

PHOTOTHERAPY -- BECOMING VISUALLY LITERATE ABOUT ONESELF

or, "Phototherapy??? What's Phototherapy???"

by Judy Weiser

In any rapidly developing field it is hard enough keeping up with the exponentially exploding information base, much less continually pausing to introduce the field to newcomers who appear with increasing regularity, asking, trustingly, "could you please tell me what this is all about??"

And so it has also been for phototherapy. Most of the dozen or so major practitioners and researchers active in North America these days formed their loosely structured association with each other during the past five years, most being originally connected during the first symposium in Illinois in 1978. The rest have strengthened the reinforcements through initial contact with one of the early core group, usually with an ice-breaking inquiry such as, "I'm using photography in my counseling work with clients, and so-and-so said I should get in touch with you because you do too, and maybe we could share info."

This inevitably led to an enthusiastic reply bordering upon information overload for the poor recipient who had inquired, in all innocence, simply for some support in their previously not-too-well-received efforts to tie visual and non-verbal communication through photographic imagery to their work as 'people-helpers'. Frequently thinking themselves (with perhaps one or two others) to be the only poor souls exploring these possibilities, they were often close to overwhelmed with the amount of data, techniques, publications, research/learning/practice opportunities, and networks of colleagues across Canada and the U.S. There was almost universally the experience of a trade of emotions (and with it sometimes a bit of a let-down) as the novice exchanged the 'alone-and-a-pioneer' feeling for that of 'welcome to the family; you're not alone, but your interest and input are definitely needed and encouraged!'

Having possessed for a full year the thought that I had myself invented phototherapy (and also invented the actual term from my blending of Deaf Sign Language concepts), I can assure you that it was with great surprise that I received my invitation to the first phototherapy symposium! Thus having been on both sides of this process, I can

sympathize deeply with what newcomers often go through. Although I was a bit sad that I wasn't going to be famous for something (or, at least, *this* something), it was a relief to find the basic work already being done, my contributory facet needed, and my enthusiasm welcomed and put immediately to work.

I did, however, need educating to the scope of the field, in the then current semiotics, the structure and framework being used as common language by colleagues, and how to fit my own unique perspective and applications into what already existed. Articles did exist (bless Doug Stewart's heart!),¹ on the actual techniques themselves and a bit of conceptual background, but an overall comprehensive context, and chronological development of the field, as well as the network of other people and their own work, were harder to grasp for the newcomer than I was. Where should I start to go ask whom for what? And how was I to find out, or to know when all possibilities had been exhausted? What I wanted, really, was a 'beginners' book (or article), to guide me step-by-step through the development of the field so that I could catch up to the others' knowledge.

Although I have now long passed from this early stage into my present role of directing the world's first centre for casework, research, and training in phototherapy, and being one of the only two formal trainers known to our association in the world, I am still resonant to the plight of those newly arrived on the scene. And it is with them in mind that I have prepared this paper—an introductory overview to help people get a feel for what phototherapy is all about, and to help them further access the available literature and networks, without overburdening them with details unnecessary at this early stage—a menu, rather than the entire full-course meal, but nevertheless a way to know what's for dinner and whether they want any!

Central to the techniques of phototherapy is the idea that communication is based on non-verbal (and predominantly visual) messages at least as much as, if not more than, verbal ones. In therapy, people come for help for problems they are not able to deal with on their own resour-

ces-wishing to grow or change, wanting to be better understood, to feel better and more confident about themselves, or to more clearly and effectively relate with others. Communication is the underlying principle; it is much more than just the spoken word. Helping by professionals has enlarged to include information from these other-than-verbal channels, and the term 'expressive therapies' is used to describe those ways of working with people in their more visual, emotional, metaphorical, non-verbal, holistic (and more right-brain) domains. Such therapies usually find clients responding in more spontaneous/intuitive and less protected or defended manners.

As one of these expressive ('arts') therapies, phototherapy shares in its conceptual framework the implication that our creative expressions are actually projections of our selves, that we are individually unique, and we perceive, code, store, retrieve, and put forth information in ways that reflect our personal makeup. People wishing to understand and help us would do well to look at our creative output and perceptions to have a fuller picture of who we are 'inside'.

The way to look at phototherapy is to see it as a set of techniques, rather than a conceptual model of therapy—tools one keeps handy as extra ways to do your helping work with a few more flexible alternatives. Thus, no matter *how* you envision the 'right' way to structure the therapy or counseling process, no matter what direction, school, or teacher-model you come from, these tools can be useful to you as innovations to tap areas of a person you couldn't get to through ordinary dialogue. Thus we in this field would encourage practitioners to be wary of the term "Phototherapist", as it would imply that phototherapy is the *only* thing one does, rather than stressing the flexible combinations of these techniques and their blend with others non-Phototherapeutic in the goal of helping people in ways best suited to them.

So, how do you use photography in therapy? Anyone who has taken lots of photos has become aware that the photograph in and of itself has no meaning. Agreed, it documented what the camera was pointed at, but it is perceived by, and given meaning by, the person who took

the picture (and those who later view it); the person who chose what was to be framed, and when was the 'right' moment to shoot. In this sense, all photos we take are self portraits, expressions of the conscious and unconscious self, moments of importance chosen for whatever personal reasons to be frozen in time forever, and if deemed successful, kept and treasured as items of value. There are reasons you shoot a particular photo to hold onto that moment and its associated feelings, and these emotions are recreated as if in present tense each time the photo is reviewed. The selection processes: what and when to shoot, which to keep from the whole roll, which make it into an album (or shoebox, wallet, wall, refrigerator door, etc), which are given/kept/framed/ripped up, which are grieved most when lost or destroyed by fire, and why—all these are statements of self, of personal uniqueness, and they stand for us not only to ourselves, but to others who view them.

But then things get more complicated, as all photo-takers have discovered! What you shot (or thought you shot) may not be what you got; what you see and proudly show to others may not be the same meaning they see. Two people can view the same photograph differently and both still be right. As we discuss these interesting unfoldings of meanings around a simple image, we dialogue of ourselves—our perceptions, expectations, values, personal symbols, and we share information about ourselves (and perceptions of others doing the same), and we can usually communicate more fully in doing so.

It is the *process* of interacting with photographic images, as well as the product of the print itself, that is of interest to therapists; it is the information and emotions revealed almost as by-products to the photographic investigations that provide such incredibly rich value. In a way, phototherapy can be seen as a first cousin to phenomenology—where meaning perceived is partially created by the process involved in perceiving it!

Phototherapy requires no special skill or training in photography itself, neither for the therapist nor the client—all that is required is sufficient age and/or consciousness to realize that the emulsion-covered piece of paper with 'stuff' seen in it is supposed to represent the real world ('reality') that the camera was aimed at the moment the shutter was released. Thus cartridge/instant/"dummy" cameras are fully as useful as Nikons—and 'trained' photographers find that their art and composition and esthetic knowledge is nice, but not particularly useful.

As photo-taking, posing, and looking are nearly universal, most people see

nothing extraordinary in being asked to bring in, or respond to, photographs or albums or home movies; in fact, the request is usually considered a non-threatening and welcomed break in otherwise mainly verbal routine.

It must be strongly stressed that therapists using phototherapeutic techniques do *NOT* interpret people's photos for them; the input comes at all times from the client, guided by the therapist's questions. A person's responses and associated feelings are uniquely personal, and no external interpretative criteria can be used to evaluate or judge; there is no 'wrong' way to perceive a photograph. Similarly, a person's responses cannot on their own, indicate any particular problem, or illness—no analytical decisions can be made from singular responses; competent therapists using phototherapy are looking for patterns, consistencies through time and often generations, unusual or symbolic content, and most of all, emotional responses indicating inner feelings which may or may not be conscious. Thus the therapist's primary role is to encourage and support the client's own personal discoveries.

With so many professionals all independently 'inventing' the field of phototherapy, it is understandable that each would map the territory under exploration differently. The general territory, that of using information gained in the process of taking and looking at photos, as well as the image content itself, as effective tools for helping people—exploring with them how much they can learn about themselves from photos and videos and their reactions to them; these concepts are central to all practitioners using phototherapy techniques. Part of the focus of this paper is to create a basic framework, a 'coat-rack' on which to 'hang' all the various techniques, to study phototherapy and its concepts and applications more efficiently. As stated above, each practitioner organizes this field with a uniquely categorized system; obviously it is my own that follows (and that I teach from), but it is by no means that only way to organize the field. Phototherapy is primarily process; photography as a verb as well as a noun, and there is no single right way to view, teach, or use it. It is *not* a bounded set of rules or steps that must be followed in some specific order or pattern 'or else. . .', nor is it some gimmick-y 'new-therapy-of-the-year-and-sounds-like-it's-from-California'; rather it is an open-ended collection of methods that allow therapists and clients access to previously blocked areas of feelings, thoughts, attitudes, memories, expectations, 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-impaired, etc.), or emotionally or culturally (different languages, traditions, etc.)—though certainly in no way limited to just these specific types. These techniques work equally well for the non-disabled or cultural majority ('normal') as well as overly-verbal and highly over-defensive people. And although these techniques are most often used in professional counseling, their implications are equally exciting and informative for people who may not need therapy, people who are just curious to explore their own inner visual literacy, how much they can learn about themselves and others from photos and reactions/interactions with them.

At the root of most personal and interpersonal difficulties lie the issues of self-image, self-awareness, self-esteem, self-confidence, and often, self-acceptance. Phototherapy, through its various techniques involving passive viewing and active shooting by photographers can work toward marked improvement in these areas. Fryrear² has attempted a non-evaluative review of existing literature in the field, and has found eleven main categories of concentration, which also can serve as an introduction to the section on techniques: evocation of emotional states, elicitation of verbal behavior, modeling, self-confrontation, mastery of a skill, facilitation of socialization, creativity of expression, diagnostic adjunct to verbal therapies, a form of non-verbal communication from client to therapist, documentation of change, and/or prolongation of certain experiences.

Phototherapy usually means one or more of the following: projectives, historical/album/photobiographical, photos taken by the client/assignments, photos of the client by others, self-portraits, video, darkroom work, and secondary applications such as communications and proxemics research, cross-cultural/ethnic literacy, classroom applications, etc.

Projectives: Viewing photos usually results in some sort of response—feelings, memories recalled, thoughts about the subject content. Similar to the Rorschach or Thematic Aperception Tests, projective work makes use of those differences that make a difference to each person; that what is seen as relevant, or chosen to respond to in viewing any photographic image says more about that person than the subject content of the print. It is human nature to try to make sense out of things; the way people look at photographs reflects the way they feel; it is these feelings that influence the way an

image is perceived.³ One can place oneself in the photo, to explore alternative possibilities, consider options in the role of photographer, project emotions and 'scripts' onto the image coming from one's own life. Appreciation for individual differences and differentness increases as one finds more than one 'correct' way to interpret the same image, and begins to apply these concepts to other parts of life, beginning to accept others' perceptions and feelings as equally valid and improving communication as a result. Projective work applies to past information as well as present perception, and can also be used in fantasy or future-oriented work.

Historical/album/photobiographical:

Often, long-buried and well-defended emotions will respond less guardedly to a visual image; photos can reconnect one with memories of past events, people, places, times. Family photos document permanence and change, continuity and existence over time, and give insights to the full system of several generations, relationships, and networks—to see one's self and one's context and thus better appreciate current situations and feelings. As most people are used to taking photos, most families commonly keep some record of their existence. This may be in a naturally evolving manner, or focused toward the goals of some family 'historian'. Album work uses any number of sources of photobiographical material, including assignments to construct an album along an assigned theme, or to reconstruct by finding photos or posing new ones to resemble images in the mind.

Through photographs, each family constructs a portrait-chronicle of itself—a portable kit of images that bears witness to its connectedness.⁴ Therapists who work within a 'systems' model find album work especially fruitful in material to study multi-generational transmission patterns, triangulation, scapegoating, differentiation/fusion, etc.—it is all there for the inquiring eye to see and base questions on. These, and all other therapists as well, find that to best understand the functioning of the total family unit, one would want to pay attention to the patterns of relationships and interactions among the components—each part or person, how it relates to the others, and to the whole.

In understanding family emotional systems and processes, therapists using the album techniques of phototherapy are interested in addressing the question of what it means to be a person, a woman, a man, a child in this particular family. Photographs are of prime importance not only for the individuals depicted in the photographs, but for their relevance for the family as a whole. They function

to call attention to important events in the life cycle of the family—the living family system as it expands and contracts through time and space, documenting events important to it—signals of life cycle ceremonies, rituals, and traditions which are important for the development of the 'identity' of the person involved, as well as indicating the relevance of the event for the development of the whole family, for the 'family identity'. They are links from the family's past to the present, and an affirmation of the traditions and ideals for the future. They serve as landmarks for a history of continuity and change within the multigenerational family picture.⁵

Photos can be used as resources in the true sense of the word: re-source-ing the good times, pleasant feelings, and client strengths and abilities, especially in times of stress or crisis where those memories may not seem as accessible, where they can be used to offer hope, perspective of time past the crisis, of continuity from the past to future where one might again reaccess those feelings and accomplishments. Similarly, they can be used to help correct distortions and misrepresentations, as they are an undeniable record of the past that no amount of verbal filtering can cover up. Talking about photos with one's family is not only reminiscing and showing previous memories and relationships, but also develops renewed relationships in the present, helping to spread awareness beyond the usually stereotypically perceived roles. While pictures cannot predict the future, they may suggest changes which are operating in the family relationship process which may surface in some form in the future. They can be, at least, indicators of the emotional climate in the family.⁶

Photos Taken By the Client/Assignments: What people choose to photograph (and why) are those things that are important, and make a difference, to them, whether it is for having a memory-record of the scene, or because the photo 'speaks' to them in other ways; at the same time photos reflect people's values, beliefs, interests, social outlook, and responses to the environment, consistent themes, personal metaphors and symbols. Valuable information can be gleaned by a therapist exploring a client's photos with them, either photos already existing and brought in, or those taken as assignments given to construct certain projects (for tighter definition of areas of concern to concentrate on and explore more fully, or more open-ended creative explorations which still provide personal insight).

As one simplifies by placing a frame around things, one can slow the busy world around oneself down into manageable segments, stilling them for deeper

analysis; and a therapist can learn much by skillfully observing *how* and *why* an individual chooses to select certain photographic solutions to meet personal 'requirements' and asking related questions.⁷ If the therapist and client are discussing ('at arms length') photographs taken by the client, it is less threatening, safer, asking more in the third-person aspect of "let's you and I talk about these photos and the ways you have chosen to take and present them", so that client and therapist explore jointly rather than questioning the client directly. If the client is involved in the actual process of taking pictures, there is the additional benefit of observing the client in an activity which includes a number of interpersonal communications and relationships as they interact with other people.

Photos of the Client (by Others):

How other people see us gives us an idea of how we present ourselves to the world; in dialogue with others (or with their photos of us) we gain valuable clues as to the identity we convey. This is often a safe channel for interpersonal feedback, as different interpretations of the same photo can be compared. It often occurs that clients do not really know how others perceive them, distort that perception, or are not consciously aware of the discrepancies.⁸ If this has been the case, then it is possible that others have tried to relay this to the person. If this has been attempted verbally, it probably has most often been resisted, especially if the client is well-defended. Photographs taken by others allow external correlation of self-image, and are thus helpful in realizing the large range of different ways that different people see a person. It is very hard to dispute photo proof of how one is seen; it does no good to resist or rationalize when the direct perception in permanent form is held in your own hand! This doesn't have to be only negative, however, as successful skills or appearance improvements can also be documented.

Self Portraits: Self portraits most usually mean literally photographing oneself through a camera with either a timed release mechanism or long cable release, so that clients themselves control the power over how to pose, when to shoot, and whether to show the resulting photo. Looser definitions could include photos by others, as long as you still are in charge of the above decisions. For people who have varying degrees of emotional or interpersonal difficulties, it helps greatly to study oneself; photos have numerous advantages over mirrors!

As self portraits are probably the most powerful of all the Phototherapeutic techniques, in that people are most emotionally involved with/invested in

their own image more so than any others, people usually therefore find them the most threatening or risky to confront and work with. As issues pertaining to self are usually the most central to therapy, bringing people literally face-to-face with themselves can have powerful results (and should not be used indiscriminately—if clients are not ready to face their own image, the results of confronting reality could be devastating). But, carefully guided while at perhaps their most vulnerable moments, clients can explore and confront, while documenting for themselves the changes that are occurring, or explore fantasies within a safe environment.

Video Therapy: Using video as a therapeutic tool adds another whole dimension of possibilities. The contribution of effects of motion, replay, and direct reproduction of communication and behaviors without the filtering effect of any 'interpreter' whose description might be argued provides invaluable data for therapists (and clients). This field of techniques is packed with possibilities; there are at least four books on video therapy on its own!⁹ Some of the most obvious generalizations that video work provides are those dealing with the extra value of gathering nonverbal information nonverbally, freeze/pause-action and repeat replays for second-chance viewing, and immediate impact of realizations made by oneself without outsiders' input, self-feedback, as commitment for change thus comes more easily from within. As clients find viewing themselves 'live' in motion an unarguable documentation of how they communicate and present themselves, they speed the therapy process by assuming more responsibility for their actions.

Video can be used in immediate replay, delayed replay, and/or long-range applications. Immediate uses are the most intense and emotionally charged. There is usually more honesty in a supportive non-judgmental environment. Often the tape serves as a support which enables a client to say something to others that they might not have been able to do without the 'proof' to use as an example. Delayed uses are more objective, less threatening, and less emotional because of the distancing over time. One advantage to delayed viewing is that one can get beyond the negative points focused upon immediately and see, upon several reviewings, some of the more subtle and more positive aspects of people that often get overlooked in the heat of crisis. Another result of this 'pausing to catch the positives' is that family strengths, supports, and caring can be observed and discussed.

Long term replays are used most to demonstrate changes over long periods of

time, where client growth/change has occurred and one wants indisputable affirmation of the progress. Additional uses abound: family and group work, therapist self-observation for skills improvement, training, documenting, creating expressive tapes as assignments, evaluation and prevention.

Darkroom Work: If there is access to a darkroom, additional techniques could be implemented. Learning the basic skills is surprisingly simple; most clients can turn out acceptable prints in a few lessons. The therapeutic goals can be as simple as having the client gain skills which lead to recognition by others or enhancement of self-esteem and confidence, to more complex or technical concepts. Basic goal-setting and realistic expectation-setting are clearly demonstrated in darkrooms, and clients quickly learn an appreciation of their own limits without having to be restricted by others' rules. Besides the learning of aesthetic skills for potential employment, or hobby development, the actual products they print are of further therapeutic benefit as they can manipulate and project through production photographs which then have value in the counseling process.

Further techniques are beyond the scope of this introductory paper; they can be accessed through searching available literature. The main emphasis throughout is for therapists to enlarge their own receptive abilities, and to train themselves to notice the potential significance of what they are hearing without over-interpreting it, as it goes by in response to photographic stimuli. The basic vocabulary of these techniques is asking questions, concentrating not only on the direct answers to questions and probes, but also to how they are answered, what else 'goes by' as the responding is occurring, and making therapeutic use of it *all*. Phototherapy is more a way of thinking than a set of fixed techniques, a state of readiness to hear fully what passes by as comments are made, an ability to hear what one is listening to, for what it may tell about the person speaking if only you are open to receiving it.

Like so many holistic approaches and expressive therapies, Phototherapy suffers a bit from having to be taken apart for analyzing its parts in any sequential or linear manner. Creative and effective therapists use these techniques in various interrelating combinations, intersections, and overlays—for example, all photographs are in some ways self-portraits; doing active album work requires projecting; family videos/ movies are also albums, etc. Teaching and describing phototherapy as in this paper, and in more intensive training programs

offered, often forces the somewhat disjointed separation of what are really integrally related parts, and with a sense of loss, I might add, as the effect of the whole system of phototherapy is so much more than just some combination of distinct step-by-step entities.

Photography is seductive, and both client and therapist must be cautious not to let the photography 'for itself' become the focus of the counseling interaction.¹⁰ Phototherapy, as mentioned before, requires using both verbal and visual modes, and thus requires therapists who are trained to do both. Otherwise we are in danger of misinformation based on partial and incomplete knowledge/understanding of what phototherapy is and has the potential to be. We must be careful not to develop a categorical system of analysis or semiotics that becomes too rigid: we don't want the person to photograph in order to fit some external expectations or definitions (expressed or implied); we don't want to see developed some third-person method of analyzing client responses by some prior assessment criteria—rather we want to serve people by responding to their freely chosen photography in ways that enhance sensitivities. Such photographs should be analyzed rather than defined; we must be careful in establishing a methodology of photographic therapy not to establish a fixed language!

Thus there is a strong obligation for those doing training to assure understanding of the above considerations, to provide conceptual background and historical context as well as both descriptive and experiential information to those people-helpers being trained in these techniques. It should be assumed that these people's professional counseling skills (and ethics) are already fully developed, that the Phototherapy training is aimed toward providing additional adjunctive skills for these people to use in their own work. Formal training, even at the introductory level, is no light or brief matter, and both Krauss and myself have a strong commitment to ensuring that our training opportunities and classes grasp the entire implications of using these techniques with people, as well as sufficiently practice the skills involved. Although we both conduct training independently as well as jointly, there is a core content that is always consistently covered, so that our 'graduates' can be assured of a high standard and universally given program of instruction. We make no assumptions of always being the only two trainers around (in fact, it would be a relief to have more!), but we share a serious concern for commitment to rigorous standards of content and presentation so that participants are certain to come out of any

training with close to the same experiences.

In closing, rather than attempting to present a lengthy (and probably boring) history, I will instead simply summarize the major highlights and contributions to provide readers with a 'grounding' and time context for phototherapy's development, present active promoters, and a way to access these people and the available literature. As Marshall McLuhan so aptly put it, in the 'Electric Age,' things do not happen linearly, but rather simultaneously! As mentioned before, the same happened in the development of phototherapy—there are (or, at least, were) a dozen or so people who sincerely believe(d) that they truly invented this field, and there are probably still more to come.

Photography itself was first made public by Louis Daguerre in 1839, and both Dr. Hugh Diamond in 1856 and Dr. Thomas Barnardo in 1870 were published with documentation of using the new field of photography to study physical change and self-image. Various individuals surely continued to do such work over the next century, but it wasn't until the past twenty years or so that speed gathered in terms of public recognition. By the late 1970s, the Electric Age had arrived in our field—numerous publications appeared, sometimes on the very same subject in the same month at different ends of the continent, or in my own personal experience, three authors appearing in the same journal issue on very similar topics who had never heard of one another!

The two contemporary figures who have had possibly the greatest influence on development of phototherapy have been Minor White and Ralph Hattersley. Although neither of them is a therapist, their writings and teaching in the areas of expressive personal photography paved the way for the theories and practices which now form phototherapy. White's major contribution to the therapeutic uses of photography was two-fold: The concept of the photo as an 'equivalent' of other aspects of an individual's life, and popularizing the concept that each image was in part a self-portrait. Hattersley contributed the groundbreaking book, *Discover Yourself Through Photography*, whose chapter headings sound like goals for a therapist's treatment plan.¹¹

Akeret's book *Photoanalysis* in 1973 appealed to the public, though the professionals have several serious concerns with it. Kaslow, Friedman, and Entin began publishing at this time (mid-1970s), primarily regarding family work with photos and movies, as did Weiser in Canada's first publication in regards to

photography as an agent of change, phototherapy theory, practice, and her work primarily at that time with the Deaf (1975). Other seminal authors in the field of theory were Stewart and Zakem (centered near Chicago) and Krauss (Ohio) who has added greatly to the literature several elegant documents regarding the nature and relationship of perception/meaning with photography and these applications in therapy. Walker and Fryrear are other early and regular authors—Walker producing many articles on projective uses (and interactive as well) of photos, and more recently work with Photo/Video Therapy with groups of elderly; Fryrear recording a variety of projects primarily using video in everything from juvenile delinquents' self-perceptions to successful behavior rehearsal to interactive mask work.

Many other key authors have published regularly as well, most of whom also are serving as editors to the journal, *Phototherapy*, which formed originally in response to over 250 letters received by Zakem following his brief Newsline notice in a 1977 *Psychology Today*. The Journal now serves all the U.S. and eleven other countries, and welcomes submissions. There have been several comprehensive surveys of the literature (Loellbach, Fryrear, Krauss, Weiser), and an attempt at a continually updated full bibliography is kept by Krauss, Fryrear, and Weiser.

In addition to the video books mentioned previously, there is now out our jointly written book, edited by Krauss and Fryrear, *Phototherapy in Mental Health*, available from Charles C. Thomas, Publisher, and with it, hopefully (and finally), credibility!

Workshops and conference presentations date from the mid-1970s; longitudinal projects at several hospitals and community centers began in the early '70s. Organized by Stewart and Zakem, the first International Phototherapy Symposium occurred in 1978 in Illinois (where all those 'inventors' met for the first time!). Since then there have been two published literature reviews, numerous articles, a Photo Projects Kit, an assortment of chapters in various books, full books as well, and more than one reference bibliography of several hundred sources of articles and research project summaries. Krauss and Weiser have held dozens of training workshops and courses, including Krauss' major Kent State University gathering in 1981. Together they taught a week at Nathan Lyons' Visual Studies Workshop in Rochester, New York (1982), and have scheduled several other joint sessions for San Francisco, Washington, D.C., and Houston, Texas, and others. This and

several other training events have been given for various universities' graduate and/or undergraduate credit. Krauss' thesis was on developing a training model for teaching phototherapy, and Weiser has been asked to prepare a regular course on it for the Department of Special Education of the University of British Columbia (budget permitting). Both trainers regularly serve as thesis advisors and readers; both have had the creative excitement of mentoring several apprentices in the past few years, some of whom are now contributing work and publications to the field.

Most of the network thus far mentioned present regularly at local/regional/national/international level conferences, individually, and also jointly for psychological, psychiatric, social work, child care counseling, teaching, rehabilitation, and other types of audiences. Most of the 'group' presented at the 1983 International Conference of Psychology and the Arts in Wales, and Fryrear presented at the AudioVisual Communication and Mental Health Conference (1983) in Helsinki. For several years, a 'flying squad' have gathered from all directions to present at the American Psychological Association's annual conferences, and 1983 marks the second appearance *en masse* at the International Visual Literacy Conference. (IVLA) started the public career of a relative newcomer, but elegant author, Pamela Weaver, in applications of photography to inner worlds.

There is an International Phototherapy Association, as well, and it sponsored in Toronto in May of 1984 an International Phototherapy Symposium, where practitioners and researchers, world-wide, gathered to present and network and share recent developments.

In early 1982, Weiser opened the PhotoTherapy Centre in Vancouver, whose three-fold purpose is to conduct research and write, to teach and train, and to carry on casework using these techniques where applicable. The Centre has become a major focus for communication in the field, a center for networking, literature accessing, student work, workshops, and ongoing classes. Weiser is also presently working on preparations for both an instructional text and a training tape. Later the same year, Krauss opened the Center for Visual Therapies in Ohio, Zakem the International Phototherapy Institute in Chicago, and Fryrear and Doyle the Institute for Psychosocial Applications of Video and Photography at the University of Houston-Clear Lake (Texas).

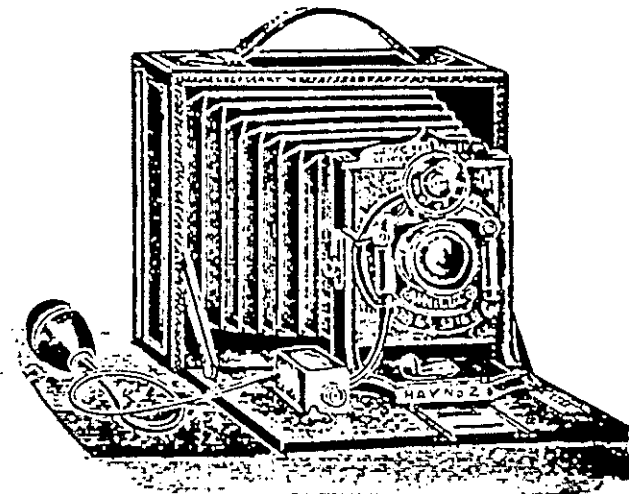
The field has thus been rapidly growing; if you weren't along since the beginning, it is difficult to grasp comprehensively. This paper has tried, therefore,

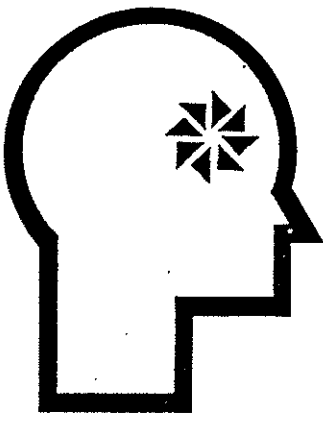
to give those relatively new to the field an introduction to what phototherapy is (and why), the techniques involved, implications for training, and a bit of a feeling about how it all came to be. All of us believe very strongly in the power of photography to effect emotional responses and changes in people; we have witnessed it firsthand.

"If you still have my photograph, then I am still safe in your heart"
 ... client of Weiser's

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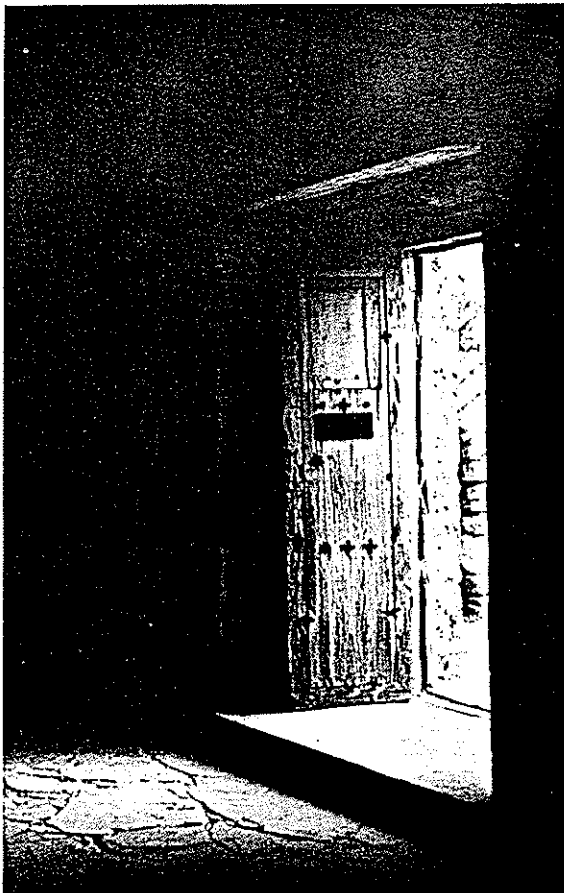
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Whose place is this?

What are they like?

What do they do?

*Perhaps you'd like to fantasize further about
what the people out of the picture are doing,
or what they will do once they've returned.*