

PHOTOTHERAPY TECHNIQUES: USING CLIENTS' PERSONAL SNAPSHOTS AND FAMILY PHOTOS AS COUNSELING AND THERAPY TOOLS

In memory of Arnold Gassan—photographer, poet and PhotoTherapy pioneer.

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Introduction

Astronaut Neil Armstrong carried photographs of his parents with him on his first trip into space, so he could "take them along" with him to the moon. A child in the park excitedly shouts for his mother to come quickly to take his picture while he does handstands in the pool. A woman not yet "out" to her parents as being lesbian hides all photos of her with her girlfriend when her mother comes to visit. People gather at school reunions, wedding receptions and other social events to smilingly bring decades-old photos showing the past (and hoped-for future), to reawaken memories about the past. A woman describes how her attitude toward her birth mother totally changed when, after meeting her 30 years later, she discovered her mother had worn a locket containing her baby photo since the day she handed her over for adoption. Families pose for holiday portraits to mark memories ("stop time") as well as to serve as communications to others who will view them later. An awkward and gangly teenager admits shyly that although he doesn't like his recent school photo, he's nevertheless happy to learn his dad is carrying it around in his wallet, saying this means he is loved and "safe in Dad's heart," even though his Dad can't seem to find a way to say so out loud.

Ordinary moments such as these, so commonplace that people rarely notice them, not only illustrate the power that simple ordinary "non-art" photographs hold in most people's lives, but also help explain the reason why photography is so different from other art media, especially when used for therapeutic (or even self-exploration) purposes.

The actual meaning of any photograph can never be totally objectively known or predicted, especially by an "outside observer" who was not initially involved in any portion of that image's creation. In this sense, it can easily be seen how a camera's lens always focuses inward at least as much as it does outward toward the subject of the photographer's gaze. And this photograph, once given tangible fixed form, will never be able to fully duplicate the complete slice of life its photographer was attempting to record. Since each viewer's response is based upon uniquely individual perceptions, the actual meaning of any photograph therefore exists only as an unobservable, though not necessarily random, intersection of sensory-coded associations that occur *only* in the intangible interface between each person and that particular image itself.

Physics teaches that when something is naturally flowing by in the form of waves of energy, trying to stop it in time long enough to examine it will inexorably alter the very nature of what one is trying to observe. Similarly, trying to use a photograph to freeze time, which cannot be stopped in the first place, will achieve at best only an approximation of the moment (and emotions) the photographer was trying to capture. Feelings themselves are transient, unless a camera captures their behavioral or affective manifestations. It is actually only their visual "traces" that appear on film. What is visible in a photograph is only the time-imprint left behind by the moment just passed, and instead of showing what truly existed in front of the lens, it captures only the light reflected back off these things. However, awareness of this differentiation is usually lost in the split-second interaction, between human and snapshot, that somewhat holographically creates the meaning that is seen to be residing in the photograph itself.

Because people's feelings similarly exist as ever-flowing waves of sensory energy, their thoughts and words about these can only be approximations attempting to solidify what is felt inside without any words labeling them. As was so evident in the inability of people to speak about their intense reactions to the devastation caused by recent terrorist attacks in the United States, it is not easy to represent (represent) inner experiences out to others using an externalized verbal form of communication (language) that lets them fully share their thoughts and feelings with others. People are usually literally speechless under such extreme emotional circumstances; however, the information sensorially bombarding their brains (and bodies) during such times nevertheless continues to enter and be stored there, awaiting something other than words to access, unlock and communicate what is nonverbally held deep inside.

More particularly, if one is attempting to do this using a common verbal code of a mutually spoken/written language



Girl posing with photographs of herself in different moods.

(i.e., speaking or writing), this will always be dependent upon mutual agreement between sender and receiver of the communication about what exact content those words signal. In other words, language is a translation of a translation of an experience that originated solely as directly-experienced nonverbal sensory input, and thus it is difficult to discuss in words what naturally exists in people without words.

From this, it should be obvious that any attempt to use words to give voice to feelings will automatically interrupt their "live" natural flow and thus inexorably and directly change their nature, simply *because* they are being observed and being forced into thought-translations (cognitive frameworks) that can never fully contain them. And the reverse is also true: trying to use words to precipitate or create feelings will usually not fully succeed, because it is basically impossible to simultaneously talk about something and feel it at the same time. This is also one reason why people who are having problems in their personal lives, who find it hard to explain or resolve these difficulties through logical reasoning or discussions with friends or family, will often turn in frustration to various mental health professionals for help. And, this is also the reason why any therapy process done to help them, if based only on verbal interaction between client and counselor, will probably never be as efficient as when that language of therapeutic communication can also include the use of additional visual-symbolic representations that can metaphorically bridge into the unconscious, into places where words do not (and cannot) go.

Since the arts are often used as a symbolic language to express that which words cannot tell, several adjunctive other-than-verbal arts-based therapy techniques have evolved during the past several decades, which improve upon the verbal therapy process that used to be a therapist's only choice. Sometimes the creative arts are used as the therapy itself (whether for cathartic purposes, or simply just giving some sense of mastery of the medium), while other times these are used within the counseling process, under the guidance of a therapist who selects a particular expressive medium because they have been trained to recognize what would be the most appropriate tool to use under those client circumstances.

"Art Therapy" is one of most successful of these "Expressive Arts" therapies, basing its foundations on the concept that the natural language of the unconscious is coded not so much in words, but rather in symbolic-representations of experience. Art therapists believe that artistic expression using any of the "translating" arts media—drawing, painting and so forth—allow feelings to take form, and thus a more truly correlational language to emerge, as a more natural link for communicating with people's subconscious processes. "The therapist's task is to use the images to learn the client's symbolic language and then use these to help them understand what is going on inside themselves."¹

As probably the most publicly familiar and emotionally powerful artistic medium, photography has evolved during this same time period as a natural adjunctive tool to assist not only art therapists (who often combine the two media in their own practice or training programs² and/or in educating students³ in using various combinations of both), but also for other counselors and therapists who do not usually involve the arts in their work. But it is important to recognize that this therapeutic success is due to using photography as symbolic communication, and thus various aspects of these photographs' artistic merits turn out to be completely irrelevant for the purpose of using them as adjunctive tools in therapy.

PhotoTherapy⁴ techniques use therapy clients' own personal snapshots and family photos—and the feelings, mem-

ories, thoughts and information these evoke—as catalysts for therapeutic communication during the counseling process. As long as these pictures illustrate and document clients' inner and outer lives, their actual physical condition or compositional or aesthetic components simply do not matter for PhotoTherapeutic purposes. This is because PhotoTherapy is about photography-as-communication, rather than photography-as-art. Since PhotoTherapy is a collection of flexible techniques, rather than fixed directives based upon only one specific theoretical modality or therapeutic paradigm, it can be used by any kind of trained counselor or therapist,⁵ regardless of their conceptual orientation, professional affiliation, preferred intervention model or approach, or degree of prior familiarity with photography itself. Doing good therapy, and doing it well, is itself an art, and one that needs as many intervention tools as possible for helping a client in the most beneficial way.

Whereas most Art Therapy training programs require as a prerequisite of acceptance that an applicant first present a portfolio of their own art as evidence of their skill and competency in one or more creative arts media, training in PhotoTherapy techniques requires only that the trainee simply already know what a photograph is and what cameras do—and that they already be fully trained in their counseling profession of choice before beginning. This is one of the major differences between PhotoTherapy and Art Therapy, and it is a significant one because it permits PhotoTherapy techniques to be used successfully (and competently) by a variety of mental health professionals, even if not specifically trained in Art Therapy itself.⁶

Before presenting and illustrating each of the major specific PhotoTherapy techniques in more detail, it is first important to provide some additional background historical context about how PhotoTherapy developed as a field of practice, as well as to assist readers in more clearly differentiating between PhotoTherapy and the related field also known (mainly within the U.K.) as "Photo-Therapy" but which is elsewhere more commonly called "Therapeutic Photography." The remainder of this article will then provide more detail about each of the specific PhotoTherapy techniques, along with information about numerous other practitioners and further opportunities to learn more about PhotoTherapy.

History and development of PhotoTherapy

The history of PhotoTherapy is not new—in fact the first article about it was printed fewer than 20 years after the invention of photography itself, when a British psychiatrist described the beneficial effects on female mental patients of having their photograph taken.⁷ Numerous well-known photographers have more recently written about personal photography for personal growth and self-exploration purposes,⁸ and these writings very likely influenced many counselors and therapists who were also photographic artists (or at least engaged in photography as a hobby) during the years that PhotoTherapy was beginning to emerge as a distinct field.

The more visible history of PhotoTherapy as a field unto itself began as a result of the appearance of a brief notice in the magazine *Psychology Today* in 1977,⁹ which requested contact from readers who were combining photography with their work in various counseling/helping fields. When over 200 people responded, the *PhotoTherapy Quarterly Newsletter* was begun a few months later as a way to communicate with this growing network. It turned out that many therapists who were also interested in photography (both serious exhibiting photo artists as well as amateur snapshot-takers) had already begun interweaving their insights about the healing potential of photographs into their therapeutic work, and thus the field of "PhotoTherapy" had formally begun.

By 1978 the readership of the *Quarterly* had grown to over 1000 people; therefore its editors decided to organize a conference where these people could meet to share information with one another. Thus, in May of 1979, the first International PhotoTherapy Symposium was held in DeKalb, Illinois. It drew nearly 100 participants from a wide variety of therapeutic settings across North America and Germany. It featured presentations from those who are now retrospectively viewed as the field's pioneers, who often discovered that they had independently been doing very similar work, using the natural intersection of psychology and photography to help their clients, very simply because it made so much sense to do so. The many publications arising from those presentations given at that first Symposium initiated the literature base for the field.¹⁰

In 1979 David Krauss taught the first PhotoTherapy Training Program offered for college credit occurred (Kent State University, OH), and in 1981, he and Ansel Woldt organized a joint five-day intensive training program there in

conjunction with the second International PhotoTherapy Symposium. The first non-university course, a five-day intensive Skills Training Workshop, was taught in 1982 by David Krauss and this author at the Visual Studies Workshop in Rochester, NY. A third symposium, organized by Joel Walker and this author, was held in Toronto, ON, in 1984. By this time, numerous PhotoTherapy presentations were also being given at related conferences, and articles about PhotoTherapy theory, practice and research were appearing with increasing frequency, both adding to the emerging literature base of the field. Thus it can be seen how, although none of these presenter/authors ever claimed to have singularly invented the field, they are nevertheless collectively the inventors of its current form of practice and thus deserve recognition in any serious study of PhotoTherapy's foundations.

Within its first decade, subscriptions to the *PhotoTherapy Quarterly* increased to over 3000 while the original informal network became the International PhotoTherapy Association, which began publishing the more formal journal *PhotoTherapy* in 1980 as one of its membership benefits. However, after nearly another decade of publication, that journal itself became a victim of its own broader success, ceasing publication in 1987 because so many articles about PhotoTherapy were increasingly appearing in professional publications of other fields (such as psychology, psychiatry, social work and art therapy) that it made little sense to continue in isolation.

Similarly, although several PhotoTherapy conferences initially took place independently, it became evident by the mid-1980s that a more diverse group of mental health professionals could be reached if PhotoTherapy presentations and training events were held within conferences and meetings of such larger groups instead. As a result, the International PhotoTherapy Association was deactivated because its original goal of raising PhotoTherapy's visibility had successfully been met. For example, PhotoTherapy presentations had begun being featured at conferences (and in publications) of associations as diverse as the International Visual Literacy Association, the American Psychological Association and the American Art Therapy Association.

Most of those early pioneers are still using, teaching and/or writing about these techniques. For example, most provided a chapter in the first¹¹ book published on the topic in 1983, *PhotoTherapy in Mental Health* (edited by Krauss and Jerry Fryrear). Although this book contained excellent sections on theoretical foundations, historical development and a structured literature review, along with many individual chapters (each written by one of these pioneering clinicians who described their own particular therapeutic applications with certain client populations or settings), this book unfortunately did not provide readers with much practical information about how to begin using these techniques in their own counseling settings.

As a response to this need, a more comprehensive "how-(and-why)-to-get-started" book was published in 1993 (and reprinted in 1999), by this author: *PhotoTherapy Techniques—Exploring the Secrets of Personal Snapshots and Family Albums*. Although its stated purpose is for educating mental health professionals in how to use these photo-based therapy tools, it also provides non-therapist readers with an understanding of the power of photographs for communicating emotions photographically, while cautioning them that reading the book does not automatically mean they have become trained to use these tools to "therapize" others.¹²

Additional publications such as book chapters, journal articles and videotapes about various aspects of the topic are steadily increasing in number, and students are producing new contributions of special-topics papers, research project reports and graduate theses every year.¹³ PhotoTherapy is now taught for graduate university credit in several clinical psychology and art therapy masters-level programs, as well as within several diploma art therapy training programs and distance-learning courses for mental health professionals needing such credits to maintain their license to practice.¹⁴

Experiential workshops and other "live" professional training opportunities have been taking place since the mid-1970s and are currently offered in several countries (including Finland), as well as through the PhotoTherapy Centre in Vancouver (Canada), which opened in 1982 to serve as the resource base for the field.¹⁵

The continual fascination of the general public with PhotoTherapy is evident from its wide coverage in the popular media over the past 20 years. Numerous magazine features and newspaper articles in major publications (such as *LIFE Magazine*, *USA Today*, *The New York Times*, *Globe and Mail*—and even *Elle U.K.*) as well as several in-depth national radio and television features and interviews, have resulted in growing interest on the part of the public to learn more about how their own photographs might be used by counselors and therapists from whom they seek help.

However, the developmental history of the field is far more than simply a linear review of what has already been published or done in the past—because many people are presently doing, yet will never end up writing about, their own PhotoTherapy-based work. In addition to early pioneers who are still actively advancing the field, such as psychologists and photographers Krauss in Ohio and this author, who have been teaching and using this field for over 20 years,

many "newer" people are similarly currently involved in numerous exciting PhotoTherapy projects which have not yet been codified and presented in any written form. This "Next Generation" of PhotoTherapy includes dozens of people working with and/or teaching the entire spectrum of the field (what this author views as "generalists"),¹⁶ as well as others more specifically focused on one particular technique, issue, or client population (the "specialists").¹⁷

PhotoTherapy techniques have long been used by mental health professionals who may not have known it by this particular name, nor known that others had been doing similar work at the same time someplace else. This name has also been used somewhat differently than above, by others not recognizing the implications of its difference from "Therapeutic Photography" (who therefore sometimes called their work "Photo-Therapy" instead, even though it was not sited within professional therapeutic practice). The Internet now provides a means for not only improved networking that can connect people in both fields with one another, but also the likelihood of continually updating and revising the historical record as additional information is brought to light.¹⁸

What is most important to convey here is that people everywhere are already using photography for the purposes of improving communication and healing in their therapy work, even if they may not yet have heard of the name "PhotoTherapy." Since therapy clients' interactions with their counselor (and themselves) depend primarily on nonverbal



Woman holding her metaphoric self-portrait, photo/art collage.

visual-sensory encodings, it seems only logical that the visual language of photography should become increasingly used in therapy and other mental health applications to access and activate such emotionally-based information.

The question is not whether PhotoTherapy techniques will be able to keep up with later changes affecting photography and its results, but rather whether therapists who use these will be able to remain open to, and unthreatened by, such continually-evolving technology and find ways to adapt its increasingly-complex tools for the benefit of their clients. Of course, the "history" of PhotoTherapy will continue to advance, and with the arrival of newer digital technologies, scanners, computer-generated imagery and interactive cybertherapy in general, the potential of PhotoTherapy to assist in the counseling of others will likely expand exponentially into applications not even dreamed of today.

PhotoTherapy and Therapeutic Photography

"PhotoTherapy" is the use of photography and personal snapshots within the framework of therapeutic practice, where trained mental health professionals use these techniques when counseling clients. "Therapeutic Photography" activities are self-initiated rather than therapist-precipitated, done by individuals by and for themselves for the purpose of their own personal growth, self-discovery or broader uses of the camera as an agent of social change or for personal/political artistic statements.

Since creating art (including photography) can certainly be healing in and of itself, this kind of "therapeutic art" (art-as-therapy) is often very effective on its own, whether spontaneously initiated or done in response to others' instruction (individually, or as part of a group or class). In contrast, "art in therapy" reaches levels in people that "art as therapy" cannot (and should not, because it simply is not ethically safe to do so without the "safety net" of a professional guide who

has been trained to know how to handle the powerful emotions that can unexpectedly arise when photo-triggers produce intense feelings and memories). But people can easily become confused about the differences between therapy and self-help (and the self-healing results of the various art- or photo-based practices involved). They sometimes mistake "activities" for "therapy" itself—and this error is much more significant to those involved in either process than it may initially appear.

Art (or photography) as therapy will often produce insight or catharsis in those participating in such activities. However, although these are necessary steps in a formal therapy process, these alone are not sufficient for therapy to have taken place. If such experiences are not able to be additionally structured into a cognitive framework for the purposes of additional processing and later recall and re-integration of what has occurred emotionally, they will soon slip back into subconscious levels and thus no longer be accessible for the information they hold. As one Art Therapy educator explains, "Making someone 'feel good' doing art is not the same as therapy. Therapy creates change from within, and [although] making art and feeling good may provide release from tension, this is only a very small part of the therapeutic process."¹⁹

The use of art by those in disciplines outside the field of art therapy has so strongly concerned the American Art Therapy Association, that its Ethics Committee recently produced a "public service advisory" brochure whose sole purpose is "to serve as a safeguard to protect the public from people who falsely claim to be art therapists."²⁰ It alerts consumers of therapy to the potential dangers of being taken deeper (through art) into emotional process than their "counselor" has been trained to cope with. Explaining that while "Art Therapists recognize that they do not own art or the healing that comes from its use . . . [and that] to share knowledge is to be compassionate,"²¹ they nevertheless make it quite clear how Art Therapy differs from other helping professions (and non-professions) and give careful "guidelines for the ethical use of art by those from other disciplines."²²

Similarly, for PhotoTherapy itself to have taken place, clients must have not only gone through the process of interacting with their snapshots, but also have consciously probed and subsequently cognitively re-integrated these photo-precipitated experiences while under the active guidance of their therapist, so that these insights continue to provide a better understanding about their life by remaining available for later conscious recollection (re-collection). From this perspective it becomes clear that, in much the same way that Art Therapy and Therapeutic Art are different, "PhotoTherapy" (photography-within-the-therapy-process) is not at all the same thing as "Therapeutic Photography" (photography-as-the-therapy-process), because the latter pertains to activities that are by definition done *outside* any formal counseling context or setting (as well as usually conducted by oneself alone, with no therapist present).

Thus, from this perspective, it can be seen how "PhotoTherapy" as pioneered in North America is quite different from the kind of "Photo-Therapy" that Jo Spence, and later Rosy Martin and others,²³ developed in England during approximately the same time period (which is elsewhere more commonly called "Therapeutic Photography" or "Photographic Cultural Studies"). Unfortunately, the accidental coincidence of these two very different practices being given the same name has often resulted in much confusion for people trying to get information about either one.

It might be helpful to view this as two end points of a continuum along which all photo-based exploratory practices can be positioned: PhotoTherapy at one end ("photography-in-therapy") and Therapeutic Photography at the other ("photography-as-therapy"). However, the two are not completely mutually exclusive, either, and in fact overlap where they intersect—PhotoTherapy naturally including many aspects of Therapeutic Photography, though taking it several steps deeper into guided unconscious process work.

However, calling attention to the basic differences between the two fields does not mean they are opposites, nor necessarily adversarial in relationship. Instead, they need to be viewed as simply two contrasting ways of using emotional information unconsciously embedded in people's personal photographs, two poles between which all photo-based healing practices can be positioned.

The history of the kind of "Photo-Therapy" that Spence pioneered in England during the 1980s grew out of both her career as a photographer and her use of photography as a means for her own personal self-exploration. When diagnosed with breast cancer, she took up her camera as a tool for communicating her experiences, to herself as well as to others.

She decided to call this "Photo-Therapy" because using the camera for healing herself was very therapeutic, and so she began to call it this when continuing her active work, writing about it (including her excellent 1986 book *Putting Myself in the Picture: A Political, Personal and Photographic Autobiography*), as well as teaching and guiding others in its techniques. Spence and this author were friends as well as professional colleagues, and we frequently discussed the mutual similarities and respective differences of our two fields.

As Spence herself so clearly explained this:

I am continually asked, "what is photo-therapy?" [To me] it means, quite literally, using photography to heal ourselves. . . I have been working on my stress and anxiety levels, reviewing my life in general and trying to understand the part that psychic life (fantasy) plays in my well-being, or otherwise. . . Ways in which I have used the camera, therefore, include taking naturalistic photographs as things happened to me and around me, staging things specifically for the camera, using old personal photographs as a starting point and re-inventing what they mean. The whole technique depends upon expecting photographs to help us ask questions, rather than supplying answers. Using this framework for photography, it is possible to transform our imaginary view of the world, whilst working towards trying to change it socially and economically.²⁴

Both these fields are basically the result of "an idea whose time had come"—with photography becoming increasingly easy and common in use, and with more people becoming aware of hidden subtexts and nonverbally-coded portions of themselves, a moment happened where therapists and non-therapists alike each suddenly had their own individual conceptions of putting the two together. Most began independently using a camera (and resulting photographs) as natural agents of change, usually long before they became aware of anyone else doing anything similar.²⁵

As one of the major long-time trainers for the field of PhotoTherapy, this author believes that it is very important for therapists interested in full training in these techniques to also gain as much awareness as possible about Therapeutic Photography (its rationale, pioneers and their activities, past projects and publications, and so forth). This is not only because many of these therapists' later clients will already be familiar with such activities through their own previous photographic self-exploration experiences and/or readings in advance of their decision to seek formal counseling help, but also because several licensed therapists already trained in PhotoTherapy techniques have chosen to actually conduct Therapeutic Photography groups themselves (for their clients as well as for other people), as part of their holistic approach to counseling.²⁶ Therefore, it is becoming increasingly important that practitioners of both fields better understand and respect their mutual similarities and differences (as well as the boundaries and implications thereof, for those receiving their services).

Thus it can be seen how the two fields may look quite similar when done "live, in process"—yet their significant differences when considered from an outside perspective are crucially important for the life of the person who is the subject of either one. Therefore it is hoped that those doing (and writing about) Therapeutic Photography will also begin to understand more about PhotoTherapy techniques and realize the reasons why these differ from their own practices, without feeling threatened as a result.

In summary, it is important to repeat the earlier caution that the above clarifications are *not* intended to frame any oppositional position between the two fields of PhotoTherapy and Therapeutic Photography, as these are just simply two different ways of using the emotional components of photographs: one for personal growth purposes for oneself and the other for helping other people (one's therapy clients, *not* oneself)—while remembering that both produce amazingly powerful results. And no matter how much the critics would like to force a polarization to distract from the effectiveness of both,²⁷ the fields are not so much adversaries, as they are two poles of a single continuum, along which all photo-assisted communication and healing can be positioned (and successfully take place). The basic difference is simply that one requires a therapist to be involved, while the other doesn't—and yet the implications for the participants along this continuum are vast and significant.

It is acknowledged that "those in the UK who have been used to referring to their work as 'Photo-Therapy' will likely not take kindly to someone thousands of miles away suggesting they change the name of their field"²⁸—but this is not what is being suggested here. Rather these differences are being pointed out simply to note that they do exist—and that this dissonance carries consequence for those who continue to use the term "PhotoTherapy" differently in one country from the way it is used throughout most of the rest of the world. These are by no means insurmountable problems, but they are confusing to newcomers to either field and will thus cause communication difficulties as a result.

PhotoTherapy

A photograph is a rather curious thing: a very thin piece of paper that is perceived three-dimensionally as if alive, as if what is visible on its surface is happening at the very moment it is being viewed and as if the viewer is right there, participating in that scene, watching it through their own eyes at the present moment—even if the picture is from long ago. Since the scene is always perceived as if it is the viewer's eyes themselves that are doing the looking, the viewer is usually not aware of any camera mediating their "seeing" process. Viewing the visual contents of the snapshot is usually perceived as viewing those things themselves, as these are deeply and inseparably connected. For this reason, a

photograph becomes a natural "transitional object," bridging realities without its viewer even realizing this is happening. This lends a quality of "proof" to photographic artifacts that is both certain, and yet at the same time, untrue.

A photograph, then, has the special quality of being simultaneously a realistic illusion and an illusory reality, a moment captured from within time, yet never fully capable of being captured in its pure form. People use film to stop time, which cannot be stopped. Photographs are indeed emotionally "charged" as if electromagnetically etched, and thus people can never view their own personal photos dispassionately. Each is only a simple piece of paper with some dried goopy stuff smeared on one side, yet the feelings imbedded in it are intensely complex. These small pieces of paper are empowered with a prescience far beyond their apparent tangible value as artifacts; their significance resonates to and from people, out of the past and into the future. It is natural that people treat these visual artifacts as if these were full of life, grieving them when lost, sending them to others as "stand-ins" when not able to be there in person, and creating them for the special purpose of keeping certain moments alive, forever.

These aspects are crucial for understanding why (and how) photographs can be such useful healing tools: they permit the complex examination of a slice of time frozen forever on film as "fact," and yet at the same time allow an endless variety of "realities" to be revealed each time the same photo is viewed. In this sense, every snapshot has stories to tell, secrets to share and memories to bring forth, if only it is asked the right kinds of "opener" questions. Such information is latent in all clients' personal photos, but when it can be used to focus and precipitate therapeutic dialogue, a more direct and less censored connection with the unconscious will usually result.

During PhotoTherapy sessions, photos are not just passively reflected upon in silent contemplation, but also actively created, posed for, talked with, listened to, reconstructed, revised to form or illustrate new narratives, collected on assignment, re-visualized in memory or imagination, integrated into art therapy expressions or even set into animated dialogue with other photos. Further applications will certainly appear once therapists and counselors become more comfortable using various digital technologies and find themselves doing interactive cybertherapy with their clients.

The photos that people take (or collect as postcards, posters, greeting cards, magazine pages, calendar pictures and so forth) signify something about themselves too, because these were made or gathered precisely because some aspect of that moment mattered enough to them to warrant recording. Therefore, seen as a collection, they constitute almost a "self-portrait" reflection of their owner, in that people usually will not keep photos around that they don't like, or those that don't matter to them. The ones that are kept because they are special also express many things about their keeper's life that can be explained in more depth if only the right kind of exploratory questions are asked.

When people pose for photos, even those they take of themselves, they usually have certain ideas of how they want to look in the final picture, and these represent how they hope to be perceived by other people in real life. Therefore, asking people questions about photos of themselves can be a good way to find out their own inner value system and related beliefs, self-evaluations, personal judgments and resultant expectations against all of which their future changes will be measured.

Frequently, in PhotoTherapeutic process, clients' explanations about the true meaning of a particular photo turns out to be far less significant than their reasons *why* this is true (and how they know for certain that it is true). A lot can be learned as they talk about what their snapshots are *about* emotionally, in addition to what they are *of* visually. In reviewing their personal and family snapshots, or hearing the feedback of others' responses to these images, clients often learn things about themselves that they were not conscious of when they first acquired or took the photographs. Things that are later obviously visible were perhaps only potentially "there" at the original moment of "time-freezing." All of this can be used for therapeutic benefit by a therapist who knows how to properly use clients' interaction with their own snapshots and family photos to help them "get a better picture" of their life.

Their inner construction of themselves is what frames people's reality. How people believe the world to be will influence and filter everything going into or out of their mind. Thus, to not make use of studying the photographs that clients take, collect, find meaningful and produce from unconscious stimuli will most certainly leave out a tremendous amount of information necessary for doing valuable "personal construct" work with them. From this understanding it becomes obvious that any therapist wanting to help clients strengthen their self-esteem and self-regard, and explore how they present themselves to others would be slighting that client to not make use of their self-portraits and other people's pictures of them in order to help them confront and then process any dissonance that may symbolically suggest reasons for some of their difficulties. Similarly, any therapist who interacts only verbally with clients in trying to help them make sense of the narratives of their life, the stories they use to construct their identities (and explain

their problems), will lose many opportunities by not also exploring family photographs and albums. And any therapist who wants to help clients find out more about what differentiates them as individuals apart from their various family systems, cultural contexts or society-mandated roles and expectations, needs to remember that clues to this information can be found embedded in their snapshots and albums.

Of course, it is not just the factual answers to therapists' questions that will be so therapeutically valuable for clients, but also the entire process of what takes place in uncovering the reasons for those answers. This is because interacting with snapshots often reveals additional valuable information and emotional affect almost as accidental by-products to the investigative process being engaged in.

In summary, counselors and therapists who are able to regard their clients' photographs as starting-points, rather than finished end-products, and who can use these to initiate open-ended questions, explore feelings, attitudes and beliefs and stimulate additional creative expressions that gives clearer form to unconscious process deep inside, will discover more about their clients than they could have learned without using these personal and family photos as their activating tools.

The techniques of PhotoTherapy

Previous sections have explained how clients' snapshots not only provide factual details about their life, but also are invisibly encoded with numerous "filters" unconsciously applied while trying to make sense of everything (and everyone) in it. Since these filters, taken as a whole, represent a "map" of clients' underlying value system and related belief structure (which is where initiative for therapeutic change has to start), their personal photographic images always are operating at two levels simultaneously: concretely and symbolically, which makes them uniquely effective therapeutic tools because there is no need to separate the two (nor would this even be possible).

PhotoTherapy is not about interpreting people's photos for them; instead, the input should always come from the client, guided by their therapist's photo-stimulated questions, while both explore the image (and its emotional impact) together. The perceptions (and associated feelings) each photo triggers in a client (or therapist) will be personally unique, and since there is therefore no inherently wrong way to interpret a particular photo's meaning, no external interpretive criteria can ever be used to "objectively" evaluate or measure a client's perception of it.

Similarly, a person's reaction to a photo cannot, on its own, indicate any definite diagnostic problem or mental condition, and thus no assumptions or assessments should ever be generalized from singular responses. Instead, therapists trained in PhotoTherapy techniques are taught to look for patterns of responses, repeated themes and consistencies through time (and often generations), for unusual or symbolic content and, most of all, for emotional reactions indicating inner feelings that the clients may or may not be aware of.

Making the photos, or bringing them along to the therapy session, is just the beginning—once the photo can be viewed, the next step is to activate all that it brings to mind: exploring its visual messages, entering into dialogues with it, asking it questions, considering the results of imagined changes or different viewpoints and using additional art media tools to "get a better picture" of what that photo is about. Therefore, what for photographers is usually an end-point (the finished photo) is, for PhotoTherapeutic purposes, just the beginning. Thus, it is not just the visual contents of the photographs themselves that are so therapeutically important, but also everything that happens while the client is interacting with them. Memories, feelings and thoughts that emerge during the photographic dialogue can sometimes be more therapeutically relevant than the image-reactions themselves.

Each therapist-practitioner will of course visualize the PhotoTherapeutic system from their own unique counseling perspective and goals, as well as the preferred conceptual framework underlying their own particular theoretical stance, especially if their profession is not Art Therapy in the first place. As can be seen below, this author follows Stewart's model²⁹ that PhotoTherapy consists of five techniques,³⁰ noting that these are usually best applied in various combinations depending on each client situation.

Like the fingers of a hand, the five PhotoTherapy techniques are interrelated and interdependent, and work best when synergistically combined. Each therapist using PhotoTherapy techniques will use them a bit differently, depending upon that person's own professional training and theoretical preferences, as well as each client's particular therapeutic situational needs and goals. Thus, there isn't only one fixed correct way to use these techniques (as long as the client is treated ethically), nor are there any requirements about applying them in any particular sequence or combination.

Very simply, the five basic techniques of PhotoTherapy are directly related to the various relationships possible between person and camera (or, person and photograph): Each kind of photograph (technique) discussed below has its unique benefits and limitations, and each can be worked with not only on its own, but also in combination with the

other four kinds/techniques, as well as combined with various expressive arts media or otherwise-appropriated imagery, in order to additionally enhance the therapeutic process. Once trained, counselors and therapists from a variety of different mental health professions will develop their own approach for applying these techniques most appropriately in their particular kind of client-helping.

Since the distinct parts of this interrelated system are so intertwined and synergistic, it's rather difficult to teach them one by one; yet they must be temporarily parted in order to explain how each works (and why). The descriptions below can only provide a brief overview, but it is important to stress that these techniques are best learned by doing them in experiential training—to learn how they feel oneself, before starting to use them with a client.³¹

Photos that have been taken or created by the client (whether actually using a camera to make the picture, or "taking" (appropriating) other people's images through collecting "found" photos from magazines, postcards, Internet imagery, digital manipulation and so forth):

Since every photograph someone takes is also a type of self-portrait reflecting them, each also secretly contains information about the person who made it. Whether consciously made or not, every decision about where, when, who, how and most importantly, why to make (or keep) a particular photograph has the power to communicate as much about its creator as it does about the subject matter being recorded on film.

In addition to working with photos that clients have taken with their own camera or brought to therapy from their personal collection of "found" imagery, this technique can also



Working with an image using Photo-Projective technique.

include working with photographs that have been photocopied, collaged, digitally-created, electronically-scanned or otherwise appropriated for re-use. Therapists not only explore the "facts" of their clients' snapshots, but also look for larger patterns of repeated themes, personal symbols and metaphors, and other visual information that the client might have been unaware of themselves at the time of taking the picture.

Whether clients bring in already-taken photos on their own initiative, or at the therapist's request, these can be used to focus discussions about things in their life beyond what appears in their photos. In addition to looking at the tangible photos that clients bring along with them to the counseling session, therapists can also design more active client photo-taking, -making or -gathering "homework" assignments tailored toward certain specific goals or issues they want the client to explore in greater depth. Photographing what affects them gives clients more control over its unknown or unexpected aspects; getting it "outside" themselves gives them a better viewpoint from which to explore it more safely.

Photos which have been taken of the client by other people (whether posed on purpose or captured spontaneously unaware):

Photos of people, taken by others, let them see the many different ways that other people see them (as well as how they look to themselves when not reversed in a mirror). People rarely take the time to consider how they unconsciously visually communicate information about themselves to others viewing them (or their photos), yet many of these "silent messages" directly influence how others will know them. People are frequently surprised to see, in a photograph of themselves, quite a different "self" than what they thought they had been showing to others.

It can be therapeutically useful for people to compare posed with un-posed photos of themselves, as well as photos of them taken by a variety of different photographers, in order to see how each photographer's images (perceptions) of them differ—and what this might say about the different relationships they have with each photographer involved. It also might be worth exploring how a person would alter their usual behavior, appearance or body language if suddenly aware that someone is photographing them.

Since this technique involves photos of clients where someone other than themselves made most of the choices about when, where, how, why (or even if) they are to be pho-

tographed, the client has much less control over the results, even when posing for that photographer.

Photographs taken of clients tangibly represent the power dynamics of the personal relationships between them as the "subject" and the photographer whose gaze through the lens has made them the object of attention (willingly or not). "Subject" and "object" become terms containing multiple meanings when one person "takes" another by having their picture (and thus some power over them).

Photos of clients alone can be compared with photos of them in the company of others, and spontaneously-taken snapshots with more formally-posed ones. Whether taken in professional portrait studios or informally by friends or relatives, photos of clients can be worked with not only "as is," but also, if desired, re-made anew to explore any changes as therapy progresses.

Self-portraits, which means any kind of photos that clients have made of themselves, either literally or metaphorically (but in all cases where they themselves had total control and power over all aspects of the image's creation):

Photos of a person, taken by themselves without any outside interference (i.e., "self-portraits") let them explore who they are when they know no one else is watching, judging the results, or attempting to control the process. Whether these photos are made spontaneously with an instant camera during the counseling session, or taken or collected later in response to their therapist's "homework assignments," each image will be an exploration of some different facet or aspect of themselves, by themselves, rather than "tainted" by the input of someone else.

Since issues connected to self-esteem, self-knowledge, self-



Silent dialogue with family photo-sculpting exercise.

confidence and self-acceptance lie at the core of most clients' problems, being able to see themselves for themselves, un-filtered by the input or feedback of others, can be very powerful and therapeutically beneficial. Because self-portraits permit direct nonverbal self-confrontation, they can be not only validating and empowering, but also the most threatening and risky kinds of photos to open one's emotions to—which is precisely the reason they are such quick and effective activators of deep process work in therapy situations.

Carefully guided while at perhaps their most vulnerable moments of self-encounter, where defensive rationalization is difficult (because there is no one else "there" to shift blame onto), clients can use self-created photos to internally dialogue with themselves using their own private inner language, exploring on their own any resulting consequences or discoveries, without anyone else having to know. And when such "face-to-face" meetings are contained and guided by a therapist aware of that client's particular issues, they truly are able to get a "better picture" of themselves.

Family album and other photo-biographical collections (whether of birth family or family of choice; whether formally kept in albums or more "loosely" combined into narratives by placement on walls or refrigerator doors, inside wallets or desktop frames, into computer screens or family Web sites, and so forth); where the group of photos as a whole has a value far greater than just as a one-by-one linear summation of the individual images being examined:

Photo albums and other similar collections of "family history" snapshots are of course just a collection of the previous three kinds of individual photographs (those made by people, and of people—self-portraits, of course being a combination of both), but when these are put into orderly sequence that collectively forms a "bigger picture" such as an album, they all take on a secondary life whose scope as a narrative system reaches far beyond that of any particular single kind of photograph covered by any of the other four PhotoTherapy techniques.

For this reason, working with family and other autobiographical photographs must be treated as a separate technique for the purposes of PhotoTherapy work, even though any single image can of course also be worked with individually as its own particular type, using any of the other four techniques.

Albums mark those special moments, places, people (and pets) that have mattered most to the life of the family it represents—or, rather, to the life of the person who created that

album (their way). Its pages present not only individuals by themselves, but also as they fit within numerous larger contexts and family systems that define who they are collectively (within that family's relationship-matrix) even when seemingly alone. In many ways, a family's album is their (metaphoric) home—and their foundation for identity as well.

Albums are usually constructed to show families at their best, with the accompanying silent subtext that "things are always this way" (though real family relationships are rarely so ideal). A narrative/constructivist perspective suggests that any story is created by a sequence of sentences whose importance lies not just in their selection of specific words, but also in the order in which these appear (each always having been contextualized by all previous ones and inter-relationships thereof).

If "words" is replaced by "snapshots" in the sentence above, it can easily be seen how a family's album is not so much an artifact of objectivity, but rather a personal construction of the album's maker, in order to tell the story of that family in that particular way. Thus, a different family member would likely use the same individual snapshots to tell an altogether different story, from their own differing viewpoint. Therefore, the story constructed inside its pages will always be a selectively-told one.

As the generalized, idealized version of the family history presented in the family album is rarely the same as the individualized memories kept inside each client's own mind, it can be very useful to ask clients to go back and reconstruct the album their way and "re-member" its parts according to their own version of what took place over the years. Helping people see themselves inside their own personal-historical contexts often helps them better understand their current situations and feelings (and perhaps recognize where some



Family album photo-review.

of their expectations and judgments are coming from).

Albums can reveal physical similarities and other thematic patterns repeating across the pages. They also contain "forgotten" people, secrets, myths, "closets," juicy anecdotes, along with occasional mis-truths—and therefore what has been omitted (or silenced) on their pages is sometimes more therapeutically significant than what actually appears there. For example, therapists trained in one of the Family Systems models of therapy will find family albums a particularly rich source of information about dynamics such as fusion/differentiation issues, triangulation patterns, gender-role expectations, "unfinished business," family "scripts," and many other useful tangible crystallizations of emotional communications in that family.

Albums are proof of people's very existence; they will easily outlive the human lives inside the pages, and thus people's albums tell the world that they lived, and their lives had value. In this way, using such photos to assist the process of life review and reminiscence can help people re-focus their perspective off the immediate moment of crisis and instead observe the rhythms of the larger natural flow of life. They allow people to review their experiences and accomplishments, their connections and relationships with others, and to find meaning and purpose in their life.

"Photo-Projectives," the fifth and final PhotoTherapy technique, is based on the phenomenological fact that the meaning of any photo is primarily created by its viewer during their process of perceiving it—and thus any photograph that draws interest from client or therapist has potential use in the counseling setting:

Much like viewing the world through sunglasses whose effects are so familiar that they aren't noticed any longer (until removed), people see the world around them through similar layers of unconscious "lenses" that automatically filter everything they encounter, including their own perceptions, thoughts and feelings—even while they remain totally unaware of such things. Similarly, looking at any kind of photographic image produces perceptions and reactions that are projected from that person's own inner map of reality, which determines how they make sense of what they see.

Although "who is posing or photographing" will always determine what is documented on film, "who is looking" will always determine what is actually seen. Latent meaning will only be there for those who find it there. Therefore, the "truth"

of a snapshot resides not solely within it, but rather exists in the less-tangible abstract interface between that photo and its viewer, the "place" where each person forms their own unique responses to what they see. This process underlies all interactions between people and snapshots (or cameras), and helps reveal the ways and reasons that meaning gets perceived from any photograph in the first place. Because objective truth of any image is therefore an impossibility, no two viewers will ever get identical meaning from the same photograph.

This technique has been named "Photo-Projectives" because people *always* project meaning onto a photograph; there is simply no other way to view one. It is this quality that makes clients' reactions while looking at photos such extremely useful tools for therapists trying to help them figure out how they make sense of the world around them. And this is true not only when looking at photos of themselves, those they have taken or those in family albums, but also regarding non-client photographs such as newspaper photos, postcards, magazine advertisements, book covers and so forth, which the therapist has selected to show them for particular reasons. In this way the "Photo-Projectives" technique is more a part of the others than it is independent unto itself, yet it must be discussed separately (and preferably taught first when training therapists and counselors to use it), as it forms the framework for all person-photo relationships.

As the Photo-Projective PhotoTherapy process demonstrates so clearly, there can be no wrong way to look at, or respond to, any photograph; therefore, there can be no wrong answers to be judged upon (by self or others). Right and wrong become purely relative terms, as photo-responses are accepted for their content rather than their correctness. Since every interpretation is therefore correct for the person giving it, this technique can be an effective tool for aiding self-awareness and self-empowerment, especially with clients long accustomed to having their perceptions devalued, disempowered or even self-doubted.

Since the meaning of any snapshot depends more on what it is about *emotionally* than what it is *visually*, it should be no surprise that photographs will often trigger deep memories and strong feelings, along with related information that has long been buried from conscious recall. Though people rarely stop to think about why and how this happens, this is the main focus and purpose of photo-projective work.

Projective PhotoTherapy techniques are an ideal way for clients to safely encounter their own personal, societal, familial, class, cultural and other "filters" without being consequently devalued, demeaned, disempowered or judged by others who don't understand them. In therapeutic sessions, where clarity of communication is particularly important, it can help clients to realize that their own way of interpreting the world, or the actions of others, is not the only one possible. Once people can accept that many people can view a single photograph quite differently, yet all be correct (each for themselves), then they can begin to understand that this process of selective perception also happens in all their ordinary daily interactions, when they view another person or a mutual situation differently from others doing the same.

Only from inside can change be initiated; only from realizing that there is more than one way to see their situation will clients find that it might help to consider it from another perspective. In order to help clients make desired changes (particularly those from minority or non-mainstream culture, disenfranchised class or race, or other different realities), therapists must first be able to see the world through that client's own eyes (and discover the unique reality filters that selectively determine special meanings to them, even though these may not always be evident to the therapist).

When all five techniques are considered together as one interrelated system, it can be seen how they are not just simply five distinctly separate parts, because each technique is partially formed by, and overlaps, all the others. Therefore, the most effective application of these techniques will always occur when they are creatively combined.

For example, as much projection of meaning takes place when a person looks at their own self-portrait as when they look at a photo of a stranger. An album is also a collection of photos of people, by people, as well as a form of self-portrait of a family unit (even though a selectively-created one, which of course makes it a projected construction). All photos that people take are really in many ways self-portraits reflecting them. And thus all these techniques interweave back and forth into each other to form a much bigger "picture" of therapeutic possibilities.

The best way to understand PhotoTherapy practice is to remember that photographs speak metaphorically and symbolically, to and from the unconscious, without any words being involved, and thus any single image can be very useful as a catalyst and stimulus for a valuable counseling process. Therapists simply cannot interpret others' photos for them, although they can certainly share their own perceptions for comparing differentially-perceived realities—as long as they don't present their version as being somehow better or more true than the client's.

Good therapists do not tell their clients what to do (or how to see). Rather, they support clients as they seek their own paths or desired changes at their own speed, accompanied by their own insights that have been brought to light through becoming more aware of how it is that they know things in their own particular unique way—and how these things are directly connected to their feelings and beliefs deep inside. Therapists only help people to re-discover what they already know unconsciously, and note how their visual communications can reveal pre-existing details or patterns of their lives which were already there, but not previously available to conscious awareness. Helping them attain that awareness is the primary goal of therapy, so that clients will not need to turn to a therapist the next time a problem arises.

Conclusion

A machine that can freeze time, a means of making that fleeting moment permanent, exactly as it happened, eternally unchanged. It all seems so simple: point the mechanical object (camera) at a scene, and it will capture the image in front of the lens objectively, duplicating the scene in front of it with none of the distortion found in paintings and drawings.

From the previous century's "age of scientific reason and objectivity" arrived this fantastic possibility that a machine

ing tools to help people see their lives better.

Photo-Projectives techniques help clients realize how their view of a photograph reflects how they internally define and "frame" the world and other people—and that their thoughts, feelings, memories, attitudes, beliefs (and even resulting behaviors) are stored inside them in "secret" codes that sometimes only visual cues can unlock. Self-portraits are perhaps the most powerful and valuable photos for clients to work with therapeutically, in that differentiation of a mature and aware self, along with exploring and confronting self-perceptions, are critical steps toward desired change and healing. Photos of the client give numerous external correlations with which to match inner self-concepts with outer reflections, while all photos taken or collected by the client serve as phenomenological self-constructs indicating what matters in their life. Family album photos and other photo-biographical collections illustrate the selective reality of a family, as constructed to withstand time—inside these personal narratives, people remain forever frozen together, showing not only various inter-relationship dynamics but also making permanent the momentary imprints of various feelings involved.

It quickly becomes obvious, therefore, that PhotoTherapy is not just about what snapshots passively show on their surface, but also about what can be more actively done with them to further explore and make use of their secrets, while the unconscious symbolically presents itself through its own natural visual language. The key lies in learning how to ask questions based on photograph-as-stimulus, photograph-as-a-beginning, that will lead to the inner therapeutic explorations desired, and the knowledge of what to ask when, and how, in order to assist clients in discovering more about themselves.

For most people who stop to consider how a photograph really does freeze a slice of time, there is a sense of wonder and awe at the magic that permits taking a moment out of the ever-moving flow and process of time, and stopping it into a brief instant that can last forever. That power is part of the emotional connectedness and unconscious understanding that people's relationships with their snapshots give them; it certainly can also be a powerful tool in helping them focus inward on themselves and their lives.

Literacy is primarily visual, and visual literacy is so primary that photos become the logical language for communication in therapeutic dialogue.

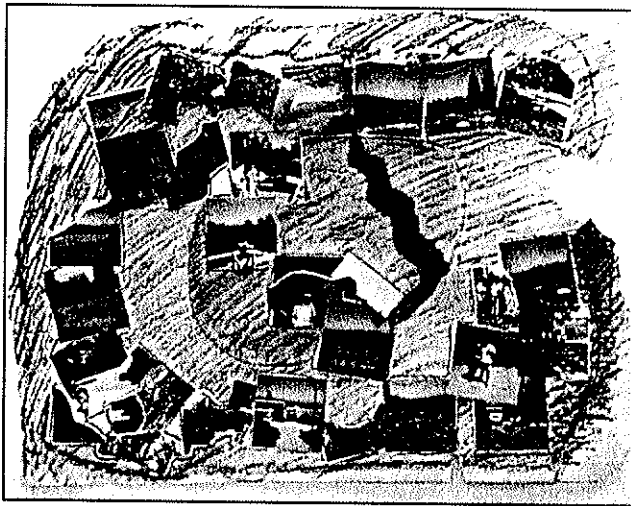
Whatever the metaphor, people's ordinary snapshots have strikingly important lives (and secrets). They permit people to explore this predominantly nonverbal terrain in a predominantly nonverbal manner. Thus they can be effective keys that unlock doors to previously hidden information, feelings and memories that words alone simply cannot reach.

Thus they permit connection of the verbal with the visual, and both of these with the emotional—and in explaining these connections, people can begin to "bear witness" to their own life story and its importance. Using PhotoTherapy techniques, clients "get a picture" of their life that is worth far more than the proverbial thousand words. In the poem "Burnt Norton," T. S. Eliot refers to time present and time past both being part of time future, and time future actually being contained within time past. This seems to be what snapshots, and PhotoTherapy itself, are all about.

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NOTES

1. David Krauss, personal communication, November 12, 1998. The author would like to express appreciation to Dr. Krauss for his editorial critique of the final draft of this article.
2. Examples of established programs developed by Art Therapists, using PhotoTherapy and Art Therapy in formal partnership, include Marie Lambert and Angèle Marino's "Expressive Therapies Center" in Houston, TX; Kathleen Ferrara and Sheila Goodwin's "Expressive Therapies Northwest" in Bellingham, WA; David Krauss's "Center for Visual Therapies" in Cleveland, OH; and this author's "PhotoTherapy Centre" in Vancouver, B.C.
3. Such as current or past Art Therapy and/or Psychology graduate-level academic training programs at Nazareth College in Rochester, NY; Antioch University in Seattle, WA; University of Houston in Clear Lake, TX; Marylhurst University in Marylhurst, OR; The Adler School of Professional Psychology in Vancouver, B.C., and the B.C. School of Art Therapy in Victoria as well as formal training done privately by David Krauss in the U.S., Lauri Mannerman in Finland, Margaret Munyard and Marian Leibmann in England, and this author across North America (and occasionally Europe and the U.K.).
4. The editors have retained this author's particular spelling of this term, which uses two capital letters to signify equal weight to both parts of the field's title ("photo" and "therapy"), although it may differ from other spellings found in other articles in this issue.
5. It is important to explain that this author is using the terms "counselor" and "therapist" in the North American definition of these words, to signify someone who has graduated from a recognized postgraduate professional training program, completed several years of supervisory practice and then been formally certified as qualified to do this work. However, these words seem to be defined and used differently in the U.K., where individuals can call themselves "counselors" or "therapists" without receiving any training in these fields at all—hence the "looser" definitions and practices of what is called "counseling" or "therapy" here.
6. For a more comprehensive comparison of the similarities and differences between PhotoTherapy and Art Therapy, see that section in this author's book *PhotoTherapy Techniques—Exploring the Secrets of Personal Snapshots and Family Albums* for the shorter summary of this on her Web site *PhotoTherapy Techniques in Counseling and Therapy*, both of which present her position on the subject (as well as David Krauss's).
7. Hugh Diamond, *On the application of photography to the physiognomic and*



Example of photo-taking assignment resulting in photo/art collage.

could finally document the world as it really is, its beauty and truth untainted by human interference and its image untouched and unfiltered by the frailties and pitfalls of human perception or intervention. Hopefully, what has been written above has demonstrated how faulty such presumptions can be, and how personal and private people's photographic realities truly are.

In photographs, time literally stops and external spatial reality in some ways ceases to exist. Each snapshot is simultaneously a moment removed from all moments and yet still part of them all. Observer and observed become part of the same thread of life, which is itself unobservable, yet we attempt to stop it all with the click of a shutter. This is what PhotoTherapy is all about: when a person interacts with the snapshot, even just by looking at it or pressing the shutter to create it spontaneously, he or she "changes the picture" altogether.

An ordinary snapshot gives form and structure to our deepest emotional states and unconscious communications. It serves as a bridge between the cognitive and the sensory, between the inner self lying below conscious awareness and the self able to be known to us—and between the self we are aware of inside and that self we are seen as by others.

It can also connect the past with the present, forming a multilevel interlocking matrix and preparing us to continue this path onward to time beyond the present moment. It joins the physical world with the psychic one, the reality we are aware of with that which only presents itself after the fact in connections or patterns visible only in retrospect.

PhotoTherapy techniques can be used to help bring information that people have forgotten, buried or defended themselves against into the realm of the knowable and recognizable, especially the information they hold without words (and cannot tell completely in words). They reconnect people with details of their lives that were originally recorded as sensory impressions and with remembered information whose relevance may not be recognized until a visual stimulus helps make the association become conscious.

A personal snapshot is both an intellectual and an emotional property, possessed not just for its appearance alone, but also because of how that appearance has been unconsciously constructed to mean (and feel). Photos of and by people provide insight (in-sight) and outlook (out-look). Photos from the inside out (taken by a person) and from the outside in (of them) both show them to themselves. Self-portraits do both, simultaneously, while album snapshots do both as well, but with a time delay in between. In the final analysis these are all the same when they are used as focus-

- mental phenomena of insanity (Paper read before the Royal Society, May 22, 1856), in Sander Gilman, ed., *The Face of Madness: Hugh W. Diamond and the Origin of Psychiatric Photography* (Secaucus, NJ: Citadel Press, 1976).
8. For example, Arnold Gassan (1977, *Handbook for Contemporary Photography*), Ralph Hattersley (1971, *Discover Yourself Through Photography*), Freeman Paterson (1979, *Photography and the Art of Seeing*), Minor White (1957, *What is Meant by Reading Photographs*), Richard Zakia (1975, *Perception and Photography*) and many others.
 9. Brian Zakem, (1977), "Newline: Photographs help patients focus on their problems" in *Psychology Today* Vol. 11, no. 4, p. 22.
 10. The organizers of that first symposium in Illinois were therapist Brian Zakem, first editor of *PhotoTherapy*, and developer of a comprehensive PhotoTherapy program at a psychiatric day hospital, and psychologist Doug Stewart, Director of the Visual Therapies Institute, and author of two excellent articles that provide a solid theoretical framework, as well as establishing a five-component system of individual techniques, which is still the most preferred conceptual framework of application. Additional presenters (and their particular topics of focus), at this and later symposiums, included psychologist David Krauss (Cleveland, OH), underlying theoretical foundations, as well as a structured training model derived from teaching the first academic courses in PhotoTherapy; psychologist Alan Entin (Richmond, VA), the use of family photographs and albums within family systems psychotherapy approaches; psychologist and art therapist Jerry Fryrear (Houston, TX), still and video self-confrontation with youth at risk, often in collaboration with Jungian art therapist Irene Corbit; psychologist Arnold Gassan (Tucson, AZ), therapeutic uses of client photographs, as well as projective uses of photographs useful for drawing out abuse issues, therapist Karin G ntner-Thoma (Frankfurt, Germany), self-portraiture in therapy with women in prison; social worker Patricia Hogan-Turner (Boston, MA), PhotoTherapy techniques in educational and social work settings; psychiatrist Joel Walker (Toronto), psychiatric applications of photos used as projective tools; this author (Vancouver, B.C.), the use of an integrated system of several techniques for counseling minority-culture, disabled and otherwise "different" clients in her private psychological counseling practice; psychoanalyst Robert Wolf (New York, NY), instant photography as spontaneous dialogues with the unconscious of children and adolescents in his therapy practice; psychologist Robert Ziller (Gainesville, FL), phenomenological-based research involving the use of photographs to non-verbally study self-environment interactions and cultural differences—and many others. It is important to also note here that nearly all the above mental health professionals had also long been either amateur or professional photographers whose fine art photographs were also being exhibited or published during those same years.
 11. Although an earlier (1973) book by Robert Akeret, *Photoanalysis: How to Interpret the Hidden Psychological Meaning of Personal Photos*, shared excellent pointers regarding using photographs to initiate therapeutic inquiry, it was produced in isolation from this larger network, serving more to illustrate its author's own work than as an overview to the field in general—and thus it is not usually considered "PhotoTherapy" in the larger sense the field is known to encompass.
 12. This distinction has been stressed so strongly here because these differences are at the very heart of the later section comparing PhotoTherapy and Therapeutic Photography.
 13. For detailed lists of these, see their respective Web site pages at www.phototherapy-centre.com.
 14. For example, see www.affectplus.com.
 15. The PhotoTherapy Centre's files contain a library of several hundred PhotoTherapy-related articles and books, dozens of photo-based art-expressions made by clients or trainees, videotapes of "live" client or workshop sessions that have been released for viewing for training purposes, along with other photographic and video material (including training tapes) about PhotoTherapy in general. The Centre also holds a collection of many original photographs taken by several of the pioneers of PhotoTherapy, as well as a selection of original photographs and writings by many people working in related fields such as Visual Sociology, Photographic Cultural Studies and Therapeutic Photography. It also provides both on-site and distance training opportunities for mental health professionals wanting to learn how to use PhotoTherapy techniques in their own therapeutic practice, as well as assisting with networking, consulting, and student mentoring and practicum supervision, and related research, thesis or independent project guidance.
 16. Examples of current "generalists" who work with all kinds of client issues include: Kathleen Ferrara (Bellingham, WA), past faculty member for several art therapy graduate training programs, as well as a registered art therapist with a private practice in counseling, consulting, and teaching PhotoTherapy at the college level (and privately); Ellen Horowitz (Rochester, NY), Director of Graduate Art Therapy at Nazareth College and art therapist in private practice, who uses a variety of materials (including Polaroid cameras, liquid emulsions, liquid light, videotherapy, digital imaging, and cyanotype manipulation) both educationally as well as in her private practice; Lauri Mannermaa (Helsinki, Finland), a psychologist and professional photographer trying to expand the meaning and possibilities of symbolic photographic communication in both his teaching and private practice; Joel Walker (Toronto), a psychiatrist, photographer and creator of the "Walker Visuals Kit," using both projective imagery and interactive camera work with his psychiatric clients and others (including therapists whose work tends toward being so much more "Therapeutic Photography" in nature that they have been listed instead in this article's later section about that field, even though they are indeed formally qualified/credentialed therapists).
 17. The following are just a few selected examples of current "specialists" (who often also use a generalist approach, but while focusing upon certain specific kinds of client issues such as geriatrics, women and girls' issues, or grief and bereavement): *Geriatrics*: Pam Koretsky (Raleigh, NC), a licensed clinical social worker specializing for the past several years with the geriatric population, using clients' family photos as nonthreatening and less intrusive ways for learning more about them; and Marianne Gontarz York (San Francisco, CA), Director of Resident Services at a retirement community, licensed clinical social worker, and published photographer whose practice is focused on using photography as a tool for both reminiscence and life review with both elders and mid-lifers preparing for the "second half" of life. *Women and/or teenage girls*: Karen Meckel (Seattle, WA), a Certified Marriage and Family Therapist, Registered Art Therapist, and adjunct faculty member at Antioch University, who works primarily with women clients who are attempting to resolve trauma and regain memory of early family experiences; and Lori DeMarre (Seattle, WA), photographer and therapist with a Masters in "Psychology, with a Specialization in PhotoTherapy," who helps women explore and come to terms with their inner and outer body image. *Grief and bereavement*: Mindy Gough (Stratford, ON), social worker in private practice, doing grief counseling work mainly with bereaved children, teens, and families, as well as in a community mental health clinic with people suffering from clinical depression or eating disorders; and Marie Lang (Columbus, OH), an art therapist working with bereaved children who have lost a loved one to cancer and many other people too numerous to include in this brief summary.
 18. As this author wants to maintain the historical record as accurately as possible, she would appreciate readers sending her any additional information, revisions or updates to jweiser@phototherapy-centre.com.
 19. Myra Levick, personal email communication, July 9, 2001.
 20. Rebecca R. Olivera, *Ethical Considerations Regarding the Therapeutic Use of Art by Disciplines Outside the Field of Art Therapy* (Mundelein, IL: American Art Therapy Association & The Art Therapy Credentials Board, 2000), p. 2.
 21. *Ibid.*
 22. *Ibid.*
 23. Although many people in many countries have also long been doing various forms of personal Therapeutic Photography individually for years, none has done so as cogently, prolifically or well-documented as Jo Spence. Others who she "sparked" onward toward further independent work, exhibition and additional publications in their own kind of "Photo-Therapy" (particularly Rosy Martin, as well as Margaret Munyard, Joan Solomon and David Hevey, just to mention a few) carry this work forward after Spence's own untimely death nearly a decade ago.
 24. Jo Spence, *SpareRIB* No. 163 (February 1986). To read the entire selection that this quote was excerpted from, see <http://hosted.aware.easynet.co.uk/jospence/jotext2.htm>.
 25. The following examples illustrate the wide variety of work that is currently being done in the form of what this author views as "Therapeutic Photography": Katy Tartakoff (Denver, CO), whose "Children's Legacy" program involves photo-journaling and photo-expressive work with children with cancer and severe burns, and their families; Lisa Kahane (New York, NY), who has used photography groups with "at risk" teenage girls to raise their self-esteem and give them external perspectives of themselves; Patti Levey (Santa Fe, NM), whose nude portraiture (of herself and also others) encourages personal expression of issues such as childhood sexual abuse and AIDS; Pam Hale (Weaver) Trachta (Tucson, AZ), who uses photography and other creative tools for healing and transformation, especially for women in transition wanting to enhance self-esteem, creativity, and problem-solving from a spiritual inner focus; Hedy Bach (Edmonton, AB), whose work (and 1998 book) concerns girls using photos as open-ended narratives to show and tell their (evaded) lives and related elisions; Tara Ennis (Kingston, NS), who teaches about "personal explorations through photography" in her photo-journaling workshops and other courses; Sonya Mathies (Chicago, IL), who does workshops where she both actively photographs groups of pregnant teens from broken homes and engages them in feedback that together they share with the girls' social worker; Jan Blydol (Calgary, AB), who gives workshops to doctors, nurses, teachers, and the public about photography as a healing art; Susan Allnut (Montreal), whose interest in "the body as unconscious camera" led to a study of construction of girls' and women's subjectivities using photography as a form of environmental biography in bodywork with women; Jo Visser (Montreal), whose memory work and construction/analysis of visual texts suggests a way to explore women's identity through self study—and many more too numerous to mention in such a brief space.
 26. Some examples of such "combined practice" models can be seen in the work of: Lauri Mannermaa and Lori DeMarre, both of whose practices have been set up to involve both fields (and whose work has been discussed in earlier notes); Rachelle Ferguson (Ottawa), who offers counseling (including actively being photographed) to women suffering from negative body image and poor self-esteem; Margaret Munyard (London, England), who provides training, especially for Art Therapy students, in using PhotoTherapy techniques, but who also combines active photography and art activities in her work with women around body image and domestic violence; Cathy Lander-Goldberg (St. Louis, MO), who uses self-portrait activities and journaling to increase self-awareness with groups for adolescent girls who have eating disorders (which has resulted in the traveling exhibition "Resilient Souls: Young Women's Portraits and Words"); and others whose work combining both fields is innovative and fascinating, as well as very effective. As the list above so clearly demonstrates, it difficult to decide whether to place this kind of work in the "PhotoTherapy" or "Therapeutic Photography" category, which illustrates how overlapping these fields can be.
 27. Jan Zita Grover, "Beyond the Family Album" in *Afterimage* Vol. 15, no. 2, pp. 8-10.
 28. Terry Dennett, personal email communication, September 4, 2001.
 29. Douglas Stewart, "Photo Therapy: Theory and Practice" in *Art Psychotherapy* Vol. 6, no. 1 (1979), pp. 41-46.
 30. However, the historical record also notes that different "maps" of this PhotoTherapy territory were considered; for example, Krauss and Fryrear (1983, *op.cit.*) presented eleven separate purposes for using these techniques, while Krauss's earlier doctoral dissertation (1979, *The uses of still photography in counseling and therapy: Development of a training model*) presented a four-component framework of active intervention whereby clients were asked to bring in a current photo of themselves, a photo of their current family, a childhood photo and also one that represents them symbolically.
 31. For more information about these specific techniques, including case illustrations, a bibliography and exercises with which therapists can first practice on themselves before using them with any clients, see: Judy Weiser, *PhotoTherapy Techniques—Exploring the Secrets of Personal Snapshots and Family Albums* (Vancouver: PhotoTherapy Centre Press, 1999/1993) This book is distributed by MMB Music and Creative Art Therapies Books; (800) 543-3771, www.mmbmusic.com.
 32. Readers who desire further information are encouraged to contact the author directly at PhotoTherapy Centre, 1300 Richards St. (Suite #205), Vancouver, B.C., Canada, V6B 3G6; phone (604) 689-9709; fax (604) 633-1505; email jweiser@phototherapy-centre.com; or visit www.phototherapy-centre.com.

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UNDESERVED
TWIST OF
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a special issue