl)

Article editing & photo by: Noora Sandgren, photographer and (graduating soon as) MA in Social Psychology, Helsinki University.

#### Bibliography

Chadwick, P. (2006) Peer-professional first-person account: schizophrenia from the inside – phenomenology and the integration of causes and meanings. *Schizophrenia Bulletin*. Sept 2006: 1-8.

Chadwick, P. (2009) *Schizophrenia: The Positive Perspective, Explorations at the Outer Reaches of Human Experience* (2<sup>nd</sup> edition). Routledge, Hove.

James, A. (2001) *Raising Our Voices*, Handsell Publishing.

Johnson, J.L., & Alderson, K.G. Therapeutic filmmaking: An exploratory pilot study. *Arts in Psychotherapy* 35 (2008) 11-19.

COTTON, T., & LOEWENTHAL, D. (2011) Laing and the treatment is the way we treat people, in Loewenthal, D (2011a) *Post-existentialism and the psychological therapies: Towards a therapy without foundations*. London: Karnac.

Loewenthal, D. (2009) Can photographs help one find one's voice? The use of photographs in the psychological therapies. *Phototherapy and Therapeutic Photography* (Vol.11.1).

Muller, C., & Bader, A. (1972). Therapeutic art programmes around the world IX. Filmmaking in a Swiss psychiatric hospital. *American Journal of Art Therapy*, ii (4), 185-189.

O'Rourke, R. (2001) Anya's movies. *Afterimage: The Journal of Media Arts and Cultural Criticism* 29(3), 5.

ORR, P. (2006) A documentary project with first year art therapy students. *The Arts in Psychotherapy* 33 (2006) 281-287.

Read, J., Mosher, L. & Bentall, R.P. (2004) 'Schizophrenia' is not an illness. In Read, J., Mosher, L. & Bentall, R.P. (eds.) *Models of Madness*, Routledge, Hove.

Read, J., Goodman, L., Morrison, A.P., Ross, C.A. & Aderhold, V. (2004a) Childhood trauma, loss and stress. In Read, J., Mosher, L & Bentall, R.P. (eds.) *Models of Madness*, Routledge, Hove.

Romme, M., Escher, S., Dillon, J., Corstens, D. & Morris, M. (2009) *Living with Voices: 50 Stories of Recovery*, Ross-On-Wye: PCCS Books.

Weiser, J. (1993) *PhotoTherapy Techniques: Exploring the Secrets of Personal Snapshots and Family Albums*, Vancouver, PhotoTherapy Centre Press.

Weiser, J. (2001) PhotoTherapy Techniques: Using clients' personal snapshots and family photos as counseling and therapy tools. *Afterimage: The Journal of Media Arts and Cultural Criticism*, 23(3), 10-15.

# **PHOTOTHERAPEUROPE – LEARNING AND HEALING WITH PHOTOTHERAPY**

## **HANDBOOK**

### **CONTRIBUTORS**

#### **Michael Chanan**

Michael Chanan is a seasoned documentary film-maker, author of books on both film and music, and Professor of Film & Video at Roehampton University, London. He began his professional life as a music critic, making his debut as a documentarist with a couple of films on contemporary music for BBC2 in the early 1970s. In the 80s, after a stint teaching film at the then Polytechnic of Central London, he directed a number of films on Latin American subjects, mainly for Channel Four. He returned to teaching in the 90s in the Media School of the then London College of Printing. In 2000, he was Visiting Professor in the Literature Programme at Duke University, USA, and then joined the School of Cultural Studies at the University of the West of England where he became Professor of Cultural Studies in 2002, before moving to Roehampton University in 2007. His most recent book is *The Politics of Documentary* (2007), and his latest film, following a stint as the first video blogger for the *New Statesman*, is *Chronicle of Protest*, is a work of practice as research into the crisis in higher education and its ramifications. He publishes written commentaries and video blogs as Putney Debater.

#### **Tom Cotton**

Tom Cotton is a psychotherapist and filmmaker with a special interest in phenomenology and the construction of narrative. Tom studied Fine Art Film and Video at Central Saint Martins College (1996 – 1999) before working in the film industry. Later, he gained an MSc in Psychotherapy and Counselling at Roehampton University (2004 - 2008) and continued his studies there over the course of a two-year Advanced Practitioner programme (2008 - 2010). He is currently researching his Psych-D thesis carried out at the Research Centre for Therapeutic Education, Roehampton University, 'An exploration of whether psychotherapy is helpful or not for those who have received a diagnosis of schizophrenia', also at Roehampton, and recently directed a half hour documentary, 'There is a Fault in Reality', which explored three people's experiences of 'schizophrenia.' Tom also works in a therapeutic community for people experiencing psychosis and is a UK delegate for Phototherapy Europe.

#### **Ulla Halkola**

Ulla Halkola, MSSC, is psychotherapist and organisational developer (PD). She works as an education coordinator at the Brahea Centre for Training and Development at the University of Turku, where she organizes courses in the fields of psychotherapy, mental health, health-promoting and organizational development. Since 2000, she has especially focused on organizing phototherapy seminars, workshops



and long-term training courses. Besides Finland, she has held seminars, workshops and lectures in Estonia, Latvia, Italy, Great Britain, Slovenia, Russia and South-Korea. She is one of the founding members and the first chairperson (2004-06) of the "Finnish Phototherapy Association". She has been a member of the Finnish Art Photographers' Union since 2004 as well as a member of the Peri Center of Photography in Turku. She has created a set of "Spectro Cards" which are now being used by many therapists, counsellors, teachers and consultants in Finland and also in other countries. In 2008, Ulla Halkola acted as the chairperson for the International Congress on Phototherapy and Therapeutic Photography. The Congress was the first international phototherapy congress organized in Europe. She is one of the editors of the book "*Valokuvan terapeuttinen voima*" (The Therapeutic Power of Photography) published by the Duodecim Medical Publications Ltd, Finland, in February 2009. Ulla Halkola is the coordinator of the Leonardo da Vinci Lifelong Learning Partnership Programme project PHOTOTHERAPYEUROPE Learning and Healing with Phototherapy 2009-2011.

### **Sophie Hamilton**

Sophie Hamilton is currently studying in the MA in Art Therapy program at Roehampton University. She has used multi-media installations including photography, film and painting, at Chelsea College of Art and Design to explore concepts of health and well-being. Her participation in the Leonardo Phototherapy Project in 2010-11 provided an avenue for inter-disciplinary collaboration between Art Therapy and Phototherapy for further human understanding through both these practices. Her recent art therapy clinical practice within the MA program includes experience in in-patient adult acute psychiatry, adult psychiatric intensive care unit, forensic with learning disability and children in special needs educational settings.

### **Liisa Heimo-Vuorimaa**

Liisa Heimo-Vuorimaa is dentist and supervisor, authorized to do debriefing in traumatic crisis situations. She is a dentist who has changed her traditional work towards using also communication as a tool for healing. As a gp-dentist she has worked both in the private and communal dental care. She became a supervisor 15 years ago and at the same time started to work in the field of traumatic crisis. Today she works as a full-time supervisor. For the last 10 years, she has been a member of the Turku City on-call debriefing group. After completing a course of "Pictures and Stories in Therapeutic Work and Counselling" she has used photography as a basic element in the interaction in supervising both groups and individuals, healing chronic pain and in debriefing-groups. She has written articles about her way of using photos as a method of work. Since 2000, she has worked as a trainer and supervisor in the supervisor education programme at the Brahea Centre for Training and Development at the University of Turku. Liisa Heimo-Vuorimaa has also written two full-length plays.

### **Tarja Koffert**

Tarja Koffert is psychotherapist and psychotherapy trainer in family therapy and in cognitive psychotherapy. She also has a degree of adviser and supervisor in

organisation developing and a certificate in health care administration. She divides her time between psychotherapy work, therapy training and organisation consultation. Tarja Koffert has worked as a psychiatric nurse and as a head nurse at the Psychiatric Hospital in Turku in the 80's. In the 90's she worked as a researcher at the National Research and Development Center for Welfare and Health STAKES in Helsinki. In the beginning of 2000 she started her own private practice. Photos and storytelling have had a big role in her work for many years. In the psychotherapy work and training, photos belong to her daily tools. She considers photos to be one of the most inspiring part of her work; family albums, symbolized photos and even photographing during the therapy. Since 2000, she has been involved in organizing and developing phototherapy training programmes together with Ulla Halkola and Pirkko Pehunen. Over the last years, her main interest has been in how to use photos in therapy with depressive clients. Tarja Koffert is one of the editors of the book "Valokuvan terapeuttinen voima" (The Therapeutic Power of Photography) published by the Duodecim Medical Publications Ltd, Finland, in February 2009.

### **Leena Koulu**

Leena Koulu is dermatologist and allergologist, working as an administrative chief specialist in the department of dermatology in the Turku University Central Hospital. Her scientific publications include 30 original articles in the field of dermatology and allergology and over 50 other publications. The interest in psychosomatic medicine led Leena Koulu on to therapeutic fields and to collaboration with psychotherapists. She has participated in the phototherapeutic workshops by Rosy Martin and Judy Weiser and has also acquainted herself with expressive arts therapy. Besides being an administrative physician in the department of dermatology, Leena Koulu works as supervisor and process consultant for the Hospital District of Southwest Finland. Leena Koulu is the chairperson of the Finnish Phototherapy Association (2007-2009) and one of the editors of the book "Valokuvan terapeuttinen voima" (The Therapeutic Power of Photography) published by the Duodecim Medical Publications Ltd, Finland, in February 2009. She is the partnership leader representing the Finnish Phototherapy Association in the Leonardo da Vinci Lifelong Learning Partnership Programme project PHOTOTHERAPYEUROPE Learning and Healing with Phototherapy 2009-2011.

### **Mari Krappala**

MARI KRAPPALA is a writer and a researcher in contemporary art, cultural and feminist studies. She is a docent of art education in the Aalto University, the University of Art and Design Helsinki. Her PhD work dealt with contemporary art processes, photography and Luce Irigaray's philosophy of the ethics of sexual difference. She teaches art theory, artistic research methodology and supervises MA and PhD works. At the moment she is doing curatorial work with the independent art groups in the interartistic fields and developing the methods of work in between community and institutional art. Her recent research topics deal with death, sorrow and imaginary ways to live with them.

## **Del Loewenthal**

Professor Del Loewenthal is Director of the Research Centre for Therapeutic Education, Department of Psychology, Roehampton University. He is also in private practice as a psychotherapist and counselling psychologist in Wimbledon and Brighton. He is founding editor of the European Journal of Psychotherapy and Counselling (Routledge) and former Chair of the United Kingdom Council for Psychotherapy Research Committee. His publications include 'Critically Engaging CBT' (Co-edited with Richard House, 2010, PCCS Books), 'Childhood, Wellbeing and a Therapeutic Ethos' (Co-edited with Richard House, 2009, Karnac Books), 'Case Studies in Relational Research' (2007, Palgrave Macmillan and 'Post-modernism for Psychotherapists' (co-authored with Robert Snell, 2003, Sage). He is currently writing 'Phototherapy and Therapeutic Photography in a Digital Age' (Routledge).

## **Carmine Parrella**

Carmine Parrella is psychologist and psychoterapist. He works for The National Public Mental Health Service ( U.F. Salute Mentale Adulti ASL2 Piana di Lucca) in the town of Lucca, Tuscany in Italy. He is leading and developing since five years experimental multimedial art therapy programs applied to three different context: psychiatric rehabilitation, community based prevention programs, psychotherapy. Actually he conducts the activity of a therapeutic Video Atelier and therapheutic photo atelier for clients with severe psychiatric disorder. He is experimenting the therapeutic potential of digital image (both photograph and video) exposition and manipulation and he is trying to develop program to reduce the stigma toward psychiatric patients trough the active use of photo and video by the patients themselves. Carmine Parrella is the partnership leader for Lucca project in Learning and Healing with Phototherapy 2009-011.

## **Pirkko Pehunen**

Pirkko Pehunen is a clinical psychologist, psychotherapist, and family and phototherapy trainer. She works in a private practise doing individual, group, family and couple therapy and supervision. In her work she uses phototherapeutic methods as a part of the therapeutic work. In the family therapy training she has used phototherapeutic methods systematically. She takes a special interest in using photographs and photographing in the treatment of psychosomatic diseases. Pirkko Pehunen is one of the founders of the Finnish Association of Phototherapy. Since 2000, she has been involved in organizing and developing phototherapy training programmes together with Ulla Halkola and Tarja Koffert. She has also contributed to the book "Valokuvan terapeutinen voima" (The Therapeutic Power of Photography) published by the Duodecim Medical Publications Ltd, Finland, in February 2009.

## **Noora Sandgren**

Noora Sandgren is photographer and journalist with a background on social psychology, in which she has a masters degree from the University of Helsinki, her studies including psychology and communication studies. Her interest in using images for empowering purposes is reflected to her recent studies including workshops on empowering

photography with Miina Savolainen, phototherapy with Judy Weiser and art therapy in Helsinki school of art/Aalto university. She is equally interested in increasing visual literacy (how to read & produce images) and people's understanding of their life story in times of dispersed identity projects and fast food consumption of aesthetics.

Noora Sandgren writes about Tom Cotton's project which questions whether there is a fault in reality and if so, whose reality are we talking about. He suggests new ways in perceiving schizophrenia. Noora Sandgren supports his innovative method of using film for raising questions on norms, normality and stigma.

## **Miina Savolainen**

Miina Savolainen is a Helsinki-based photographer and an art and social educator. Alongside her artistic work she explores, teaches and develops the use of photography as a pedagogic and therapeutic method. Her work has resulted in the method of empowering photography. Miina Savolainen, her project *The Loveliest Girl in the World* and the method of empowering photography have received several awards in Finland. Miina Savolainen is a member of The Finnish Phototherapy Association and The Union of Artist Photographers.

*Empowering photography* has been applied in the 21<sup>st</sup> century in education, care work and therapy, as well as in the workplace and as a means of reinforcing family ties. It is not phototherapy, and thus does not require the professional skills of a therapist. Provided that the central requirements of the method are met, it can be used, for example in care work, as a supplement to existing professional skills. Empowering photography is based on equality, with the inherent power of the photographer being dismantled and replaced by interaction and dialogue.

*The Loveliest Girl in the World* is a growing story about becoming visible and accepting oneself. It is a joint photography project undertaken by Finnish photographer and social educator Miina Savolainen with ten girls from Hyvönen Children's Home. *The Loveliest Girl in the World* is an example of empowering photography and of the healing power of photographs. Each of us deserves to be seen as good and valuable.

**[www.empoweringphotography.net](http://www.empoweringphotography.net)**

## **Diana Thomas**

Di Thomas is a Senior lecturer at the University of Roehampton and teaches on the B.Sc. degree course in Integrative Counselling. From its original inception at the University of Surrey, she was instrumental in setting up the course at Roehampton in 2004, and has been closely involved in developing course content and format for years 2 and 3 of the degree. Her current role focuses on teaching Existential psychotherapy to students, with an emphasis on phenomenological approaches to therapy and to doing qualitative research. Di has a significant interest in the visual arts, including painting, photography and phototherapy, and employs visual images and experiential learning as part of the teaching and learning programme. She is a practising therapist working in the NHS and uses postcards and spectro-cards in her counselling work with a variety of clients. She is currently working on her own photographic collection with a view to

producing a series of spectro-card images on the themes of transition and journeys. Di is also interested in group analysis and experiential groups in counselling training.

### **Christine Wells**

Christine Wells taught English for approximately 20 years, alongside working as a school counsellor before re-training as a psychotherapist. Practising existentially, she has specialised for many years in working with adolescents and young people. She is also passionate about working with the elderly, the subject of her recent dissertation for her MSc in Counselling and Psychotherapy at Roehampton University, where she is enrolled on an Advanced Practitioner Programme. Currently, she practises privately; at an affordable counselling agency and in a sixth form college. She has particular interest in working with issues of identity, self-harm, abuse and destructive patterns; integrating phototherapy which may serve to access the client's inner world more immediately than words.



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