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Therapeutic photography: enhancing patient communication

Standfirst maximum four lines

■ photography ■ communication ■ social identification ■ social work

Is a picture truly worth a thousand words? It depends how it is used. The practice of using photography as ‘therapy’ dates back to the 1850s when Hugh Welch Diamond applied photographic processes to document and highlight the different strains of mental illness he encountered among female patients, believing that capturing a person’s appearance in an image also revealed a window into their character (Drinkwater, 2008).

After World War II, photography was used by recovering servicemen for recreation, but therapeutic benefits were also noted, leading to the adoption of the technique in some civilian hospitals to aid recovery from physical and psychiatric illnesses (Perchick, 1992; Glover-Graf and Miller, 2006). Since the early 21st century, the therapeutic use of photographs has been divided into two categories: phototherapy and therapeutic photography.

Weiser (1984; 2001; 2004) offered a distinction between these two approaches, explaining that phototherapy refers to the structured use of photographs in a counselling or therapy session that, by definition, is led by a trained counsellor or therapist; whereas therapeutic photography is used to define photo-based activities that can be self-initiated, as well as group-based, but do not require the formal role of a counsellor or therapist. For many practitioners interested in using photographs in their practice to explore issues, but who do not have a formal qualification, it is to the approach of therapeutic photography that they must look.

In reality, there are grey areas into which these two approaches cross. In both practices, practitioners cannot be taught how to decode photographs; the image is a catalyst for communication and, in some

cases, a route to the unconscious (Weiser, 2004). For any practice to be ‘therapeutic’ there has to be a benefit to the end user in terms of deepening understanding of the self, while enhancing coping strategies and reducing inner conflict (Borden, 2000). Therapeutic photography allows participants to enjoy capturing images, but opens them up to question the image, discuss the content and discover more about themselves as they do so. Because this might involve outcomes, such as self-expression, rehabilitation, healing and empowerment, Halkola (2013) suggested that sessions are best guided by professionals who are able to assist in the emotions which may arise (e.g. health, education and social work professionals).

‘Aura of authenticity’

Academic research has recognised the benefits that photography brings to the exploration of lived experience because it has an ‘ability to render details, [and] has an aura of authenticity that gives it a unique power and fascination’ (Griebing et al, 2013: 17). By structuring this exploration against a socioecological model (Bronfenbrenner, 1986; 1992; 2009) and setting tasks based around the themes at each level of this model, participants of therapeutic photographic interventions can be invited and encouraged to consider their experiences.

Guided by a facilitator, participants can explore their own photographs, and discuss the importance and significance of images before capturing positive aspects of their characteristics in a self-portrait. Family photographs can be shared and pictures can be produced to represent significant relationships in the microsystem; days can be explored in visual format to look at routines and challenges; and group projects can explore relevant issues to highlight the benefits and challenges faced by a minority group as they pictorially examine the macrosystem.

When this is conducted between a facilitator and a participant, the dynamics of the therapeutic

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relationship develops. Body language changes as the participant invites the facilitator to lean in and see the image; eye contact is no longer focused on each other and becomes preoccupied with the photograph, making it easier to talk freely. The participant becomes the expert of their situation as they have chosen what to photograph, what to show, and what to say about the image, meaning they demonstrate greater control within the therapeutic milieu. With control comes confidence and the ability to engage in a conversation with a facilitator, who is showing a genuine interest in the photograph, increases. These benefits increase again when a facilitator runs therapeutic photography sessions with groups of participants as peer learning enhances the outcomes.

Social identity theory describes the process of individuals enhancing their identity through perceived membership of social groups, where learning about the self becomes strengthened when listening to experiences of other group members (Tajfel and Turner, 1979). Identity theory deepens the process and recognises a reflexive element wherein individuals begin to compare themselves against other group members and define roles within their lives (Stets and Burke, 2000; Stryker and Burke, 2000). Through sharing images in a therapeutic milieu, by guiding one another on appropriate levels of disclosure, and by sharing a common interest in photography, the group bonds and asserts identity and commonality.

'Hard to reach' patients

Because of the aspect of control that the participant experiences, therapeutic photography can be particularly suitable for individuals who are 'hard to reach'. When patients, clients and service users come into contact with professionals they are all too often asked to verbalise their issues; with therapeutic photography a visual element is also provided which is often a much needed support to enable the verbal information to come out. Professionals dealing with patients who have been through significant change may find this technique useful, particularly in the field of health and medicine where the power dynamic is typically always in the hands of the professionals, which can be intimidating.

Oliffe and Bottoff (2007: 850) found that using photography to gain insights into the experience of men recovering from prostate cancer was enlightening and empowering for the participants, and describe the information gleaned as 'unique and unanticipated'. Sitvast and Abma (2012) highlighted the benefits when working within mental health nursing, while Smith et al (2006) recognised the implications of using photography with patients who had type 1 diabetes so that narratives could

be better understood by medical professionals. This also underpins the application for associated health professionals, such as occupational therapists and physiotherapists, who need to work with patients to put supports in place when someone is discharged from hospital, or coming to terms with a change in circumstance. The ability of a patient to visually document their own situation, highlighting areas where they incur difficulty, alongside areas where they can function with relative ease, provides the professional with valuable, personalised data to help shape appropriate support.

So, is a picture worth a thousand words? With therapeutic photography, it may well be a catalyst for a patient to say a thousand words. **JKC**

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