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## More Than Meets the Eye: Using Ordinary Snapshots as Tools for Therapy

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We see things not as they are, but as *we* are.

—*Source Unknown*

An often-quoted anecdote tells about a group of blind people trying to describe an elephant solely through touch (and probably smell also, though this is never mentioned!). Each can only extrapolate from his or her small radius of reach what the entire elephant must really be like. This illustration demonstrates what we all know instinctively but rarely stop to consider: that how people organize meaning from things around them has a lot to do with who they are and where they come from (often quite literally). It isn't just beauty that is "in the eye of the beholder"; in some ways, everything we call reality is. If we pay attention to something, it is because we have noticed that it is there and, therefore, has some kind of meaning for us. If we haven't noticed it, it really hasn't made enough difference to stand out and thus doesn't really matter. In some ways, it doesn't exist for us at all.

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We usually notice those things that stand out from the general amorphous background, the things that, for various reasons, we give meaning to. Thus, we take the vast uncharted territory of our experience of the world around us and, through our perceptions, cognitively map it into symbols of meaningful understanding. These symbols give us some power to manipulate the parts and to communicate internally and to others about what we have found. Our most personal internal symbols may be known quite well to us, yet they are usually rather difficult to express in words.

The only way that humans can take in information is through our five senses (sight, sound, touch, taste, and smell). Since it is estimated that about 80 percent of this sensory stimuli data enters through the eyes, sight is obviously extremely influential in guiding us in our attempts to understand what we encounter. When we experience (or try to remember or predict) any given moment in time, it is important to recognize that there will be a predominantly visual component inexorably bonded to each slice of time that we are examining.

We talk to each other in written and spoken words, but we sometimes don't stop to realize that these are just *attempted representations* of what is really stored inside us. Most of us think, feel, and recall memories not so much in direct words as in iconic imagery or thought pictures (sometimes accompanied by auditory, kinesthetic, or other cues). Therefore, we can see how communications and the personal meaning we give to our experiences would be processed predominantly by visual codes and concepts. Thus, when attempting spoken or written representation of our inner ideas and feelings, we use a complex *visual literacy* as our cognitive language. In fact, English idioms often unconsciously reflect this: we say things such as "I see!", "See what I mean?", "Get the picture?" and so on when we want to make sure that we understand or are understood.

None of us has little words running around in our bodies or heads; instead, neurochemical and electrical impulses fire, combine, and convey thoughts and feelings nonverbally. And when we are in dialogue with our inner selves, words are not particularly useful or necessary. They simply translate what is inside us as we try to share this inner experience with others or, in listening to others, match

our understanding of their words to their inner thoughts and feelings. True communication occurs only when the two parties can agree that their perceptions have been shared in concentric meaning, not just when words have been exchanged.

Each of us has unique perceptual "filters" that are constructed of what we have learned personally, familially, and culturally, through past experiences and teachings. We are sometimes further influenced by what we expect or have been taught to look for. Thus, in some ways we contribute to the meaning of any stimulus by what we ourselves have brought to that moment of perception. Meaning doesn't really exist "out there" apart from us, but rather it exists within the relationship between the object-stimulus and the person-perceiver—either one just on its own without the other wouldn't have the same meaning.

#### Communication and Its Problems: The Why and How of Therapy

If reality and meaning are so personally constructed and perceived, it should be no surprise that everyone sees the same thing a bit differently. Just because we see the world a certain way doesn't mean that everyone else around us will automatically be in agreement with us. But that's exactly where so many of our problems erupt, where people are so locked in to one way of thinking that there's little room for divergent opinions. Emotional communication is blocked when one person fails to grasp the feelings behind another person's words. Whether one is dealing with physical or emotional problems, improvement cannot happen without people becoming more aware of how they uniquely perceive and construct meaning. They fail to understand how their particular way of handling emotions may not be clear to or shared by others. Further, their communications may not be taken the way they intend. If this were understood, there would be more appreciation of and tolerance for individual differences and less animosity toward and fear of others who aren't like ourselves.

In the various mental health fields, where counselors and therapists spend their time trying to help people with problems, words are often not enough to give people "a better picture" of what is meant. Clearly, "people helpers" need to use more visual and

other-than-verbal techniques along with their usual verbal interactions with their clients. "Expressive" or "Arts" therapies are based on these assumptions, and PhotoTherapy is no exception. Viewing photos usually results in some sort of reaction, even if it's only that we find an image incomprehensible or simply boring. Feelings are stirred, memories recalled, subject content reflected on, as we are brought into contact with information stored nonverbally inside ourselves. Ordinary snapshots that people take and react to can be conceptualized as metaphorical markers indicating meaningful experiences and emotions. They act as "footprints" showing where we have been, emotionally as well as physically, and where we might be heading (sometimes without even knowing it yet).

#### Adult Healing, Childhood Pain

I have found that when people begin therapy, they may be feeling hurt, confused, and so on when we first meet, but that often these feelings come from deep inside, places where it is difficult for words to go. Problems explained as happening currently often turn out to be rooted in scripts or memories tied to long-ago causes or associations. Such memories from our pasts we find hard to fully describe verbally (if indeed they can be consciously remembered at all). Because each moment of time we've encountered has been stored as an overall all-at-once blend of sights, sounds, feelings, words heard, smells, and so forth, it is hard to focus on one facet without being affected by all the others that were tied to it.

Each event that has had intense meaning for us (positive or negative) is stored as initially experienced through our senses, and that meaning is integrally embedded within the memory as it happened then. When a person has experienced severe trauma in early life (sexual or physical abuse, unexplained abandonment, death, and so on), especially if this has happened at a young age when one's life rarely contacts anything outside the immediate family and home, those experiences will have been stored in the brain (and heart) as feelings and experiences unstructured by word interpretations. And if the time was very early, before the child has good functional understanding of speech, there is no verbal coding or symbolizing of the experience available.

At the time of such an event, such feelings leave the child unable to make rational sense of what has happened (especially if everyone is pretending that nothing happened, nothing is different, or if the child tries to verbalize the pain and finds it ignored or denied or diminished). Unable to get support even that the event did actually occur or that it was awful and wrong, children may begin to doubt the ability of their own memory to dependably document "truth." Similarly, they may begin to internalize responsibility for the terrible events. They have perceptions such as "It must have been my fault; why else would this happen?" "Nobody else has such terrible things happen to them—I've never heard about it." "If I tell, no one will believe me." (Or "When I did tell, I got hurt worse with the violence and punishment and consequences than if I'd just kept my mouth shut.")

Victims usually find it safer to share their pain with no one and often end up feeling powerless. They sometimes learn to protect themselves by managing to distance mind from body as a natural defense. This may be difficult to reverse later in life. Survivors often mention feeling unalive or unreal and find it hard to let go with any spontaneous feelings (or even to recognize they they could have any). Later on in life, as teens or adults, when looking back at these memories, they usually experience some guilt around "Why didn't I stop it?" "Why did this happen only to me?" "Why didn't somebody do something?" These unanswered questions mirror internal guilt, shame, self-blame, feelings that there must have been something wrong with them for this to have happened. Unable to trust their most intense feelings, having their true memories essentially voided by the nonbelief of others, finding the guilty party long unpunished (and probably unrepentant), survivors usually have no relief for the nonvalidated pain. In relationships, they often fear vulnerability and usually find it very difficult to risk full emotional expression (as there's been a lifetime experience of not knowing which feelings will produce which results.)

In therapy, such problems can take a long time surfacing, often contained within masks of "I can't have a comfortable sexual relationship" or "I never get angry, because when I do finally blow up, it all just explodes terribly, and I get very scared about losing control" or "I really don't know how to know what I feel; I don't

think I really do feel anything really deeply." The actual past experiences that are precipitating such statements have usually long ago been put away (either consciously, without ever being finished, or, more usually, unconsciously, with vague gnawing feelings that have no clear identity).

There is usually a child still hurting in most adult therapy clients I've treated. This "adult child" has been severely victimized in one way or another, and the memories, pain, and lack of understanding about the event, as well as resulting feelings of worthlessness, taintedness, guilt, and so on, all contribute to blocking the adult from a freely expressive, self-respecting life. More importantly, the lack of being validated and respected as a person who did have such terrible things happen and who did have to live for years in undeserved confusion, shame, and hurt has usually never been dealt with to any completion of purging the guilt, blaming the abuser instead of the victim, or accepting the child's powerlessness to have ever been able to stop the abuse on his or her own.

We adults "see" our memories of events that happened at an early age through the filter of *being* that age: backyards that we remember as endless turn out to have been of ordinary size; pet dogs that appeared giant and massive turn out to have been just ordinary spaniels; kindergarten classrooms that loomed huge with many roomy desks turn out to have been just of ordinary size (and the desks tiny!) when we return as adults to view them all once again. The same thing happens with emotional memories; moments and feelings are remembered as if it were the child still encountering them firsthand (because they were initially coded into our minds through the filters of who we were then).

Therefore, to heal adult clients, therapists must somehow try to reconnect them with their inner child, helping those earlier memories to be processed with the intelligence and perspective of the adult who now looks back to understand that the child was truly powerless and honestly unable to comprehend or act in self-protection and to enable the feelings from the past to be reexperienced as much as needed for their validation and relief. Really forgetting is not only impossible but unnecessary, and needing to forgive the abuser is a hotly debated issue (and usually equally truly impossible); however, forgiving one's own inner child for not hav-

ing done more than was humanly possible at that age is an absolutely essential step in the process of healing and growth. If no one else was available then to bear witness, at least the adult self can provide that substitute role in grounding memories so that they do not control one's life in their unendedness.

For people to reexperience the past unfiltered, they must be able to get back as close as possible to the moment as it was originally encountered. Memories are often decorated with details we've added later in our filtering them through the years of change. Similarly, we often conveniently forget (or lose to our conscious recall) those components that were irrelevant or painful at the time—but those "disappeared" facts are sometimes the very ones needed to regain the perspective for improved comprehension of the events that they document.

Photographs are the natural language for bridging these years; they record what was actually in front of the camera at the time, and in being reviewed, they bring along accompanying feelings and thoughts that were inseparably coded into them as frozen in time. In reencountering a family photo, for example, we not only see the portrait grouping but very possibly get a memory of a smell, a feeling of how it felt to be posed that day that way, a blend of remembering that encompasses not only the people in the image but perhaps how one felt about them at that time. Places are viewed not only as the setting but also perhaps as cues for what was going on in them then. Family members are viewed simultaneously as they appeared in the image and as one remembers they "really were" that day when not trying to pose. Thus, adults can get back in touch with how it felt to be there that day, to be the child in that family, to have to stand next to siblings or parents who had "double identities," who were basically living lies. The paradox between truth as unexpressed and image as presented can be reexperienced through talking about the photo and exploring the various dimensions simultaneously bonded to it.

Sometimes reliving one's life through albums and photographs can reawaken "lost" facts; better yet, this can sometimes bring to consciousness information or feelings that have been lost within oneself. One woman reflected on a family portrait taken when she was seven. Commenting on a seemingly innocent group-

ing of people that had left her seated father's shoulder visually covering the lower part of her face as she stood behind him, she wryly reflected, "That picture really says it all, though I've never noticed until today. He was always smothering my mouth, my voice, pushing himself sexually into every hole my body had, choking me, keeping me from screaming, keeping me from telling later what had happened by threatening me with terrible consequences if I told. Both literally and figuratively, I couldn't talk, wasn't allowed a mouth, never got to open it, probably never even to cry. My voice when I spoke was very small." If she'd been "given" a mouth? "At that age, a hundred mouths wouldn't have been enough—I wouldn't have known what words to risk." Is there anything she would want to tell the little girl in that photo? Bursting into tears, she sobbed, "It's okay, Honey, you'll survive and he won't. You'll make it, I promise. You're doing the very best you can do under the circumstances, and somebody ought to make sure to tell you that, so that you won't hate yourself later."

This kind of healing cannot be given to the client; it must come from within. Healing like this frequently occurs naturally when given enough time in a safe environment, when there's the opportunity to examine one's life while still retaining some control over the intensity and depth one gets into. Photographs are a less threatening, more natural way for people to do this; if no family photos can be found, one can just as easily work with remembered, imagined, or remade ones.

### Snapshots, Cameras, and People

Oliver Wendell Holmes called photos "mirrors with memory." These reflections from inside our minds and hearts can be very powerful tools in the hands of someone using them properly to explore what people know and, more importantly, *how* they know what they know (their values, beliefs, reasons, traditions, and expectations). When a therapist uses ordinary snapshots as catalysts, the client's long-buried and well-defended emotions and memories often surface less guardedly, sneaking in sideways without words to protect them. These techniques have been used successfully not only in traditional psychotherapy but also with the communicatively

disabled, the culturally disadvantaged, the hypervocal (overly defended), and the physically and mentally disabled, and in educational settings with people who have no identified problems but who are interested in personal growth. PhotoTherapy can provide alternative ways to communicate, complementing or even bypassing the verbal channels, allowing people to show, rather than just tell. Indeed, people in general (neighbors, friends, relatives) who want to share more intensely can use the same tools to increase their understanding and appreciation of each other's differences and uniqueness.

Using images in therapy is not new. In the past, therapists have approached the challenge of learning more about the inner lives of their clients by utilizing various "projective" techniques. They have shown a stimulus image and asked their clients to comment out loud about the image, indicating any associated thoughts, feelings, and memories. It was believed that these more spontaneous revelations provided insight (in-sight) into areas that might not be uncovered by direct questions or verbal inquiry. Clients have been asked, for example, to look at blobs of ink on paper (the Rorschach ink-blot test) or simple sketches (the Thematic Apperception Test) and give responses. In some cases, answers were simply listened to within the larger contexts of overall therapeutic dialogue; in others, interpretation manuals were consulted to find out how to understand and evaluate the response "properly." In comparisons of the responses from one's client with those given by a standardized "norm" group, measurements were supposed to suggest areas of difficulty or provide diagnostic criteria. The problem in using these standardized tests, however, is that if a client happens to be from a different population, culture, class, or sex from the test's designers, comparison to their standardized norms can often be very inappropriate and lead to distorted conclusions (Weiser, 1986).

In my experience, very effective work in projective imagery can be done using simple cameras and ordinary snapshots to provide those stimuli. Unlike the standardized images, this method is more flexible, open-ended, and ethical. It doesn't matter whether the image is taken by the counselor or the client or pulled from the pages of a magazine or calendar. As long as it visually depicts a slice of frozen time, it can serve the therapeutic purpose extremely well.

For the purposes of PhotoTherapy, I wish to be very clear that the tool we are using is photography as communication, not photography as art. (Esthetics is not the issue, and in fact these techniques work equally well with people who have never used a camera before.) PhotoTherapy uses photography actively, as a verb; as communication, as process in addition to just product-art form, noun alone. Thus, the actual snapshots are equally as effective if they are tattered, folded, stained, or even torn. Projective work can be done with photos taken by the client, provided by the therapist, taken during the counseling session, or gathered from other sources (for example, snapshots belonging to other people, family albums, postcards, pages from old magazines, driver's licenses). Therapy can also be facilitated by the use of photolike scenes, that are only imagined or remembered.

An advantage to using photography is that it is relatively nonthreatening because it is so familiar. Most people have seen snapshots and understand that they represent the "reality" that was in front of the camera at the moment of picture taking. In viewing photos, they unconsciously make the cognitive leap to being there at the moment the camera documented the scene. Further, most people keep those snapshots that have the most intense personal meaning for them—memories of people, places, or times that have strong feelings (usually positive ones) associated with them. People rarely photograph things that don't matter to them. Snapshots that "don't matter" are rarely taken, kept, or given.

People taking pictures usually have a goal in mind. When viewing their creation later, they have a strong idea (though not always conscious) of what they were hoping to capture on film. If the photo pleases them, it does so because they got what they wanted (or better than they expected), and if it does not, they can usually be encouraged to bring to conscious awareness that missing facet that should have been there but wasn't. If asked what would have to change to make the snapshot what they had originally hoped for or expected, they usually can provide answers describing the visual message (and accompanying meaning) that was lacking. It may be hard to describe these things in words, but as many people have expressed, "I'll know it when I see it!"

Although photograph taking and keeping are practically

universal activities, cultural and societal traditions, including sex-role stereotypes, have affected these behaviors over the past century. Males (usually fathers) traditionally have been the family photographers, whereas females (usually mothers) have most often been the family's recorders: making the selections for the album, keeping the album history current, choreographing how the family is publicly presented over time. The behavior of how to be (or how one should be) for the camera most often was directed by the male standards in effect at the time, the "gaze" of the camera most frequently being focused by male attention, values, expectations, and preferences (and, for the most part, pointed at women). This has spilled over into advertising and all other visual media; it has also influenced family documentation of who is important and why, how one must look in order to be part of the accepted family (at least in terms of portraits), and a host of other factors determining how women have been allowed to be seen over the hundred-plus years since the invention of photography (which itself was influenced by earlier centuries of what was allowed into the teaching and expectations of "art").

Gender stereotyping and values dominance are a pervasive component of the photography that is seen today as art; certainly these factors have also long carried over into everyone's ordinary snapshot taking, making, viewing, keeping, and especially posing behavior of women (and men, too, but to a much lesser degree). Evaluating one's own self-image in a photograph cannot help but run into one's expectations of how one "ought to" be looking. In a society where women's role has long been devalued, diminished, and to varying degrees oppressed, it would come as no surprise to find these "scripts" incorporated into the photos that women have learned to make (and expect) of themselves and their loved ones. Even in making choices as to which images are "better" than others, people run into guidelines unconsciously created by sex, class, cultural, and other stereotyping prejudices.

Many authors have focused specifically on these factors that cannot help but influence people's real-life behavior, attitudes, and feelings as they mimic what they have been taught to believe by both history and the media. A whole field of study has been developing over the past few decades to bring to light the unconscious influence

and the subsequent damage to women's self-esteem and empowerment that such attitudes can inadvertently bring about (for further reading on this topic, see, for example, Belloff, 1985; Berger, 1972; Braden, 1983; Gassan, 1986; Grover, 1988; Hirsch, 1981; Martin and Spence, 1985; Musello, 1980; Sontag, 1977; Spence, 1978, 1983, 1984, 1986a, 1986b; Roskill and Carrier, 1983).

### PhotoTherapy Techniques

The field of PhotoTherapy makes use of several different components of the person-camera-photo interface. The "projective" application conceptually underlies all the others, as any image that one visually encounters automatically involves "projecting" on it in the immediate process of perceiving it, just as all photos are in some ways self-portraits. Anyone who has ever looked at a photo and felt some gut-level response arising from what he or she is seeing is one of the "inventors" of this technique. Anyone who has ever gone to a photo exhibit and wondered what was supposed to be so great about the display that they found terribly boring is him- or herself demonstrating how selective perception works.

If we look at a group of several photos and are asked to comment about some in relation to others, it is possible to learn how we judge, evaluate, and prioritize one thing, person, place, or event in relation to others. How things are similar or different, how we know what we know, what would have to change for our perception of that photo to be different are clues to our underlying value system and our unique personality. When viewed within a therapeutic context, such details will be rich in information about personal data that is difficult for words alone to reveal. As a result, they can help people to get their lives "in better focus."

PhotoTherapeutic techniques can be useful with almost any client group of any age in any culture (Weiser, 1988a; Ziller and Smith, 1977; Ziller and Lewis, 1981; Ziller, Rorer, Combs, and Lewis 1983) or setting (Combs and Ziller, 1971; Krauss, 1983; Weiser, 1988b; Zwick, 1981), in direct psychotherapy and counseling (Cornelison and Arsenian, 1960; Gosciewski, 1975; Hunsberger, 1984; Wikler, 1977; Wolf, 1976, 1982, 1983), in rehabilitation (Phillips, 1986; Mann, 1983; Zabar, 1987), in education (Ammerman and Fry-

rear, 1975; Hogan, 1981a, 1981b; Nath, 1981, 1984; Weaver, 1983), and even in preventive work (Williams and Williams, 1981; Zwick, 1978).

Most creative and effective practitioners use PhotoTherapy techniques in various combinations because they really are an integrally related system. Like so many holistic approaches, these techniques suffer somewhat from having to be analyzed in a disjointed or linear manner. Nonetheless, what follows is a brief description of some of the techniques that therapists can be trained to use.

*Projectives.* Viewing photos usually results in some sort of response: feelings appear, memories are recalled, thoughts are associated. We can place ourselves in the photo to explore alternative possibilities, consider options in the role of photographer, project emotions and "scripts" onto the image coming from our own life, and create themes, stories, or larger contexts. While traditional projective techniques tend to require a passive viewing procedure, there are several active applications of photo projectives, such as photo-taking and photo-gathering assignments, which can even include using cameras without film. It is the process of interacting with the snapshots as much as the image content itself that is of importance in PhotoTherapy applications. The information and emotions revealed almost as by-products, as contexts, for the photographic investigations are what prove so valuable. Nonjudgmentally listening, observing, and questioning in response to photographic imagery stimuli in the lives of those we help are tools of vast potential. What the client sees as relevant or selects for responding to usually tells us more about that person than the subject content of the stimulus image itself. Even abstract or blurry images can be used because they may evoke gut-level feelings and responses even though the person may not be able to explain them verbally (Walker, 1983).

*Historical/Album/Biographical Photos.* Clients with long-buried and well-defended emotions may respond less guardedly to a visual stimulus. Thus, photos can be used to reconnect them with strong memories and feelings around past events, people, places, and times, because we view them as if they were happening right

now. Family photos, home movies, and videos offer proof of existence over time, documenting permanence and change, continuity, roots, traditions, values, and degree of freedom for the individual within it all. These snapshots can give insights to the full system of several generations, to relationships, and to networks. Clients see themselves and their contexts and thus are better able to appreciate existing situations and feelings and even, perhaps, recognize the source of many expectations.

**Photos Taken by the Client.** The photos we take and the decision process we go through in taking them—our desired outcomes and reasons for a particular choice—can indicate what is important in our values and beliefs. If they don't work out as expected, asking what went wrong and what it would take for them to become successful can be equally revealing. A careful probing of the chosen moments recorded in photos can reveal themes and interests, personal metaphors, and symbols that the client was possibly unaware of at the time of shooting. Specific assignments can be given to explore particular areas of concern, while more open-ended, creative projects can yield further insights.

**Photos of the Client Taken 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 to the identity we convey. This is often a safe channel for interpersonal feedback, as different interpretations of the same photo can be compared. In realizing that different people photograph the "real" us differently, we come to appreciate the flexibility of our identity and our possibilities, as well as to recognize the limitations of labeling ourselves and others.

**Self-Portraits.** The issues of self-image, self-esteem, self-acceptance, and self-confidence lie at the core of most therapeutic work. Self-portraits provide a powerful way to gain access to these concepts, and thus people often find them the most threatening and risky kinds of photos to encounter. If carefully guided during their most vulnerable moments, clients can explore, confront, and engage in dialogue with themselves (using still photo self-portraits or video

therapy self-confrontation) and document for themselves any changes that are occurring.

**Video.** Videotape techniques greatly enhance client ability to mediate and document the growth and change process through immediate, delayed, and long-range replay applications. Video provides numerous opportunities for self-discovery, confrontation, direct access to emotions and affect, nonverbal messages, study of family or group structure, and interaction otherwise unavailable in direct verbal-only sessions. As clients find viewing themselves live in motion an unarguable documentation of how they communicate and present themselves, they may speed the therapy process by assuming more responsibility for their own actions.

The following section provides an in-depth discussion of the use of the projective technique in PhotoTherapy. As this chapter is concerned primarily with the use of photos as projectives, other PhotoTherapy techniques are not discussed in full detail. The references at the end of this chapter list many useful readings. In addition, the PhotoTherapy Centre offers training and workshops in the use of PhotoTherapy techniques and maintains a file of more than 200 articles, books, and other reference literature documenting projects and studies using photos as therapeutic tools. For further information or to order the Centre's twenty-three-page reference bibliography, readers may contact the author at the PhotoTherapy Centre, 1107 Homer Street, Suite 304, Vancouver, B.C., Canada, V6B 2Y1, phone 604/689-9709.

### How to Use Snapshots as Projectives

There is no single "right" way to take or interpret any given photograph; each person's interpretation is extremely idiosyncratic. Similarly, there is no single right way to do PhotoTherapy; each technique is flexible and can be interwoven with others to tailor the approach for the particular therapeutic goal being worked on. Depending on the desired outcome (for example, increased self-awareness, improved self-esteem, individuality and differentiation, personal insight, improved communication with others, reduction of prejudice), techniques such as photo projectives can be molded to

fit the need and assignments designed to guide the direction of growth desired.

Responses to viewing photos do not necessarily have to be verbal, immediate, or even consistent from one encounter to another with the same image. Therapists doing projective work are not looking for *the* answer, some specific missing link that they are trying to get the client to discover. Rather, they use the photo as an initial tool for making contact and gaining rapport with clients through dialogue that initially concentrates on the symbols in the image and then moves its focus to the client (Krauss, 1983). During this process, clients often supply additional information and will also "correct" therapists' mistakes in analysis or interpretation. As a result of this process, clients can have more awareness and a better understanding of their personal symbols (Krauss, 1981).

Photo-Projective techniques can be an excellent way to demonstrate that we all see the same thing differently, that there is no "right" and "wrong" existing a priori out there independent of our perceptions of it:

A couple viewed a collection of photos on my office wall, and the wife was particularly drawn to a "cute" photo I took of a young girl hugging a cat. (See Photo 1.)

*She:* That's so sweet, such a loving hug, it's all homey and warm and comfortable. They look so happy together.

*He:* My God she's smothering that poor animal—How can you call that 'love'; it's pure suffocation! If she'd let go, that cat would dash away immediately, and if she kept grabbing it like that every time it came near, it would never stay close. The only way it would stick around would be if she relaxed her grip and waited for it to approach her!

When probed further, the couple was able to see how, through their projections onto the photo, they

Photo 1.



had actually been expressing some of their relationship difficulties: the wife was from a very traditional home-centered and religious family, and doted on her husband, actually following him from room to room when he returned home from work at night. She was jealous of any outside interests he might have, not comprehending that his need for time to himself was not meant to be hurtful to her, but rather would renew him for more mature communication if she would only "loosen her grip a bit" and give him "breathing room."

A mother and her adult daughter, upon viewing another photo of mine of a woman leaning on a

fence holding a watering hose (see Photo 2), came face-to-face (somewhat literally) with their differing perceptions of sex roles and work attitudes (and generations) when discussing how the woman in the photo "was feeling":

*Mom:* She's so relaxed and dreamy; the kids are in school, her husband's at work, her chores are done, and she's got time to herself while she waits for them all to come home.

*Daughter:* What a terribly bored person she is! Look at her posture and her slouch. She's smoking and probably strung out on tranquilizers! An empty aimless existence, doing nothing and expecting nothing; just the same routine day in and day out—no wonder she's so depressed!

[Weiser, 1988b, pp. 260-261; reprinted with permission of Hogrefe Publishers.]

In applications such as those described above, therapists are not particularly concerned with "correctness" of answers given to questions probing selected images but are rather concerned with the myriad additional clues to clients' nonverbal evaluating and judging systems that come through "sideways" during the dialogue, while clients think they are discussing the photo itself. Projective work is most effective when the therapist is simply listening carefully for what goes by in apparently ordinary conversations about snapshots, using the photos to focus the subject matter under discussion. The therapist waits without any fixed agenda to hear (and then make use of) material that appears as unconscious by-products to these discussions. In the first example above, I proceeded to explore the husband's response to his wife's comments, probing to see whether she felt validated and needed in their relationship. I asked her to visualize her animal symbol for him and share that discussion with him for further feedback. In the second example, the women were encouraged to further compare and contrast their real with

Photo 2.



their ideal lives, noting differences but recognizing where these came from in their backgrounds and respecting them for what they represented.

One interesting technique is to show a collection of several photos of various people and ask clients questions relevant to the particular focus of the therapy, such as "Which of these people do you think is a/an \_\_\_\_\_?" (choosing categories that are appropriate to the specific therapeutic inquiry, such as artist, teacher, homosexual, cancer patient, dyslexic, farmer, and so on). The actual answer is secondary to the information and emotions that emerge as people explain *how* they knew their answer. Thus, the immediately accompanying question to all these exploratory "guessing games" should be some version of "Why?" Questions such as "Which of

these people do you suppose is sad (divorced, deaf, and so on)? What in the image do you think gave you those clues?" explore how the person uses visual cues to create meaning and code differences. This technique can also be used to explore nonverbally stored prejudices with photos of people of different ethnic backgrounds, classes, sexual orientations, ages, and so forth. The therapist might ask, "Which one do you think is a recent immigrant?" "Which are on welfare?" "Which is a bank manager (or former prisoner, or very rich, and so on)?" and then explore how these answers were arrived at and what would have to change visually in the images for the response to be a different one.

These judgment exercises can be used on a more emotional level with questions such as "Which person seems to you to be content with their life?" "Which would you like to meet?" "Which would you be afraid to have as a next-door neighbor?" "Which do you think could be having the same kinds of problems you are experiencing?" "If you could go somewhere with any of these people, who would you pick, where would you go, and what would the conversations and feelings be like?" There is no set list of questions; rather, the therapist begins in a general manner and then focuses on areas that seem more worth examining, moving from the relative safety of generalities into the more vulnerable and risky specifics. The therapeutic interest lies not just in the direct answers given but also in the explanations for why each answer was as it was. Unconscious attitudes, biases, and expectations may be revealed.

It is sometimes helpful for therapists to provide their own contrasting perceptions, not to claim "truth" or overpower the clients' right to have their own interpretation but rather to share how differently two people might perceive the same clue or detail whose initial meaning for them could be so different: "You know, if I were that woman, I'd be holding my head like that to indicate disapproval, not shyness; I wonder how it is that you and I see the message her pose suggests so differently—let's talk about this for a while."

In seeing that a given snapshot is interpreted so differently by people they thought they knew quite well (a spouse, a friend, a sibling), clients are freed to appreciate and explore these differences. Photo projectives are a tangible way for clients to realize for them-

selves (rather than being told) that their position is not necessarily the only way to look at things, that others' perceptions and feelings are just as valid, that in real life there is not necessarily just one right answer to be found. Once one recognizes such differences and differentness as acceptable and natural, they can become less threatening; in family work particularly, this can be a major step toward differentiation from one's own family of origin and toward more maturity and independence.

Obviously, if a client is verbally fluent in fully expressing memories and emotions, photo-projective work may not be necessary. However, when the client is not verbally fluent, or when direct verbal work seems too threatening, the therapist can bring in photos for the client to discuss. Alternatively, the client could be given an assignment to go out and photograph (or find from magazines) images along a particular theme ("Bring in photos of people who look tired," "Go take pictures of things that make you angry," "Find and photograph four objects that you believe symbolize you," and so on). The photo can be a supportive ally in serving as a "proof" of what the client feels but may not yet be assertive enough to risk stating directly. The following is an example of how this can work.

"You told me to bring in some pictures of women I could tell were divorced/single mothers," L. stated. "So here they are!" I scanned the twenty or so photos she'd torn from magazine pages and placed before me, and was struck by what seemed to me to be the dismal, severe, austere, empty and sad tone of all the images. None of the women pictured seemed to me to be happy, relaxed, or self-content.

I asked her to pick one photo: "Please 'be' this woman, and tell me how you are feeling, what you are thinking, and what you might want," I requested. In "becoming" the pictured woman, she spoke of exhaustion, frustration, and depression—feelings she had not been able to "own" when earlier describing her life as a single mother. Previously she'd presented

herself as competent, coping, and calmly accepting. Once she compared and explored the "real" perceptions with the "ideal" she was demanding of herself, she was able to accept herself as someone with faults and negative emotions, who was nonetheless worthy of knowing just "as is" rather than having to wait until she became perfect before she could risk trusting others.

What clients notice in a photo can give clues to their past as well as to their present feelings. Information that has been buried can surface unexpectedly (Krauss, 1980). Whereas words are often met with denial, photos frequently touch the pain at unexpected depths and demand cathartic release. For example, in portraits of children, people sometimes perceive the faces that they themselves remember making with their own abusive families. They identify a whole story of abuse and cover-up.

One of my own photos of a young child solemnly peering out of a window has called forth many different kinds of responses ("She's wishing she was off at school with her older sisters"; "she's dreaming about being a princess"; "she's daydreaming, but can smell the cake in the oven almost ready"; and the like). One woman's casual comments, "She knows someone is watching her and doesn't want to show any expression on her face" tweaked my therapeutic curiosity, and as I asked further questions ("What kinds of feelings do you think she would show if she could? What would happen if she did?"; "Where are all the other members of her family? What would she want to say to them?"; "If she had a magic wand and could change anything in her life that she wanted to, what do you think she would do?"), she began to relate previously undisclosed details about her childhood that she hadn't told anyone in a long time, about her father's physical and sexual abuse of her and his threats to kill her cat if she told anyone. This began her healing process.

Projective work is also possible with a group of several photographs—what one can do with a single snapshot can be exponentially increased with several. Simply giving a person a pile of fifty to a hundred photos (old magazine pictures, whatever) with instructions to "sort these into groups that 'go together' or 'fit' with each other" can produce nonverbal insight into how people order their world, how they separate out the categories that matter. From a similar pile, clients can be instructed to "choose X numbers of photos" (either open-ended without guidelines, or with particularly focused ones, such as "places you'd like to go to" or "photos that particularly catch your attention" or "people you'd like as friends") and then explore how (and why) they made their choices. Ideally, of course, these and all other PhotoTherapy exercises would be videotaped, so that people could explore not only their verbal reflections of choices made but also their nonverbal behavior in the actual process of thinking, pondering, and choosing.

Collections of photos can then be used to make collages or put into an order for storytelling. The images can thus be connected by the client into a theme or narrative. They can also be used so that the client "becomes" all or part of each image ("I am the photo; I would title myself \_\_\_\_\_ or like to say \_\_\_\_\_." "I am the tree; I feel \_\_\_\_\_." "I am the chair; I remember \_\_\_\_\_.") Each thought or feeling projected on the visual components is tried out for possible ownership on the self. Alternatively, one can select a few photos that collectively "stand for" a particular thought or feeling or that can be used to create a script.

Clients can speak to and with the snapshots, asking them questions and telling them important messages. Or they can respond to questions and comments that they imagine the photo would say if it could speak. They can also describe an imagined dialogue between two photos or provide titles or captions for each. Frames of the borders can be imaginarily pulled back to see what else might be "in" there. Therapists may invite clients to step into the image and walk around in it, looking back to the original photographer to imagine why the photo was taken in the first place or even to ask direct questions. Clients can predict what happened at the moment before or after the shutter was snapped, what other pictures that photographer took that day, where the people in the

photo went after it was taken, and what they did then. The possibilities are endless!

The role for the therapist in all this is not only to seize the big nuggets of information and emotional responses that occur directly in the process but also to collect all the seemingly innocent little tidbits and by-products that can be processed at a later time. It is strongly stressed that therapists using these techniques cannot presume to interpret photos *for* clients; the input should come at all times from the client guided by the therapist's questions, with there being no "wrong" answers possible (though comparing each other's differing perceptions is certainly encouraged).

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 trained in using these techniques are looking for patterns, response clusters, consistencies through time and often generations, unusual or symbolic content, and, most of all, emotional responses indicating inner feelings that may or may not be conscious. Thus, the therapist's primary role is to encourage and support the client's own personal discoveries, using various forms of photography as an active partner in the process. Although the art of photography can be appreciated for itself while PhotoTherapy is done, it is more "photography as a verb" that is important here.

Most of the examples in this chapter describe events that occurred during my private practice as a psychologist and art therapist. Since 1982, I have been giving introductory and advanced training workshops in PhotoTherapy techniques, in addition to maintaining a private therapy case load. However, since 1986 I have taken no new private clients, as I have become a PhotoTherapy trainer full-time, choosing to work at the metalevel of sharing these skills indirectly by teaching other therapists and counselors how to make use of them for the benefit of their own clients. Workshop participants are not clients *per se* but rather other mental health professionals learning through their own personal experience with the various PhotoTherapy techniques exactly how it *feels* to work with these tools (before putting their own clients through the experience). Sometimes the experiences are quite similar to what would take place in a therapeutic setting, yet they take place with people

who were not required to have specific problems in order to learn. In fact, the workshop is clearly advertised as "not for personal therapy," so all personal occurrences are purely voluntary. One interaction between myself and a workshop student demonstrates the immediate intensity, power, and vast potential of photo-interactive dialogue (Weiser, 1988b, pp. 263-265).

A student, Jenny, was quite taken with a portrait of a woman. (See Photo 3.) Jenny stated that she felt a fondness for this woman, that the woman was probably an artist or a dancer and very talented. I asked her to imagine becoming that woman, and Jenny immediately smiled in pleasure at the thought. She assumed the pose, gazed into the distance, and told me that she was viewing a peaceful sunset. When I asked her what the woman would say if she could speak, Jenny replied, without a moment's hesitation, "When I think of you I feel love in my heart," looking rather surprised that these words had so spontaneously popped out. Because it was a workshop setting rather than client work, I could not probe further individually, but I suggested that, since we were videotaping, she consider reviewing the tape sometime if she'd like, and we could talk further.

Three years later, Jenny reappeared and asked whether she could watch the videotape from that workshop session. Something in her life was bothering her, she had a deep sadness that she couldn't get connected with consciously, and she thought that she had touched on it at the earlier workshop and wanted a "second glance." While she watched several sections of the tape, I was surprised to hear, from the viewing room, her talking out loud *to* the tape. When I could tactfully interrupt, I found that she had realized upon this re-viewing that in her mind the photo represented her mother, who had been an artist for many years. It was almost identical to an actual photo of her mother at age twenty-two, in much the same pose. Jenny had carried that photo for years, as she had been living a continent apart from her family.

Jenny's revelation was her discovery that her sadness was meaningful. The photo reminded her of the times when her mother had experienced schizophrenic breakdowns and wasn't in touch with reality. The unfocused gaze was one indicator of when she was not in touch, and this triggered Jenny's sadness. She explained, "As

Photo 3.



her daughter, this was very difficult to understand. When she was at her most creative and beautiful, like in that photo, it was the most scary for me. I guess my quick comment about 'love in my heart' wasn't what the woman in the photo would say, but rather what I wanted to somehow say to her, my mother, the love (and acceptance) in my own heart for her!"

At the time of the workshop, her elderly mother had recently experienced a major crisis and was planning to move in with Jenny. Jenny expressed ambivalence, anger, and apprehension about the idea. We also explored her "mother" gazing at the sunset as a possible metaphor for an ending, a closing, perhaps even her mother's impending death, or Jenny's loss of freedom from her mother's nearness, events they could not yet discuss out loud. But this understanding had not been consciously available at the time of Jenny's original interaction with that portrait and did not surface into awareness until three years later. Jenny's account of this experience is included at the end of this chapter.

### Conclusion

Photos are only split-second recordings of time, a quick slice of reality frozen forever—we do not want to give them disproportionate power, only to make use of them as tools when they can help people better understand themselves and others. Every photo we respond to, take, pose for, or decide to keep, give away, or throw out is in some way a projection of and from ourselves, a self-portrait revealing something personal, meaningful, and even symbolic. As a visual language far beyond verbal limitations, ordinary snapshots are worth far more than the proverbial thousand words, if only we have the eyes with which to clearly listen. As a young client so eloquently expressed it when I told her that I still had the school photo of her that she had given me months before, "Good! If you still have my photo, then I'm still safe in your heart!"

### Workshop Participant's Voice: Jenny Nash

I am looking at a table covered with many photographs. There are scenic views, cars, buildings, people of all kinds and

colors. I am drawn to one photograph in particular. I pick it up and hold it in my hand. This is a beautiful young lady with long wavy fair hair. Judy looks over my shoulder: "What kind of person is she? Is she a student? What's she doing? Tell me about her. Does she work? Is she on welfare?"

I laugh at the idea that she could be on welfare and exclaim in surprise, "Oh, no, she is definitely not on welfare. She is an artist of some kind, possibly studying fine arts. She paints delicately and finely. I don't think she is working for money as an artist. She just loves to express herself through art."

Judy asks me, "What is she thinking about?" I say without hesitation, "She is thinking of the one she loves." Judy says, "If she could speak, what would she be saying?" I respond, "When I'm with you, I feel love in my heart." Judy asks me to pose like the woman in the photograph. I sit with my chin on my hand and gaze into the distance. I feel sad as I sit in this pose. Judy asks me what do I see; I reply that I am looking at a sunset. The sunset fills me with sadness, and I am reminded of endings. Judy is asking something; I am feeling afraid that I will burst into tears, and I am aware that I feel self-conscious with this group of strangers—for a while I had forgotten their existence. I am remembering a sunset now in Mexico, a beautiful orange ball sinking into the ocean, and I am with a man I love. This relationship ended many years ago, and I am wondering why I should think of it now. Judy asks me if I want to stop or go on with this exploration. I choose to stop.

I go home and look through many photo albums until I find a sunset photograph that I know I want to take back with me to the workshop the following day. I look at the sunset picture and remember all the trials and struggles of this old romance in Mexico. I know that love relationships, the complications of trying to understand a loved one and be understood in return, and endings, are very much on my mind right now, although at this point in the workshop I am not sure why.

The following day I am looking at the same lady again. Judy asks me how I know she is not on welfare. I say that the shiny glossy hair shows she washes it with good shampoo and conditioner each day. Judy asks me something about my own hair. I have a sudden flash of my mother recently asking me how often I wash my daugh-

ter's hair. I have this feeling of sadness again, and now I realize that my mother seems to be disapproving and critical of the way I am parenting my small daughter. I say out loud that I have lived in Canada for seventeen years away from my parents; I have encouraged my mother to come to Canada from England so she can be near her only daughter (and only grandchild). It seems terribly important to me that my mother approves of me and approves of the way I am parenting my daughter.

As I hear the seriousness of my own voice, I have to laugh. Why can't I relax around my mother and appreciate that of course she will have different viewpoints from me and of course she has every right to express them. I feel the laughter leave and feel the terrible hurt and pain inside me. I am crying and raging all at the same time now. My mother leaned on me as a child, told me all of her problems with her husband (my father), and I felt I would explode with all the woes that my mother suffered and dumped on me. Why didn't she tell her husband how she hated him; why me all the time? I am really sobbing now. I left England to be able to breathe, to be my own person, to not have my mother living her life through me, to be living her life only for her children—why couldn't she live her own life? Why can't she live her own life now? That's it, *that* is what bothers me. While my mother is checking on whether I bathe and wash my daughter often enough, and worries aloud about how can I possibly work and be a good mother at the same time, I am feeling that old familiar feeling of being lived through.

My mother finally divorced my father when she was sixty-nine years old after forty years of misery. I encouraged my mother to come to this country when she was seventy-two years old, and I am terribly afraid that our relationship will continue as it always was. I will continue to listen to stories about what an awful man my father is and was, and my mother will take a close interest in my life and I will feel smothered, unable to breathe, unable to be my own person. I want my mother to accept me as I am, that is, a mother who works, a mother who washes her child's hair twice a week, and so on. Why can't I accept my mother the way she is? A mother who worries about her daughter getting stretched too thin by being a working

mother; a mother who wants her grandchild to look clean, well dressed, and to never forget to say please and thank you.

Ah, now, that *really* sticks in my craw; something here smacks of how horrible I felt at not being able to run, balance on curbs, get dirty, swim, ride a bike. How I looked to others seemed extremely important, but what about how I felt inside, Mum? I felt so lonely. We didn't mix with many people. I didn't seem to play with other children. I remember you telling me to pull my socks up, when I was just trying to be brave enough to speak to a little boy in my first year in school. Who cares whether my socks were up or down? Not me—I cared to try to connect to other children. Judy sums up some of what I've been rambling about, and I feel tired and empty.

Our assignment now is to take our camera outside and photograph anything we like. This workshop is at the university. I walk out into the campus grounds and photograph a couple in love. This couple are from my workshop. I follow the couple, taking five or six shots of them walking through flowers, stopping to look at a waterfall, and finally eating lunch in the cafeteria. I now take a park bench shot. The scene is peaceful—an empty bench sitting in nature, flowers in bloom, trees fluffy and green. I walk alone feeling content. I pick two violets and place one in each of my shoes, poking the stems through the lace holes. I smile at my feet.

Judy asks us to pose ourselves in any way that we'd like, an open-ended assignment with absolutely no rules of how we "should" behave for the camera. A photograph is taken with Polaroid instant film, so that we can see it and work with it immediately. I pose like the woman in the photograph. I am pleased with the photograph and label myself "The Philosopher."

The next exercise is to study the Polaroid picture and see if there is something we want others to know about us that doesn't show in this particular pose (actual assignment: "Photograph the 'you' you would be if you weren't being the 'you' you are now!"). Right away I know I want a picture of my feet since they are not showing in the first shot. I now pose my legs and feet, and particularly want the flowers on the shoes to show up. I am pleased with the second picture too and label myself "The Fool."

I am asked to make notes about each photograph. The *Phi-*

*Philosopher* is the worrier who worries about what others think—the one who wishes to please—the one who analyzes how to please—the one who is very alert—very present—wakes up with the sunrise. Now the *Fool*, however, is without a brain, spontaneous, spontaneous as a child—hasn't a care about what others think.

Judy asks me to hold up the two photographs facing each other, and have them speak to one another:

*Philosopher:* I am alert and tuned in to people. I understand them because I listen so attentively. I please many people. I am a good girl.

*Fool:* I don't want to be a good person. I want to have fun, dance, play, and laugh. I want space for myself. I love to be alone with the sunset.

Judy asks if it is safer to say I am a "Fool" rather than a "Dancer" (as the Fool appears in the photo to be dancing). I have to admit that I would love to be a dancer and do love to dance, but it would seem conceited to say I am a dancer, since in a traditional sense I am not. Yet when I change the words to "I am a dancer" instead of "I am a Fool," I experience this smile throughout my whole being, which finally is expressed on my face.

Judy asks, "Does your mother dance?" I say the times that stand out for me were my mother dancing in the living room and trying to kick up over the door knob. She would laugh and express joy as she danced, and she would appear worry-free for once. She only danced for her children, though. She certainly *didn't* dance for my father.

As I speak now about my mother, I can feel the love in me that I have for her. I realize in some ways how much we are alike. I think I have grown beyond my mother in that I have conquered many fears that my mother has not conquered, particularly fears of men. I find it hard to not push my mother toward exploring more of herself. Yet I realize that this was a courageous move for my mother, to risk coming to Canada. I need to relax around my mother and accept her just the way she is, without compromising who I am or twisting myself about to please her. I want my mother and myself to

have a good relationship as the end of her days draws near. Sometimes I want to push our relationship to work more easily since I feel we are running out of time. However, I realize that if I can relax and not react to what seems like criticism from my mother, then I can help our relationship to be different from the way it was when I was young.

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# HEALING VOICES

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Feminist Approaches  
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