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Expanding the Frame:
Self-Portrait Photography as Applied to Drama Therapy Practice

Lindsay Chipman

A Research Paper

in

The Department

of

Creative Arts Therapies

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Abstract

Expanding the Frame:

Self-Portrait Photography as Applied to Drama Therapy Practice

Lindsay Chipman

The use of photography in therapy has existed for many years and has been primarily used as an adjunct to verbal therapy or as a medium in Art Therapy. This paper explores the relationship between Drama Therapy and photographic based therapies. Different therapeutic self-portrait photography methodologies such as Photo Therapy, Therapeutic Photography, and Photodrama are examined in relation to certain principle Drama Therapy theories and methodologies. An emphasis is placed on Jones' 9 core processes of Drama Therapy, Landy's role method and theory, and Self-Revelatory Performance methodology when analyzing the connections between disciplines. This paper will illustrate the links between self-portrait photography and dramatic methodologies in therapy, and provide the Drama Therapist with an understanding of how self-portrait photography may work in conjunction with a Drama Therapy theoretical orientation. Also, a review of the legal and ethical aspects of using self-portrait photography in Drama Therapy will be addressed, giving the reader an understanding of the potential implications and dangers of using this medium in therapy.

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This paper would never have been realized without the involvement of Terry Dennett and the Jo Spence Memorial Archive. The inspirational photographs have contributed greatly to this paper and I feel privileged to have had the opportunity to share some of Jo Spence's work with the readers. I would also like to thank Terry Dennett for supplying me with many unpublished, exciting, and unique documents that enriched the quality of this paper.

Dedication

I would like to dedicate this research paper to the memory and work of Jo Spence. Without her inspirational imagery, her courage to explore her self, her desire to connect with an audience, and her ability to question, dissect, and explore through photography, I would never have been moved towards this profession or research. Thank you for your creativity, spontaneity, beauty, nurturance, and for being my companion along this educational, spiritual, and personal journey. Your photographs remain imprinted in my mind's eye, reminding me always of the potential for photography to heal.

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CHAPTER ONE

Introduction

Photographs have always been instrumental in my family history, educational experience, search for self-identity, and passion to create. Coming from a background in Fine Arts Photography, having completed a BFA at the Nova Scotia College of Art and Design in Halifax, Nova Scotia, I have continually used photographs to construct and communicate my own personal narrative. Self-portrait, autobiographical, and documentary photography traditions have largely influenced my direction as an artist, and have guided me towards my current education in Drama Therapy. Throughout my undergraduate work, I used self-portrait photography to explore aspects of my self-identity, concurrently relating this sense of self to social relationships. My photographs always contained an element of the ‘performative,’ making use of costume, makeup, props, lighting, stage, and script. Having created the image *Attente* [Waiting] (see Figure 1), I began to explore other artist traditions that intertwined the therapeutic with the artistic. After having completed my BFA in Photography, I returned home to Montreal in search of employment relating to my education in the visual arts. After trying to integrate myself into the artist community in Montreal, I found myself working commercially, doing odd jobs in fashion and product photography. Coming from an art tradition where the desire to create supercedes the marketability of your product, I found that the commercial photography that I was now engaged in, dry, empty, and without meaning. The pleasure I once had, vanished, and photography became dull and tedious. I spent time trying to decipher the true nature of my enjoyment with this modality and came to

the conclusion that the personal, poetic, creative, spontaneous, and self-discovery potential was at the heart of my passion with photography. Since none of these were being fulfilled doing commercial photography, I began to explore how this modality has been used for personal discovery and therapy. After having looked into the field of Art Therapy, I felt unsatisfied with regards to its use of photographic techniques in therapy. I met a Drama Therapy student in 2001 that looked at my photographic work and noted the obvious similarities between what I had been doing and what she was studying in Drama Therapy. Since that moment I have been driven to connect my passion of photography with the dramatic methodologies of Drama Therapy, and have combed through the literature in search of others who have made use of both these creative arts in therapy. This is where I discovered the work of Jo Spence, a post-modernist photographer from England, who greatly influenced my journey towards seeking an education in the Creative Arts Therapies and embarking upon this current research endeavor.

The search of a field that would enable me to combine the theatrical and performative aspects of my self-portrait photography with therapy led me to the profession and study of Drama Therapy. Upon my engagement within this discipline, it became increasingly clear that there was no formal relationship documented in regards to photographic practices within the clinical practice of Drama Therapy. In the review of the literature, it became clear that the language used to describe the dynamics of photography in therapy spoke to several key Drama Therapy processes and methods. Coming from a Fine Arts tradition and education, I desired to translate the styles of documentary, personal narrative, and autobiographical photography that I had studied in my undergraduate degree, into the clinical work of my Drama Therapy Masters.

Looking back at my self-portrait *Attente*, created in the spring of 2000, I reflected on how this particular image formed my identity and served as a compass for my journey. This image makes visible the various aspects of my everyday from the emotional to the rational and the personal to the public. The photograph embodies a part of my history, informs the present, and makes way for the future. The power of a picture to direct one through life, to serve as a record of what has been and to inform the creator of where to go, illustrates the power of photographs to narrate personal history. The story of this image is forever changing, adapting to everything I experience in the day-to-day, all the while taking account of where I have been, constantly building upon the narrative which is my life.

Purpose and Rationale

The focus of this research is to investigate the historical uses of photographic techniques and processes in terms of their relevancy to the Drama Therapy paradigms of *Role Theory* (Jones, 1996; Landy, 2000 and 1991), *9 Core Processes* (Jones, 1996), and *Self-Revelatory Performance* (Emunah, 1994; Rubin, 1996). In the review of the literature, it became clear that the language used to describe the dynamics of photography in therapy spoke to the processes and methods found within Drama Therapy theory. Photographers have been using documentary, personal narrative, and autobiographical methods for self-exploration in the art world, but these techniques have never been looked at in terms of their relevancy to Drama Therapy. In the literature, there are many references to the uses of photography in Art Therapy (Fryrear, 1983; Cosden and Reynolds, 1982), the development of Photo Therapy as its own field (Weiser, 1999), and

the critical similarities and differences between Art Therapy and Photo Therapy (1999). However, there exists a clear void in the research regarding the use of photography in Drama Therapy and how these techniques can be translated into existing Drama Therapy paradigms.

Self-portraiture involves the active recording of the self, of setting the scene through the use of props, costumes, and lighting, ultimately displaying the performative aspect of self-portrait photography. The work of Jo Spence (1988) highlights the dramatic aspects of the subject in her self-portrait photography, where the sitter and photographer work collaboratively to set the scene by use of props and clothing. This example of *Therapeutic Photography* is one of many, where the intention of the camera is to record an enactment created by the client. Research that utilizes the therapeutic method of *Photodrama* (Finder and Kimelman, 1977, 1976; Kimelman, Tomkiewicz, and Maffioli, 1983; Burckhardt, 1990) highlights the performative aspect of self-photography, where body movement and expression are communicated through the use of accessories, ultimately facilitating self-discovery. The field of Photo Therapy also explores the use of the performative in its five outlined techniques, where the method of self-portrait photography calls for dramatic action on the part of the sitter/client (Weiser, 1999). Emunah (1994) states that the process of *self-revelatory performance* is autobiographical in nature where the clients are “coming out as themselves throughout the performance” (p.289). Not only does Emunah (1994) speak of the discovery of self, but she also notes the importance of transformation and the role of the audience. Similarly, Roberts (2000) discusses the self-portraits of Jo Spence as autobiographical in nature and the interplay between audience and artist as inherent in self-discovery. Roberts (2000) goes on to

discuss the “self-performative” and “revelatory” (p.213) aspects of Spence’s Therapeutic Photography, demonstrating the similarities of her practice to self-revelatory performance.

It is evident that self-portraiture in Therapeutic Photography and Photo Therapy calls for dramatic action on the part of the sitter/client, but it also examines the aspect of role and self-identity in the process of creating (Martin, 2001; Spence, 1988; Spence and Martin, 1988). The research of Kimelman, Tomkiewicz, and Maffioli (1983) using Photodrama with patients in a psychiatric facility, worked to make visible their roles in order to gain a better understanding of the overall body image and identity of the client. The structure and dynamics of role in Photodrama are similar to the concepts of Landy’s role theory (2000). In Jo Spence’s (1986) portraits exploring roles in her family, she suggests that one’s character is made up of multiple aspects that can be worked through in the enactment, towards an eventual photographing of them in a therapeutic setting. She speaks to the results of her therapeutic photography as enabling her acceptance of the multiple facets of her character and the contradictions within (1986). This is similar to Landy’s (2000) emphasis on health as being able to live with ambivalence regarding the contradictions and paradoxes inherent in one’s role system.

The fundamental processes of Drama Therapy as outlined by Jones have clearly been seen in the practice and techniques of Therapeutic Photography and Photo Therapy. The core techniques of Photo Therapy as outlined by Weiser (1999) mirror some of those described by Jones. Other research has illustrated the use of Jones’ (1996) *9 Core processes*, such as the self-confrontation Photo Therapy of Fryrear (1983) and the Therapeutic Photography of Spence. It is clear that there exist many similarities in

fundamental processes of Therapeutic Photography and Photo Therapy with those of Drama Therapy. Not only have practitioners of photographic methods of therapy been hinting at the connections to Drama Therapy, even Drama Therapists have suggested its use in Drama Therapy. Landy (1994) identifies photography as a projective technique, underlining the relevancy of photography in the Drama Therapy core process of *dramatic projection* (Jones, 1996).

The aim of my research is to make a clear connection between the language and processes of self-photography in therapy to those of Drama Therapy. As there exists little research on the use of photography from a Drama Therapy perspective, my research will be a historical/documentary method surveying the past and present uses of photography and how these are relevant to the theoretical frameworks of the *9 core processes, role theory, and self-revelatory performance*. The primary research question to be answered will be:

How can the techniques of Therapeutic Photography, Photo Therapy, and Photodrama be translated in such a way to give Drama Therapists an informed way of integrating self-portrait photography into their clinical practice?

I intend to create a bridge for the reader between Photography in Therapy and Drama Therapy. Translation of the processes, intentions, and methodologies using photography in therapy will be done in such a way that Drama Therapists may be given a lens through which to approach photography in Drama Therapy. I will accomplish this by comparing the language used to describe the creative therapeutic process, explore the intention of the modality in therapy, and connect the processes outlined in both disciplines.

The Potential of Photography in Therapy

For several years psychotherapists have used photographs as tools in the therapeutic relationship (Cosden and Reynolds, 1982). The purposeful use of photography in other therapies can be interpreted as falling into eleven different categories (Fryrear, 1980) these being:

- 1) the evocation of emotional states, 2) the elicitation of verbal behavior, 3) modeling, 4) self-confrontation, 5) mastery of a skill, 6) facilitation of socialization, 7) creativity/expression, 8) diagnostic adjunct to verbal therapies, 9) a form of nonverbal communication from client to therapist, 10) documentation of change, and 11) prolongation of certain experiences. (p.7)

Cosden & Reynolds (1983) exemplify the therapeutic value of photography in therapy and as a healing practice of its own: “if a picture is worth a thousand words, the procedures involved in taking that picture also have great value” (p.19). There are several key assumptions that illustrate photography’s potential as a tool in therapy and that have been discussed in the current literature. The general belief that photographs represent ‘truths’ can be used therapeutically, as self-portraits can facilitate the enhancement of self-esteem through providing proof of behavior (Fryrear, 1980). Weiser (2004) addresses the potential for photographs to provide “factual emotional information” (p.24), so that a client may gain awareness for future therapeutic interventions. Photographs also possess the unique ability to provide information about the physical self through the creation of self-portrait images. Self-portrait images allow the client to view parts of themselves that they are usually incapable of observing and can hold more information than what is visually represented (Weiser, 2004). The historical components of photographs also

contribute to its efficacy in therapy. Weiser (2004) contends that “photographs always contain stories” (p.23) and that they can serve as jumping off points for discussion in counseling. The photographs collected by a client, especially those found within family albums, can provide the therapist with valuable factual information about the client’s personal history (Weiser). Photography as a tool has been widely used by consumers around the world. The familiarity of photography within our social traditions makes it “user-friendly” (Weiser, 2004, p.32) and easy to propose as a therapeutic intervention. Photography in our everyday lives is not always perceived as an art making activity, relieving clients from the stress that artistic interventions may impose on them to create ‘good art’ (Weiser). For the trained psychotherapist, counselor, or any other mental health professional, the use of photographic tools is facilitated by the evolution of automatic, disposable, and digital forms of cameras.

Definition of Terms

For this paper it is essential to understand the definitions and differences between *Photo Therapy*, *Therapeutic Photography*, and *Photodrama*. In order to guide the definitions of *Photo Therapy* and *Therapeutic Photography*, a visual continuum of Weiser (2004) is provided.

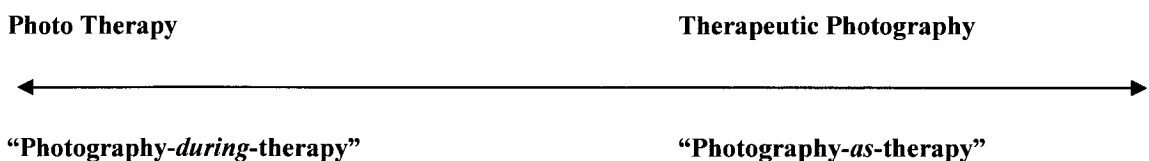


Photo Therapy is “the use of ordinary snapshots, and interactions with them, within an ‘intentional’ framework of therapeutic practice, where trained mental health professionals use these techniques as an integral part of their therapy process when counseling others” (Weiser, 2004, p.35). This profession was pioneered in North America and requires an individual to have a formal counseling education but does not require them to have any degrees in photography (Weiser). The intention of Photo Therapy according to Weiser (2004) is to use clients’ photographs “as catalysts for therapeutic communication and healing” (p.23). Photo Therapy employs aspects of *Therapeutic Photography* but mostly uses “photography-*during*-therapy” as opposed to “photography-*as*-therapy” (Weiser, 2004, p.31). This implies that photography is used within the therapeutic process and not as the therapy itself (Weiser).

Therapeutic Photography is:

The use of photographs in self-initiated (rather than therapist-precipitated) photo-based activities, done by individuals by and for *themselves* for the purpose of their own personal growth and self-discovery (for their *own* personal insight, self-exploration, or ‘artistic statement’ purposes and/or as an agent of personal/political/social change *and done outside* any formal counseling context (i.e., *no therapist is formally involved or guiding the experience*, or discussing it later with the person as part of some larger intentional counseling process).
(Weiser, 2004, p.35)

Therapeutic Photography was pioneered in Europe by Jo Spence and is often referred to as *phototherapy*, *re-enactment photography*, and *photo-theatre of the self* (Spence 1995, 1988; Spence and Martin, 1988). The premise is that the act of engaging in a

photographic process is inherently therapeutic, and the act of creating is itself therapy (Weiser, 2004). It is important to emphasize that photography-as-therapy is done outside a formal therapeutic relationship.

Photodrama is a methodology that is not addressed in the definitions provided by Weiser, and has been seen as a separate field from Photo Therapy and Therapeutic Photography. Originally pioneered by French psychologist J. Funder, and since reformulated and reworked by J. Burckhardt (1990), Photodrama is defined as “a two part phototherapy intervention in which the participant is assisted, first, in the creation of self-portrait images and, second, in the psychological processing of those images” (p.27). This methodology makes use of varying psychotherapeutic techniques and is aimed towards enhancing the on-going therapeutic process.

Chapter Organization

This chapter has reviewed my original interest in the subject, simultaneously stating the purpose, rationale, and question for this research. Now that a brief history of photography’s usage in therapy has been reviewed and relevant terms have been defined, the reader is provided with the necessary language and background information for subsequent chapters.

Chapter Two outlines the 9 core processes of Jones, giving the reader a framework with which to evaluate the use of self-portrait photography in therapy. Several photographic methodologies are explored, explained, and interpreted in terms of these fundamental ideas. Finally, this chapter gives an example of self-portrait photography being used in a Drama Therapy creative process.

Chapter Three explores Jones' and Landy's role theory and methodology. Once again, connections are made with Therapeutic Photography and Photodrama in terms of their relevancy to Drama Therapy role assumptions, theory, and methodology.

Chapter Four holds the methodology of self-revelatory performance as a structure through which to look at the cancer project photography of Spence. Use of role, story, witnessing, and theatre are all analyzed in terms of their inclusion in both therapeutic methodologies.

Chapter Five provides the reader with 'food for thought' in terms of the ethical, legal, clinical, and training implications when integrating photography into clinical practice. This chapter also makes recommendations regarding future research directions and gives a final summation in response to the initial research question.

CHAPTER TWO

Photography and its Relevance to Jones' *9 Core Processes*

This chapter will review the seminal text by Jones outlining the *9 core processes* of Drama Therapy. After a brief introduction of these concepts, a comparison will be made with various Photo Therapy and Therapeutic Photography methodologies. Implicated in this analysis are the potential similarities between these fields of therapy, ultimately creating the necessary links for intentional employment in Drama Therapy clinical practice.

Drama Therapy – P. Jones and the 9 Core Processes

In the seminal text written by Jones (1996), he defines how Drama Therapy is effective and therapeutic by breaking this modality down into nine core elements that account for the therapeutic potential of drama in healing. The *9 core processes* are not different methodologies, but are fundamental principles upon which all Drama Therapy techniques/approaches function. All of the 9 core processes originate in theatre and illustrate the efficacy of this modality in healing. The 9 core processes are: “1) dramatic projection, 2) therapeutic performance process, 3) dramatherapeutic empathy and distancing, 4) personification and impersonation, 5) interactive audience and witnessing, 6) embodiment: dramatizing the body, 7) playing, 8) life-drama connection, 9) transformation” (Jones, 1996, pp.99-100). These elements make use of key areas of interest in relation to drama and theatre such as movement in and out of role, engagement with dramatic world, dramatic/theatrical communication, relationship between theatre

and the everyday, the creative performance process, and the audience/witnessing function in theatre. These core processes have informed Drama Therapists' assessment and evaluation of individuals in the therapeutic context, and have also dictated the interpretation of a client's process in Drama Therapy.

Jones' description of each process gives the reader information in relation to various approaches in mental health and to Drama Therapy as a healing practice. A brief description of each process will be outlined in the following paragraphs, representing a synthesis of the crucial elements in the literature provided by Jones, for the purpose of providing a lens through which to examine photographic techniques in therapy.

Jones (1996) defines *dramatic projection* as "the placing of aspects of ourselves or our feelings into other people or things" (p.129). This process is generally unconscious and inspires further creative activity. In Drama Therapy, the client projects internal conflict, emotion, or aspects of self, into dramatic materials such as puppets, character, story, etc.

Therapeutic performance is how a problem is expressed through the dramatic medium where there are phases of need identification, rehearsal, and performance (Jones, 1996). During the performance process, the client transitions between engagement and disengagement with the drama, and can play one or many roles within the performance itself. Therapeutic change is facilitated by the client gaining different perspectives through the playing of different roles and creative problem solving within the performance.

The core process of *dramatherapeutic empathy and distancing* influences the way in which a client will engage emotionally with the dramatic medium, how s/he will

dramatically portray the desired issues, and how s/he can disengage and reflect on the process of dramatic activity (Jones, 1996). Jones (1996) defines dramatic empathy as the resonance and identification between dramatic medium and client, and dramatic distancing as providing the client with an opportunity to relate to the drama through “thought, reflection, and perspective”(p.106).

Jones (1996) defines *personification* and *impersonation*, respectively as “the act of representing something or some personal quality or aspect of a person using objects dramatically” and “the improvising or role playing of an imaginary character or a person taken from the client’s life experience” (p.107). In Drama Therapy, clients are able to choose between a wide variety of materials including, but not limited to puppets, costumes, masks, and art making supplies to represent or signify struggles, conflicts, or aspects of self. The process of personification and impersonation is essential when looking at how clients express material in the therapeutic environment.

The process of *interactive audience and witnessing* is “the act of being an audience to others or to oneself within Dramatherapy” (Jones, 1996, p.112). There are several audience-performer relationships noted by Jones (1996) such as “1) being witnessed by other group members or by the facilitator, 2) witnessing to others, and 3) the client witnessing themselves” (p.112).

Embodiment in Drama Therapy involves the use of the body to convey ideas and feelings, as well as exploring the communication potential of body language. Jones (1996) describes this process as, “the way in which an individual relates to their body and develops through their body when involved in dramatic activities within Dramatherapy...the way the self is realized by and through the body” (p.113). Through

the process of embodiment, clients physically expressing themselves may gain insights that transform their everyday lives.

The concept of *play* in Drama Therapy has implications according to Jones. First, playfulness and exploration is encouraged within this therapeutic framework, where play is seen as a means of expression in Drama Therapy (Jones, 1996). The developmental play model is inherent in this core process where there is the development of cognitive, emotional, and interpersonal functioning. Secondly, the Drama Therapy session is depicted as a ‘play space,’ where clients may spontaneously and creatively express and explore themselves.

Life-drama connection is a core process in Drama Therapy that denotes insight, reflection, and perspective. Jones (1996) envisions a unique connection between life and drama and feels that the therapy session is an intentional, “bringing life into contact with drama” (p.118). The representations of life in the dramatic medium may be realistic or metaphorical and the connections made between dramatic reality and real life may be conscious or unconscious.

Transformation is at the heart of many mental health professions. Clients engage in the therapeutic process to achieve healthy growth and change, a transformation of self, behaviors, emotions, or one’s relationship with others. In Drama Therapy, real life events, conflicts, relationships, other people, or aspects of self may be transformed within the dramatic medium (Jones, 1996). The other aspect of transformation is that “the everyday, usual ways of experiencing the self and events are altered by the use of dramatic language...it (the self or event) can be experimented with and altered through

the playing and re-playing of the experience” (p.121), clearly illustrating the therapeutic potential of drama in therapy.

The 9 core processes as defined by Jones are reflected in the Photo Therapy and Therapeutic Photography modalities, where the still photograph has been used therapeutically to promote change and healthy functioning in individuals. The 9 core processes of Jones may also explain efficacy and therapeutic value in Photo Therapy and Therapeutic Photography. Fundamentally, the essential elements responsible for the therapeutic nature of photography in therapy mirror the 9 core processes used to break down the process of drama and theatre in therapy. In the following literature, connections will be made between Jones’ 9 core processes and the Photo Therapy work of Weiser and Fryrear, along with the Therapeutic Photography of Spence and Martin. A subsequent section will be provided examining the Drama Therapy clinical work of Barbara Mackay and her use of self-portrait photography as an adjunct to mask making and face painting.

Photo Therapy – J. Weiser

Weiser (1999) defines five techniques inherent in Photo Therapy: “1) the projective process, 2) self-portraits, 3) photos of clients taken by others, 4) photos taken or collected by the client, and 5) family album or autobiographical photographs” (p.13). All of these techniques create a dialogue between client and photograph, client and camera, allowing these relationships to emerge and be explored. The premise of Photo Therapy according to Weiser (1999) is that these techniques “permit the client to bypass conscious verbal controls and monitors, as well as allow their unconscious metaphoric and symbolic (nonverbal) languages to emerge” (p.13). Similarly Jones (1996), when

describing the function of dramatic projection in Drama Therapy, speaks to the relationship between the client's internally held situation and the external expression of these conflicts, emphasizing the communication between dramatic material and client. Both Drama Therapy and Photo Therapy have placed importance on the relationship between internal and external material, noting the development and exploration of these relationships through creative expression.

Weiser (1999) does not see projection as a distinct or dichotomous category, but as a process inherent in all Photo Therapy techniques. The process of projection in Photo Therapy can be used as a warm-up for other work or as a way to develop self-awareness and self-empowerment. At the root of this process is the idea that the client projects their internal world into the photograph, enabling them to examine their value system, belief structure, and cognitive constructs (Weiser). Weiser cautions therapists in the interpretation of client's projections, as she believes that answers can only come from the client. Similarly, she emphasizes the content of client's responses rather than their ability to represent facts (Weiser). In the use of self-portraits, the process of projection functions in multiple ways. When a client views an image of themselves, they see what they want to see, a projection of an internally held image of themselves. Weiser (1999) speaks to the filters an individual uses when witnessing a self-portrait, where these projections and interpretations of the self-image may lead the therapist to identify core conflicts of their client. There also may be a projection into the embodiment of a client, where when one poses for the camera they project an internally held image of the self into a body posture for the camera to capture. This is something that has not been stated directly by Photo Therapist Judy Weiser, but that I have found paramount in her self-portrait techniques.

Throughout the process of projection in Photo Therapy, there is the underlying development of relationship between ones internal map and its external representation through photographic creation and interpretation. In Jones' (1996) process of dramatic projection, there is also the key concept of externalizing your internal world through drama, creating a new relationship with the material, and ultimately allowing for reintegration of knowledge acquired through this dramatic dialogue.

In the self-portrait work of Judy Weiser, there is a journey that clients undergo when creating their desired self-portraits. Many decisions are made in regards to the stage, costume, props, and lighting for the picture, giving power to the client to direct and perform the photograph they wish to capture. Weiser (1999) emphasizes the emotional process a client embarks upon when setting up their self-portraits, that the product of these Photo Therapy sessions is not the most important element in therapy, but that the emotional, cognitive, and creative processes are paramount in self-exploration. Jones' (1996) core process of therapeutic performance states that clients may explore directing their own scene, trying on various roles, or taking a moment to play a part of the audience. In Weiser's self-portrait work clients are afforded similar opportunities where they are able to direct the taking of their portraits, embody desired roles, and play audience to the finished product of the performance through the viewing of the photograph. This process may be repeated and redone, essentially as Jones (1996) names rehearsal and re-exploration. Jones (1996) also observes that there is a 'disengagement' from the performance process, where the client steps out of the dramatic action. Similarly in Photo Therapy, Weiser (1999) talks about the importance of viewing the finished photographs after the process of performing, directing, and creating the image. There is a

process of exploration, creativity, and spontaneity in the creation of these photographs where clients are able to act out emotions, situations, or parts of self they feel are hidden, suppressed, or lost in their everyday lives. Jones (1996) defines therapeutic performance as need identifying, where “performance holds the primary role of creating access to and allowing expression of material” (p.103), which echoes the principles of self-portrait techniques in Photo Therapy.

In Jones’ (1996) core process of empathy and distancing, there is a deep connection with emotional expression. He sees this core process as a way to experience and gain perspective when exploring material in the therapeutic context. He also sees empathy and distancing as related to the roles of audience/witness and engagement within the dramatic material. Achievement of insight is directly associated with the client’s engagement in the dramatic exploration and their ability to step out and witness their actions, connecting these with their everyday lives (Jones). In Photo Therapy, especially when working with self-portraits, the client is asked to embody various roles, emotions, and scenarios in front of the camera, later to disengage from the creation of the image to witness the final product. Weiser (1999) also envisions self-portraits as a way to “separate from what we don’t like about ourselves and find room to strengthen our self-images apart from perceived limitations” (p.20), showing that distance can be used within the actual creation of the photographs and not just in the de-rolment and witnessing process. Jones (1996) accentuates the role of thought, reflection, and perspective in distancing where a client may experience shifts in perception, leading towards shifts in reality. This is also true for Photo Therapy, especially in the witnessing of created self-portraits. In the process of looking at the self in an image, clients are able to distance

themselves from the enactment of the photograph, moving towards confronting their selves in the portrait (Weiser, 1999). Weiser (1999) also states that photographs give clients the opportunity to experience varying vantage points, to see how others see you, to see how you see yourself, and to see how you want others to see you, showing how distance can foster multiple perspectives and insight into how self-perception is formed.

Not only do the techniques of Photo Therapy provide clients with distance, they also encourage empathy. Through the different techniques of Photo Therapy, clients are able to explore emotional affect and resonance with the creative process. Clients are encouraged to address the emotional effects of engaging in the Photo Therapy process, and to connect these feelings to everyday life. Through the creation of photographic images, the client essentially externalizes aspect of their inner world, only to dialogue with these to create new meaning. Sometimes the externalization of emotion for a self-portrait is not consciously done, but through the distance of viewing the image, the client is able to identify the hidden aspect of themselves to later connect this to real life. The process of exploring the relationship with one's internal world and the emotional components inherent within, encourages individuals to develop empathic skills necessary for real life situations. Jones (1996) sees that engagement in the creative process as encouraging empathy in real life, and the work of Judy Weiser in Photo Therapy does the same. She underscores the importance of Photo Therapy in helping individuals to accept many different perspectives and that each individual can see things in different ways, especially when interpreting and connecting with photographs (Weiser, 1999).

The use of impersonation and personification is apparent in the techniques of Photo Therapy as outlined by Weiser. In the use of self-portraits in Photo Therapy,

Weiser (1999) details that clients can use their bodies or something else to represent for them in a photographic image. In some of her techniques, she suggests that people photograph what they feel represent aspects of themselves, which clearly makes use of Jones' (1996) core concept of personification and impersonation. Jones (1996) defines personification as "using objects (e.g. toys or puppets) to represent the material"(p.108) where there is an engagement with the imaginary. Weiser (1999) addresses personification when she asks clients to photograph objects that may represent the self, and even acknowledges how photos that clients may collect can also become "metaphors of themselves or intimations of perceptions not yet in their conscious awareness" (p.23). It becomes clear in a passage from Weiser's (1999) chapter on working with self-portraits, that there exists an intentional use of performance with respects to impersonation and personification:

As mentioned earlier, another way to explore the self is through masks or decorated faces, costumes, hats, and other metaphorical equivalents of self, such as one's possessions. Masks are particularly useful for showing personas and the various roles or facets of the self they represent. (p.136)

Therefore, this process of impersonation and personification mirrors the phases found in Weiser's self-portrait photography where there is an 1) emotional drive to represent, 2) imaginary playful relationship, 3) development of context, 4) development of representation through enactment, 5) exploration of meaning, and 6) disengagement from the representation (Jones, 1996).

Witnessing in Photo Therapy is a process that is paramount in therapeutic change. The development of objective self-awareness is something that Weiser (1999)

emphasizes as having therapeutic value. The unique ability of photography to provide a client with the opportunity to witness the self from multiple standpoints is exceptional. Most of the Photo Therapy techniques listed by Weiser (1999) incorporate the element of witnessing towards greater self-awareness. In looking at images of ourselves taken by other people, clients are given the chance to see themselves through the eyes of others around them and to identify changes they wish to make (Weiser). Not only can witnessing images of ourselves taken by others make use of Jones (1996) core process of audience and witnessing, so does the self-confrontation stage in self-portrait Photo Therapy. Weiser (1999) accentuates how self-portrait photography gives the client the opportunity to see themselves as if another took the image and how this enables them to develop self-awareness and the ability to self-reflect. In Jones' (1996) definition of witnessing, there are four key elements that should be present: 1) being audience to self and others, 2) experience both audience and performer roles in a session, 3) witnessing interactions, 4) audience as part of dramatic process, group dynamics, perspective, and support. He breaks down this process into three different relationships: "1) being witnessed by others (therapist or group members), 2) witnessing others, 3) the client witnessing themselves" (Jones, 1996, p.12). In the Photo Therapy techniques of Weiser (1999), all of these relational elements of witnessing are addressed and integral to the therapeutic process. The technique of looking at portraits of clients taken by others fulfills Jones' first relationship of witnessing. This aspect of witnessing can also be addressed through the Photo Therapist witnessing the client's photographic process of making self-portraits in the therapeutic setting. Witnessing others is more difficult in the Photo Therapy process because most of these interventions are done individually instead

of in-group. Despite this limitation, Photo Therapy still touches upon this aspect of witnessing through the photographs that clients bring in of other people they have photographed. Not only can they witness others in their everyday lives, they can achieve awareness into how they see others. Due to the distinctive ability of photography to create an instant concrete image of a person, clients can be instantly confronted with the image of self. Witnessing the self is facilitated by photography in the fact that it allows one to witness not only the actual image of self, but also the metaphorical and symbolic representations of self that one can create in the Photo Therapeutic process. Clearly, Photo Therapy possesses unique and powerful techniques with which to further the audience/witnessing process as outlined by Jones, and works towards greater self-awareness, self-reflection, and self-observation tools.

An exercise described by Weiser, which falls into the technique of working with self-portraits, illustrates how embodiment is a key element in Photo Therapy. When clients have difficulty expressing their emotions or have flattened affect, Weiser (1999) has them embody, or act ‘as if’ they are feeling a particular emotion, and subsequently takes their portrait in that embodied state. She sees embodiment as “posing as if they were feeling” (Weiser, p.131) and that this enactment can facilitate self-awareness, exploration, and transformation. Jones (1996) envisions embodiment in relation to change as the client discovering the potential of their body, exploring different identities where the self may be transformed, and examining the various external influences on the body. Weiser (1999) similarly addresses this core process in her above exercise, where the client tries out a foreign feeling, explores different facets of emotional expression,

and moves towards seeing the image as proof of ability, therefore promoting therapeutic change.

Jones' (1996) core processes of play and life-drama connection are not directly addressed within the Photo Therapy techniques of Weiser, but they have been hinted at throughout her methodology. There seems to be an inherent playfulness in the self-portrait creation in Photo Therapy, where the client is encouraged to challenge reality and to reconstruct this through exploration and creative mediums. Photo Therapy also addresses Jones (1996) notion of play through its projective techniques, allowing the client to express themselves through metaphor and symbol. The developmental component of play as outlined by Jones (1996), requires the client to move along a continuum, exploring the cognitive, emotional and interpersonal. Self-portraits in Weiser's Photo Therapy techniques have clearly addressed all three of these elements but there was never an emphasis placed on the client's playfulness within these categories. Photo Therapy in this instance has acknowledged the importance of cognitive, emotional, and interpersonal aspects of healthy functioning, but has not identified play as an integral part of the exploration and discovery process. Weiser (1999) has shown that play has been used in the sense that clients have been able to return to earlier developmental stages by enacting self-portraits that revisit the past or aspects of themselves that are in earlier developmental stages (see Figure 2). Although the use of play in Photo Therapy may not be intentional, it is evidently integrated into the techniques of Weiser's Photo Therapy and offers momentous potential if expanding the core processes of Photo Therapy.

Life-drama connection has not been an obvious component detailed by Weiser, but there have been subtle reflections of this in Photo Therapy techniques. Ultimately Jones (1996) sees life-drama connection as being overt and covert, where there may be direct and indirect relationships to real life. In some of the Photo Therapy techniques there are direct relationships to real life, especially when looking at images that a client collects or family album snaps. In these two techniques the client is asked to reflect on how they felt in the moment and how this relates to overall interpersonal functioning (Weiser, 1999). Photo Therapy techniques may also be indirectly related to real life, especially when working with metaphor and symbols, as a way of representing real life situations or aspects of the self. Although there is no overt statement regarding connection of the photograph to real life, Weiser's (1999) idea of 'resonance' and deeply identifying with an image as being integral to the therapeutic process, parallels Jones (1996) core process of life-drama connection. Weiser (1999) implicates this belief in her statement:

Making self-portraits (even if only in imagination) is the first stage; therapeutically 'working' them is the necessary second one that allows clients to better integrate and synthesize the picture of who they are and what they want to do about it. (p.124)

Transformation in Drama Therapy has been emphasized as one of the unique abilities of this healing modality to take everyday conflicts and to reframe them in dramatic action. Jones (1996) also believes Drama Therapy can transform the client's identity through creative exploration and response to thought, emotions, and relationships. Weiser's Photo Therapy also has the transformative experience at its core,

where change is the ultimate goal towards therapeutic growth. We have already read evidence that Photo Therapy techniques possess the ability to transform reality through projection, metaphor, and symbol. Through the process of self-portrait photography, self-perception may be transformed. Objects have been photographed to represent aspects of self, consequently transforming concrete objects in representations of something else. Since we believe that photographs represent ‘truths,’ being able to witness the self in a ‘snapshot’ doing something not previously believed to be attainable, incites real life transformation through the witnessing of this rehearsal in front of a camera lens. Weiser (1999) exemplifies the process of transformation in the following passage:

Snapshots can be posed to permit people to see themselves doing what they ‘know’ (think) they cannot do in real life. But, there they are in the picture doing it, looking as if it is really happening, and it *is* real because the photo shows it as proof of that moment’s true existence. If they recognize that they were photographically documented looking like they were actually doing the activity or being a certain way, then it is only a very small reframing of perceptions to comprehend that they *could* actually do or be this way, or else there couldn’t have been a photograph made of it. Thus it has moved into the realm of at least being possible. (p.131)

The Photo Therapy methodology of Judy Weiser has not been the only Photo Therapeutic work to mirror the 9 core processes of Jones. Several other Photo Therapists have also highlighted aspects of Jones’ 9 core processes in Drama Therapy. Research in Photo Therapy, done by J.L. Fryrear has also made use of these Drama Therapeutic elements.

Photographic Self-Confrontation – J. L. Fryrear

J.L. Fryrear (1983; Milford, Fryrear, and Swank, 1983) has researched the effect of *self-confrontation* photography in relation to self-esteem and self-concept of various populations. Fryrear (1983) identifies photographic self-confrontation as an adjunct to verbal therapies, but for the purposes of this inquiry, the focus will show the relevancy of photographic self-confrontation to the core processes of witnessing (audience) and transformation as defined by Jones (1996). The techniques of Fryrear revolve around the idea that through the confrontation of portrait photographic material, clients will receive information about themselves that they had previously been unaware (Milford et al, 1983). Ultimately, in the controlled context of a therapeutic session, Photo Therapy is used to provide information in order to enhance self-esteem (Milford et al.). This methodology has been used to collect data on successful self-esteem enhancement in several populations which include; male juvenile delinquents, fourth grade school children, and disadvantaged boys in a group home (Milford et al.). Other research endeavors were attempted with female populations, but the results on enhancement of self-esteem remained insignificant (Milford et al.). Fryrear (1983) has worked individually and in groups, having clients stand in front of the camera, showing various angles of their bodies (head angles, postures, facial expressions, social interactions). The purpose of the study with disadvantaged boys was to “enhance institutionalized adolescent boys’ self-esteem, social skills and grooming using a photography program as a means to achieve visual self-confrontation” (Milford et al., 1983, p.223).

The research of Fryrear exemplifies aspects of Jones’ core process of witnessing, especially in respect to the relational and self-awareness elements. Jones (1996) envisions

a relational element of witnessing, where there is an interaction between audience and performer. The client is witnessed by others in the group, acts as witness to others, and also witnesses themselves, and through this process of witnessing, strengthens group and individual perceptions. In the work of Fryrear, the therapeutic intervention often occurs in a group therapy format, enabling the audience/performer interaction to take place. Because of the group format, the photographic process becomes more of an interaction, whereby group members photograph one another, therefore fulfilling the audience (performer) aspect of the witnessing process. The photographer becomes the witness (audience) of the client/performer in front of the camera, ultimately using this idea of witnessing reversal to build group empathy, support, and the overall dynamic of the group.

The self-confrontation methodology of Fryrear can be interpreted as being synonymous with the witnessing process of Jones, where Fryrear ventures further in the breakdown of the various means of confrontation possibilities. Fryrear (1983; Milford et al., 1983) identifies three areas of photographic self-confrontation that he intends to address in order to enhance self-esteem: social, family, and physical. His research focuses on social and physical photographic confrontation where the observing self is nurtured and developed in the hope of increasing self-esteem (Fryrear, 1983). He sees the witnessing in photographic self-confrontation as providing the client with realistic information about the self as object (Fryrear). Eventually, with the Photo Therapy program, the client learns to take over the job of the camera to observe the self, and the client incorporates that role into his self-observing ego (Fryrear). Physical self-confrontation through photography has the therapist act as audience/witness before the

introduction of the camera, and is based upon the principle of providing the client with factual information about their physical appearance. Through the process of self-confrontation, clients re-evaluate perceptions and attributions of the self (Fryrear). Social self-confrontation through photography allows the group members to witness their interactions with others, consequently illustrating subtle verbal/non-verbal communication and social skills (Fryrear). In the methodology of Fryrear, there is a clear connection to the core process of witnessing, basing its foundation for transformative change on the ability to witness the self and others. Fryrear's methodology addresses Jones' three elements of audience/performer interactions and clearly illustrates the relevancy of this methodology to that of Drama Therapy. In Fryrear's multiple publications he cautions the readers about using these photographic self-confrontation techniques in controlled environments and repeatedly quotes D.G. Hall (1983): "Photographs of oneself are a potent source of feedback regarding personal appearance. Potent feedback, however, can be negative as well as positive" (p.4). This warning gives Drama Therapists food for thought when considering using these techniques in the therapeutic context, since safety, trust, and the therapeutic alliance are all necessary in order to process difficult imagery.

In light of the fact that Fryrear's Photo Therapy techniques involve reality-based images, there is little connection to the core process of transformation in terms of symbol and metaphor as representing real life events. Fryrear attempts to record factual information and does not venture into the representational aspects of self-portrait photography like Weiser. Despite this difference, Fryrear (1983) does address Jones' (1996) definition of transformation in terms of transforming identity and promoting

change. The transformation occurs in a client's social and physical self-esteem through the use of photographic self-confrontation (Fryrear, 1983). Fryrear identifies two major processes involved in the therapeutic element of self-confrontation Photo Therapy. The first being that the photograph provides the client with evidence about the self and therefore transforms their self-perception (Fryrear). The second entails having clients take self-portraits through which they embody an opposing reality. For this second process, Fryrear (1983) uses as an example of having a poorly groomed boy go through a process of grooming himself, only to have his photograph taken in the groomed appearance. In the self-confrontation phase, the client is encouraged to view the discrepancies between the two states and to reflect on the changes between the two images. By using photographic self-confrontation, a client is able to view themselves under other circumstances, consequently transforming their self-perception. This methodology offers the client a window into other ways of being seen and of changing appearance. Transformation is at the heart of Fryrear's photographic self-confrontation, transcending the fixed image a client may hold of themselves and offering opportunities to see themselves in a new light. Photo Therapists have not been the only Creative Arts Therapists to use photography as self-confrontation and transformation; some Drama Therapists have also been making the connections between self-portrait photography as a relevant therapeutic process.

Re-Enactment Photography – J. Spence and R. Martin

In the early 1980's, Jo Spence and Rosy Martin began to develop a photographic technique in co-counseling called *re-enactment phototherapy*. Co-counseling is a method

of non-traditional therapy that began in the early 1970s (CCI-USA Home, n.d.). This method of counseling involves two people who share the roles of client and counselor, where they each take turns taking on each in the therapeutic relationship (CCI-USA Home). This co-counseling practice shows the democratization of the therapeutic relationship, making the power dynamic equal in the exchange of roles between counselor and client. Re-enactment phototherapy is broadly defined by Martin (2001) as, “the use of representations within a context in which the intention is therapeutic: to promote self-awareness and healing” (p.17). In a description of the re-enactment photography process, Martin (2001) illustrates the tie to drama and theatre:

So what would it be like to be the protagonist within a series of filmic stills that symbolically represent aspects of your own story, by consciously replacing yourself within the roles that you have played and the roles played by significant others in your life-to make visible and face up to the drama of the everyday, and transform your inner psychic realities in a dress rehearsal of new possibilities?
(p.17)

Two co-counselors work together where they take turns being ‘sitter/photographer’, ‘audience/witness’, during which the sitter creates a theatrical set and role embodiment to be recorded by the photographer with a camera. Once the images are complete, processed, and printed, the sitter (whose image was recorded by the camera) witnesses these images in private, to later discuss them with the photographer. The idea behind this process is a ‘reframing technique’ where the sitter/client is able to enact, change, re-view, discard, and ultimately let-go and move on from a previously held perceptions, feelings, conflicts, or roles (Spence). The technique of re-enactment photography is process

oriented where the finished image is not of absolute interest (Spence, 1988). Re-enactment photography falls into the category of Therapeutic Photography due to the fact that the photographic inquiries have been done on an individual basis outside the formal relationship of therapist/client (Weiser, 2005). There is no therapist or licensed counselor present for these re-enactment phototherapy sessions, and it is intended to be a part of a personally driven desire for self-inquiry (Weiser).

Continual transformation is at the heart of re-enactment photography, where ideas, feelings, roles, and perceptions, are simultaneously deconstructed and reconstructed through a process of enactment, photography, and witnessing (Spence, 1988). In order to exemplify the process of transformation in re-enactment phototherapy, a series of images created by Spence and Martin will be provided. These images show the deconstruction of mother/daughter narratives for Jo Spence, where she embodies different aspects of her mother (see Figures 3, 4, 5) and herself as a child (see Figures 6, 7, 8). Through the enactment of different aspects of Spence's mother's role, she was able to transform her perception of their relationship as mother/daughter. She was able to go back to feelings of abandonment as a child and to enact the role of her mother in that scenario, ultimately changing her perception of her mother's role in her feelings as a child (Spence, 1988). She also enacted two separate parts of her mother, one termed 'early mother' and the other 'later mother', where these two aspects were opposite and dichotomous visions of her mother, ultimately permitting Spence to see her mother as multidimensional (Spence). Transformation occurred in how Spence perceived the mother/daughter relationship and how she viewed her mother as an individual. The process of embodiment of 'other' and 'early' self gave insight and empathy into the

mother/daughter dynamic. Through the embodiment of different aspects of mother, Spence (1988) was able to achieve a shift in perception and transform the memory of her mother and their relationship in this ongoing self-reflexive process.

There exists a through line between the intentions and processes of re-enactment phototherapy and those of Drama Therapy and the 9 core processes. Both processes emphasize transformation as therapeutically vital and that this may be achieved through a reframing of old towards a shift in perception. How this transformation is achieved is also similar between re-enactment phototherapy and the 9 core processes. The therapeutic performance process is clearly represented in Spence and Martin's technique where the need of the sitter is determined, enacted, rehearsed, and performed. Empathy is accomplished through the playing of the roles of 'other' and dialogue is encouraged between client and photographs of 'other'. Impersonation is evident in the images of Spence as different facets of her mother and of her child self. Interactive audience and witnessing is addressed in the same ways as done by the Photo Therapy of Weiser, but this methodology draws attention to the interaction between photographer and sitter, reminiscent of the interactive component of Jones' (1996) audience/performer roles within a session. Embodiment has been demonstrated in the images described and provided, where the physicalization of emotion, role, conflicts, fears, and desires has been achieved through the still representation of gesture. Because many of the images in re-enactment phototherapy have ties to real life people, situations, and feelings, a connection is easily made between the enactment and photograph and everyday life.

In the previously described methods of J. Weiser and J.L. Fryrear in Photo Therapy, the element of play was not evident. In the re-enactment photography of Spence

& Martin, playfulness is highlighted and emphasized as an integral part of the healing process. Jones (1996) breaks down the process of play in Drama Therapy into three categories: “1) playfulness and the play space, 2) play content, and 3) developmental playing” (p.115-116). In re-enactment photography Martin (2001) describes the work as “playful...parallels to the ways in which children use fantasy play to re-enact scary, troubling scenarios, or to try out different roles” (p.18). She also states that there exists a link between play and creativity in adults, enabling individuals to explore and grow (Martin). Similarly Spence (1988) describes re-enactment photography as representing “a range of possibilities which can be brought into play at will, examined, questioned, accepted, transformed, discarded” (p.172). Developmental play is illustrated in the imagery of Jo Spence when she returns to an earlier stage of development in the photograph of her embodying her ‘child self.’ Creativity has been mentioned by both Spence (1995, 1988) and Martin (2001) as integral to the element of play in therapeutic photography. Spence (1995) lays emphasis on our ability to use play as a way of exploring meaning in our feelings of fear, trauma, and desires towards insight and transformation. Drama Therapy has traditionally used play to address stages of a client’s life where there seems to be a blockage, and attempts to take into action and re-work unsatisfactory life events (Jones, 1996). Similarly, in Spence’s (1995) definition of why photographs are valuable in therapy, she reflects on how they serve to address past repressed experiences, providing the client with an opportunity to work through this material, echoing Jones’ use of play to dramatize past events for transformation in present perception.

Despite this informal context, healing, transformation, and self-awareness are at the root of this therapeutic photographic practice. Performance, theatre, and dramatization are evident in this methodology and prove its relevance to Drama Therapy clinical practice. The potential of this methodology could be appropriated by a licensed Creative Arts Therapist, integrated into the formal therapeutic relationship, and used as an intentional way to promote personal growth and healing, as there are clear links to the 9 core processes of Drama Therapy.

Drama Therapy Face Painting and Photography – B. Mackay

In the Winter 2005 term at Concordia University, Montreal, Quebec, Canada, in a weekend intensive workshop, I had the opportunity to engage in and experience the face painting and projective processes of Barbara Mackay. In this particular workshop Barbara Mackay, a Drama Therapist, integrated self-portrait photography into her methodology, having individuals pose for portraits while in character and face paint. In the following workshop session, participants were able to witness the photographs and reflect on the images captured by the camera, which were later processed verbally in dyads. Mackay has used a still camera in clinical work with adolescents where after a spontaneous face painting process, she took the portraits of their completed mask (Mackay, personal communication, May 3, 2005). Once the photographs have been returned to the clients, Mackay encourages discussion in group or in pairs about the reactions to the portraits. She notes that many adolescents had difficulty relating to the photograph and that they had a tendency to reject interpretation of the image. Mackay views these photographs as representational of the therapeutic process and perceives the non-judgmental nature under

which the photographs are taken as strengthening the therapeutic relationship. She emphasizes the fallibility of photographs to represent a truth and cautions against interpretations when meanings are subjective.

For the purposes of this discourse on photographic techniques in relationship to the 9 core processes, I will provide an image taken from the above-mentioned workshop and give testimonials from the individual photographed. In a personal communication with E. Joly (May 4th, 2005), she detailed the process of being witnessed while embodying a role. This role was created after a projective process culminating in face painting (see Figure 9). She describes how the camera's ability to observe and create a permanent record of being seen as self-affirming. She exclaimed, "I enjoy to be seen...and having somebody acknowledge it and take some time to look at it was really validating for me" (Joly).

Jones' core process of witnessing can clearly be identified in the use of photography in Mackay's face painting workshop and through the testimonial of Joly. Witnessing the face painting in this instance was a way to concretize a representation of an aspect of self. Through the face painting process a role/character emerged, and through the use of photography a concrete record was created. The photograph itself provided this individual with the opportunity to self-observe after having de-rolled and consequently distanced from the dramatic process of face painting and embodiment. The photograph served as a record of the events that took place and of the enacted character, permitting the opportunity for later reflection and observation. The photographic process fulfilled aspects of dramatic projection as the photograph was able to represent a new form of the client's material. In looking at the image, a dramatic dialogue was facilitated

between the student and the role she created through face paint. Because the image was viewed in a session separate from the activity of face painting, the use of photography afforded dramatic distance in that this student was able to de-role from the character and observe from a further removed position. The photograph transformed the face painted role into an actual portrait of a person, creating the illusion of reality and of having existed. Not only did the photograph of the face painted individual come to represent a person, it was also able to symbolize aspects of that individual's personality and life experience. This being my own interpretation, it can serve as an illustration of the potential of the integration of photography into Drama Therapy methodology and how this can be reframed in terms of Jones' 9 core processes.

CHAPTER THREE

Photography's Use of Role Theory: Jones & Landy

Role theory has been at the heart of Drama Therapy clinical practice and has been extensively reviewed in literature. Out of various role theory perspectives, such as those found in theatre, psychology, and social science, multiple methodologies have emerged, which vary in how roles are taken and played (Jones, 1996). The therapeutic use of self-portrait photography has also placed emphasis on role theory, and in this chapter the Therapeutic Photography of Jo Spence and the Photodrama of J. Funder will be reframed and analyzed through the lens of Drama Therapy role approaches of Landy and Jones. In this way the essential connections between Drama Therapy role theory/methodologies and self-portrait photography will be examined. Ultimately, this facilitates the intentional use of photographic techniques in conjunction with role methods in Drama Therapy clinical practice.

Context of Role in Drama Therapy – P. Jones

Jones (1996) addresses role theory in terms of its origins in theatre and psychology and how it has been applied in the context of Drama Therapy methodology. Jones (1996) describes the function of role in Drama Therapy as:

...describing a fictional identity or persona which someone can assume, and is also a concept used to understand the different aspects of a client's identity in their life as a whole. Both therapist and client can take on fictional roles during a Dramatherapy session. (p.197)

This function of role can be undertaken in several ways in the therapy session, through the enactment of a fictional identity of a past, present, or future self, or of an aspect of self (Jones). Emotional and cognitive elements of role are integrated through both enacting roles and witnessing roles, consequently shifting the relationship between the enacted/witnessed roles and those taken in everyday life. Jones (1996) reflects on the action of taking a role identifying the client's issue, determining the client's connection to the dramatic medium, and selecting an approach (ex. Mask, puppet or role). If the approach of role is chosen, then the therapist can select an appropriate methodology. Within all Drama Therapy role methods there is a universal process of "1) role play, 2) de-roling, and 3) assimilation" (Jones, 1996, p.208). This process is detailed as entering a role, engaging in a structure that helps to develop and explore that role, leaving the enacted role and re-orientating oneself to real life, and finally establishing a connection between the self and the fictional (Jones).

Role theory has permitted the analysis and discussion of role in Drama Therapy in terms of self and identity, relationship between role and personality, and theatre and life (Jones, 1996). Through the enactment of fictional roles, a tension is created between fictional role and those played in everyday life, inciting change in the client's usual identity (Jones). The client's engagement and connection with a role falls along a continuum of quality and type of immersement in role-play. The balance of emotion and rationality in the client's experience of taking on and playing a role is a goal of Drama Therapy, where an individual can achieve insight through feeling and thinking states (Jones). Insight is primarily sought through a client's creative exploration of reality in fictional role-play.

Role Method – R. Landy

Landy (2000, 1991) makes two key assumptions about role, which underlie the method: 1) people are natural role players and the essential strife of human behavior is to live with ambivalence and paradox and 2) that personality is an interactional system devoid of a core 'self.' Landy's (2000, 1991) view of health encompasses one's ability to live with ambivalence, contradiction, and paradox, all of which are inherent in his interactional view of personality. Health can be measured by "both the quantity of roles one internalizes and plays out and the quality of the role enactment" (p.57). Not only has Landy developed a methodology for role theory, he simultaneously uses role theory to assess and evaluate an individual in the Drama Therapy process.

Landy (2000, 1991) describes roles as having links with archetypal systems in that there are universal characteristics portrayed in each role. He also acknowledges that there are significant difference between each person's playing of a particular role but that at the root there are more similarities than differences (Landy, 2000). Landy created an extensive and detailed *taxonomy of roles*, based on the compilation of roles found within Western theatre. The *role system* of an individual is defined as "the totality of roles available at any one moment...and is another way of thinking about personality structure" (Landy, 2000, p.56) and relies upon the assumption that people have the potential to take on all of the roles listed within the taxonomy. The role system is dynamic and seeks balance between roles and their counterparts (Landy). In Drama Therapy, the therapist assumes that there is a *role (R)* within the system that needs to be played, but that in life it remains unavailable, weak, or inappropriately expressed (Landy). Every role has an identified counterpart or *counterrole (CR)*, which is not the

opposite of the identified role but can be either a denied, ignored, or avoided aspect of the role in question (Landy). The third aspect of this interactional system of role is the *guide* (*G*). The guide is “a transitional figure that stands between the role and CR and is used by either one as a bridge to the other” (p.53). The guide is a mediator, facilitator, and supportive figure, assisting integration and self-confidence. The therapist can also act as guide, aiming to eventually have the client internalize the role of therapist as guide in their role system.

Landy (2000) relates role theory to treatment in the form of his role method, which consists of eight steps:

- 1) Invoking the role, 2) naming the role, 3) playing out/working through the role,
- 4) exploring alternative qualities in sub-roles, 5) reflecting upon the role play: discovering role qualities, functions and styles inherent in the role, 6) relating the fictional role to everyday life, 7) integrating roles to create a functional role system, and 8) social modeling: discovering ways that clients’ behavior in role affects others in their social environments. (p.59)

The process of de-rolment is integral between steps in the role method, providing the client with the distance necessary to self-reflect (Landy). Not only does de-rolment serve the raising of awareness, it allows the client to shift gears from the imaginative back to reality. Healing may take place through insight but the therapeutic benefits of engaging in dramatic activity also color an individual’s path towards growth and change.

The Therapeutic Photography of Spence & Martin, Photodrama of Funder, and subsequent adaptations of Funder’s methodology by Kimelman et al. and Burckhardt, makes use of role in a clinical or therapeutic context. How can these photographic

techniques be interpreted in relation to the various role methodologies, assumptions and theories of Jones and Landy? The following literature and comparison serves to illustrate the connections between role in Drama Therapy with self-portrait photography techniques.

Photo-Theatre of Self – J. Spence & R. Martin

After Spence's diagnosis of cancer in 1982, she embarked upon a journey of self-discovery through self-documentary portraits, making her identity the object of study (Spence, 1995). There was a clear intention of uncovering, dissecting, analyzing the origins and composite of her self-identity where she used the photograph as the method for self-study. The images depicted a series of enactments of Spence performing for the camera, playing out scenes and roles from her past as well as parts of her personality, hence the term *Photo-Theatre of Self* (Spence, 1995 and 1988; Spence and Martin, 1988; Martin, 2001). She viewed her self as a set of merged, complex, and fragmented roles and sought to uncover and understand her own perception of her identity (Spence). The image of the *Cultural Sniper* (see Figure 10) emerged and embodied Spence's personal story of identity, ultimately serving as the frame from which to examine other aspects of her self (Spence). After the performance and photographing of the *Cultural Sniper*, Spence noted a shift in self-identity where the roles she played in everyday life adjusted to the integration of this new perspective.

Since Spence's therapeutic use of photography falls outside of the formal therapy context of licensed therapist and client, there is a clear difference in therapeutic relationship from Drama Therapy. Despite the informal nature of Spence's Therapeutic

Photography, she still defines the relationship between sitter and photographer as rooted in counseling, support, and respect. Like Landy's (2000) description of the therapist and client as both playing out and taking on roles within the therapy session, Spence depicts a similar exchange of roles between sitter/client and photographer/counselor. In the co-counseling relationship employed by Spence and Martin (1988), an equal distribution of power is created between sitter/client and photographer/counselor through the role-reversal of these positions where by the sitter/client becomes the photographer/counselor and vice versa (Spence, 1995 and 1988; Spence and Martin, 1988). The photographer/counselor in the Therapeutic Photography relationship, as defined by Spence & Martin, is also called upon to play roles either complementary or opposing to those enacted by the sitter/client and are determined by how they will affect the therapeutic process of the sitter/client:

As photo-therapist we are never fixed but oscillate between several positions: the all-accepting 'ideal mother' or 'good mother,' when we role play to the sitter/director's 'inner child'; or the 'bad' or 'surveilling' mother, who aims to control or punish, in her attempts to socialize the child, and to herself be seen to be a 'good mother'...Once there is an understanding of the safety achievable here, it then becomes possible for an interplay to begin. (Spence and Martin, 1988, p.6)

This taking on and playing of roles by the therapist as well as the client, emphasizes Landy's (2000) importance of both therapist and client being engaged dramatically in role.

Spence and Martin's therapeutic photography techniques serve many functions. Underlying the functions of the self-portrait in healing was the assumption that self-

identity was composed of multiple facets and devoid of one central or core self (Spence and Martin 1988; Spence, 1995 and 1988). The intention of the Photo-Theatre of the Self was “about the making visible of psychic reality” (Spence & Martin, 1988, p.3). Some other functions of this therapeutic use of self-portraiture were seeking and identifying self structure, making visible inner self, encouraging self-awareness, and exploring self through fantasy (Spence, 1988). The photographs were produced to “enable us (Spence and Martin) to have a better dialogue with ourselves” (Spence & Martin, 1988, p.3), demonstrating how self-portrait photography was used to support interpersonal communication between inner structures of identity. They identify the therapeutic value of photographs as having:

...the power to signify ‘truth’. It is this contradiction and tension that is so productive in the therapeutic process. As we view the images and witness their mutability it becomes apparent that ‘truth’ is a construct, and that identity is fragmented across many ‘truths.’ An understanding of this frees up the individual from the constant search for the fixity of an ‘ideal self’ and allows an enjoyment of self as process and becoming. (Spence and Martin, 1988, p.15)

Through collaboration, play, and self-documentary practices, Spence and Martin were able to re-frame and re-integrate aspects of self and other in to their everyday functioning. The shifts in perception noted by Spence and Martin, speak to the potential change through enactment and the communication of internal structures through external representation of Jones’ (1996) definition of therapeutic value in role theory. Not only do the assumptions and applications of self-portrait photography in therapy reference Jones,

they also coincide with the orientations and role methodology of Landy in Drama Therapy.

Spence (1988 and 1995) makes her own links with drama and the performative, even as explicit as citing Psychodrama techniques as part of her influence. The process-oriented nature of Spence's therapeutic photography moves through similar stages as those identified by Landy in his role method. In both approaches there is an identification and naming of the role or aspect in question, an element of dramatic play in role, a process of de-rolment and of leaving the play space, a transition between fictional and reality, an integration of new information into the everyday, and a social or relational component to change. The concept of a 'fixed self' is clearly absent from both Landy's and Spence's view of personality/identity structures, and is seen as a multi-faceted and dynamic interactional system. Landy (2000) considers personality and identity as consisting of various roles, whereas Spence (1995) defines the units of self as *gazes*. The gaze according to Spence is an internalization and synthesis of how others see us, consequently having an individual play out roles to accommodate other's perceptions. I observe the 'gaze' of Spence to be synonymous with the 'role' of Landy in that both entail an internal structure of identity. The gaze is then employed within the methodology of Therapeutic Photography in a similar way role is utilized in Landy's role method; encouraging the externalization of internal psychic structures towards greater self-awareness and personal growth.

To illustrate the relationship between the role, counterrole, and guide of Landy to the re-enactment photographs of Spence, several images are provided as a reference. In many of Spence's images she concentrates on the tie between mother and daughter. She

refers to this relationship as “psychically chained” (Spence, 1995, p.197) and explores this dynamic through the enactment of these roles. Her images of Child/Daughter (see Figures 7, 8, 11, 12) can be interpreted as the ‘role’ and her Mother images (see Figures 3, 4, 5, 13, 14, 15, 16, 17, 18) can be viewed as the ‘counterrole’. Spence (1995) identified her role of Daughter as possessing a skewed perception of the Mother, and through a series of images sought to “re-inhabit, re-remember, re-enact, re-stage aspects of my (Spence) subjectivity...allowing me to speak at last from the position of rebellious loving daughter rather than mother-blaming victim, shifting between the two terms of mother/daughter, until they merge, then finally separate” (p.197). The role of daughter according to Landy would be the identified protagonist and the mother role as antagonist, where there is frequent shifting and role reversal between the two (Landy, 2000). Most of Spence’s re-enactment photography was done in the context of a co-counseling relationship with Martin, so in these instances, the photographer/counselor can hold the position of guide in terms of Landy’s role method. Landy (2000) details that the therapist can act as the guide role between the role and counterrole of a client, but that a therapeutic goal would be to have the client internalize the guiding role of the therapist. In the case of Spence’s theatre of the self, when in or out of the co-counseling relationship, another guide is the photograph itself. The photographic image is used to facilitate dialogue between images, illustrating the dynamics and relationship between various embodied roles of Mother and Daughter. Not only does the photograph foster new perspectives, it also frees one from the frozen moment by creating an object upon which a client may project narrative, story, and dialogue. Both the photograph from Spence’s ‘theatre of the self’ and the guide from Landy’s role method, seek to bridge the

gap between role and counterrole, support communication, provide distance from the role/counterrole dynamic, and facilitate insight and integration.

In Landy's role method, client's can explore role aspects of personality and social components of role interactions. Spence also explores roles of others and roles of self. For example, Spence not only embodies the social role of Mother but also explores her own interjected aspect of Mother in her self-identity. She also acknowledges through her images that there exists more than one aspect of Mother, and seeks to deconstruct the various composites of that role. There is an archetypal quality to Spence's definition of the roles she embodies, where there are universal characteristics of Mother that pervade all aspects of Mother that she explores. This has been discussed by Landy (2000) when he references the Jungian notion of archetype recognizing that roles have unique universal characteristics. Landy (2000) also emphasizes that a role is not a fixed entity and that it can be portrayed many different ways, showing the expansive range of possibilities within one archetypal role.

Distance and empathy have been widely discussed in Drama therapy theory and Jones (1996) returns to theatre to identify its origins within dramatic performance. He refers to a continuum of engagement between ecstasy and rationality, these being the extremes of becoming lost in a role and being emotionally distant from a role (Jones). It is also a continuum between feeling and thinking, where ecstasy is emotion based and rationality is focused. The extremes of ecstasy and rationality can be found within theatre disciplines, where ecstasy is identified in the work of Stanislavski and rationality in the theatre of Brecht (Jones). In Drama Therapy, Jones (1996) identifies the therapeutic goal of balance between immersion and disengagement, of a state of ecstasy and rationality

when in role. The theatre approach of Augusto Boal has attempted this very thing and Jones (1996) quotes Boal (1992) saying “the rationalization of emotion does not take place solely after the emotion has disappeared...it also takes place in the emotion. There is a simultaneity of feeling and thinking” (p.47). The core processes of empathy and distancing in Drama Therapy role methods are derived from theatre methodology and use techniques from these very approaches. Landy (2000) also reflects on the influence of Stanislavski and Brecht in his understanding and use of role in Drama Therapy. In an unpublished flow diagram (see Figure 19) of photography influences that later influenced Spence’s therapeutic photography work, she makes clear connections to the contribution of theatre approaches to her methodology, Spence & Dennett identify Berthold Brecht and Augusto Boal as influential in the development of photo-theatre of the self. Spence (1988, 1995) has also made inferences about the aspect of distance and empathy in her enactment and portrait photography of Mother/Daughter roles, where she experiences emotion while in role and while witnessing in a more distanced rational position. Clearly Spence also achieves a balanced position between thinking and feelings, showing the integration of Boal in her methodology.

Another methodology, developed in Europe in the late 1970s by French psychologist J. Finder also has clear links with the use of role in Drama Therapy, specifically with the role method of Landy. In contrast to the photo-theatre of the self by Spence; Finder’s methodology occurs within an official therapeutic relationship, which is informed by his education in psychology and psychotherapy.

Photodrama Methodology – J. Finder

Finder is a French psychologist who developed a method that marries self-portrait photography and psychotherapy. He titled this methodology *Photodrama* and primarily uses these techniques with adolescent boys with body image disturbances. The Photodrama sessions consist of a very simple lighting studio set up where there is a white backdrop, two flash heads, 35mm camera, black and white film, a table and white sheet, and a small dressing room for clients to change into desired costumes. Color film is rarely used as Finder felt that it distracted clients from making pure projections onto the final prints (Finder and Tomkiewicz, 1976, 1977). The session lasts about 1-2 hours where approximately 150-200 photos are taken. Prior to the Photodrama session, clients were given 4-5 days to prepare desired costumes, props, and ideas for the self-portraits. During the session, the *photodramaturge* (therapist) would engage the client in constant dialogue in order to provoke emotional reactions, lessen inhibitions, and work through resistances (Finder and Tomkiewicz). Improvisation is encouraged throughout the process and is generally facilitated and inspired by the constant dialogue between photodramaturge and client. After the photo session is completed, and once the film has been developed, the client is then brought back to view the self-portraits in the presence of the photodramaturge. In this session, the images are discussed, reflected upon, and analyzed, and the client is eventually asked to select a few to keep and is allowed to destroy those they do not wish to keep. The chosen images are then shown to other clients in group therapy sessions at the discretion of the client. This methodology makes no reference to role and only briefly discusses the dramatic/performative aspects of the process. It also makes no assumptions about health and provides little discourse on mental health, the

therapeutic nature of the methodology, or psychological principles in therapy. Despite Finder's void of clear theory, other practitioners have tested, explored, theorized, clarified, and generally re-framed the methodology of Photodrama.

Photodrama as Diagnostic Tool and Therapeutic Intervention – Kimelman, Tomkiewicz, and Maffiolo

Kimelman, Tomkiewicz, and Maffiolo (1983) took the Photodrama methodology developed by Finder, and tested it with an adolescent/adult psychiatric population in two psychiatric institutions. They employ the same methodology as outlined by Finder, but their research not only focused on the therapeutic value of this process but also on its applicability as a diagnostic tool to differentiate between different types of body image distortions (Kimelman et al.). They also delve into the self-identity dynamics of working with this methodology and spend time clarifying assumptions regarding health, change, and theory. A healthy body image is defined by Kimelman et al. as being malleable, and adaptable with a variable plasticity. Within their psychiatric population, self-image and body image are heavily reliant upon stereotypes and lack the transformative potential of a healthy individual.

Their research makes use of extensive case study descriptions of eight clients' processes of Photodrama, clearly illustrating the initial links with Drama Therapy and the use of role in therapy. Kimelman, Tomkiewicz, and Maffiolo (1983) theorize about self-identity and the role of the photograph in working towards an ideal or proper self-image. In their use of Photodrama, they see their participants as having a profound disturbance in their *image proper [proper self-image]*, composed of a physical self-image and a social

self-image (Kimelman et al.). This proper self-image could be interpreted in terms of Landy's (2000) 'role' in his role method. Kimelman et al. (1983) also identify the *image réfléchi [reflected self-image]*, as being made up of a participant's physically represented image and their internally felt self-image. This self-identity structure could be interpreted in terms of Landy's (2000) 'counterrole'. The therapeutic value in Photodrama relies upon the notion that through the enactment and self-portraits of the reflected self-image, clients may rectify their self-image distortions by gradually bringing their reflected self-image in line with their proper self-image (Kimelman et al.). They also note that in the process of making this alignment, where the photograph acts as Landy's 'guide' role, the proper self-image may be identified as insufficient and an *ideal self-image* is facilitated (Kimelman et al.). Through the witnessing of the self-portraits, transformation of a client's self-image is fostered and where a natural impetus towards achieving an ideal is achieved. The links I have drawn between the use of Photodrama by Kimelman et al. and Landy's role method, serve the purpose of providing a structure through which the Drama Therapy clinician can implement self-portrait techniques within their practice. The analysis above is not the only interpretation available but provides a beginning for further exploration. This methodology has once again been taken and re-framed by a transpersonal psychologist, where the use of role is clearly identified and related to subpersonality integration theory.

Photodrama as Therapeutic Intervention in Transpersonal Psychology – J. Burckhardt

J. Burckhardt's (1990) doctoral dissertation in transpersonal psychology, explores the use of Photodrama in the assessment of subpersonality integration in a psychiatric

population. Her methodology is inspired by the self-portrait photography of Spence and Photodrama of Finder. She defines Photodrama as:

...a two part phototherapy intervention in which the participant is assisted, first, in the creation of self-portrait images and, second, in the psychological processing of those images. The therapist uses a variety of flexible and interwoven therapeutic methods, as appropriate, within the course of photodrama. The material accessed in this intervention is used to enhance the on-going therapeutic process.

(Burckhardt, 1990, p.27)

Her contribution to the methodology of Finder and Spence is incorporating the perspective of transpersonal psychology and adding several new techniques that enhance the Photodrama process. Her process entails two preliminary sessions, one photography session, and three photography processing sessions. The preliminary sessions serve the purpose of establishing a contract, therapeutic relationship, signing of consent forms, and warming-up to the photographic session (Burckhardt). Burckhardt uses guided meditation and visualization to access a subpersonality and its counterpart and to determine what props, costumes, and music is needed for the photographic session. The subpersonality and its counterpart can be interpreted as Landy's (2000) 'role' and 'counterrole' in his role method. In the photography session, clients are asked to create a range of self-portrait images, demanding of them to direct the stage, costumes, and positions of the images. In the processing sessions, the photographs are printed and the client is able to witness the product of their self-portrait process. The photographs provide the client with the means to create a dialogue between images and to integrate the experience into everyday life (Burckhardt, 1990). The photographs once again serve as Landy's (2000)

'guide' role, enabling the client to make a bridge between subpersonality and its counterpart.

The subpersonality or role is invoked and named through the process of guided meditation, reminiscent of Landy's (2000) process of invoking and naming the role through dramatic exploration. Landy's exploration and playing out stages in his role method can be identified in Burckhardt's photographic session, where the client makes use of the props, costumes, and stage to enact and work with the subpersonality and counterpart. The Photographic processing session of Burckhardt (1990) accomplishes what Landy defines as the reflecting, relating, integrating phases of the role method. Social modeling is a therapeutic goal in both Burckhardt and Landy, where the process transforms a client's way of behaving and perceiving in everyday life.

Burckhardt (1990) finishes her exploration by introducing a new photodrama process that involves an active engagement with the unconscious aspects of self. This process places emphasis on the taking on and acting out of roles, encouraging clients to take on aspects of self for the camera to capture on film (Burckhardt). The dramatic engagement with role also makes use of other media such as costumes, masks, and gesture and gives clients many expressive possibilities for exploring self-identity. Burckhardt also acknowledges the importance of balance between thinking and feeling states of role enactment and that through the process of distance in viewing the photograph "the client can take on the role of the different selves represented in the images and speak, listen, move, see, feel, and think from that position" (p.72). The concept of *centering* is emphasized in the methodology of Burckhardt, where "to 'center' is to find the place of balance within one's self physically, emotionally and spiritually"

(p.76). This balance between physical and emotional echoes many Drama Therapy theorists' perspectives on empathy and distance, and how these relate to the therapeutic power of Drama Therapy (Jones, 1996; Landy, 2000).

CHAPTER FOUR

Photography and its Relevance to Self-Revelatory Performance

Self-revelatory performance makes use of many of the elements in Drama Therapy. Role and the performance aspect of theatre are key elements in self-revelatory performance as well as in Drama Therapy. The 9 core processes of Jones are also addressed within the methodology of self-revelatory performance, with an emphasis on empathy, distancing, and witnessing. As in previous chapters, there exist clear connections between modality and intention of photography in therapy and Drama Therapy. Self-revelatory performance is a methodology that goes beyond the confidential therapeutic setting, breaking down barriers between actor/client and audience/witness creating a truly unique form of theatre. This framework has links to the photographic practices of Jo Spence and her breaching of the private and public domains. Both the photography of Spence and self-revelatory performance of Drama Therapy have therapeutic intention at the heart of their methodology, but employ different modalities in achieving these goals.

Self-Revelatory Performance – Drama Therapy

Emunah (1994) defines *self-revelatory performance* as the transformation of “personal material into theatrical creations” (p.224). This technique occurs at the mid-point in a therapeutic process and emerges from material explored in sessions. The final product is often a theatrical piece to be performed for an audience, which is a transformation of personal material into an aesthetic form. Self-revelatory performance

concomitantly adheres to theatrical aesthetics and desired personal achievement.

Successful theatre is able to communicate to an audience by engaging and evoking feelings from its spectators. This ultimately conveys a larger meaning to its witnesses (the audience) and is essential in self-revelatory performance. There is an emphasis on the importance of it being good therapy and good theatre, making use of key theatrical devices (lighting, costume, stage, props) and transcending the personal so as to become universal. The audience should not only be composed of peers but of critics as well, having the performance open to scrutiny as an art form (Emunah). Emunah envisages self-revelatory performance as both a new type of therapy and new genre of theatre, able to go beyond entertainment and touch the emotional and spiritual aspects of actor and audience. The intention of self-revelatory performance is different from that of theatre in that therapeutic value is paramount. There is creative and healing potential in this theatrical/therapeutic form, facilitating change and transformation for both actor and audience (Emunah). The essence of self-revelatory performance is that the “aesthetic and therapeutic strands are thus intertwined” (Emunah, 1994, p.292), creating movement, transition, and new meaning.

Rubin (1996), in her use of self-revelatory performance, interprets this shaping of the personal into aesthetic form as empowering. Not only can the creation and performance of this process validate and support a client’s story, self-revelatory performance also promotes psychological growth. There is a mutual witnessing of actor and audience, where both may achieve emotional catharsis (Emunah, 1994; Rubin 1996). The therapeutic value of self-revelatory performance can be interpreted in terms of its use of Drama Therapy key constructs. Self-revelatory performance makes use of various

dramatic mediums such as role, story, and metaphor, through which the core elements of distancing, empathy, and transformation are achieved.

The use of role in self-revelatory performance is distinct from its use in pure theatre performance, as the actor engages in a process of becoming and uncovering the self (Emunah, 1994). Emunah makes the point that the process of de-rolment is absent in self-revelatory performance as it is a process of “coming out” (1994, p.289) as the self rather than shedding the roles of other. Aspects of the self may be embodied in various metaphoric roles and/or may be a realistic representation of past, present, or future selves (Emunah, 1994; Rubin, 1996). Rubin describes the self-revelatory performance journey as enabling her to “separate, and later integrate, parts: my hurt child, my determined child, my crazy mother, my wounded mother, my passive father, and my companion sister” (1996, p.33), illustrating the clear use of role towards integration and change. Rubin details how roles can be used within self-revelatory performance to create dramatic distance. She specifically refers to the role of ‘storyteller’ and how this role permitted her to disengage from emotionally overwhelming aspects of her personal story, envisions the role of storyteller as offering structure and containment for emotions and events, allowing the actor to reframe perspectives and gain new understandings (Rubin). The use of distance in the role of storyteller provided Rubin with a sense of safety where she could alternate between the emotionally laden roles of self and the removed objectivity of the storyteller role. Distance is a core element of Drama therapy clinical practice and is integral in the self-revelatory performance process.

Distance in self-revelatory performance may be achieved through the available assortment of dramatic media (puppet, story, role, and mask). The element of distance is

thoroughly addressed in Landy's description of *aesthetic distance*, which is based on psychoanalysis and theatre, and outlines two extremes on a continuum as 'underdistanced' and 'overdistanced' (Emunah, 1994). An underdistanced position is one where the client is engaged in the affective mode of functioning whereas the later implicates a more cognitive mode of experiencing. Aesthetic distance is defined by Landy as the state of balance between over and underdistanced positions, ultimately facilitating catharsis. The client/actor has differing needs throughout the performance process, oscillating between under-distanced emotional engagement and over-distanced rational perspective (Emunah). Rubin (1996) uses the role of storyteller to transition between the two extremes of dramatic distance, but this is only one way of achieving this balance. These various points along the distancing continuum may also be achieved through different dramatic media and are not confined to the use of role.

Story is another dramatic medium that permits distance in self-revelatory performance, employing a mix of fantasy and reality through narrative. Rubin (1996) relates how the use of story can give form to inner experience, providing a structure within which to explore personal meaning. The structure of story is achieved through plot, setting, characters, initiating event, and delineated goals. The transformation of the personal into the universal, which is a necessary component in self-revelatory performance, can also be achieved through the use of story. The ability of stories to touch upon universal themes demonstrates the power of story in self-revelatory performance to connect actor and audience and facilitate emotional healing for both (Rubin). Rubin specifically uses the telling of story as a healing tool where she believes that by "becoming aware of one's personal narrative can help a person develop a sense of

identity, reclaim a fuller sense of self, and gain perspective and a deeper sense of meaning” (1996, p.15).

Self-revelatory performance possesses the unique quality of being able to transcend the traditional boundaries of theatre. The therapeutic value of this theatre form challenges barriers between “1) actor and self, 2) actor and audience, and 3) theatre and real life” (Emunah, 1994, p.290). Because self-revelatory performance is about revealing the self through performance, role, and story, it challenges traditional theatre’s relationship between actor and self. When used therapeutically, the actor no longer takes on roles in a script written by a playwright, but takes on roles that are relevant to their personal process of self-discovery and analysis. Emunah speaks to a “mutual probing and purging” (p.290) in describing the interaction between actor and audience, illustrating how this process can be transformative for both. Empathy and identification are processes through which audience members achieve catharsis, made possible through the witnessing and resonance with the actor (Emunah). This dual transformation occurs through a communication between actor and audience, ultimately insisting that the traditional separation between these two roles be redefined. This new relationship is intimate in nature, creating the sense of a ritualistic communion in the theatrical space (Emunah). Rubin (1996) also supports the profound connection between audience and actor and adds that the audience’s witnessing and empathy facilitates a feeling of validation and acceptance for the actor. There is always the question of whether or not the material presented in a self-revelatory performance is true, and if it represents fact or fiction. Emunah’s (1994) relationship between theatre and real life clearly illustrates the above question. There is an inherent tension between theatre’s use of fiction and its

relevance to real life, riveting the audience to the theatrical performance, asking them to constantly question and challenge the struggles of the actor and how these relate to their own lives.

Self-revelatory performance serves several therapeutic goals. Emunah (1994) details that in order for there to be a lasting positive effect on the actor, the performance must be both personally and theatrically successful. Because the content of self-revelatory performance is rooted in real life, the actor engages in a process of ‘becoming’, shedding masks and personas to reveal the self. There is mutuality in the healing process, transforming the personal material of the actor into potent universal themes, demanding the audience to embark upon a similar journey of self-penetration as the actor on stage (Emunah). This shared healing also occurs through the validation accomplished by reciprocal witnessing of actor and audience. Rubin (1996) places importance on the notion of a “reparative emotional experience” (p.42), once again emphasizing the therapeutic potential for both actor and audience. The use of story in self-revelatory performance facilitates the journey towards rediscovering meaning in life, of moving through past conflicts towards new understanding (Rubin). In terms of role theory’s goals of integration, Rubin states that her self-revelatory performance helped her to incorporate two very challenging roles back into her self-identity:

In my case there were two roles that I had been reluctant to express: my vulnerable child-self and my rage-filled mother. With the help of the storyteller and the venue of self-revelatory performance, I was able to bring them out, express and integrate them. (Rubin, 1996, p.38)

Witnessing is not only achieved in the relationship between audience and actor, it is also developed in terms of self-witnessing. Emunah (1994) states that the development of an *observing self* is a key therapeutic goal in Drama Therapy. The nature of the observing self can be compared with the internalization of ‘director’ role:

The director has a broad overview and is able to think rationally even in the face of emotional turmoil. The director is detached enough to respond reflectively and to perceive choices and options. S/he has an enlarged perspective- encompassing past, present, and future, fellow players, the self in relationship to all that exists outside and beyond the self, ‘the larger picture’. This kind of perspective often implies hopefulness, if not a kind of spiritual consciousness and faith, and important though frequently overlooked aspect of psychotherapy. (Emunah, 1994, p.32)

The elements found within self-revelatory performance, such as role, story, and performance, as well as therapeutic processes of distancing, empathy, transformation, and witnessing, also occur in the Therapeutic Photography of Jo Spence. Spence, in collaboration with Dennett, Martin, Sheard, and Roberts, uses self-portrait photography to communicate and explore her experience with cancer, ultimately sharing this with a wider audience.

Cancer Projects – Therapeutic Photography of J. Spence

As previously discussed in this paper, Spence has created multiple therapeutic photography projects showing obvious links to the clinical practices of Drama Therapy. When Spence was diagnosed with breast cancer in the early 1980’s, she was in the midst

of collaboratively exploring re-enactment photography and photo-theatre of the self with several other artists. This work was largely influenced by Augusto Boal's *The Theatre of the Oppressed* and leftist work of Bertold Brecht (Dennett, 2001). Her diagnosis threw her into a depression, and because of her lack of funds, she could not afford counseling. She decided to take control over her own cancer survival and used photography as a therapeutic tool. All of her previous therapeutic photography projects informed this body of cancer work, using script and images, directed as if they were a play (Dennett). Several bodies of work were created such as the *Picture of Health* series, the *Cancer Project*, and *Narratives of Dis-Ease*, collaboratively realized with the help of Martin, Dennett, and Sheard (Spence, 1995). When her breast cancer stabilized, Spence set out to exhibit and tour her cancer photographs, creating a dialogue about illness and health with other women. Not only did she exhibit her images in galleries, she approached television-broadcasting companies to create documentary videos about illness and health. Due to her rigorous schedule and over-work, Spence developed leukemia and was forced to confront the question of her own mortality (Dennett, 2001; Spence, 1995). At this point in her journey, after having fallen into a suicidal depression, she sought to integrate fantasy and ritual into a series of images about the process of dying (Spence, 1995). This *Final Project* included an illness diary of snapshots, still life tableaux, and photomontages, but went unfinished due to her death in June of 1992 (Dennett, n.d.). In order to create the links between the Therapeutic Photography of Spence and Drama Therapy self-revelatory performance, a description of the relevant photography projects will be provided.

The *Picture of Health* series, collaboratively done with Rosy Martin (see Figures 20, 21, 22, 23, 24, 25, 26, 27, 28), and the *Cancer Project*, done in collaboration with Terry Dennett (see Figure 29) were intended to document her experiences with illness and health. These self-portraits also documented her decision to undergo alternative Chinese medicine cancer intervention and her inevitable lumpectomy operation. Spence (1995) reached a crisis point when she entered the hospital and they defined her identity based on her illness. She wanted to resume control over her body and identity, and actively decided to view her body in terms of health instead of illness. After her diagnosis of cancer, Spence reported feelings of fear, anger, and depression, and felt that she had lost control over how her illness was to be treated. She sought to reclaim control over her body by choosing a less socially acceptable form of cancer intervention (Chinese medicine) and wanted to empower other women with cancer diagnoses to question the dominant Western medical model (Spence). Her pictures documented her survival and course of treatment, as well as illustrating her confrontations with the fear of death. The process of creating these images was critical to feelings of empowerment, courage, and willingness to survive. Spence (1988) describes this journey as, “a record of the changing outward condition of my body. This stopped me disavowing that I have cancer, and helped me to come to terms with something I initially found shocking and abhorrent” (p.166).

There was an over reaching goal of bridging the gap between private and public, of transcending taboos of cancer and opening them up to a wider dialogue (Spence, 1995). Spence hoped to change body and illness perspectives through a process of documenting and re-owning her narrative of illness. She explored and illustrated her

struggle with cancer in terms of universal themes such as self love, loss of sexuality, feelings of rejection, and fear of death, calling audiences to reflect upon these themes and to relate them to their own narratives of illness (Spence). Both the *Picture of Health* series and the *Cancer Project* were founded on the notion that the change of perspective in terms of health would ultimately lead to survival, facilitating this therapeutic goal for both actor (sitter in the self-portraits) and audience (Spence). Dennett, the curator for the Jo Spence Memorial Archive and fellow collaborator, outlines Spence's perspective of her photographic work as:

... 'political work' that went beyond her own personal situation. It was designed to empower others by example, as much as it was to help herself. Additionally by putting the private in the public domain she was also attempting to insert the situation into the historical record. (Dennett, n.d., p.2)

Narratives of Disease (see Figures 30, 31, 32, 33, 34, 35, 36) a series of images created in psychotherapy sessions with Dr. Tim Sheard, were re-enactments of the major elements of Spence's cancer experience over the previous eight years. These images were meant to create a "metanarrative" (Spence, 1995, p.134) and tell the story of her identity formation. She re-enacted aspects of her identity, all of these born out of the direct impact cancer had on her body and sense of self. The images were exhibited accompanied by this text:

Narratives of Dis-Ease: Ritualized Procedures

In these photographs is the beginning of a 'subject' language, one which allows me to start the painful process of expressing my own feelings and perceptions, of challenging the 'ugliness' of being seen as Other. In doing so, I cease to be a

victim, becoming again an active participant in life.... Breaking out is not a painless process for anybody. In cracking the mirror for myself, I am automatically challenging your view too.... By giving expression to this part of my history, I stand in contradiction to those who have the power to repress or deny the experiences of others. In so doing, they make our experiences appear ordinary, robbing them of any importance or potency. If I don't find a language to express and share my subjectivity, I am in danger of forgetting what I already know. (Spence, 1995, p.135)

Spence chooses the visual language of photography, coupled with the use of performance and re-enactment, to communicate her experience to a larger audience. Transformation is not only intended for her, but these images encourage the audience to modify their perceptions of illness and health as well. Spence speaks to the sense of empowerment and validation of representing her experiences for an audience, echoing the similar therapeutic effects of self-revelatory performance.

The *Final Project* (see Figures 37, 38, 39, 40, 41, 42) done with Terry Dennett and including the *Leukemia Diary* series (see Figure 43) assisted by David Roberts, is a body of work occurring after Spence's diagnosis of leukemia. This series involved two elements: 1) photo documentation of cancer treatments in collaboration with David Roberts and 2) photo theatre sessions around death, ritual, and cultural representation of these with Dennett (Spence, 1995). The introduction of *photo-fantasy* also pervaded this series, utilizing still-life set-ups, self-portraiture, and darkroom techniques marrying aspects of fantasy and reality. Faced with her impending death, Spence began to research death rituals outside of Catholicism. She began to represent her process of dying through

her photographic practices, also concretizing fantasies of her own death rituals. She breaks down social taboos around death, confronting her own fear and trepidations around her own passing (Spence, 1995). She seeks to resolve split aspects of self, integrating her role of 'artist' with that of 'cancer patient' through a process of becoming aware of life experiences with illness (Spence). This work involved constant re-working, of building upon past and current experiences towards new perspectives of identity.

Relationship Between Self-Revelatory Performance and Spence's Cancer Projects

Similar to Emunah's (1994) definition of self-revelatory performance as a transformation of personal material into a theatrical form, the Therapeutic Photography of Spence's cancer projects also involves an externalization of the personal and communication to a wider public. Emunah sees self-revelatory performance as not just a new form of therapy but also as a genre of theatre. Dennett (n.d), one of Spence's collaborators in the *Final Project*, identifies Spence's methodology as a new form of illness documentation and specialized form of self-portraiture, eluding to the fact that Spence not only created a new therapeutic intervention, but a new style of photography within the documentary tradition. The question of 'art for art sake' and 'art as therapy' is applicable to both self-revelatory performance and the photographic work of Spence. Both methodologies emphasize the importance of mastery within the modality, of making good theatre/good photography, where technical and professional rigor is necessary. Art historian Roberts (1998) emphasizes that despite the therapeutic intention of Spence's Therapeutic Photography that she still makes aesthetic decisions that are 'pleasing' and 'tasteful'. Emunah (1994) stresses that self-revelatory performance needs to be more than

just good therapy, but that it needs to be good theatre, open to review by theatre critics. Spence's photography has been widely reviewed and critiqued within the fine arts traditions, and is analyzed in terms of its place within photography history, aesthetics, and contribution to challenging of photography discourse. Spence's work has also been called "revelatory photography" (Roberts, 1998, p.213) transforming areas of human experience into photographic records of previously unspeakable subject matter. Not only has Spence's work been seen as a new art form, it has been interpreted as challenging the sometimes, narcissistic quality of self-portrait photography by intertwining aesthetic and therapeutic intentions.

At the heart of Spence's cancer photographs is the desire to connect with the audience and to collectively change perceptions of illness and health. The feelings of loneliness of living with cancer propelled Spence to create self-portraits that would reach out to others and dispel feelings of isolation by connecting with others. This in turn facilitated community and solidarity between herself and others diagnosed or recovering from cancer. The photographs transcend the confines of 'art for art sake' and reach out to the spectators, inciting connection and resonance within them. Spence (1995) felt that it was important to try and help others diagnosed with cancer to reclaim the control over their bodies and to achieve a more positive view of their health. The images went beyond the personal and transmitted messages of social importance, illustrating the potential for these images to transform the perceptions of their viewers. Spence also transforms the personal into universal themes, encouraging resonance within the audience. Bell (2002) in reviewing the work of Spence for a medical health publication, relates to the therapeutic power of these images to impact audiences, "She [Spence] locates her ill self

and reconstructs her identity and personal life. These photographs [Cancer Projects] also enable Spence to transform her experience of cancer from a private, individual one to a collective, public one” (p.23). The exploration and exhibition of Spence’s cancer treatment and survival photographs echo Emunah’s (1994) function of self-revelatory performance to address the emotional needs of both actor and audience, creating healing potential for both.

Emunah (1994) delineates between theatre and self-revelatory performance as challenging the traditional barriers between actor/audience, actor/self, and reality/theatre. It has already been shown that Spence’s photography transcends the limits of the art form to communicate and interact with the audience. Bell (2002) explains how there is a mutual responsibility between actor and audience where:

The responsibility of the audience is to take the photographs beyond the frames, to incorporate them into their own experiences, to use them as a means of linking their personal experiences with hers, and beyond hers, such as to those of other women, workers, patients, doctors, and families. (p.12)

Spence’s photography also encourages dialogue between actor and self and has the intention of strengthening the will to survive in face of death. The photograph acts as witness to the experiences of Spence, validating and making visible the inner conflicts and emotions inherent in facing illness and death. The final relationship Emunah describes in self-revelatory performance is between theatre and reality. Spence’s use of photo-fantasy intermingles aspects of fantasy and reality, having done this out of frustration with the inability of reality based images to communicate the various emotions she was experiencing around death (Dennett, 2001). Despite this use of fantasy, all self-

portraits were based on her real life experiences, making use of symbol, metaphor, and fairytale as methods of representation. Her photographs always remained authentic and honest, showing the relationship between fantasy and reality in her revelatory photography.

The cancer project photographs also address other elements of self-revelatory performance, in that they make use of story and narrative in communicating with the audience. Spence (1995) was interested in the power of personal storytelling to promote personal and political change. Her storytelling always revolved around notions of health, of how to repair the physical and psychological damage done to her body, and of re-integrating these perspectives back into her self-identity (Spence). She states:

I have written from inside my own history as a woman and as a cancer patient...In this context, my work may be useful to those interested in representations of the body, illness and subjectivity, and in the potential of photography as a healing agency...I have tended to loop around, and to create a montage of images and sentences which I hope will convey something of my journey....(p.129)

This statement reiterates the notions that one's personal narrative may facilitate a fuller sense of self and restore meaning to life (Rubin, 1996). The ability of story to give form to inner experience is essential in the work of Spence, as she seeks to relate her experiences of health and illness to others in the hopes that they can benefit from her personal narrative. In *Narratives of Dis-Ease*, Spence (1995) sees her work as "unofficial storytelling" (p.135), giving the spectator a sense of time, place, journey, obstacles, and resolution. This is reminiscent of Rubin's (1996) role of storyteller in self-revelatory

performance, as Spence is taking on the role of storyteller, relating her journey of illness and health to an audience. Outsiders have also highlighted the aspect of story in Spence's photography. Bell (2002) describes Spence as engaging "in a series of collaborative projects to construct photographic narratives of her experiences with illness, medicine, and alternative healing practices" (p.11). Bell interprets Spence's photographs as "verbal narratives...produced in relation to an audience" (2002, p.23), showing the obvious perception of Spence's work as containing elements of story and storytelling.

There still exists a clear difference of modality between self-revelatory performance and the cancer project photography of Spence, that of theatre versus photography. They also have a different means of presentation, where self-revelatory performance occurs in a theatre and photography as an exhibition. Despite this, both have similar intentional uses of role, story, and aesthetics, placing emphasis on the performative and improvisational qualities of their craft. They both fulfill aspects of being good art form and good therapy, both paying attention to the aesthetic and therapeutic components within each modality. Therapeutic value is regarded in the same way, acknowledging the importance of a creative and emotional experience for both actor and audience. The movement beyond modality is inherent in both, whereby the challenging of traditional artistic boundaries transition these methodologies from art to art as healing. In this way the photographic work of Spence has been interpreted in such a way to facilitate its appropriation and modification for Drama Therapy clinical practice.

CHAPTER FIVE

Ethical and Clinical Considerations of Photography in Therapy

In the previous chapters, photographic methodologies were translated in such a way to give Drama Therapists an informed perspective when integrating these into their clinical practice. In this chapter, the ethical and clinical considerations around the training and practice of using photographs in therapy will be considered. Although this chapter finds itself at the end of this research, it is the pinnacle of importance when considering integrating photographic techniques in Drama Therapy. Since there are no hard and fast rules regarding ethical and legal implications of photographs in therapy, a series of essential questions will be provided, giving the clinician ‘food for thought’ before embarking upon using photography in clinical practice. Answers may vary to these questions as they are dependent upon several key factors such as the type of agency you are working for, provincial and federal policies, and the system of professional ethics to which you adhere.

Ethical and Legal Implications of Photography in Therapy

Very little literature addresses these questions, but Weiser (1986) has written an influential article that serves as the main resource for this section. Several questions will be provided as model preliminary considerations that must be taken into account before integrating photography in therapy. These serve to protect both therapist and client in the event of ethical or legal dilemmas.

Who owns the image?

Before using photography in your clinical work it is extremely important to research the answer to this question. Weiser (1986) lists several contributing factors such as: agency policy of ownership, monetary exchange, and the person who physically took the photograph, as informing the answer. For some agencies or legal bodies, the person who took the image largely influences right of ownership. Ultimately, whether or not you or your client pressed the release on the camera may determine who owns the output. It may also depend on who paid for the film and processing of the photographs, whether it be the therapist, client or agency (Weiser). It is absolutely necessary for the therapist to know these details before starting a photographic process, as the answer to this may influence the procedure you use to store images or destroy them at the termination of the therapeutic relationship. You will also need to be able to inform your client about ownership rights prior to taking any pictures (Weiser).

Who can view the image?

Before a third party views any photographs, written permission must be procured from the client. This consent to show the images must be detailed and include such information as who it will be shown to, for what purposes, and for what period of time (Weiser, 1986). Your client should be made aware of your intentions for showing the photographs to others and you must agree upon an amount of time that the release form is valid (Weiser). Another important consideration is the age of your client. If the client is a minor, do their parents have the right to view photographs made during the sessions? Many of the answers to these questions can be found in your professional code of ethics

but some of them are more difficult to answer and may be determined by where you store the photographs (in the client's file or somewhere separate). Once therapy has terminated, and if it is decided that the client is to keep all photographs in their possession, should they show them to others? What kind of implications does this have for the therapist and how their professionalism is interpreted? Can the misinterpretation of photographs, especially those of minors, possess dangers for the credibility and professionalism of the therapist (Berger, 1970; Weiser, 1986)?

Are your records likely to be subpoenaed for legal purposes?

Weiser (1986) sees the answer as simple; every therapist is likely to have their records requested for legal proceedings. With this in mind, therapists need to maintain their records accordingly and make several important decisions regarding the keeping of clients' photographs. Do any of the photographs taken by or executed in the therapy sessions contain information that may cause damage to your client if misinterpreted by an outside party? If so, you may want to consider where you store those images. If they are kept in the client's file, they may be viewed in court proceedings. If they are kept apart from the file or are given directly back to the client are they still considered part of the records that a legal body may request? If you are using film, who keeps the negatives and who gets the prints, or are they kept together? With the new age of technology and digital photography, you need to ask yourself where you keep the digital files, whether it be on your personal computer or work computer. These are crucial questions and procedures you must decide upon prior to engaging in any photographic techniques.

Have you protected yourself as a therapist?

As Weiser (1986) emphatically states, you should get everything (consent, release, and legal forms) in writing. She also says: “CHECK IT OUT, and *BEFORE* you begin doing any phototherapy work!!!” (p.12). This is a warning that every clinician should take to heart because professional and ethical credibility is at stake. You need to consider the content of the images and how the general public could potentially misinterpret these. In the Photo Therapy and Therapeutic Photography practice of L. Demarre, she occasionally creates, under the direction and desire of the client, nude photographic portraits. In an artistic or commercial photography relationship this would not seem unusual, but when implicated in a therapeutic relationship, proper measure must be in place to protect both client and therapist. Demarre (2001) states that:

Though there are no written rules regarding nudity in therapy, there is a taboo around sexual contact between client and therapist...therapeutic nudity is not inappropriate or unethical but the closest ethical descriptor is the prevention of dual relationships, i.e., friendships, sexual relationships. (p.6)

Images where a client is nude are not always created in the therapy session, but may be photographs created outside of the session for ‘homework’ and find their way into the therapeutic context. These images also have implications about the ethical conduct of the therapist if viewed by outside parties. Nudity in Drama Therapy is not traditionally used, but it is not the only content of an image that may insinuate unethical behavior between therapist and client. For example, if a client were to embody a very seductive and sexual character, even having the therapist embody a character simultaneously in the picture, this might be misinterpreted as representing an unethical relationship between therapist

and client. This is especially relevant if they are of different genders. These are more extreme examples, but as a therapist using photography you must be aware of the multitude of interpretations different individuals may formulate about one given image, and how these may damage you or your client. You must be absolutely sure about your intentions, methods, and code of ethics before using any type of photographic media in the therapeutic context (Demarre).

Release and Consent Forms

It is imperative that consent forms are signed prior to therapy and if you desire to use photographs created in the sessions that you request the signature of a release form. According to Weiser (personal communication, May 2005) consent forms are signed at the beginning of therapy and give permission to the therapist to use various media such as audio, video, or photography in the sessions. Release forms, however, are signed to give permission to the therapist to use information, data, documentation, or photos that have occurred in past therapy sessions. This is a sample release form (see Figure 44), which when signed gives the therapist permission to re-use photographs or other documentation that have been produced in sessions. Readers must be aware that this sample form is not generalizable to any therapeutic practice other than that of J. Weiser, and serves only as an example of the type of form required to release photographic documents for reproduction. The fate of photographic materials has to be decided prior to the termination of therapy, ensuring that proper ethical and agency policies are maintained. What happens to negatives, prints, and contact sheets once the therapeutic relationship has ended? Are they destroyed or kept, and if kept, then by whom? Please be sure to

consult agency regulations regarding the maintenance and destruction of client files or other documentation before proceeding with any measures.

Training and Clinical Implications of Photography in Therapy

In regards to the potential of photographic practices in Drama Therapy, several points need to be made about the importance of training. Not only is training crucial, but an awareness and understanding of confidentiality, timing, and population when using photography in therapy must be acquired. This does not mean that a therapist must undergo extensive formation in photographic practice, simply that they must take into account how photography functions within the therapeutic context.

Training

It has previously been stated that training in Photo Therapy does not require a degree in photography, but that certification in a mental health field is necessary prior to using photography as an adjunct to verbal therapy (Weiser, 2004). Since photographic practices are part of the mainstream culture, the development of confidence and competency in using cameras is of most importance. Confidence is necessary for the therapist to be able to focus on the client rather than on the technical aspects of taking a photograph. Weiser (1986) warns against using phototherapy as an assessment tool “without first respecting the uniqueness of the individual’s answer as being correct and right for themselves, regardless of what you might think of it within your own system of values and beliefs” (p.15). As with other medical and mental health fields, the therapist must keep up to date with information about their clinical practice, code of ethics, and

maintenance of their records. In my opinion, the most important element of photography in therapy, is made by a statement of Weiser's (1986):

Don't start what you can't finish either because of time or ability constraints; phototherapy is *very* powerful, and accesses deep and lengthy, emotional revelations extremely quickly...Don't do to others what you haven't done yourself (or to yourself) so that you know how it feels to go through this requested process. (p.14)

I think that the motto of 'if you're not sure don't do it' applies to the integration of photography into Drama Therapy clinical practice, encouraging those interested to inform themselves about the methodologies and techniques before employing them.

Confidentiality

Keeping in mind the ability of photography to physically record the identity of a person, clinicians must take measures to ensure the confidentiality of their clients. In Photo Therapy and Therapeutic Photography, confidentiality is paramount (Demarre, 2001; Martin, 2001; Weiser, 2004, 1999). Confidentiality should be maintained in order to develop a strong therapeutic alliance and safety in the therapeutic relationship. In terms of signed release forms regarding the reproduction of self-portrait photographs, lies a new confound for the protection of a client's identity. Usually, in case studies, a fictional name is used in order to protect the confidentiality of the client. When self-portrait images are released for research purposes or for publication, therapists need to take into account the possibility of these images publicly identifying their clients. Even when viewed for supervision purposes, the aspect of confidentiality must be revised, as the

photographs provide visually identifying information about the client. Extra measures regarding the safekeeping of self-portrait photographs should be implemented and rigorously maintained in order to protect the confidentiality of the client.

Timing

How does photography fit into the therapeutic session, and more specifically, how does it fit into the Drama Therapy session? Since Photo Therapy and Therapeutic photography involve witnessing and processing time, sufficient space for this should be created during the Drama Therapy session and especially, seeing as “such activities can also bring up deep memories and strong emotions surprisingly quickly, which can sometimes be quite overwhelming for those not trained in knowing how to cope with such things when they appear” (Weiser, 2004, p.35), the taking of photographs in the session should allow for adequate processing and reflection time. Do not spend the entire session creating photographs with a client and show them the final prints as they walk out the door. The process of viewing the image can have positive or negative implications for the client (Hall, 1983); therefore the therapist should provide space within the structure of the session in order to contain these reactions. Also, in terms of timing, allow ample time for the staging and taking of images. Rushing the process may create anxiety for the therapist and the client.

Population

Going back to the notion of ‘if you’re not sure don’t do it’ also applies to this topic. According to available research in the use of photography in therapy, one may

caution against using it with certain more challenging populations. This does not mean that photography *can't* be used with certain populations, but that you should research the available literature if you are unsure about its applicability with a certain demographic. Boisvert (2003) cautions the introduction of photography with anorexic clients where the therapist must consider the “client readiness for recovery and the possibility that photography may trigger eating disorder symptoms as with media-portrayed thin-ideal images” (p.33). This statement by Boisvert is based on personal experience *and* available research of photography with this population, showing how an overall awareness of how your intervention might be counter-therapeutic should inform your clinical applications.

Summary and Conclusion

This paper set about answering the question of: how can the techniques of Therapeutic Photography, Photo Therapy, and Photodrama be translated in such a way to give Drama Therapists an informed way of integrating self-portrait photography into their clinical practice. Initially I looked at how the above-mentioned self-portrait photography methodologies addressed the 9 core processes of Jones. I saw that similar therapeutic intentions exist between Drama Therapy and those of Photo Therapy and Therapeutic Photography. Common beliefs were clearly illustrated in terms of dramatic projection, therapeutic performance process, empathy and distancing, personification and impersonation, interactive audience and witnessing, embodiment, playing, life-drama connection, and transformation (Jones, 1996). At the root of both is a foundation built upon comparable principles, ultimately permitting self-portrait photographic techniques to be analyzed in terms of their relevancy to key elements of Drama Therapy.

From here, I looked at how Therapeutic Photography and Photodrama have addressed the core construct of ‘role’ within the therapeutic context and how this mirrored the role method of Landy. I saw how Spence’s photo-theatre of the self used aspects of role theory as defined by Jones and Landy, hinting at its possible integration into Drama Therapy using Landy’s role method in clinical practice. The original methodology of Finder, taken and adapted by Burckhardt, showed how this photographic technique could be taken and adapted to suit a particular discipline in psychology. Not only were parallels drawn between Therapeutic Photography and Photodrama methodologies, but resemblances were also observed in core assumptions regarding self-identity and role theory in Drama Therapy.

Following this, I explored the therapeutic theatre method of self-revelatory performance. Similar to the continuum drawn by Weiser (2004) between Photo Therapy and Therapeutic Photography, self-revelatory performance represented the position along this scale of ‘theatre-as-therapy’. The Therapeutic Photography done by Spence, surrounding her diagnosis, treatment, and battle with cancer, illustrated an alternative model of self-revelatory creative journey. It was demonstrated that both self-revelatory performance and ‘revelatory’ photography presented almost identical intentions in regards to therapeutic value and challenging of the traditional art forms from whence they came. Despite difference in modality of communication, of theatre and photography, both nonetheless fulfilled aspects of the theatrical, audience and actor witnessing, story, role, and transformation inherent in Drama Therapy practice.

This paper created the connection between Photo Therapy, Therapeutic Photography, and Photodrama with Drama Therapy, serving to inspire Drama Therapists’

intentional integration self-portrait photography into their clinical practice. Since self-portrait photography is not part of Drama Therapy training, and since Drama Therapists do not necessarily have an awareness of the legal and ethical implications of such a medium, I looked at some considerations that must be made prior to its use in therapy. This section is a vital part of photography in therapy, and definitely requires serious reflection and research *prior* to engaging in any photographic techniques. More training and research is necessary regarding the employment of photography in Drama Therapy, giving clinicians clear guidelines and confidence in using these techniques therapeutically.

Hopefully, this research has served to inspire Drama Therapists to explore the potential use of self-portrait photography techniques in clinical practice, providing greater awareness of its function within key Drama Therapy processes and methodologies. Having discussed the ethical, legal, training, and clinical implications of photography in therapy, I also hope that Drama Therapists reconsider impulsive applications of self-portrait photography. If anything is to be learned from this research, it is that self-portrait photography is a very powerful technique with the potential for serious counter-therapeutic, ethical, and legal ramifications for both client and therapist. There exists a very seductive quality about self-portrait photography in therapy, facilitating its appropriation by other professions in mental health. The next step would be to develop a clear methodology of self-portrait photography for Drama Therapy, providing practitioners with structure, theory, and overall awareness of its function within the therapeutic context. Now that the cautions have been underscored, it is imperative that the power of self-portrait photography be incorporated into Drama Therapy training

for future practice in the field. A picture is worth a thousand words, creating a plethora of narratives, with which clients may begin to re-story and re-frame their self-identity and their overall journey in life.

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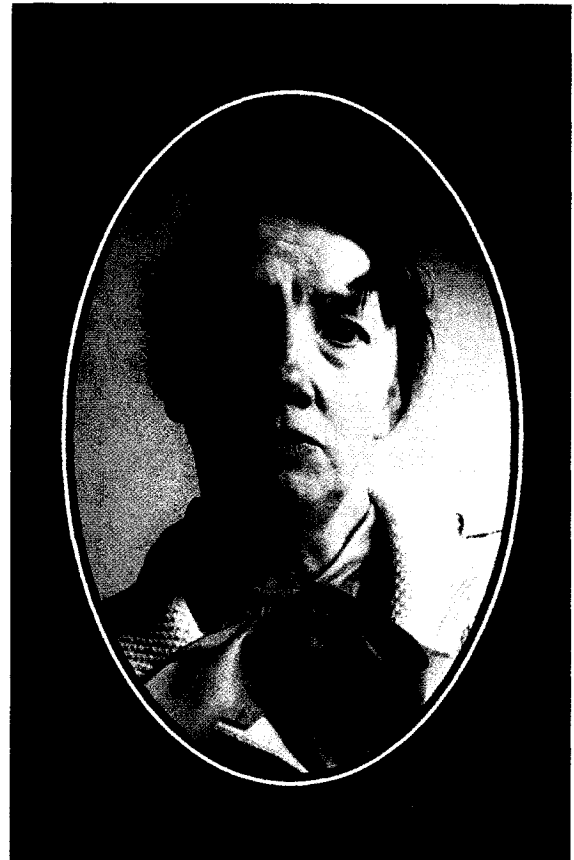


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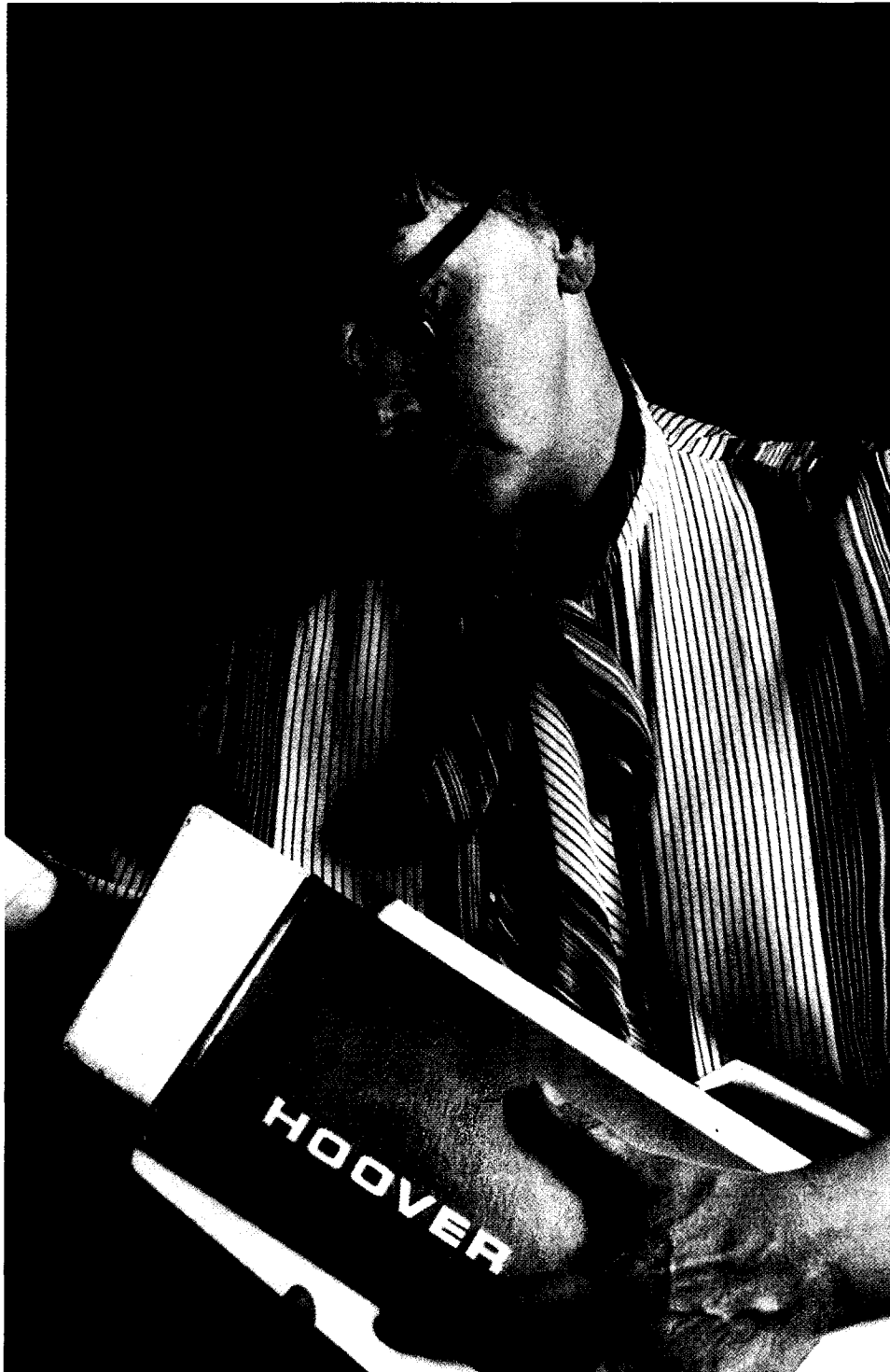


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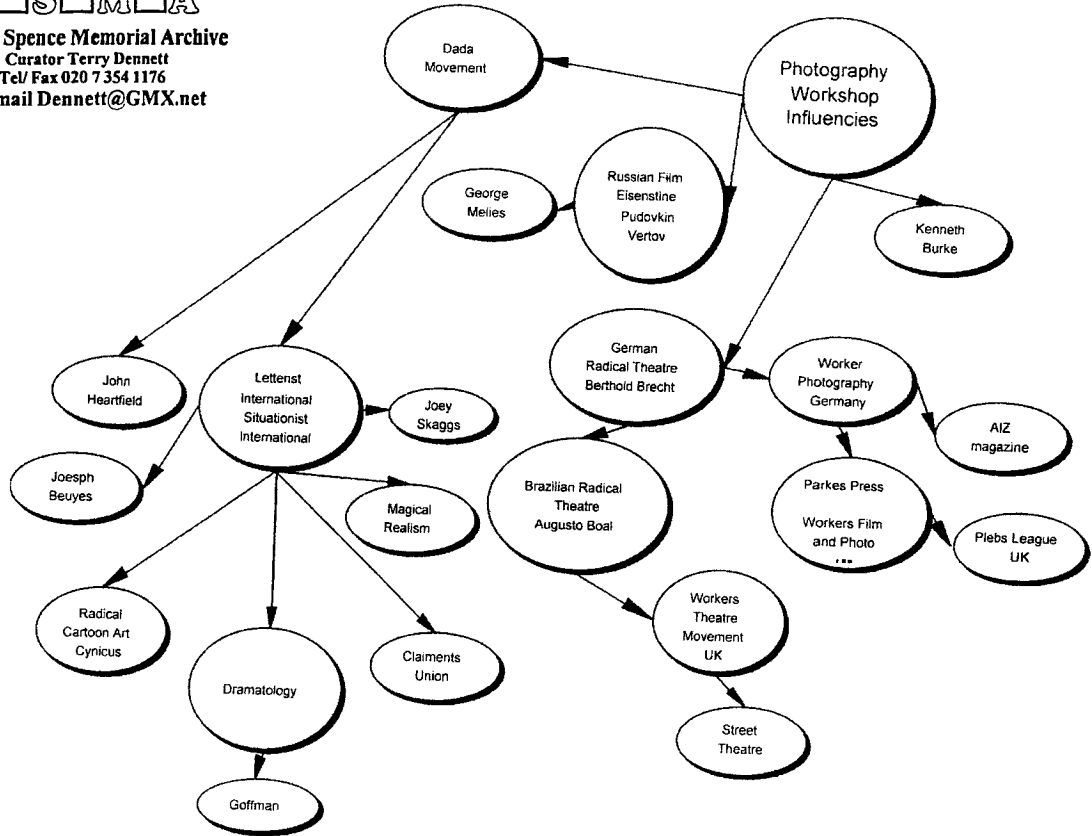


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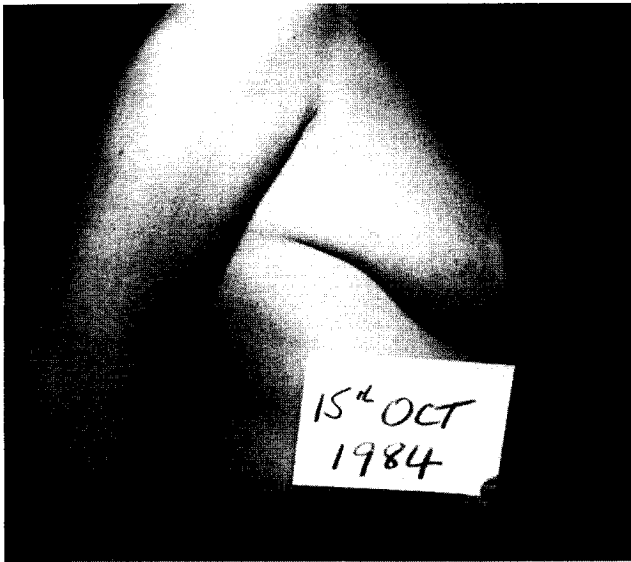
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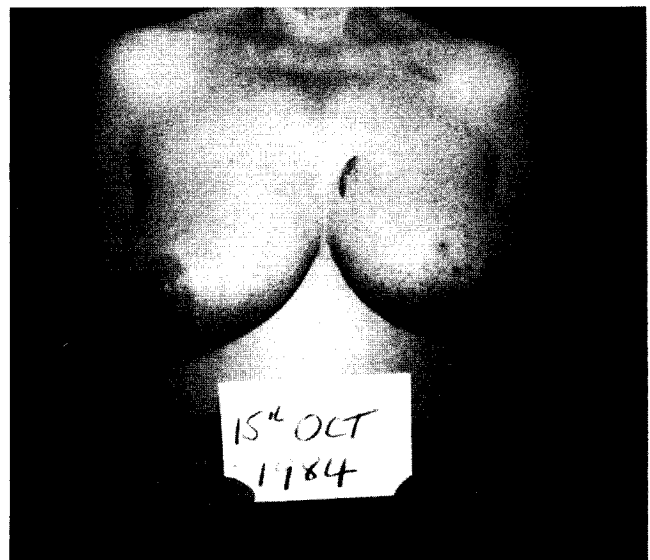
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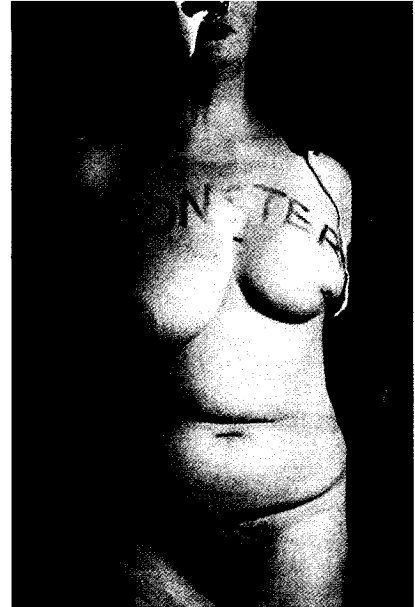


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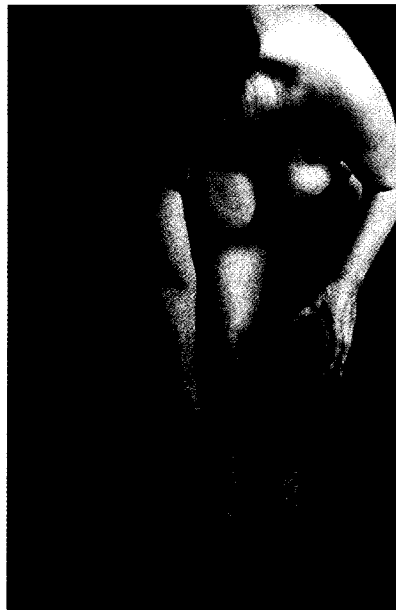


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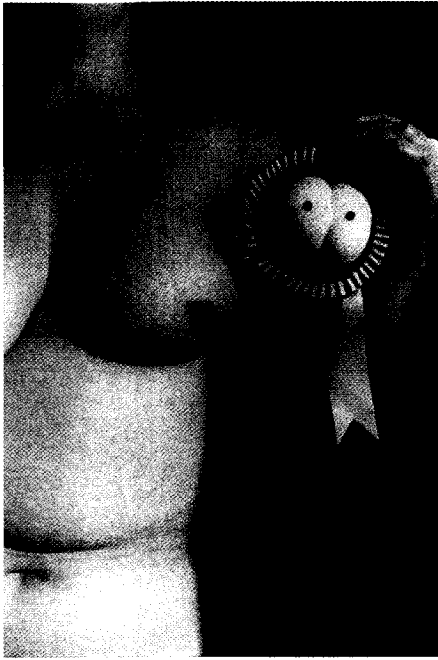


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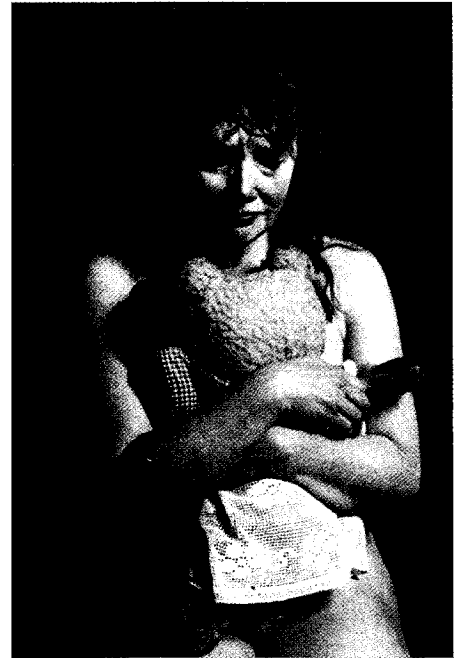


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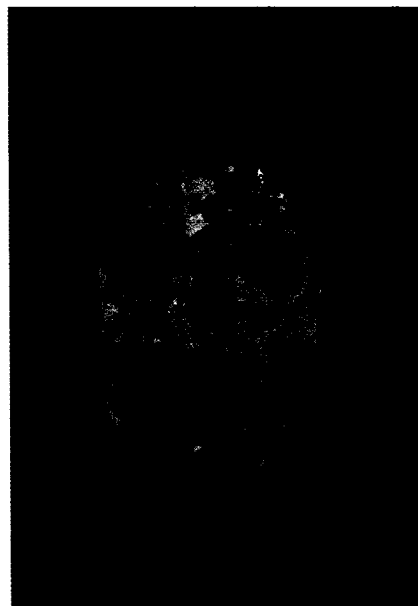


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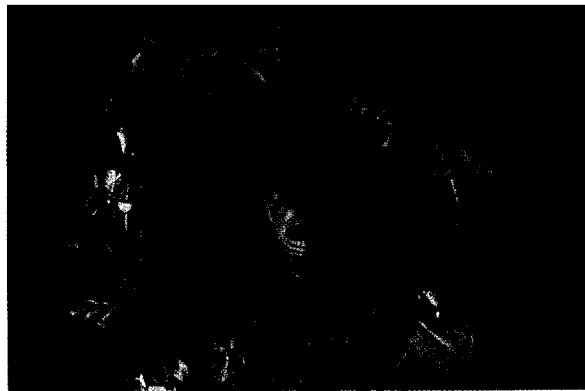


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