

Apologies for both the sexist pronouns and the politically incorrect "labels" used in this Chapter -- but when it was published (1983), these were the Editorially-appropriate terms!

Chapter 10

Using Photographs in Therapy with People Who are "Different"

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INTRODUCTION

"**H**OW many people are in this picture?" asks the recent advertisement for the International Year of the Disabled. There are ten, two of whom are in wheelchairs. Apparently most viewers see only the eight on foot as "people." Being invisible, skipped over, talked around, patronized, and given little credit for individuality are common occurrences for disabled people, and their families often get caught up in it as well. Similar things happen to those from other cultures or races that are in minority status, or even to "invisible" members of a family or group who may be for whatever reason in disfavor--i.e. people who are "different."

Using a systems theory model of approach, one quickly realizes that a group or family with a disabled or "different" member really is a nonentity, rather, the term "disabled or different group/family" is more appropriate -- because *all* persons in that system are affected by one member's entry into the category of handicapped/disabled, or by their standing out as somehow different than the majority. *All* persons will to some degree readjust, shift, change their expectations, thoughts, hopes, dreams, attitudes, feelings, and sometimes even their very methods of communication with an individual who does not fit the common mold.

For example, therapists often encounter such families as part of the rehabilitation process, in the midst of the immediate crisis, with family members as well as the identified problem/disabled client going through stages of dealing with the disability that are very similar to the stages of facing and grieving a death. Similarly, multicultural groups and communities deal with the continuum between treating everyone the same versus honoring and respecting differences (even though those differences may lead to lack of consensus or demands for specialized treatment). Such groups may find themselves stuck for solutions when the differences seem polarized or unex-

plainable to others.

Families or communities that have "adjusted," on the other hand, are rarely encountered by the helping professionals, unless for reasons apart from the disability or differentness. Assisting people to reach the "adjusted" stage, to learn to understand and accept and respect people, to separate the real differences-that-make-a-difference (societal and cultural as well as physical and emotional) from the sham excuses (without those differences being seen as threatening), to cope and yet go on to maintain a "healthy" relationship — these are some of the goals of therapists, and there are many standard methodologies of reaching these goals, usually dependent on purely verbal interactions.

One of the seemingly newer helpful techniques — though actual earliest documentation places it at roughly 1857 — is phototherapy, a catch-all phrase describing the use of the process of taking pictures and looking at pictures, as well as the product of the photo/print itself (and what one does with it), as effective tools to add to the repertoire of skills a competent therapist draws from as ways to reach clients and assist their desired growth and change. Phototherapy is *not* a bounded set of rules and steps which one must follow in some order "or else. . .," nor is it some gimmicky "new-therapy-of-the-year"; rather it is an open-ended collection of methods that allow therapists and clients access to previously blocked areas of feelings, thoughts, attitudes, memories, etc., that had been otherwise unavailable through ordinary verbal means of counseling. These adjuncts to therapy are especially useful with those for whom the usual verbal channels of interaction and expression are not available, either physically (such as hearing-impaired, cerebral palsied, autistic, mentally retarded, aphasic, stroke-damaged, etc.) or emotionally or culturally (different languages, traditions, etc.), though certainly in no way limited to just these specific types. They work equally well for the nondisabled or the cultural majority, as they do for people who might not even be in therapy who simply want to explore how much they can learn about themselves from photos and their reactions to them.

The following pages will review some of the implications of being different in our society and explore in one case study the uses and possibilities of implementing phototherapeutic techniques (and the results that ensued).

BEING "DIFFERENT"

One is usually born into one's race — and one's culture grows with the person, most traditions and patterns well established in early childhood. Even if surrounded by "outsiders," there is usually a small unit (family or group) where one can retire into from the outside world, where one can be "normal" and accepted, be "just like everyone else." While this is personally reassuring, it reinforces the existence (and validity) of those differences which set the person apart from the majority. Just as a family must learn to respect and appreciate

individual members' differences and differentness without these being seen as threatening to the continuation of the family's identity as a special unit, so must a society tolerate and value its various cultures and races without fearing them as somehow harmful (and thus demanding assimilation). Such attempts to change other races or cultures into what they aren't (such as demands and expectations pushed upon Native Indians or immigrants) are not only confusing to those individuals, but deadly to their self-esteem and pride as they lose their sense of continuity and respect for their own culture and its roots. They find that who they are is not good enough; they are expected to change (and to desire to change) even when they cannot comprehend the demands being made — and those demands are often unspoken, subtle, not shared with them.

A person from a minority race or culture who successfully "passes" loses part of himself while he gains the new acceptance and its freedoms that which set him apart, made him different and made him all right to be different sifts away, and people in these "marginal" statuses (straddling the line with one foot in each culture, usually trying to expand to keep both), often lose touch with who they are, and frequently encounter feelings of *angst* and alienation, of being out of touch with who they "really" are.

Growing up in a family where one member has always been disabled is in many ways similar to living with a person of another race or culture. One learns naturally which differences make a difference, and which don't matter (and which only matter to outsiders). The differentness is usually so much a part of normal life that it ceases to be noticed until situational limitations refocus attention. But this natural process is not similarly available to those who are suddenly disabled (or those who relate to such a person).

Becoming a disabled person is a major life change. People are expecting to have to cope with the bodily alterations, but they rarely are fully prepared for the onslaught of all the complex psychological factors that descend upon their lives. The steps of coming to terms with the "new" person are very similar to going through the stages of grief as described by Kübler-Ross (1975) and others: When someone you love dies, you have a feeling of numbness, a yearning, and a protest. You have lost part of yourself; you feel disorganized; and you do much crying. You are restless and you may feel guilty. Perhaps you could have helped, but you do not know how. You are angry because the person died, and you are angry at the world. You feel so alone, and loneliness is one of the biggest problems of grief. It is your problem and you have to solve it alone. One could easily substitute "disability" for "death" in the above passage. Similarly, being alone in a foreign culture can be equally alienating and frustrating.

People long experienced in work with disabled persons and families find it often helps to distinguish between *impairment* (any departure from normal functioning), *disability* (significant inability to perform a function considered useful, in spite of corrective measures), and *handicap* (the additional social dimension, including values, attitudes of self and others, legal restrictions, and technological/physical considerations such as architectural barriers, prostheses,

etc.) (Freeman, 1981). One may well be handicapped with one group and not another; handicapping circumstances may not even be physiological in nature, as those in racial or cultural minorities would be able to concur.

If one or more attributes reduces a person from a whole and usual person to a discounted one, this discrediting attribute is a "stigma" (Freeman, 1981), and these can be cultural or racial as well as physical. Those with a stigma depart from usual expectations and are often seen to be not quite human, and thus subject to discrimination, deliberate or unintended. There is sometimes a "spread of stigma" to include those around the disabled or "different" person, and it is important to assess and deal with this situation. The siblings may also be affected, and quite sensitive especially in adolescence. Feelings can range; including resentment, anger, jealousy, guilt, fear, shame, and/or embarrassment, and there is frequently an accompanying lack of factual knowledge (Freeman, 1981). Similar reactions can be noted in classrooms and groups when a "different" child is brought in. People's sequence of responses to disability or close encounters with persons of a different race or culture depends upon whether the change is a surprise or not, but may include denial, shock, guilt, despair, and intellectualization and rationalization. Long-term effects of such an intrusion are complex, but in general divorce and separation are not any more frequent; a bad marriage may be worsened, however; and acceptance does not automatically mean serenity. The impact of a handicapped child into a family system may or may not mean a crisis for that family depending on the nature of the event, the resources of the family, and how the family itself defines the event. Likewise the introduction of a racially or culturally different person into any group can vary in consequence. It is not universally perceived as terrible to become disabled or be "different," and the degree of the crisis, if there indeed is one, is not always in direct proportion to the severity of the handicap.

The parents of handicapped children may find few of the typical joys that compensate for the frustrations and inconveniences imposed by their child. Dreams and hopes regarding the child's future are often shattered. The child who was to represent the extension of the parents' egos serves instead as a deflation of their egos. He or she may serve as a threat to the parents' self-esteem and feelings of self-worth and dignity, and they may view themselves as failures in what they consider one of their most fundamental purposes in life (Chinn, Winn, and Walters, 1978). Thus the satisfactions and successes of the handicapped child are often overlooked and overshadowed by frustrations that parents experience. Often it is the support system (family, group, or agency) that has the worst crisis, and they also need to be helped to recognize that there are indeed positive and satisfying experiences to be appreciated in their situation. Parallel complexities are encountered in adoption of a minority or mixed-race child.

Social competence involves certain skills; if children who are different do not

have opportunities to move out from a secure base to explore relationships, they are likely to be skill deficient (Freeman, 1981). As Turner-Hogan (1981) comments in her phototherapeutic work with orthopedically handicapped teens, the adolescents who are physically handicapped often experience special difficulties in accomplishing the emotional tasks of this developmental stage. Specifically, the development of a positive self-image as a peer and as a near-adult is often impaired by negative self concepts (stemming from physical disability or perception of inferiority).

The way one adapts to a stigma becomes part of the stigma itself. Social expectations strongly influence social interactions; usually these are taken for granted, but when highly visible people are present, the situation is changed (Freeman, 1981). Similar to immigrants in a new and perplexing country, the disabled (while also readjusting to new limits and expectations, as well as often to a new body image) may fear loss of their place in their family and what part they will now be able to contribute. They become very finely tuned to "differences-that-make-a-difference," and indeed this can overmagnify what used to be unimportant comments and reactions into significant issues. People *do* need to have honest feedback as to how they are seen by others; attempts to cushion the effects only serve to delay autonomy. Attention should be paid to grooming, appearance, and habits that could adversely affect relationships (Freeman, 1981). And, it may be added, this desensitization is necessary not only for the client and his or her family, but also for budding therapists, teachers, etc. It is often easier for the professionals than for the family, as they are not as deeply or personally involved. Their involvement is usually by choice — if the work is not palatable, it can be discontinued. The parent, on the other hand, faces the child every day and night; the child that is in some way handicapped is a reality for the rest of the parents' lives (Chinn, Winn, and Walters, 1978). There is little we professionals can say or do to comfort; we are used to seeking "cures" with clients and families — disabling circumstances such as these, on the other hand, are things we cannot fix; they won't go away, no matter how hard we try.

People in distress cannot see beyond themselves. Additionally, their self-images have become distorted. They are blinded to some degree by their pain. Their perceptual mechanisms are not functioning fully, and they are left with a fairly frozen point of view and occluded ability to make fuller, larger, and more complete meanings from what they do see (Krauss, 1981). Thus the therapists' goals should aim toward expanding, with the client's active participation, the options and alternatives available and working on exploring them. Therapists must help clients to recognize the dimensions of what they are going through, that there are fairly universal stages and conditions that they will pass through (at their own speed), and that they will be going through similar emotions to those that other people have experienced and survived.

There is no single reaction to disability; families must recognize attitudes

and feelings such as frustration, hurt, guilt, and despair, and be willing to honor them even if all members are not experiencing the same things at the same time. Each individual proceeds at his or her own pace through the various stages, sometimes linearly, sometimes several simultaneously, sometimes becoming stuck or blocked at one or many; each person's path being his or her own unique need to explore feelings through to acceptance in some form. Not everyone completes the process, nor do all go through all the stages. Most, once they are aware of and recognize a problem, go through some process of searching for a cause and a cure, dealing with their feelings along the way as they discover there is none, and finally in some manner accept the status quo.

Most parents of handicapped children go through feelings of defensive denial, projection of blame, hostility, fear, anxiety, confusion over the unknown, guilt, mourning, sadness, withdrawal, rejection. Reactions toward unexpected intrusion of minority races and cultures are frequently similar. People react to such things in a number of ways, including strong underexpectations of achievement where they devalue abilities (and encourage self-fulfilling prophecies), setting unrealistic goals (high) where failure can justify negative feelings and encourage continuing dependency, escape (physical, such as desertion, abandonment, or avoidance; or emotional), or a form of reaction formation where they publicly show affection and acceptance but do not really feel it (Freeman, 1981).

Learning how to cope with cultural or physical differences or change, to grow beyond their limitations, is the basis for therapy with such persons and their families. Clients need to be encouraged to the point that they see that being different is all right as long as they can successfully understand and handle the consequences. But at this point problems in the therapeutic process itself frequently arise.

THERAPY WITH THOSE WHO ARE "DIFFERENT"

Most models of training helping professionals stress the many varied procedures of engaging clients in "meaningful dialogue." Ease of communication and facility with the language used by the therapist are usually unchallenged assumptions; for example, many texts congratulate themselves for suggesting interpreters be used to exchange one language for another when difficulties arise — as if it is only the sounds of the words that are causing the confusions (rather than the entire cultural system and thinking structures those words represent). Some training is occasionally provided under the categories of international or cross-cultural studies, but it is rarely stressed that these concepts apply equally well to the "foreigners" among us, people we encounter in our daily lives who somehow "don't fit," clients we somehow cannot get through to with our ordinary linear verbal means of counseling. We think we make sense; they agree. We make suggestions that seem logical and call the client "resistant"

when they are not carried out as we expected. We get a gut-level feeling sometimes that although verbally they seem to comprehend, they are not really with us. Their bodies are compliant, but their minds seem to be confused in ways that they do not even know how to express. Therapists seek progress toward the mutually agreed-upon goals; communication at all stages of this process is essential. When clients either cannot or will not relate to us through our ordinary verbal therapeutic process, we must have alternative tools that are based more on *their* own way of comprehending or communicating; phototherapy techniques provide such tools.

In its most basic form, communication is an agreement that perceptions and understandings can truly be shared, and it is nonverbal as well as verbal. It is the *agreement* itself, the consensus, the feeling that another person has grasped in the same way that we intended it, just what we meant them to grasp. Communication is *not* just words that mean exactly the same thing to every person regardless of context or the very act of perception. Misunderstandings can and frequently do occur when the same "reality" gives different messages to different people (especially if they do not realize this and proceed to act on what they perceive to be mutual agreement). As Bandler and Grinder (1979) and others are fond of saying, the map is *not* the territory itself; although it is very difficult to get families in crisis to comprehend this concept (because each person is certain that he or she knows how things really are at home), the realization of what it means and implies can be the watershed point of breakthrough for the therapy process. People think that what they perceive *truly* exists, and the criteria for judging such truth ("knowing") exists in them based in part on very early conditioning as to what they will and will not accept according to the values of their society (which is very much structured by the nature of that culture's linguistic categorization system and its expression).

It is all so deeply ingrained that the person usually cannot comprehend its subconscious and yet subjective nature, and therefore often finds any alteration of such concepts to be somewhat threatening (and therefore "wrong"). How people perceive their world appears to directly define it for them; their perceptions (and their biases) reflect their enculturation and affect the ways they will behave based on these assumptions. Thus when faced with relating to someone of radically different values or perceptual modes, a person is often at a loss as to how to deal at all in this situation, and this usually results in perception of some threat which is quickly followed by fear and hostility. If people could only become more comfortable with the idea that theirs is not the *only* way to see things (but that it is *just* as valid as any other), and feel secure in this enlarged conceptual ideology, then interpersonal communication on small or large scale could be so much more easily facilitated. Using photographs, projectively and otherwise (as demonstrated elsewhere in this book), to serve as stimuli for people's responses serves as an excellent tool to see how differently we all see the "same" thing. Each person is "right" for himself or herself; there is no "wrong"

way to experience a photograph. This can serve as a beginning step in communication.

Perception deals with differences that make a difference — in Gestalt terms, the figure that stands out from the ground; as we describe things, we bring into being (“existence”) those things which are then later accepted as “real.” For example, Eskimo people have dozens more terms for snow than we more southerly city-folk — separating out the subtle nuances that make a difference to them (which we would not even notice as differences) and could be a life-or-death matter; whereas for us, all those different categories do not exist at all. As another example, very young children do not comprehend a question asking what color their playmates are, but by the first few years of school, racial and cultural prejudices they have been taught are noticeable, and they begin to notice differences “which weren’t there before.” This has serious implications for therapy, where families or groups may be operating with individual members in different perceptual systems and not even know it, and then become frustrated when “natural” assumptions are not automatically shared. (Think, for example, of arguments between parents and children about appropriate dress for an occasion, or proper haircuts).

There really is no “right” or “wrong” existing all by itself in this world; only “different” — we, through our personal, societal, and cultural applications add the values that label, in both verbal and nonverbal form. Each of us imposes our own map; we are our own selective filters. The grave error is made when we think that what we perceive is some shared and universal reality existing itself apart from us, forgetting the effect of our perceptions, words, and symbols.

As Krauss (1981) has described the socialization process, living in any given culture teaches us a great deal about how we “should” experience the world. This “should” influences what we attend to and/or disregard in our environment; this is that society’s process of training us as to what is deemed acceptable and what is unacceptable, what is real and what is not, and how the real may be experienced and understood. Additionally, as Krauss (1981) suggests, socialization thus involves the teaching of a specific orientation about “how to be” in the world as well as “that’s the way it is.” Each person who tries to help guide or teach (or “therapize”) another person *must* recognize that their position is not intrinsically better or right; it is only a different one, one that happens to be in majority favor at that time. Deciding to change another person must take into account the opening up of options, not just the exchange of one closed system for another. And although it has been elsewhere mentioned in this book, it should be repeated that photographs of a group or culture are invaluable aids to understanding the “shoulds,” the “acceptables,” the “reals” for those people — their values and expectations are usually very clearly presented in what they choose to photograph and how they present themselves to the photographer.

And lastly in this section on theoretical implications in work with people who are “different,” we must consider the implications from research into brain hemispheric lateralization. In short, researchers have found that the two halves of the brain, while extremely similar in appearance, are activated and involved in two different kinds of functioning. It is not an image of one side “on”/one side “off,” but rather a continually shifting scale of differing proportions depending on what is on what is happening. The left brain is most involved when the person is engaged in analytic, sequential, categorical, rational, and usually verbally oriented thinking (we may have just described traditional therapy. . .). Left brain thinking is easily dichotomized into polarities with no middle ground: good/bad, on/off, right/wrong, yes/no. The right brain becomes more active when doing spatially oriented tasks, holistic, conceptual, integrative, intuitive, and metaphoric thinking, synthesizing gestalts, dreaming, imaging (and possibly idiogrammatic languaging), symbolizing, the more artistic endeavors, and usually the nonverbal and more emotional concepts of life and communication. People who are of a more right-brain dominant orientation would have trouble with simple dichotomies, seeing instead all the “gray areas” in between the more simplistic black or white polarities. For those readers familiar with computer terminology, the concept would be left brain = digital; right brain = analog. For those students of cultural anthropology, one could easily generalize Western Hemisphere cultures (such as the U.S.) more left-brain oriented, whereas the Eastern cultures (such as Japan) are more right-brain oriented; and their languages reflect this difference, as do the whole conceptual frameworks of their societies (for example, their orientations toward time concepts). It may seem perhaps a bit too simplistic, but one could possibly see it as a difference between thoughts and feelings, or verbal and nonverbal. A photograph itself could be seen as a right-hemisphere type of concept — a gestalt that is far more than just a list of “what’s in the photo” (although inseparable from them), verb and noun all-at-once; never could a verbal explanation totally describe one of the feelings that accompany a photo, no more than one could do with a dream one had.

People who are most healthily “adjusted” seem to move easily between these two styles of orientation, whereas being blocked in one or the other can lead to difficulties (especially when trying to communicate with someone locked into the other). Therapists encounter such blocks frequently when working with people who are “different” (though they may not realize it consciously); often these are the very things about them that make them seem different! An example from my case experience is teenagers from either the deaf or Native Indian cultures, which are both primarily right-brain in orientation, with flexible rules and tolerances and attitudes towards things like time schedules and promptness, trying to fit into hearing people’s or white society’s more left-brain dominated system of rules, laws, “oughts,” “shoulds,” and “can’ts,” especially with their strict values regarding time and being on time. Right-brain kids in

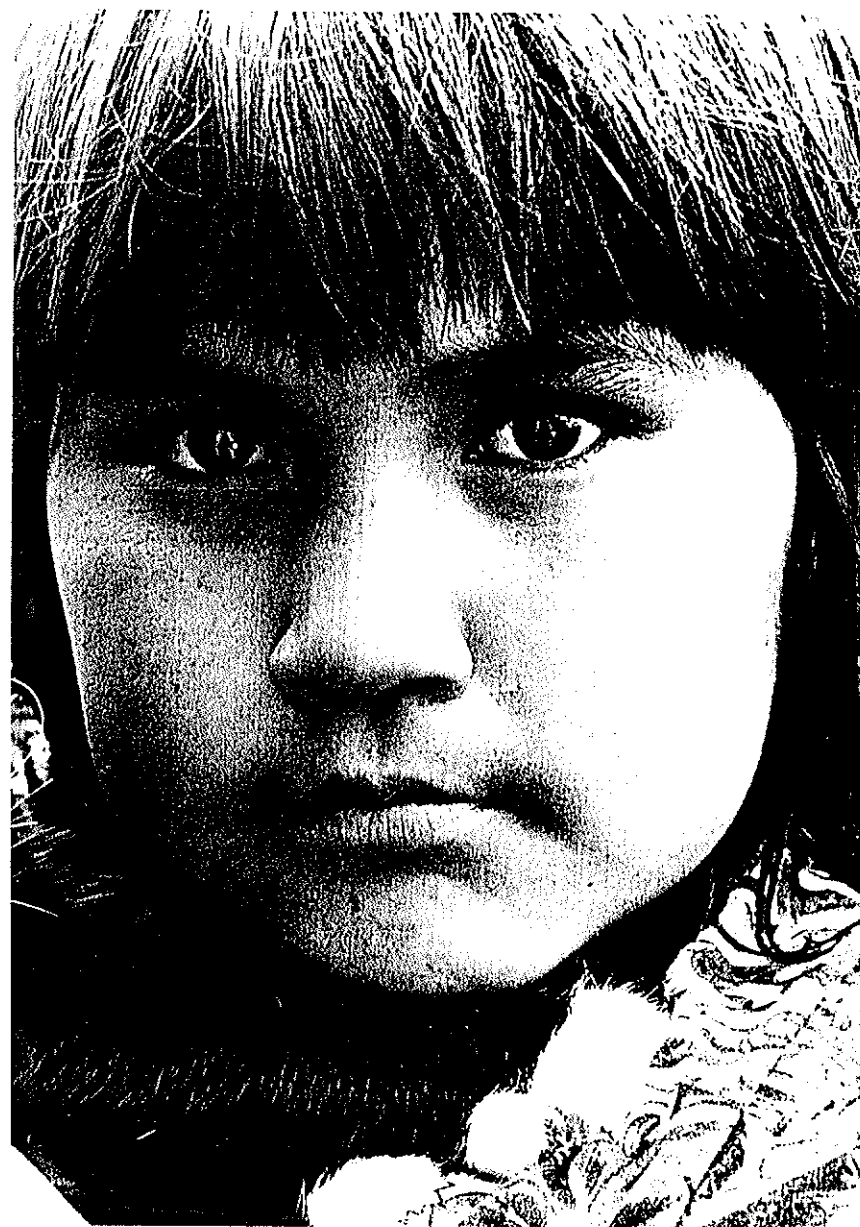
a left-brain world; no wonder there is so much confusion between the cultures — people think they are all perceiving the same world the same way, and cannot figure out who or what to blame when differences arise. This obviously has implications for therapy, especially those methods that rely on primarily verbal and left-brain types of interaction, especially when they are used with clients who primarily are not! And this is exactly why phototherapeutic techniques can often work better, especially for those not fitting the stereotypical molds of the majority.

Too often we are too quick to judge clients as uncommunicative or unable to clearly communicate when it is ourselves who are handicapped by our lack of innovation to try something different, something out of the ordinary that just might work, precisely *because* of its differentness. In the pages that follow, readers will see application of phototherapeutic techniques to reach and help a client whose presenting diagnosis had been “unapproachable, uncommunicative, unfeeling, and probably retarded,” various techniques overlaid, sometimes many at once, to implement the therapeutic consequences of the concepts discussed on the previous pages, for a client for whom the usual verbal means of interaction were completely inappropriate, not to mention unusable.

CASE STUDY OF DEBBIE F.

Other sections of this book explain in detail different individual techniques involved in the practice of phototherapy; my previous pages have dealt conceptually with the understandings necessary in working with clients who are somehow “different,” and the people around them. I would like, therefore, to conclude with one case study as a more longitudinal example of the myriad possibilities available to therapists willing to interweave phototherapeutic techniques in their tapestry of helping skills. With this client, specific techniques were chosen, as all useful tools should be, when desired for specific purposes and goals, which I shall present along with their resultant effects. Although the main presenting disabling conditions were deafness and emotional/cultural deprivation, the techniques used are equally applicable to all physically/emotionally/culturally/societally handicapped or disadvantaged (as well as to the nondisabled or majority population!).

At the time we met, Debbie F. was a nine-year-old Native Indian girl who had been living in a Vancouver, B.C. (white) foster home since she had been brought down the coast at age three, because she had been diagnosed by her government social worker to be “deaf, emotionally disturbed, and in need of special medical care and education.” She had already been through more pain and confusion than most adults ever have to face. As far as her family could tell, she had been born deaf, and her parents had no way of coping with the intricate consequences in their isolated small village. Badly burned in a house fire when she was two, Debbie had been in immediate need of numerous skin grafts and lengthy hospital confinements. Placed in a hospital several hundred miles from her village and her family, she had been required to stay there for many



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months — scared, confused, restrained in bed, and in severe pain; and unable, because of her deafness, to communicate anything with anyone, or be at all comforted by unfamiliar strangers.

Her mother's visits were very infrequent (at twenty, she had never before left her local area to go to a city), and Debbie's response on those occasions understandably was usually total rejection, brought on by her pain of perceived abandonment. The overall emotional trauma was so severe that Debbie would not trust or relate to anyone for years, and even today is extremely cautious with demonstrating her feelings or forming close relationships. As a child she was capable of only very basic primary verbal communication to express her slowly growing enthusiasm (which largely stayed locked inside), but with practice has been capable over her early teen years of large advances in her ability to communicate with the hearing culture in both nonverbal and verbal manners. This does not mean that she has become totally facile with the oral methods of lip-reading or speech production; nor does it mean she has abandoned her abilities to communicate in sign language — only that options have opened up for her over the many years of assistance, options that she did not even know existed when she first entered therapy. The general goals that have persisted over these years have been not to change her into something she is not (I have not sought to make a Native child white, or to make her "pass" as non-deaf), rather to make her more at home with herself as she is, and thus to be able to move more easily through the world around her.

Debbie is still a very emotionally complicated girl — in so many "marginal" statuses that she often becomes confused by their differing realities. She has had trouble with showing proper emotional affect in a situation, and often misreads the verbal and nonverbal cues that others give her. She has found it is difficult for people to understand her messages and their intent, and has long had trouble knowing how to fit into the world of those around her without standing out as "somehow different." The deaf/hearing consequences are fairly obvious; the Native Indian/white (even within a deaf group itself) is more subtle and harder to work out. These difficulties must be dealt with soon before late adolescence and adulthood complicate them further; she must somehow learn to become more comfortable and accepting of herself as well as presenting this to those around her.

Because of her increasing facility with speech and speech-reading, she is leaving the deaf "world" behind and trying to move into the hearing. This is being encouraged by her teachers who hope to "mainstream" her, and her foster mother who firmly believes that she is happier with hearing peers. This crossroads point gives those around her a rare opportunity to rigorously examine her perceptions for insight from the inside into the constructs of each different culture as viewed by this child with one foot on each side in several different situations. A better informant could rarely be found; but how to find it out?

In working with hearing-impaired children, especially pre-teens, one continually encounters kids who are feeling ideas, frustrations, and feelings that they *cannot* communicate to others, either because of disparities between sign

language and English, or because (as with most children of any language) the very concepts causing concern just simply don't have enough subtle vocabulary developed yet to adequately label and explore these feelings.

Working with such children in therapy can be very frustrating and limiting for those whose styles are purely verbal/conversational. It simply will not do to ask such a child, "How did you feel when your Mommy never came to visit you?" Even if the child did somehow manage to understand the question itself (which, like most abstract concepts, is very difficult to learn to sign to younger deaf), she would probably find it extremely hard to try to convey those feelings (or even to reflect upon herself from an outside viewpoint enough to even recognize that she *has* those feelings).

With these kinds of clients I have frequently chosen to go about it photographically. In Debbie's case, armed with her simple Kodak and I with my 35 mm SLR (for camaraderie and comparisons of prints when desired), we have been going out exploring the world around Debbie, through *her* eyes and then through the examination of her prints. Sometimes we matched hers with mine of the same scene (such as scenery, people, animals — general random shots), which helped her to understand graphically the concepts I have been trying to get across to her abstractly because she was so affected by them; concepts such as selective perception, ethnocentrism and ego-centrism — the ways different people see the same thing differently and yet do not realize it, where there is no "right" or "wrong," only different. These things were very critical to this child who knew she was not like everyone else and spent much time trying to pursue the elusive "answer" that could make everything all right, who had no idea that she was worth just as much as the next person and that they were no more "right" than she was. These are things that I would have no way of telling her in any words or even in sign language, regardless of my fluency, because she simply could not at her age conceptualize that abstractly; even if she could, my words would have been disputable — with her own photos she could see for herself without any interference from me.

We went through numerous exercises geared for her showing me her world as she perceived it, and other exercises dealing with exploring specific topics that I chose to concentrate on because of their relevancy for therapy. For example, because of her relationship (or, rather, lack of it) with her mother, we spent a lot of time photographing women: women working, women "looking good," "happy" women, moving slowly to my target of more touchy assignments (to her) such as "good" mothers or mothers "being happy with their children" or mothers acting with their children as she thought she might be with hers someday, so that she could begin to explain to me (albeit indirectly) what she thought and how she felt about her mother's actions and how she interpreted them, and a way to defuse some of her hurt and anger by partializing the subject into frozen moments of time in photos to examine her projections and selections and then to begin to interact with what she was seeing (and under-



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stand how and why she was seeing it that way). It was also a way to lead her toward future encounters with her mother (and photographing her mother — which definitely forms a relationship) that could be more healthily differentiated and open.

Another difficult area for Debbie was expressing and “reading” emotional

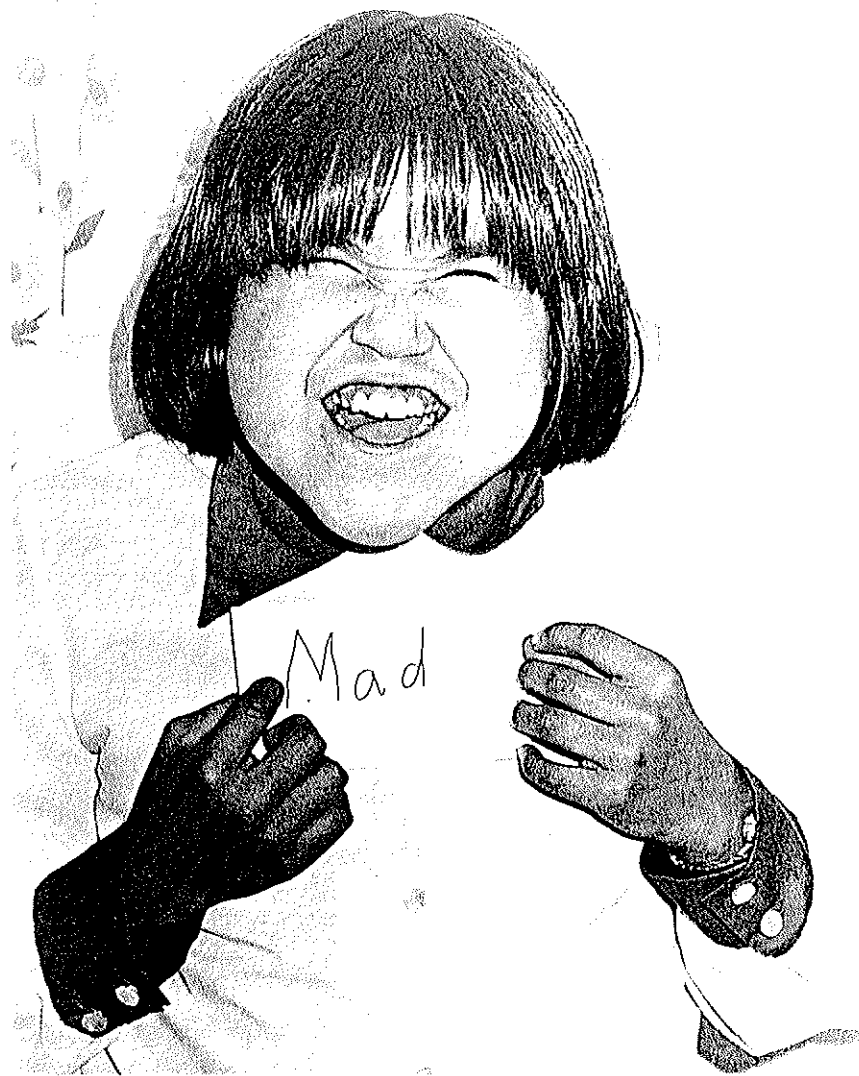
affect. We studied what the idea of feelings meant and prepared several dozen such descriptive words on a list she wrote. The ones we decided were the most important of these (such as angry, happy, sad, mad, excited, uncertain, etc.) she wrote onto large index cards which we then worked with. Holding them under her chin, she would practice in a mirror, and then turn to me for a photo to be taken to document the “right” face. Alternatively she would take similar pictures of me or other children in her home doing the supposedly appropriate faces (although sometimes we might be testing her selection criteria by not always making the “right” faces). In later examining the prints to match faces and body postures to card labels, we were able to examine at arms length (and therefore less threateningly) how differently people see things and what one would have to do to portray a particular feeling in a particular situation in ways that other people would grasp the intent. Sometimes Debbie found she thought she was making one face, but the camera recorded it differently than she had expected. These exercises provided much room for safe dialogue and practice about things that she may have known about her inner self but could never have discussed in conversation. She was beginning to learn about herself, about her uniqueness and its value, about *how* she knew what she knew and made the value judgments she made.

One of the most potent techniques used with Debbie was the assignment of constructed albums when she was between eleven and thirteen. Family pressure had been mounting for her to have more contact with her village and her Native culture. Plans were made for her to start spending her summers up north, where basically no one really knew her or how to communicate with her (and where she had not been since a small child). She was extremely ambivalent — wanting to “meet” her real parents, and yet very anxious and afraid, and worried that they might not let her return to her foster mother (and also that the other village children would be shy and judgmental and not play with her). She was not sure what they would be expecting of her or how to find it out. And, once there, she would have no further contact with the “outside world” until the return trip to Vancouver. It promised to be a very long summer, and she had to be as prepared as possible to cope with almost anything. As winter progressed, her school chums, resenting all the attention she was receiving, had begun to tease her about anything that would goad a response — the strongest of which was that she was an “unwanted” child, that she had really been found in a garbage can and did not have any real parents. As a solution to all of these complexities, I decided Debbie should make two photo albums over the spring and summer months: a “Vancouver” book to take north with her, and a “Village” book of photos to bring back to describe her experiences while there. We spent time discussing what things about her life in the city were important to her and that she would want to show the people up north so they could see who she was. Lists were also made of the things she knew she would want to take pictures of once in her village—such as her parents, brothers and sister,



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their home, the school, church, store, etc. She spent many weeks photographing the topics on the first list, chose her own favorites, and put the album together by herself — it was *her* book organized (and spelled!) in her own unique way; no teacher was going to demand any corrections or changes, and she greatly enjoyed that. The first album, finished in time for her to take with



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her on her journey north included pages on "my house," "my room," "my cats," "trips to other places," "my friends," "school," "Christmas and the tree and presents," "silly people," etc., i.e. the differences that made a difference in her life at that time.

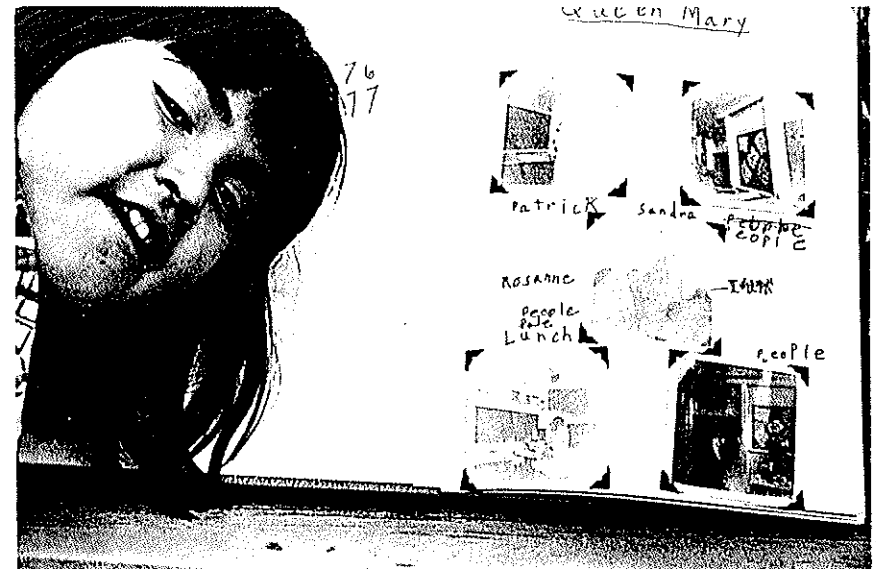
Showing the book to family and neighbors once she had arrived in the



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village, Debbie could point to parallels as a communication tool (point to foster mom and then her own mother, her brother's bike he sat upon, and then her bike in the photo, and then herself, etc.). People were not so hesitant or frightened of her as she was more approachable through a means of communication, tensions relaxed as a form of "charades" developed with the help of

the album. She appeared normal — she had a scrapbook just like other people had; she did not have to sit invisibly in a group of people who wanted to meet her but did not know how. And an additional result was that her family was able to gain some idea of what her life in the city was actually like on a day-to-day basis (and thus coming to visit her there did not seem like such an alien experience to be worried about, did not seem all that different on a daily basis from life in the village — and in fact reassured her parents of her being well taken care of). When her parents had the opportunity to visit the city the following winter, her surroundings did not seem so foreign, as they had seen them before, and they had time to know what to expect.



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The second album, to be recorded while up north, proved to be more interesting in its creation. . . Armed with her second list of "what to photograph" that summer in the village, as well as an ample supply of film for her simple auto-set camera, Debbie arrived for her visit. I accompanied her in for the first day's transition as she was still too young to travel alone, and met her family. I took a few rolls of my own slide film for general interest (including Debbie with her parents, their home, etc.), and then left. At the end of the summer, I anxiously awaited her return (and photos) — only to find that she'd lost her camera overboard the second day out on her dad's fishboat, and thus had lots of film (unexposed) but no camera. I suppose one should pause here for some sort of existential comment about therapists maintaining a sense of humor and not taking ourselves too seriously in this profession. . .The problem



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was mostly solved, however, by converting my slides into prints for her book, which she then proudly took to school to show her classmates. Once one has seen the photos of her with her parents there is no doubt of her lineage; they



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look identical!

Less direct but still powerful benefits came from this album work. Debbie came back with a tangible identity that she could refer back to at any time and show to people who never before could comprehend her past or her family relationships. She began to tie together her present life with her roots. Her snapshots offered frozen moments with her family which she could study, in amounts she could handle (and in privacy), what she thought about them and her relationship to them, as well as beginning to outwardly share her thoughts and feelings because she had time to put it all in order. She began to comprehend places existing simultaneously in time and what her position is in relation to each. Making the section on "a typical week in winter in Vancouver" helped her to better grasp time and continuity concepts, and she began to manage more comfortably concepts of regular dependable cycles of time and actions/consequences. The easier the ties between past/present/future became, the less frightened she was of getting lost between them, and the less anxious of losing her identity to the void.

Having shared some experiences in common while showing her album and comparing lives with her family gave all of them some subject material and memories to begin written communication in between visits, and the depersonalized barriers began to fall as the two "worlds" began to be bridged. But best of all the albums gave Debbie more of a grasp on who she is, and a sense of self-worth both in the making of them and in their contents, and additionally

she was able to begin to see her own part in things, her own responsibilities in and ties to the process of events. She became better able to change the parts of herself she was dissatisfied with by analyzing them and their implications to her life.

New experiences and people continued to be added to the album collection, and we also began a special section on "moods" whereby she could add to any page an indication of her feelings toward each photograph. It interested her (and taught her as well) to realize these continually were changing. We went a step further into rewarding her curiosities with lessons in darkroom techniques, because I had become increasingly aware over the years that this young lady had artistic talent beyond our therapeutic exercises. She was very quick to pick up the basics of printing (she most definitely is *not* retarded, as I had first been told), and has continued for many years her interest and practice in the darkroom. There have been many therapeutic benefits to this as well, as in the first day she voluntarily printed and chose to keep a portrait of her mother that she had taken on a visit, or discussions around why she decided to "crop out" her brother from a family picture. Her pride in her new skills was evident. The added confidence spread to her school tasks, and she began to better understand more abstract concepts such as delayed gratification and cause/effect/responsibility-for-consequence, once she had been through them tangibly yet simply in the darkroom.

Debbie has grown to be better centered, and has gained constructive outlets for her emotions, better able to hold onto her multicontexts without as much confusion. These few examples above are all special lessons in two-way interactive communication, an attempt to notice cultural consensus or differences as to what is being expressed, and how to notice it "correctly." They are ways to learn how another person perceives and judges. If the photographs taken show "cultural errors" in perception or interpretation, these can be noted and discussed. A person of any age will be much less defensive discussing a neutral object such as a photograph, while leaving themselves somewhat protected until feeling comfortable enough to be a bit more vulnerable in discussing more personal things. Similarly, in work with Debbie, it is clear that she has begun to feel for the first time in her life that communication with the hearing world and also the white world is within her grasp, and that although it may not be in a totally verbal fashion, that she now has alternatives to fall back upon to make her thoughts and feelings known to others (and herself). Debbie "fits" better these days.

CLOSURE . . .

CAMERAS DON'T TAKE PICTURES; PEOPLE DO!

Hopefully the previous pages have provided the theoretical rationale and many practical techniques for implementing the use of photography as a tool in



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assisting the process of growth and change for clients, including those who are physically, emotionally or culturally disabled or disadvantaged (both the individual and those around them). As long as photography remains as important to our society as it is now, phototherapy will not be just another "fad" therapy. The use and understanding of the photographic image is central to our visual

literacy, and the use of that literacy will expand further within the scope of therapeutic relationships (Stewart, 1979).

It is essential that better training be provided for therapists to learn to appropriately use these techniques, to learn to fully "read" photographs, to know how to ask the proper questions and how to deal with the information that emerges, to fine tune one's attention to the photograph and the process involved in exploring it, as well as the ability to point out to the client on what data the observations are based. Special skill in photography itself is unnecessary, but further training in the visual and/or metaphoric modes is essential. It must be stressed that there are no "phototherapists," per se, and that each competent therapist uses a unique combination of helping skills and knows which tools to use for the presenting situation; phototherapeutic techniques are invaluable additions to these collections of "what to do," but it is not intended that the therapist exclude all other potentially helpful possibilities. Phototherapy is not some kind of "voodoo"; there is no special secret mysterious skill involved. It just takes training, practice, and an open curious mind — and a commitment to work within the value system of the client rather than interpreting meaning for them (as well as trying to keep the therapist's own personal agenda out of it all!).

.....

DONNA IN THERAPY

Donna in therapy
Shows me a picture:
Two people stand
In a park,
A lake beyond,
Bushes beside.

She,

The woman crisp
In worldwar skirt,

he,

The man in shirtsleeves
Rolled toward the elbow,
Arm around her,

pulling

But she's firm.

He bends

From the ground--
Sapling twisted
Toward the sun.

This

Is my mother,
She said firmly.

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Arnold Gassan

One must learn and then practice the concept that there is no "right" and "wrong" in this business — only "different," and that the therapist as well as the client can learn to expect, understand, and appreciate the differences and differentness. Photography is a powerful medium. "Everyone has seen photographs that *really* shook them up. Some things you see are just almost too much to bear. That power is available to damn near anybody. You know it's available to you; it's available to me; you just have to figure it out" (Hattersley, 1980).

REFERENCES

- Bandler, R. and Grinder, J. *Frogs into princes*. Palo Alto, CA: Science and Behavior Books, 1979.
- Chinn, P.C., Winn, J., and Walters, R. *Two-way talking with parents of special children*. St. Louis, MO: C.V. Mosby Co., 1978.
- Freeman, R.D. Assessment and treatment of a family with a disabled member. Paper presented at the Fifth Western Canadian Conference on Family Practice, May, 1981.
- Gassan, A. Collection of Poems. Private publication; personal communication, 1979.
- Hattersley, R. Thirty ways photography is good for you. *Popular Photography*, 1980, February, 87-127.
- Krauss, D. Photography, imaging, and visually referent language in therapy: Illuminating the metaphor. *Camera Lucida*, 1981, 5.
- Kübler-Ross, E. *Death — the final stage of growth*. Englewood Cliffs, NJ: Prentice-Hall, 1975.
- Stewart, D. Photography comes of age. *Kansas Quarterly*, 1979, 2(4).
- Turner-Hogan, P. The use of group photo therapy in the classroom. *Photo Therapy Quarterly*, 1981, 2(4), 13.

Note: A full bibliography of over 500 sources (background readings and specific references) can be ordered from the author

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PHOTOTHERAPY IN MENTAL HEALTH

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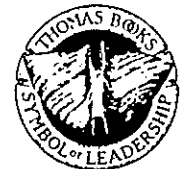
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