



**Digital Commons@**

Loyola Marymount University  
LMU Loyola Law School

---

LMU/LLS Theses and Dissertations

---

Spring June 2014

## Using Photography and Poetry in Group Therapy for People with Severe and Persistent Mental Illness: An Outcome Study

Sarah H. Eggers

Loyola Marymount University, [eggers.sh@gmail.com](mailto:eggers.sh@gmail.com)

Follow this and additional works at: <https://digitalcommons.lmu.edu/etd>



Part of the [Art Therapy Commons](#), and the [Marriage and Family Therapy and Counseling Commons](#)

---

### Recommended Citation

Eggers, Sarah H., "Using Photography and Poetry in Group Therapy for People with Severe and Persistent Mental Illness: An Outcome Study" (2014). *LMU/LLS Theses and Dissertations*. 58.

<https://digitalcommons.lmu.edu/etd/58>

This Research Projects is brought to you for free and open access by Digital Commons @ Loyola Marymount University and Loyola Law School. It has been accepted for inclusion in LMU/LLS Theses and Dissertations by an authorized administrator of Digital Commons@Loyola Marymount University and Loyola Law School. For more information, please contact [digitalcommons@lmu.edu](mailto:digitalcommons@lmu.edu).

Using Photography and Poetry in Group Therapy for  
People with Severe and Persistent  
Mental Illness: An Outcome Study

by

Sarah H. Eggers

A research paper presented to the

Faculty of the Department of  
Marital and Family Therapy  
Loyola Marymount University

In partial fulfillment of  
the Requirements for the Degree of  
Master of Arts

May 11, 2014

Signature Page



---

Sarah Eggers, MA Candidate, Marital and Family Therapy and Art Therapy  
Trainee; Researcher



---

Einat Metz, PhD, ATR-BC, LMFT; Research Mentor

### **Acknowledgements**

My deepest thanks goes to the art therapy program at LMU for challenging me to grow intellectually and personally and preparing me for a career that fulfills my desire to serve others while living in touch with the human capacity for creativity. I am grateful for the guidance, wisdom and patience continuously offered by my research mentor, Einat Metzl, whose support and belief in this project helped see me through the challenges.

To my dear husband Jacob, without whose encouragement, support, computer skills and unearthly patience this project would not have been possible. Thank you, my love.

To Trang Hoang, clinical director of SSG-Alliance, who not only offered me the opportunity to pursue this research at the agency that she directs, but provided essential and timely logistical support. I also acknowledge Dr. Hoang for her dedication to serving the mental health needs of some of the most vulnerable members of our society.

And finally, to Jane Schulman, who not only offered me the opportunity to work with her to develop this wonderful project, but also proposed the idea of collaboration between the twin arts of photography and poetry as a fecund possibility for research. Jane's clarity of vision, compassion, creativity and curiosity, as well as her well-honed expertise as a therapist have inspired me and set a high bar for my own clinical and creative work.

### **Dedication**

This paper is dedicated to the seven women and men who participated this collaborative research effort and the photography and poetry pilot program that preceded it. These women and men were inspirational in their willingness to be vulnerable in trying something new and sharing their intimate lives with one another, with the group leaders, Jane Schulman and myself, and with others who might benefit from hearing about their experiences through the dissemination of the results from this research. It was a humbling and deeply moving experience to share this journey with the members of this group. I will never forget what I learned from them, individually and collectively.

## Abstract

This research explores the experience of participation in a pilot program that integrated poetry and photography for a group of seven adults living with severe and persistent mental illness. Data was gathered in the form of written, visual and verbal responses generated through a semi-structured, qualitative focus group that took the week after the end of the pilot program. The data was categorized and coded using an analytical procedure based on Photovoice, a participatory action research model that seeks to empower research participants by providing them with cameras to document and share issues of importance to their lives. Analysis of the data resulted in the emergence of six overarching themes: 1) The group experience 2) Self vs. other 3) Accomplishment and challenge 4) Confinement vs. freedom 5) Observing vs. Being observed/new perspectives and 6) Memories recalled. These themes were examined against existing literature about the use of photography and poetry in therapy, arts-based and group therapy treatments of severe and persistent mental illness, and the use of participatory and arts-based research in mental health. The findings of this research emphasize the rich possibilities for incorporating linked language/written and visual interventions in the treatment of severe and persistent mental illness, as the two offer complementary but distinct opportunities for healing, growth and self-expression. Moreover, this study demonstrates the importance of including mental health clients as participants in qualitative research regarding their perceptions of treatment, and the fundamentally empowering experience of being viewed and treated as experts on their own lives.

## Table of Contents

Signature Page .....	ii
Acknowledgements .....	iii
Dedication .....	iv
Abstract .....	v
Table of Contents .....	vi
List of Figures .....	ix
List of Tables.....	x
Introduction.....	1
The Study Topic .....	1
Significance of the Study .....	2
Background of the Study Topic .....	5
Photography and Mental Health.....	5
Poetry and Mental Health.....	7
Treatment Models for Severe and Persistent Mental Illness (SPMI).....	9
Literature Review.....	10
Severe and Persistent Mental Illness Treatment Approaches.....	10
Definitions.....	10
Arts Based Treatment Approaches.....	12
Group Therapy and Peer-Led Treatment Models.....	13
Therapeutic Factors in Group Art Therapy.....	15
Phototherapy and Photovoice.....	15
Brief History of Phototherapy and Current Uses.....	17
Benefits.....	18

Ways of Using Photography in Therapy.....	21
Poetry Therapy.....	22
Benefits.....	22
Ways of Using Poetry in Therapy.....	24
Metaphor in Poetry and Therapy.....	24
Synthesis of Art and Poetry in Therapy.....	25
Research as an Empowerment Tool.....	27
Research Approach .....	31
Methods .....	33
Definition of Terms .....	33
Design of Study.....	36
Sampling .....	36
Gathering of Data and Analysis.....	36
Results.....	40
Presentation of Data .....	40
The Pilot Program.....	40
Introduction of Participants.....	43
Transcript of Audio from Focus Group.....	65
Analysis of Data .....	93
Selecting.....	94
Contextualizing.....	96
Codifying.....	97
Themes.....	99
Feeling Contained by the Group.....	99
Self vs. Other.....	100



Accomplishments and Challenges.....	101
Freedom vs. Confinement.....	102
Observing and Being Observed/New perspectives ...	103
Memories.....	104
Conclusion.....	105
Findings and Meaning.....	106
Clinical and Future Research Implications.....	116
Study Limitations.....	118
Conclusion .....	121
References.....	123
Appendices.....	134
AA. IRB Application and Approval.....	134
A. Letter from Trang Hoang.....	143
B. LMU Informed Consent Form .....	144
C. LMU Experimental Subject’s Bill of Rights .....	146
D. “Protection of Human Subjects” Certification.....	147

**List of Figures**

<i>Figure 1.</i> Collage by Cookie.....	44
<i>Figure 2.</i> Written Expression by Cookie.....	45
<i>Figure 3.</i> Collage by Master M.....	47
<i>Figure 4.</i> Written Expression by Master M.....	48
<i>Figure 5.</i> Collage by Sally Jesse Raphael.....	50
<i>Figure 6.</i> Written Expression by Sally Jesse Raphael.....	51
<i>Figure 7.</i> Collage by Anthony.....	53
<i>Figure 8.</i> Written Expression by Anthony.....	54
<i>Figure 9.</i> Collage by Toy.....	56
<i>Figure 10.</i> Written Expression by Toy.....	57
<i>Figure 11.</i> Collage by R.M.....	59
<i>Figure 12.</i> Written Expression by R.M.....	60
<i>Figure 13.</i> Collage by Gen-Jin Master.....	63
<i>Figure 14.</i> Written Expression by Gen-Jin Master.....	64

**List of Tables**

Table 1. <i>Art and Verbal Expressions (1)</i> .....	88
Table 2. <i>Art and Verbal Expressions (2)</i> .....	89
Table 3. <i>Written and Verbal Expressions (1)</i> .....	90
Table 4. <i>Written and Verbal Expressions (2)</i> .....	91
Table 5. <i>Memories Recalled</i> .....	92

## **Introduction**

### **The Study Topic**

This paper explores the use of combining visual art and writing in a group therapy setting with adults with severe and persistent mental illness. Towards this end, art and text based, as well as narrative data are analyzed to provide a rich and multi-layered perspective of the lived experiences of participants in an innovative curriculum that brings together the media of photography and poetry as tools of healing and empowerment. Both photography and poetry have historic (Stevens & Spears, 2009) and empirically tested connections to the fields of psychology and psychotherapy (Ginicola, Smith & Trzaska, 2012; Lowenthal, 2013; McBride, 2012; Fraser, 2011; Shafi, 2010) and particularly have been studied in the treatment of severe and persistent mental illness (Miller & Happell, 2006; Tamura, 2001).

The term “severe and persistent mental illness,” or SPMI, is the currently accepted one in the field of public mental health to describe individuals who meet the criteria of having an ICD-10 diagnosis of psychosis, have been involved in the mental health system for two or more years, and have a current GAF score of fifty or less (Parabiaghi, et al, 2006). For the purposes of this paper, this is the definition that will be applied to describe the mental health status of the participants in the study as well as to establish this study’s purpose, meaning and methodology. Although poetry and photography have been utilized and studied separately in the field of mental health, and have been theoretically and anecdotally linked, few systematic studies have examined the possibilities for combining these media in order to amplify and complement the therapeutic benefits of each. This paper, therefore, and the study that it describes, seek to offer useful insight into a neglected area of research in the field of mental health in general and art therapy in particular.

### **Significance of the Study**

Despite what seems a natural affinity between photography and poetry (after all, the word photography means “writing with light” (Pelizzon, 2013, p. 32)), an extensive review of the literature uncovered few recorded instances in which the two have been utilized together in a clinical application. Exploring their use in qualitative research, Furman, Szto and Langer noted that photography and poetry have had, “long histories as tools for exploring complex social phenomenon [sic]” and that each possessed unique strengths that helped to, “illuminate different aspects of social life” (2008, p. 23-24). In a survey of qualitative methods, McCulliss found that research that utilized a combination of poetic and photographic data was able to, “capture the wholeness and complexity of the human experience” (McCulliss, 2013, p. 95). Though the relationship between the visual arts and poetry dates back at least as far Ancient Greece (Verdonk, 2005), in the art therapy context, this bond has not been thoroughly explored nor exploited. This study attempts to rectify that lacuna.

In recent decades, photography and writing (in the form of narrative) have been brought together in a qualitative research methodology known as Photovoice. This methodology, which can be categorized under the umbrella of Participatory Action Research, or PAR, (Clements, 2012), provides participants in a given study with disposable cameras with which to document specific aspects of their lives in response to an area of investigation that is of consequence to them and which they have collaborated with the researcher(s) to forge. The images, once developed and printed, subsequently serve as springboards for interviews or conversations between participants and researcher. (Brunsdon & Goatcher, 2007, p. 44). According to Brunsdon & Goatcher, though the methodology was conceived of for use in sociological research, it can be easily configured for the field of psychology (2007). They argue that Photovoice,

“[places] the participants and their image creation at the center of the research process” (p. 44), and thus, offers, “a robust method for psychological research, by ceding greater control to the participant” (p. 45).

This study, similarly, seeks to empower the participants by viewing them as collaborators and experts on their own experiences rather than as passive subjects. According to Chien, Leung, Yeung and Wong, the need for client-centered, participatory approaches to research is particularly acute for schizophrenia spectrum disorders (2013). Despite the prominence of psychosocial and other alternative treatments for these disorders in recent decades, “there is limited attention and minimal efforts to plan for these interventions and evaluate their outcomes on the basis of the perspectives of these patients”(p. 463). Additionally, by using an arts-based research approach, this study responds to Spandler, Secker, Kent, Hacking and Shenton (2007) and a growing number of voices in the mental health field’s call for engaging the arts in our ongoing efforts to better understand severe and persistent mental illness within a recovery-oriented model.

The site of this study, an urban board and care facility in which participants live and receive mental health services through the auspices of the DMH-funded agency of which they are clients, is an ideal setting in which to probe how an arts-based program combining client-produced photography and poetry can serve people with severe and persistent mental illness in their daily lives. Unlike the removed, laboratory-like settings in which many research investigations take place, this study engages the participants in the environment in which they spend the majority of their time. Not only does a PAR approach position the participants as collaborators, the fact that the research itself takes place within an “authentic” context potentially means that the data will more accurately reflect the lived experiences of the participants, one of

the predominant aspirations of qualitative research.

I first became interested in the experiences of those living with severe and persistent mental illness, and particularly how arts-based treatment approaches might offer them powerful forms of healing, when I encountered this population at my first year practicum placement. At that time, I had the opportunity, as a leader and co-leader of art therapy groups, to observe how art making seemed to facilitate verbal communication in people who, due to the negative symptoms of their mental illnesses or effects of their medications, were frequently withdrawn and non-communicative. With a background in both the visual arts and in poetry, and as a former professor of creative writing, I have always found a compelling connection between words and images. Therefore, when I was given the opportunity to return to the same agency to develop, along with an art therapist/professional photographer, a curriculum for a group that combines the making of photographic images with the making of poems, I found a topic worthy of investigation. The data and analysis generated by this study will, ideally, serve many purposes. The most immediate of these may be invaluable insight for the creators of the curriculum that can help to refine and improve it for future use within the agency and in other mental health settings. In the long term, the study may inspire future arts-based and other research that explores the connections and possibilities of using art and writing conjunctively in clinical practices.

## **Background of the Study Topic**

### **Photography and Mental Health**

The use of photography in treating mental illness dates back almost to the beginning of the medium itself. In the 1850s, Dr. Hugh Diamond, a British psychiatrist and photographer, began to explore the use of photography to diagnose and treat patients at the Surrey County Asylum outside of London. Although his belief that one could diagnose various forms of mental illness on the basis of the facial characteristics and expressions is now seen as erroneous, his discovery that patients appeared to experience a reduction of symptoms through the process of viewing and interacting with the images of themselves is the first documented use of photography in treating mental illness (Stevens & Spears, 2009). The first major public recognition of phototherapy, however, wasn't until 1973, with the publication of Dr. Robert Akeret's book *Photo Analysis* (Stewart, 1979). Akeret's contribution to the field was in bringing awareness to the important psychic material that could be revealed in photographic images, and he encouraged mental health professionals to utilize clients' family photos in treatment.

The use of photography in a therapeutic setting, also known as "phototherapy", is a domain of art therapy that has been described as involving, "taking, viewing, manipulating and interpreting photographs as a primary or adjunct therapeutic technique"(Ginicola, Smith & Trzaska, 2012, p. 30). Though photography has been used therapeutically in a wide variety of settings and with a range of psychiatric diagnoses (Stevens & Spears, Lowenthal, Hanieh & Walker, Stewart, Cosden & Reynolds), certain properties of the medium may make it especially efficacious in treating schizophrenia and other psychotic disorders (Phillips, 1986). Because one of the primary traits of these disorders is difficulty in distinguishing between inner subjective and outer "objective" realities, photography may keenly act as a "powerful reality check", helping to



bridge the gap between a client's perceptions and the perceptions of others (Phillips, 1986, p. 15). Additionally, because the inner worlds of clients with severe and persistent mental illnesses can be chaotic and lacking in clear boundaries between self and other, photography can provide a way to organize experience and create safe boundaries for interacting in the social world (Phillips, p 16). In a group setting, the experience of taking photographs can allow the therapist to observe interpersonal interactions of the clients, such as, "the degree to which [he or she] is directive/passive, patient/frustrated, creative/ safe, self-centered/other-centered, trusting/suspicious [and] photographer/subject" (Phillips, p. 17), thus providing invaluable information for assessment.

Phototherapy has been used with a variety of clients, including those in recovery from physical and mental illnesses, and with developmental disabilities, AIDS, and visual impairments (Stevens & Spears). The benefits highlighted in the use of phototherapy range from neurological (Stevens & Spears) to emotional, perceptual and communicative. (Stevens & Spears; Sitvast, Abma & Widershoven, 2011; Miller & Happell, 2006; Argyle & Bolton, 2005; Erdner, 2010). Broadly, the benefits of phototherapy are similar to those of art therapy in general, namely that 1) it is a "seductive medium" that easily draws the client in, and therefore facilitates a transitional relationship to the therapist 2) it can help build confidence and ego-strength in the client by teaching him or her a new skill 3) it amplifies and develops the client's visual awareness, which may lead to greater self-awareness and 4) it produces a tangible artifact and reference point from which to view and assess the therapeutic process (Stewart, p 43).

Photography as a therapeutic tool has also been found to increase self-esteem and empowerment (Clements, 2012; Stevens & Spears, Thompson, et al., 2008) and instill/increase feelings of hope (Miller & Happell). Stewart asserted that photography is useful in counseling

both “non-verbal” and highly verbal clients, noting that, “it can be used with low verbal clients (both as a confidence and relationship-building activity, and to elicit increased verbalizations) and with highly verbal clients, as an aid to attention-focusing” (p. 44). Since clients with severe and persistent mental illness tend to be either low verbal or hyper verbal, especially if they are experiencing manic or hypo-manic symptoms, an activity that both can help with focus and attention, and aid in verbal expression can be very useful in a group setting (Phillips, 1986).

Transformation of thoughts and perceptions was also found to result from the use of phototherapy. Stevens & Spears (2009) highlighted the perceptual shifts that can occur through the use of photography because of its ability to make the inner self observable to oneself and others. Emsheimer, et al. (2005) noted that photography may help to bring early experiences into contemporary perceptions that can take on some kind of meaning for the client. Sitvast, et al. also emphasized the potential of photography in the “meaning-making” process that is crucial to therapy, particularly as it creates awareness of a “valued life” by allowing a client to document and share things that are of importance to her/him. (2011). Hayes drew attention to the inherent relationships that exist in the photographic process, noting how these assist in the crucial co-creation of meaning: “When you put together the photographer and the subject, the photograph and the viewer, something happens: it is dynamic, something is created, meaning is discovered” (Hayes, 2002, p. 532). Likewise, Miller & Happell found that the taking of photographs was a way of recording moments at which hope was present in the consciousness of the participant, as well as serving as a symbolic reminder of what hope may be for that person (2006).

### **Poetry and Mental Health**

Poetry has been used in both formal and informal healing and psychological treatment in the United States since the early 19<sup>th</sup> century, though as a psychotherapeutic modality it wasn't

formally recognized until 1969 (Mazza, 2013, p. 53). Arthur Lerner, one of the founders of the National Association of Poetry Therapy, defined poetry therapy as, “an operational term for the use of poetry in a therapeutic experience that may involve a one-to-one relationship, a group process, or both” (Lerner, 1991, p 403), while Shafi defined poetry itself as, “ a powerful tool of nonliteral communication that potentially transforms the cognitive state of the individual” (Shafi, 2010, p. 87). A tripartite practice model for poetry therapy includes: receptive/prescriptive (R/P), which involves the use of already existing poetry (or other forms of literature) in a therapeutic context; the expressive/creative (E/C), which encourages client expression through a number of writing methods and exercises; and the symbolic/ceremonial, which uses metaphor, rituals, symbols, storytelling and performance as a means to deal with life’s transitions (Mazza, 2003).

Poetry therapy has been utilized effectively in group settings with persons with severe and persistent mental illnesses (Bembry, Zentgraf & Baffour, 2013; Tamura, 2001; Shafer, 2011, Shafi, 2010). Tamura found poetry therapy principles consistent with the theory that schizophrenia is primarily a disorder of impaired semantic systems, She used structured poetic interventions with clients with schizophrenia spectrum disorders in a group setting to address these impairments and thereby, “break the vicious cycle of schizophrenic thought” (Tamura, 2001, p 320). Collins, et al. outlined an approach using poetry therapy in a cognitive behaviorally oriented group treatment for schizophrenia in which the therapist, “guides the client in reflecting on life stressors, recognizing stress-related thoughts, personifying those thoughts, and then externalizing these thoughts through poetry”(Collins 2006, p. 181). According to Shafi, because poetry requires structure and organization, yet also engages the emotional/creative brain, it can help clients with schizophrenia improve cognitive, linguistic and emotional functioning (Shafi, 2010, p. 88).

### **Treatment Models for Severe and Persistent Mental Illness (SPMI)**

Group therapy, especially when it focuses on psychosocial interventions, has been shown in numerous clinical trials to be an effective treatment protocol for schizophrenia, schizoaffective and other disorders typical of the SPMI population (Segredou, et al., 2011; Pearson & Burlingame, 2013; Davis, 2006; Cook, et al., 2011). Similarly, arts-centered curricula for treatment of severe and persistent mental disorders were found to address some of the most vital, yet most difficult to quantify, areas of treatment, namely the fostering of hope, the creation of meaning, the development of coping strategies and the rebuilding of identities (Spandler, 2007, p 792).

In a review of twenty-three clinical trials comparing medication management with and without accompanying group therapy for severe and persistent mental illness, Segredou, et al. (2011) concluded overwhelmingly that group therapy accounted for significantly better outcomes in terms of social skills, medication-compliance, coping strategies and reduced relapses and/or hospitalizations (p. 203). The group therapy modality, as well as peer-led approaches, are also in keeping with the paradigm shift, supported by over two decades of research by the World Health Organization, towards a recovery-oriented model of mental health (Gerhart, 2012). Arts-based treatments for people with SPMI have been described as fundamental to a recovery-focused model (Spandler, 2007).

## **Literature Review**

The following is a review of the existing literature on current treatment approaches to severe and persistent mental illness, the use of both photography and poetry/creative writing in treating mental illness, the theoretical and practical implications of combining visual art and writing in a therapeutic context, and the role of arts-based research in the field of mental health, as well as the use of participatory action research as tool of empowerment for mental health consumers.

In the first section, a current definition of severe and persistent mental illness is provided, as well as descriptions from the literature of the paradigm shift in the mental health field treatment towards a recovery-oriented model for mental illness. Arts-based treatment approaches to SPMI are then addressed, followed by a review of group and peer-led treatment models. Next, the use of photography in mental health treatment, also known as “phototherapy”, is examined from historical as well as clinical perspectives. Literature reviewing its specific applications in the treatment of mental illness is presented. In the following section, poetry therapy is similarly defined, and its history, as well as uses and benefits, are addressed. Specific examples of its application in the treatment of severe and persistent mental illness, or in disorders commonly found under the umbrella of SPMI, are reviewed. Though sparse, the research that examines the combined use of art and writing in a mental health context is thoroughly reviewed here. A final section looks at arts-based or arts and writing-based research in mental health.

### **Severe and Persistent Mental Illness: Definition and Treatment Approaches**

**Definitions.** According to Parabiaghi, et. al., (2006) the mental health community has adopted the term “severe and persistent mental illness” in place of the older marker of “chronically mentally ill” as part of a larger shift within mental health away from a “pessimistic

concept of continuous and untreatable illness” (p. 457) towards a strengths-based, recovery-oriented model for the treatment of people with mental illness (Gehart, 2012; Parabiaghi, et al., 2006). In the literature, the term “seriously mentally ill”, or SMI, is often used interchangeably with “severe and persistent mental illness”(SPMI), although the criteria for defining these terms is not universal (Parabiaghi, et al., 2006). One widely accepted definition of severe and persistent mental illness includes the following three criteria: 1) an ICD-10 diagnosis of psychosis 2) duration of service contact ( i.e. treatment of psychiatric symptoms) of 2 or more years, and 3) severe dysfunction as measured by a GAF score of 50 or lower (Parabiaghi, et al., 2006).

According to the definition released by the Substance Abuse and Mental Health Services Administration in 2011, recovery from mental illness and substance abuse is, “[a] process of change through which individuals improve their health and wellness, live a self-directed life, and strive to meet their full potential”(SAMHSA, 2011). Supported by two decades of research conducted by The World Health Organization, this paradigm shift towards a recovery model in the treatment of mental illness represents the first *consumer-led* movement that has had “a significant impact” on mental health practice (Gehart, 2012). Additionally, Gehart noted that this research-supported paradigm shift towards a recovery model in mental health is more closely aligned with the, “non-pathologizing and strengths-based” traditions of Marriage and Family Therapy (MFT) (p. 457). As delineated by Resnick, Fontana, Lehman, and Rosenheck, the recovery-oriented model focuses on several domains that include empowering individuals to take ownership of their decisions and treatment, fostering hope for achieving goals, building knowledge and awareness about symptoms of mental illness and available treatments, and identifying ways to increase well-being and life satisfaction (2005).

**Arts-based Treatment Approaches.** Spandler, et al. concluded that arts-based treatment initiatives for people with mental illness were consistent with, and even fundamental to, a recovery-focused model (2007). Citing a national study that assessed the impact of “participatory arts provision” (p. 792) in the treatment of mental illness, Spandler, et. al. highlighted the ways in which the arts can address the aspects of the recovery model that are the most difficult to quantify, namely the fostering of hope, the creation of meaning and sense of purpose, the development of new coping strategies and the rebuilding of identities (2007). Additionally, Spandler et, al. emphasized that the definition of recovery in the model now widely adopted for the treatment of mental illness includes recovery in a social sense of helping an individual to pursue a fulfilling life within her/his community *regardless* of her/his mental health diagnosis (2007). Although Spandler et. al. noted the lack of consensus within the medical community of a conceptual model of recovery to guide research design and methodology, the empowerment aspect of recovery, in so far as it focuses on social conditions and the needs of an individual to pursue her/his own self-defined aims and goals, was viewed as, “a long overdue emergence” of the social model of disability within mental health (p. 792).

Part of Spandler, et. al.’s contribution to the field was the focus on the importance of the arts in a socially-oriented recovery model in which art activity is valued as much for its expressive possibilities as for its unique ability to foster social interaction and cohesion (2007). Among the many important results of participation in the arts within a recovery model of treatment that emerged in Spandler, et al.’s study, one of the most meaningful was that the production of artwork was seen as fostering the emergence and/or consolidation of an identity in the world that moved beyond being defined by mental illness. This impact was viewed as

especially relevant for long-term service users, (part SPMI definition noted above), whose identities had likely become compromised by the experience of mental health challenges.

Similarly, researching the effects of participation in a ten-week drama therapy program for patients in a forensic, medium-security mental health clinic, Dolling & Day found that engagement in creative activity helped counteract a sense of hopelessness, futility and despair that was common to long-term consumers of mental health services (2013). This study, which integrated the use of the creative arts with an occupational therapy treatment model, concluded that because people with severe and persistent mental illness are likely to be occupationally deprived due to their symptoms, functional impairments and stigma, the mere act of participation in a creative activity was more important than exploring or interpreting the meanings of creative expressions. According to the researchers in this study, participation in meaningful activities is a “vital part of the recovery process”, as well as a means of “rehabilitation and reintegration” (p. 38). The aims of the creative arts group examined in this study were “increased social inclusion through participation...turn-taking and experiencing the effects that can be generated through joint effort...appropriate social interactions and interpersonal relations; enhanced leisure and social skills” and, “expression and exploration of emotions”(Dolling & Day, 2013, p. 37).

**Group Therapy and Peer-led Treatment Models.** The importance of the *social* factors in the arts-based approaches highlighted in the aforementioned studies are supported by the copious research affirming the positive outcomes of group therapy for the treatment of clients with severe and persistent mental illness. In numerous longitudinal and randomized control trials, group therapy models have been shown to improve long term recovery prospects and instill a lasting sense of hope and self-efficacy in SPMI clients (Shechtman, et al., 2000; Chien, et al., 2013; Davis, et al., 2006; Cook, 2011; Marmarosh, Holts & Schottenbaeur, 2005). Davis, et al.



highlighted the difficulty of treating people with severe and persistent mental illness because they often have co-occurring substance abuse disorders, cognitive impairments and histories of psychiatric hospitalizations and homelessness (2006). In a longitudinal study, it was found that an integrative treatment model (IT), an approach that relies on “stage-based motivational enhancement interventions” implemented through a variety of psychotherapeutic modalities provided in one clinical setting by a multidisciplinary team of clinicians, was more effective than sequential or parallel treatments. (Davis, 2006, p. 263). A study by Burlingame & Pearson similarly found that positive outcomes from an integrative approach utilizing a group therapy model with subjects diagnosed with schizophrenia, “support[ed] earlier work to incorporate educative, psychodynamic, and interpersonal approaches to treating schizophrenia” and that “this development” was, “especially promising since it integrates group treatments that have a long clinical history as well as embraces an inclusive rather than exclusive stance for treatment protocol development” (Pearson & Burlingame, 2013, p. 607).

In a randomized control trial of 519 adults with severe and persistent mental illness, Cook, et al. found that a peer-led wellness intervention program was effective in reducing psychiatric symptoms, enhancing participants’ sense of hope and improving quality of life over time, all as seen on standardized measures (2011). In this study of a program called WRAP (Wellness Recovery Action Planning), exposure to peers was determined to be one of the primary means by which participants developed a greater sense of self-efficacy (Cook, 2011). Within this framework, lasting change in functioning occurs through participants’ “experience [of] a sense of volition, self-initiation, and endorsement of their behavior” (Cook, 2011, p. 882). In an archival study of group psychosocial interventions with adults with schizophrenia and bipolar disorders, Segredou, et al. found that group therapy appeared to promote desired changes

more quickly and with longer positive impact on interpersonal relationships than other types of therapy (2011). This review of articles published between 1986 and 2006 concluded that persons with severe mental illness showed “ an increase in social skills, reinforcement of self-care, improved compliance with medical treatment, and better coping strategies” (p. 203) after participation in group therapy.

**Therapeutic Factors in Group Art Therapy.** In what is considered the classic text on group therapy theory and practice, Yalom (2005) delineated the twelve therapeutic factors that are essential to the group process and are considered the mechanisms through which group therapy may have curative effect on individuals. These are: altruism, universality, group cohesiveness, catharsis, interpersonal learning, development of socializing techniques, guidance, imitative behavior, family reenactment, self-understanding, installation of hope and existential factors. These factors are thought to be present in group therapy regardless of theoretical orientation, theme, diagnostic population and/or setting. In order to test whether these factors manifest differently according to the type of group therapy experience, Shectman and Perl-Dekel compared the manifestation of therapeutic factors in verbal vs. art therapy group treatment modalities (2000). The conclusions from this study, which used two different measures to assess valuations of therapeutic factors between a verbal and an art therapy group attended by the same participants, revealed that the factors appeared to be present equally among the groups, but that the art therapy group was seen to exhibit other curative factors not found in the verbal. These included: spontaneity, creativity and play; provision of an alternative form of communication; and the ability to bridge polarities (p. 301).

### **Phototherapy and Photovoice**

Phototherapy is defined as, “the use of photography in a therapeutic setting, under the direction of trained therapist, to reduce or relieve painful psychological symptoms, and as a method of facilitating psychological growth and change” (Stewart, 1979, p. 41). Although photography has been used in the treatment of mental illnesses since the mid-nineteenth century, it was not until the late 1970s that practitioners of phototherapy sought to define the practice from a theoretical and practical point of view (Stewart, 1979). Until that time, it was largely understood within the larger framework of art therapy, with which it shares basic precepts, such as the underlying view of human beings as inherently creative and with an innate proclivity for, “self-growth, self-actualization and self-healing” (Stewart, 1979, p. 42). Phototherapy is now viewed as therapeutic modality unto itself, with its own theories, techniques, and professional organizations (Stewart, 1979). According to Stewart, the goals of phototherapy broadly center around increasing an individual’s awareness of self and of improving her/his self-concept (1979). Photovoice is, “a process by which people can identify, represent and enhance their community through a specific photographic technique” (Wang & Burris, 1997, p. 369). Photovoice techniques include furnishing individuals with disposable cameras to document their lives and communities and thus enable them to, “act as recorders, and potential catalysts for change, in their communities” (Wang & Burris, p. 370). While photovoice may have therapeutic benefits for participants, it is primarily viewed and used as a participatory action research technique and not as a therapeutic intervention. The goals of a photovoice study, according to Wang and Burris, are to enable people to record and reflect on their community’s concerns and resources, to promote critical dialogue about issues relevant to the community through small group discussions and, ultimately, to “reach policymakers” (1997, p. 370). Thus, though photovoice

and phototherapy may share some techniques and views about the power of the photographic image to change lives, their aims are different.

Although few studies were found in a review of the literature that isolated the use of photography in a group therapy setting, various authors highlighted the inherent social/relational qualities of the photographic medium, noting how these contribute to its effects as a therapeutic tool (Cosden & Reynolds, 1982; Phillips, 1986; Craig, 2009; Stevens & Spears, 2009; Clover-Graf & Miller, 2006). Phillips noted that one of the great advantages to using photography within a group setting was that it enabled an observation of interpersonal dynamics, styles and skills unparalleled by any other approach (1986). According to Phillips, when a client is making photographs in or with a group, it is possible to observe, “the degree to which the [he or she] is directive/passive, patient/frustrated, creative/ safe, self-centered/other-centered, trusting/suspicious, photographer/subject, and many other aspects of interpersonal transactions that give the therapist additional information to use in the therapeutic process” (p. 15). Other authors have noted the ways in which photography can be used in assessment (Ginicola, et al., 2012) and even diagnosis (Hanieh & Walker, 2007).

**Brief History of Phototherapy and Current Uses.** According to Stevens & Spears, the first documented use of photography in a therapeutic context dates back to the 1850s, when it was utilized diagnostically in a psychiatric hospital in London. A physician and pioneer of photography, Dr. Hugh Diamond published an 1856 paper in which he described the use of photography with mentally ill patients. His work drew attention to the therapeutic benefits he perceived when patients sat for and viewed photographic portraits of themselves (Furman, Szto & Langer, 2009). In the 1940s, photography was employed therapeutically and recreationally with wounded servicemen, and in the 1950s was extended to civilian hospitals to treat patients

with physical and psychiatric disabilities. More recently, phototherapy has been used with a variety of clients, including those in recovery from mental and physical illness and substance abuse, and those with developmental disabilities, AIDS, and visual impairments (Stevens & Spears).

**Benefits.** The benefits highlighted in the use of photography in therapy range from biological, to emotional, perceptual and communicative. (Stevens & Spears; Sitvast, et. al.; Miller & Happell, 2006; Argyle & Bolton, 2005; Erdner & Magnusson, 2010). Photography as a therapeutic tool has also been found to increase self-esteem and empowerment (Clements, Stevens & Spears, Thompson, et. al.; Minkler & Wallerstein) and instill/increase a feeling of hope (Miller & Happell).

The use of photography in therapy has been found to be beneficial on a neurological level because, unlike traditional talk therapy, it engages both hemispheres of the brain simultaneously, a process which is thought to create a more positive, reflective and complete communication process (Stevens & Spears, 2009). Stevens & Spears found phototherapy decreased feelings of anxiety and increased relaxation by offering an opportunity for deep, critical engagement in a form of alternative communication (2009). Also noted was the ability of photography to help clients access, “hard-to-reach feelings” by offering an alternative communicative mode (2009).

Several authors cited ways that phototherapy can improve communication, especially between client and therapist. Thompson, et. al. found that patients’ use of photography to express and portray their experiences led to hospital staff and caregivers’ better attunement with their needs (2008). Similarly, Argyle & Bolton (2005) found that photography used therapeutically can be, “a direct agent for helping clients to reflect upon experiences; express damaging memories, thoughts, and emotions; and facilitate helpful feelings and states of mind,

or to convey a greater state of well-being” (p. 340) Photography has also been found particularly effective as a communicative mode for people for whom verbal and even nonverbal communication may be difficult because of physical or mental limitations, socio-cultural marginalization, or misunderstanding of nonverbal cues (Thompson, et al., 2008). In a case study involving photography in group therapy with people diagnosed with schizophrenia, one of the most prevalent diagnoses among the severe and persistently mentally ill, Phillips, likewise, found that photography was a powerful way to facilitate communication, as it can be highly expressive both for “non-verbal” and “highly verbal” clients, “depending upon whether it is being used in the active (making photographs) or passive (responding) mode”(1986, p. 9).

Transformation of thoughts and perceptions was also found to be a prominent result of the use of phototherapy. Stevens & Spears (2009) highlighted the perceptual shifts that can occur through the use of photography because of its ability to make the inner self observable to oneself and others. Emsheimer, et al. (2005) noted that photography can help to bring early experiences into contemporary perceptions that can take on some kind of meaning. Sitvast, et al. (2011) also emphasized the potential of photography in the “meaning-making” process that is crucial to therapy, particularly as it creates awareness of a “valued life”, which the authors define as having as sense that “there is more to life than being a patient with a mental illness” (p. 2171). Likewise, Miller & Happell found that the taking of photographs was a way of recording moments at which hope was present in the consciousness of the participant as well as serving as a symbolic reminder of what hope may be for that person (2006). Phillips noted the unique ability of the photograph to mirror reality since it created a document that could be shared and perceived by others. As Phillips concluded, “since the gap between our own perceptions and the perceptions of others plays such a major role in many counseling presenting problems, such a

reality check has broad uses in therapy” (p. 9).

Self-empowerment and ego-strengthening were also found as outcomes of using photography in a therapeutic setting. Stevens and Spears (2009) noted that phototherapy may be a “less intimidating form of art therapy” for many clients, as it does not involve drawing and that, in that way, may be a beneficial use of art making for clients with low self-esteem. Stewart (1979) noted that because it is an activity at which one generally becomes more skilled the more often one practices it, photography can be a “confidence building act” and that this aspect of it often serves as, “an emotional counterbalance as the client gets deeper into therapy and the emotional going gets tougher”(p. 44). Clements, meanwhile, found that in the case of mental health recovery, it is imperative that clients be involved in constructing personal and collective meanings of recovery, and that photography was a powerful tool in aiding them to do so (2012).

Because in taking a photograph one must make decisions about what to include in and exclude from the frame, as well as what relationship (i.e. distance from, angle) in which to place oneself to the subject, photography may be helpful for clients with severe and persistent mental illness, who often experience a lack or loss of volition, to gain a sense of control and autonomy over their environments. As Phillips (1986) wrote, “the photograph’s consistent properties can be an aid toward incorporating an image of the world that is less threatening. The photograph’s dichotomous nature of subject-object allows patients sufficient distance, while simultaneously engaging them in an interaction in which they feel they have some control”(p. 15). The process of composing and taking photographs was also perceived by Cosden and Reynolds (1982) to be useful in helping clients who have difficulty planning and anticipating the consequences of their actions. According to these authors, by showing the clients that, “things ‘don’t just happen”” (p.

20), the photographic medium can facilitate an awareness of the self as an actor in the world and thus promote a sense of volition and self-efficacy (1982).

**Ways of using photography in therapy.** As well as finding therapeutic use with a wide variety of populations and within a range of settings, the ways in which photography is used in therapy vary widely. Stewart (1979) described five techniques of phototherapy: *projective*, in which clients tell stories or make associations about premade photographs, *family album*, in which family photos are brought into counseling and used to help explore family of origin issues; *photographs of the client*, in which photographs are taken of the client and used as a springboard for discussion of the self in a social context; *photographs taken by the client*, in which photographs made by the client can assist in exploring meanings, beliefs and perceptions about the world, and *self-portraits*, which can provide rich material for delving into self-image and identity issues. Lowenthal (2013) presented a case study of the use of a technique called Talking Pictures, in which clients select images from a set of photo cards and narrate story about them; a technique which was used within a brief therapy model in a school setting. Cosden and Reynolds (2009) detailed a scaffolding approach with people diagnosed with schizophrenia that was designed to assist them in gradually increasing social comfort and contact. In this approach, participants were first asked to take photographs of objects in their residential setting; next, things in the surrounding neighborhood; then people in the neighborhood, and finally, other residents during social events. Stevens & Spears reviewed the use of photography within a cognitive behavioral framework, while Ginicola, et al. (2012) proposed a variety of interventions using photography, including having clients take self-portraits in different emotional states, to give expression to their experiences of these states; using digitally altered photographs to depict



moods and encouraging clients to take multiple photos of the same object to explore the concept of the possibility of different perspectives on a problem or issue.

### **Poetry Therapy**

Perhaps even more than photography, the use of poetry and expressive writing in therapy is well-documented (Tamura, 2001; Collins, Furman & Langer, 2006; Mazza & Hayton, 2013; Olson-McBride, 2012). Authors note the benefits both of reading poems written by others (Bembry, Zentgraff & Baffour, 2013; Collins, et al.; Hynes, 1981; Mazza & Hayton; McCulliss, 2013; Olson-McBride;) and writing poems (Brillantes-Evangelista, 2013; Collins, et al.; Furman, Szto & Langer, 2008; Luber, 1978; Mazza, 1993; Tamura) within the therapeutic context. Olson-McBride (2012) makes a distinction between poetry that has artistic merit and that which is produced in a group therapeutic context, whose where artistic merit, even when present, is less important to the purpose and benefit of the writing activity. She reasoned that, “a more important issue from a therapeutic standpoint is how well the poetic work serves the immediate or long range goal of acting as an expression of the client’s emotions or as a psychological catalyst for other therapy group members” (p. 138). Shafi (2010) provides a useful working definition of poetry therapy: “a clinical tool that incorporates poem writing in order to facilitate psychological awareness, creativity, and personal meaning” (p. 88), thus critically differentiating group poetry therapy from a poetry writing workshop. The goals of poetry therapy, according to Shafi, are, “to enhance the therapeutic relationship, explore experiences with and perceptions of illness, invoke cognitive and emotional change, and revolutionize the intrapersonal and interpersonal life of the patient” (p.88).

**Benefits.** Like photography, the use of poetry in therapy is associated with increased and improved communication. In particular, Tamura described the benefits to communication of

using poetry interventions in a group therapy context with clients with schizophrenia (2001).

According to Tamura (2001), a linguistic psychotherapy model for the treatment of clients with schizophrenia is consistent with the theory that the disorder is one of impaired semantic systems that affect thought, cognition and communication. Accordingly, a psychotherapy that addresses language impairments may, “break the vicious cycle of schizophrenic thought” ( p. 320). Shafi (2010) found that poetry writing and reading with persons diagnosed with thought disorders such as schizophrenia was helpful because it requires structure and organization, thus helping these individuals express themselves “clearly and coherently” (p.89). He also noted that poetry helped individuals with these diagnoses to, “express concreteness and order in their daily activities” (p. 88).

Poetry therapy was found to be effective in improving cognitive distortions and promoting increased self-awareness (Bembry, et al., 2013; Collins, et. al, 2006; Tamura, 2001). According to Tamura, poetic language put into the context of formal poetry treats the distorted word concepts that characterize schizophrenia by making the connection between a sign, its concept and its reality, “tight with well-organized meaning” (p. 322). Collins, et al. (2006) utilized poetry in a cognitive behavioral therapy model and found that its compressed nature and use of metaphor helped clients to focus on “what is core” (p. 183) about their beliefs.

The expressive and emotional aspects of poetry therapy were discussed by several authors, as was its potential to create and foster empathy in both clients and mental health professionals. McCardle & Byrt found that the use of poetry in group therapy enabled self-disclosure and self-acceptance (2001). Shafi similarly noted how the use of poetry in therapy was found to be effective in building up the often diminished sense of self-worth in individuals with SPMI, and that this often helped these individuals to connect with themselves and with their

therapists (2010). He described a case example in which a patient with psychosis was able to use poetry to, “engage in cognitive introspection that stimulated emotional processing and facilitated the therapeutic relationship” (p. 91).

Collins, et al. surmised that the vicarious experience of life one has when hearing poetry written by fellow group members can help develop empathy by allowing exploration and discussions of how it feels to be someone else (2006). Similarly, McCulliss found that though poetry used in a research or therapeutic context is not generalizable, it is generalizable in that it “helps stimulate an empathetic understanding in the reader”(2013).

**Ways of Using Poetry in Therapy.** Tamura found that utilizing short form poetry, such as Haiku, and linked poetic forms, like Renku , allowed clients with schizophrenia to more appropriately judge experience, recognize a shared worldview, and communicate with others through a common language (p. 319). Tamura (2001) also noted that the use of short forms rooted in everyday experience prevented the poetry from, “being contaminated with schizophrenic thought” (p. 321).

In selecting poetry to read in a therapeutic context, several authors cited Mazza’s delineation of the *isoprinciple*, a term from music that applies to matching the tone or mood of a poem to that of the group or individual (Mazza, Olson-McBride). As Mazza discussed, it is important to choose a poem that conveys a sense of hope, but that choosing a poem based solely on that criterion, “could be counterproductive if the clients perceive the ending as invalidating their feelings or reflecting the clinician’s lack of sensitivity to the depth of client despair”(1999, p. 19).

**Metaphor in Poetry and Therapy.** Several authors drew attention to the inherent similarities between poetry and therapy (Goldstein, 1983; Holmes, 2004; Rickett, Grieve &

Gordon, 2011). Holmes in particular highlighted the way that both poetry and therapy are involved in change and transformation (2004). Rickett, Grieve & Gordon noted the way that “mentalization or the capacity to think about feelings – to be mind-minded”(p. 265) is one of the requirements of both poetry and psychotherapy. These authors, along with Goldstein (1983), discussed how the use of metaphor to express and understand experience is a requisite of both poetic expression and the work of psychotherapy. According to Goldstein, understanding a client’s metaphors is the main way in which the therapist, “has access to [his or her] model of the world” (p. 167). Metaphor is seen as the point of communication between therapist and client and among group members that leads to the development of mutual rapport and understanding (Tamura, 2001). According to Tamura, it is through the use of metaphor that the connection between the internal and external world of the individual can be facilitated (2001). Brillantes-Evangelista (2013) noted that the metaphors embedded in poetic expression serve as symbolic representations of the clients’ thoughts, emotions, actions, and beliefs, and thus can serve as potent explorations for clients themselves and their therapists.

### **Synthesis of Art and Poetry in Therapy and Research**

Few articles addressed the combined use of poetry and photography in psychotherapeutic treatment. However, articles in the fields of psychology and the social sciences discussed the benefits of combining these art forms in research, and the combined use of art and poetry therapy was found to be successful as therapeutic treatment in a variety of contexts (Brillantes-Evangelista; Brunsdon & Goatcher, 2012; Crespo, 2003; Malchiodi, 2007; McNiff, 2004; Robbins, 1996). Another clinician found that the use of poetry helped him to better understand and connect to his own photographic images (Van Vliet, 1977). In McCuliss’ (2013) survey of qualitative research involving poetic inquiry, she found that poetic techniques can help

researchers envision the “whole person” in their research subjects by preserving that person’s essence. Additionally, she noted that researchers who utilized a combination of photography and poetry as an arts-based research tool were able to, “capture the wholeness and complexity of the human experience and create empathetic reactions in others” (p. 85).

Brillantes-Evangelista (2013) described the positive outcomes of a mixed methods research project looking at the effects of art and poetry in group therapy with abused adolescents, concluding that these art forms promoted a feeling of safety in the ability to express thoughts and feelings, resulting in a measurable decline in PTSD and depression symptoms. Similarly, she noted the value of the therapist’s orientation towards trying to understand rather than eliminate psychopathology, thereby avoiding the risk of objectifying the person/s in treatment. The use of art and poetry in this setting was seen as allowing the clinician to better empathize with and understand the individual experience of the client by giving him/her multiple outlets for communication (2013).

Fogle (1980) found the combined use of poetry and art to be effective in a family therapy setting. She found that activities in which family members were asked to write poems about themselves, and then create visual illustrations of these poems, “made conscious the family dynamics to the members” (p. 33). Keeling and Bermudez (2006), likewise, found the combined use of art and writing to be particularly useful in a narrative therapy approach. In their research, they found that the use of a structured module combining art making and reflective journal writing enhanced the process of externalization in a narrative therapy approach.

Though not conceived of within a therapeutic context, Furman, et al.(2008?) nonetheless found a powerful example of the synthesis of photography and writing to evoke and express the lived experiences of a marginalized population in the work of artist Jim Goldberg. In a project

entitled *Rich and Poor*, Goldberg photographed the residents of transient hotels in San Francisco and asked each person to write a narrative directly on the photograph in which he/she imagined that if they were to leave the next day, this image and text would be left behind on the door to their room. Furman, et al, described the results as, “powerful and alarming” and able to capture, “the contrasts and paradoxical viewpoints that highlight the complex nature of poverty”(p. 27). Projects such as this, that synthesize visual imagery and writing, and also engender a close collaboration between, in this case, “artist” and “subject”, allow for “the representation of not one, overly simplistic ‘truth’, but multiple layers of the interpretation of human experience”(p. 27).

### **Research as an Empowerment Tool**

**Photovoice.** Another important application of photography, though one that originates in the fields of community activism and anthropology rather than psychology, is photovoice. Developed by Wang and Burris in the late 1990s, photovoice is a technique of participatory photography in which, “participants are supported to generate their own photographic work – a facilitator works with a group of people, often marginalised and/or disadvantaged, and teaches them to use a camera with the aim of supporting them to define, communicate and improve their situation” (“Photovoice: Participatory Photography for Social Change,” n.d.) Photovoice projects are designed to serve dual functions as community activism/building and as research geared towards policy change. But at its heart, photovoice is conceived of as, “a tool for communication, self-expression and advocacy” at once, “flexible”, “empowering” and “therapeutic”(“Photovoice,” n.d.). Among its innumerable applications, photovoice has shown to be an effective and powerful research tool for helping to understand the experiences of those living with mental illness (Brunsden & Goatcher, 2007; Bukowski & Buetow, 2011; Sitvast, et

al., 2011; Thompson, et al., 2008). An important outcome of many photovoice projects, according to Wang and Burris, is empathy: “the photo novella creates the opportunity [...] to promote outsiders’ empathy—rather than paternalism, condescension or idealism—toward their lives” (1997, p. 369). Photovoice was developed from Freire’s model for liberation in education proposed in his influential *Pedagogy of the Oppressed*, a work which introduced the use of the visual image as a key tool for “problem-posing education” (Wang & Burris, 1997, p. 370) and from feminist theory, which problematized traditional models of participatory research (Wang & Burris, 1997). Perhaps the essential impetus behind photovoice methodology, empowerment, is seen to directly arise from the use of photography: “Because virtually anyone can learn to use a camera, photovoice may be particularly powerful not only for women, but also for workers, children, peasants, people who do not read or write in the dominant language, and people with socially stigmatized health conditions or status”(p. 370).

In a study using an ethnographic approach to analyze an exhibition of works produced by 55 people with mental illness in a photovoice project, Fleming, Carlson, Engebretson and Mahoney (2009) found that the methodology’s ability to create a context for narrative was, “an essential component for overcoming the loss of identity at the center of the mental illness experience” (p. 17). Moreover, the authors of this study concluded that photovoice outcomes provided evidence to support the development of patient-centered interventions. Photovoice as a qualitative method of inquiry was seen as providing a forum for the presentation and expression of participants’ experiences through images, language, and contexts defined by the participants themselves (p. 18).

In a study of stigma and mental illness, Schulze and Angermeyer (2003) used a focus group methodology in an effort to place the people who experience discrimination and stigma

because of their mental health conditions in the role of experts whose knowledge is, “essential to advancing the theoretical discussion on stigma” (p. 301). A focus group methodology for research with people who experience mental illness was seen as impactful because it engendered multiple lines of communication and thus offered a safe environment to share experiences, thoughts and beliefs with a group of people who share a central component of their experience (p. 301). These authors, moreover, concluded that such a methodological approach was in line with the World Psychiatric Association’s call for mental health professionals to join forces with the experts, those who experience discrimination and stigma in their everyday lives due to mental illness, as well as their families, both in research about and design of programs to counteract stigma (p. 302).

Cabassa, Parcesepe, Nicasio, Baxter, Tsemberis and Lewis-Fernández spoke of the “co-creation of knowledge” (p. 619) between researchers, program staff, and participants in a photovoice study as a fundamentally empowering experience that allows us to understand community realities and envision social change (2012). In a photovoice study that looked at the interactions between health care and mental illness, Cabassa et. al concluded that the use of photographs, stories and dialogues “democratized” the research process by providing a variety of mediums through which participants could express themselves, share their points of view and reflect upon their experiences in a supportive environment (2012).

In a study looking at the meaning of art to people who use mental health services, Stacey and Stickley (2010) highlighted the need for research on the use of arts in mental health treatment approaches. These authors also drew attention to the problem of using the positivistic approaches preferred by the scientific and medical communities that typically do not fit well with the experiential nature of participatory arts. In their study entitled “Arts We Can” they sought to



design a research project that focused entirely on mental health consumer's perceptions of and engagement in art, as well as art's personal significance in terms of treatment and recovery. The design sought to meet the following aims: to explore the significance of art to consumers and to use art as a catalyst for the expression of participant's views in relation to this question. The authors of this study concluded that their research design was both creative and consistent with an empowering and inclusive model. Moreover, it eschewed traditional research methods in mental health care, which often overlook fundamental aspects of people's stories. According to Stacey and Stickley, "narrative approaches in research enable the person to become centre-stage, and, as a parallel to creative expression, the person is given a voice" (p. 76).

### **Conclusion**

This literature review has surveyed the existing research on the application of photography and poetry in the field of mental health. It has particularly focused on the use of these media in the treatment of persons with Severe and Persistent Mental Illness, a category that describes individuals with a range of mental health diagnoses who are long-term consumers of mental health services and meet criteria for severe impairment. In addition to reviewing studies on the benefits of the abovementioned media, this review includes research that more broadly examines arts and group therapy based treatments for SPMI. A thorough review of literature that focuses on examples and effects of *combining* visual arts and writing in both a therapeutic context and as research methodology is likewise included here. Although more research is needed to understand and create approaches to combining visual art and poetry in the treatment of mental disorders, this study hopes to inspire others to explore a neglected area of art therapy practice and research.

### **Research Approach**

Consistent with the paradigm shift towards participatory, consumer-focused research methods in the field of mental health (Rapp, Shera & Kisthardt, 1993), this qualitative study uses an arts-based, semi-structured focus group methodology. This approach provided access to a multi-layered understanding of the perceptions of consumers with severe and persistent mental. Because this study looks at the experience of participants in a group that combines visual art with writing, the inclusion of art and writing-based data within a focus group model was thought to provide continuity and authenticity for both participants and researcher in assessing the original group experience. Linesch, Aceves, Trochez, Queveda and Zuniga (2012) found that the use of art-based data in a focus group approach created a rich source of data, as well as having potential therapeutic benefit to the participants. As Linesch, et al. (2012) concluded:

The focus groups provided an opportunity for participants to find universality and recognition of their often-suppressed experiences. The art created and the enthusiasm they had for discussing the art as a new way to depict their experiences suggested that the potential to use imagery to express feelings was of value. (p. 125)

This study examined the experiences of a group of consumers participating in a new therapy program combining poetry and photography as an outcome study. Another study with a similarly qualitative, narrative based research approach, described by Stacey and Stickley (2010), examined outcomes of participation in arts-based therapies for people diagnosed with mental illness. According to the authors, this study endeavored to design a research approach that, “focused entirely on service users’ perceptions, engagement in art, and art’s personal

significance in their own terms as sufficiently valuable and hitherto neglected” (p. 71).

Group-based research approaches such as focus groups may also be particularly appropriate when working with participants with mental illnesses such as schizophrenia, or who are long-time consumers of mental health services. According to Schulze and Angermeyer (2003) focus groups, “allow access to research participants who may find one-on-one, face-to-face interaction intimidating” (p. 301). These participants, they suggest, may be, “reminded of therapeutic relationships in an interview situation and thus adjust their communication to this familiar interaction setting, expecting to get help through an expert’s knowledge and advice” (p. 301). The use of a focus group, which de-emphasizes the “leader” or researcher, may help participants express their experiences more openly, thus resulting in richer data.

This study also seeks to position itself as a participatory action research (PAR). According to Kapitan (2010), PAR approaches to research mesh well with art therapy within a community-oriented, social action framework (p. 122). Kapitan describes her role as an art therapist using a PAR approach to research within a rural community in Nicaragua as focused on facilitating, “questions and answers from a collective process of reflection and action” (p. 126). Similarly, this study aims to empower participants by viewing them as experts on their own experiences whose insights provide invaluable data that can serve as the basis for improvements to treatments both within their community and for other consumers of mental health services.

## Methods

### Definition of Terms

**SPMI.** Severe and Persistent Mental Illness, or SPMI, is the term that has replaced the older one of “chronic mental illness” to describe persons with long-term psychiatric conditions. SPMI, according to Parabiaghi, et al. is thought to better reflect the shift in mental health away from a view of “continuous and untreatable illness” (p. 457) towards a strengths-based, recovery-oriented perception of even the most serious mental health conditions. Ruggeri, Leese, Thornicroft, Bisoffi & Tansella (2000) defined severe and persistent mental based on three criteria: diagnostic, described as, “non-organic psychosis and personality disorder”; duration, which defined the severely and persistently mentally ill as having long histories of hospitalizations and/or outpatient treatment; and disability, which included, “dangerous or disturbing social behavior, moderate impairment in work and non-work activities and mild impairment in basic needs”(2000, p.151). Importantly, according to Ruggeri, et al., this definition does not specify diagnosis. Indeed, because the definition of SPMI focuses primarily on utilization of services, “consensus has been rising” on severe mental illness as an “interdiagnostic category” (p. 151).

**Phototherapy.** Stewart (1979) defines phototherapy as, “the use of photography or photographic materials, under the guidance of a trained therapist, to reduce or relieve painful psychological symptoms and to facilitate psychological growth and therapeutic change” (p. 42). According to Stewart, phototherapy theory also contends that, “virtually all human experiences--and therefore all memories--are intricately related to visual phenomena” (p. 43). Stevens and Spears (2009) name the broad goals of phototherapy to be, “to facilitate a creative outlet, identif[y] things that have meaning to the client and discove[r] a new skill (p. 6).

**Photovoice.** Wang and Burris, the creators of photovoice, define it as, “a process by which people can identify, represent and enhance their community through a specific photographic technique” (1997, p. 369). The technique involves placing cameras in the hands of people to record aspects of their communities, and thereby act as, “catalysts for change” (p. 369) within those communities. As a research methodology, photovoice falls within the broad category of participatory research (p. 370). The Photovoice website identifies the methodology’s mission to be, “to build skills within disadvantaged and marginalised communities using innovative participatory photography and digital storytelling methods” (“Photovoice”, n.d.)

**Poetry Therapy.** According to Shafi (2010) poetry therapy can be defined as, “a clinical tool that incorporates poem writing in order to facilitate psychological awareness, creativity, and personal meaning” (p. 88). Shafi described the work of the therapist in this modality as using poetry to, “enhance the therapeutic relationship, explore experiences with and perceptions of illness, invoke cognitive and emotional change, and revolutionize the intrapersonal and interpersonal life of the patient (p. 88). Mazza & Hayton note that the use of poetry and poetic methods in therapy has been widely reported in the literature and that, reviewing these, three categories of poetry therapy may be identified: Receptive/prescriptive, which involves the use of already existing poetry; expressive/creative, which encourages clients to engage in writing of original poetry and other forms of writing; and ceremonial/symbolic, which uses “metaphors, symbols, storytelling and performance” to give meaning and form to life changes (2012, p. 53).

**Participatory Action Research (PAR).** According to Kapitan, participatory action research or PAR, emerged in the United States in social research in the post-World War II era of social change (2010, p. 97). A qualitative model, the overarching goal of PAR is to bring about

change, either in policy or programming. The action research cycle is threefold: action, followed by reflection, followed by action (p. 98). According to Kapitan, PAR, as a “qualitative form of outcomes research”(p. 101) is well-suited to research in the art therapy field and may help “fill the gaps” in current art therapy research.

**Schizophrenia.** Schizophrenia is a chronic, severe, and disabling mental disorder characterized by deficits in thought processes, perceptions, and emotional responsiveness. The symptoms of schizophrenia are often categorized as “positive” and “negative”. Positive symptoms are those that are found among people who have this disorder but not among those that do not. These may include bizarre delusions, such as believing that other people are controlling one’s thoughts, and/or hallucinations, such as hearing voices. Negative symptoms are characteristics that are found among people who do not have schizophrenia, but are lacking in those that do. These include avolition, blunted affect, and lack of desire or ability to form social bonds. Though the causes of schizophrenia are unknown, they are thought to include a multitude of factors including genetic and environmental, as well as chemical. The prevalence of schizophrenia is approximately 1.1% of the U.S. adult population (“N.I.M.H.”, n.d.)

**Focus Group.** Focus groups are a form of qualitative research in which participants are asked about their beliefs, perceptions, opinions, experiences and/or attitudes about a service, product, issue or idea in a group setting (Marshall & Rossman, 2011). A successful focus group will be interactive and encourage participants to engage in dialogue amongst themselves, with the facilitator/researcher acting as unobtrusive guide. In the social sciences, in addition to providing data about participants’ perceptions of an identified issue or topic, focus groups can also provide rich data about interactions and patterns among members of a specific group (Marshall & Rossman).

## **Design of Study**

**Sampling.** This study utilized purposive sampling, as all participants were members of a recently completed art therapy group curriculum. All members of the 15-week group were invited to participate in this study after written informed consent was obtained from their respective conservators (See Appendix C). The study participants were members of a recently completed group led by a licensed MFT and registered art

therapist who has been employed with the mental health agency for over four years, and myself, an MFT trainee – serving as the primary researcher of this study. Group members were informed of the voluntary nature of their participation in the focus group, and every effort was made to ensure that they understood that they could opt out if they chose. The sampling pool had seven participants, both male and female, aged approximately mid-30s to mid-40s.

After approval was obtained from the agency (see appendix A for provisional letter of consent from agency director) and LMU's IRB (see Appendix G), legal conservators of each of the group members were contacted, informed of all pertinent details of the research project and asked to give written informed consent (see Appendix B) for participation in the research. Group members whose conservators consented to their participation were informed during the penultimate session of the fifteen week group about the research project, including its purpose, length and voluntary nature, and asked to sign an assent form if they agree to participate I think you can take away this paragraph and just send readers to the IRB approval for more information regarding consents and invitation letters / procedures (see Appendix D). Procedures for obtaining informed consent and providing the participants with the subject's bill of rights, as outlined in LMU's IRB (see appendix G), were followed.

**Gathering of Data and Analysis.** For this research, data was collected in the form of

semi-structured art and writing based focus group that was informed by participatory action research models such as photovoice. In photovoice methodology, the collection and analysis of data occur simultaneously, as it is the participants themselves, in collaboration with the researcher, who interpret the data, which is seen as belonging to them. In order to provide convenience and continuity, the group was held at the board and care facility where participants lived and took part in a 14-week photography and poetry therapy curriculum. Jane Schulman, a licensed MFT and art therapist with whom I had co-led the program, was present throughout the group to offer any therapeutic support that might be needed. I began the group by providing the participants with art materials (paper, markers, colored pencils, collage materials, glue sticks) and asking them to complete the following directive: "Use these materials to make a picture that expresses something about your experience of being in the photography and poetry group." Participants were given approximately 20 minutes to complete this directive. Following the art directive, I began a discussion among the participants using a semi-structured format. I proposed the following questions to the group:

- 1) Tell us something about your artwork.
- 2) What did you like most and least about participating in the poetry/photography group?
- 3) What about the poetry/photography group do you think you will remember?
- 4) How did you experience the photography part of the group? How did you experience the writing part?
- 5) What was it like to be part of the group?

This part of the focus group lasted approximately one hour. I monitored the time to make sure all participants are able to share their experiences and receive feedback from others. After this, participants were given a ten-minute break. After their return from the break, I provided participants with folders of their work that was produced during the poetry and photography



group. I asked them to look at/read the work they produced. After they were given time to review their portfolios, I provided them paper and pens and ask them to complete the following directive: “Write a short poem, or a few sentences, about anything you notice, think or feel as you look at the work you made during the poetry and photography group.” Participants were given approximately 15 minutes to complete this directive. After this, I opened up a semi-structured discussion, proposing the following questions:

- 1) If you would like, please read your poem aloud to the group.
- 2) What do you notice as you look back over your work?
- 3) What is it like to hear from other group members about their experiences?

If, at anytime during the focus group, a participant demonstrated behavior that suggested or expressed feeling upset, the licensed clinician, an employee of the mental health agency who co- led the poetry and photography group, was available to support that participant and provide any care they needed. At the end of the focus group, participant’s art pieces and poems were be photographed and they were able to keep or dispose of the originals as they chose.

In accordance with participatory research and the photovoice model specifically, this study used a three part analysis (Wang & Burris, 1997) that attempts to, “capitalize on [the] shared knowledge and wisdom” between researcher and participants. The first stage of this model is “selecting”. Accordingly, in this research model, participants were asked to select the representative photographs and poems produced during the program that they wished to talk about and reflect on during the focus group. The second stage is “contextualizing” or “storytelling”. In photovoice, this stage is exemplified in the acronym VOICE, referencing “voicing our individual and collective experience”(Wang & Burris, p. 380-381). For this study,

this part of the analysis took place through the focus group process in which participants and researchers engaged in reflective art making and poetry writing as well as a dialogue that was then recorded and transcribed. The transcription was examined for accuracy by both group leaders who were present during the session, and observations about non-verbal reactions and interactions between group members were added to the data in order to create greater depth in the analysis.

Finally, the third stage in the photovoice model is “codifying”. In this stage, participants identify three dimensions that arise during the group discussion: issues, themes or theories (p. 381). This study focused primarily on the first two of these in the data analysis: the identification of issues and themes. Due to logistical constraints, the participants were involved in only an initial codifying of the data, namely by being asked at the conclusion of the focus group to reflect on any themes, questions or ideas that they felt had emerged during the discussion. Following this, the data, which included both the transcribed discussion and the visual art and poetry produced during the focus group, were examined and sorted according to both expected and emergent categories, and the named themes and issues were further connected to theoretical and clinical models by the researcher.

## **Results**

### **Presentation of Data**

In this section, a description of the art therapy pilot program that preceded the focus group provides context for the topics addressed in the art and writing directives as well as the discussion. Following this, each participant is introduced with demographic data as well as observations of the researcher to help contextualize his or her contributions during the focus group. Because in the methodological approach utilized in this research it is important that the participant's own perceptions and observations be given primacy, these introductions are necessarily brief. Along with these, the artwork as well as written response of each participant is included. Next, a written transcript of the focus group discussion is included in its entirety. Finally, the artwork, responses to specific questions, written responses and emergent categories found in the qualitative data are presented in a table form that allows each participant's contribution to be categorically analyzed while facilitating a comparative analysis across individuals.

### **The Pilot Program**

At the time of the focus group, the seven participants had recently completed a closed 15-week program that combined an exploration of photography with an introduction to the reading and writing of poetry. The program was led by Jane Schulman, a licensed MFT and art therapist who is also a fine art photographer, and myself, an MFT/art therapy student who has an MFA in poetry and has taught creative writing at the college level. Our goal was to modify a pre-existing photography curriculum created by Jane that had previously been used with other clients of SSG Alliance, by interweaving poetry exercises. Jane and I were interested to see how these media might complement each other, helping group members to more deeply explore personal

experiences, challenge perceptions, and connect to themselves and others while providing the containment and focus that are often lacking or challenged in people with severe and persistent mental illnesses. (For a thorough rationale for the use of poetry and photography as part of therapeutic treatments for people diagnosed with schizophrenia and other chronic mental illnesses, please refer to the literature review of this paper.)

The program was novel not only in combining poetry with photography, but also in being implemented with clients who were more impaired in terms of symptomology and daily living than the members of previous programs led by Jane. The focal point of the photography portion of the program, occurring roughly two-thirds of the way through, was a week in which the participants were provided with disposable cameras with black and white film and instructed to take photographs that, “say something about yourself, your life, or living with mental illness or within the mental health system.” The negatives were subsequently developed and participants chose two images to be enlarged to 9 x 11. Concomitantly, weekly readings of poetry and simple poetry exercises, often ones that prompted written responses to images, culminated in the writing and revision of poems that corresponded with/responded to the participant’s photographic enlargements. At the end of the program, the clients were presented with a typed copy of their poem on cardstock, the enlargements on photographic paper, and a small photo album with 4 x 6 prints of the entire role of their photographs.

The program took place in an urban board and care facility. All participants were clients of SSG Alliance who therefore received a wide range of services, including housing, case management, health and psychiatric, substance abuse, occupational, psychosocial and psychotherapeutic. All the participants in the photography and poetry program lived together at the board and care facility and participated in an open weekly art therapy group led by Jane

Schulman prior to, during and after the photography/poetry program. The seven participants, four male and three female, ranged in age from 30 to late 40s and represented a diversity of cultural, ethnic and racial backgrounds. Diagnoses were predominantly schizophrenia of varying subtypes and Psychotic Disorder NOS. Severity of symptoms, as well as degree to which individuals identified with having a mental illness, varied, though all, with one exception, were stable for the duration of the program. Most were dually-diagnosed with substance use and abuse disorders and participated in substance abuse treatment.

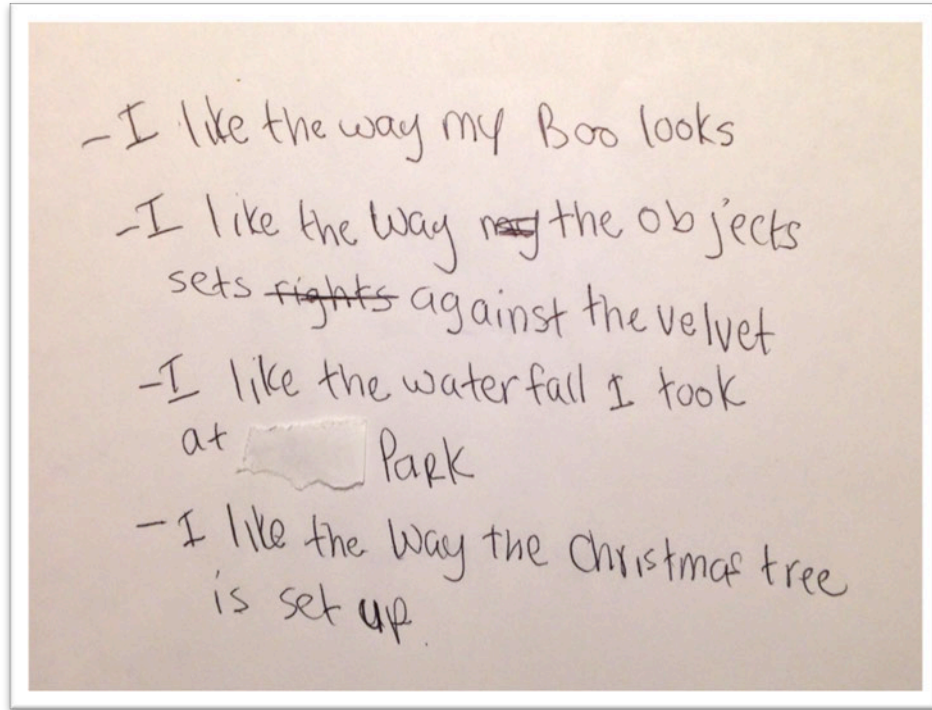
The data presented below is drawn from a focus group that took place the week after the poetry and photography program ended and included all seven participants in that program. Following a Participatory Action Research model, the aim of the focus group was to give the participants an opportunity to give voice to their experience, to reflect on what they found useful, memorable, challenging, disappointing, etc. both about the curriculum as well as being part of the group. The PAR model positions the participants in research as experts on their own experiences, rather than as passive subjects, and the hope was that the use of a focus group would make manifest this position. People in the SPMI community, who are often long-time consumers of mental health services, may frequently experience a loss of self-efficacy and control over their lives and choices. This may be partly due to their symptoms, but can also be compounded by the mental health and legal systems that often neglect to take into consideration the lived experiences of these consumers. They are often given little say about their health care, housing and financial decisions. The use of a focus group, in which participants' views about their care were given primacy as research data, was an attempt to reconsider the top-down model of treatment and research frequently encountered in work with the mentally ill.

### **Introduction of Participants**

**Cookie, 38.** Cookie (pseudonym) is an African-American female with a soft-spoken demeanor who smiles easily and, though rarely interacted verbally to other program members, exuded an equanimity that seemed to have a calming affect on the group. Cookie's photographs included images of natural things, such as flowers, or pseudo-natural things, such as plastic plants, that could be found in or near the board and care facility. During the program, Cookie expressed being surprised to find these signs of beauty and nature within her environment. It seemed that she discovered a connection to these signs of life that provided her with comfort, while also perhaps evoking feelings of longing. In the writing portion of the program, Cookie discovered that poetry didn't have to rhyme and could take seemingly mundane material as its subject. Cookie shared that this was the first time she had attempted to write poetry and she seemed to feel pleased and perhaps empowered that she was able to delve into this new expressive medium. In the focus group, Cookie's sense of accomplishment seemed manifest in the image she selected for her collage of a self-possessed woman looking straight into the camera whom Cookie described as "[herself], enjoying the group." In her written response, Cookie created a list of things from her own imagery that she liked, once again conveying the sense that her work in the program may have been an ego syntonic experience.



*Figure 1. Collage by Cookie*



--I like the way my Boo looks  
--I like the way the objects  
sets ~~rights~~ against the velvet  
--I like the waterfall I took  
at \_\_\_\_\_ Park  
--I like the way the Christmas tree  
is set up

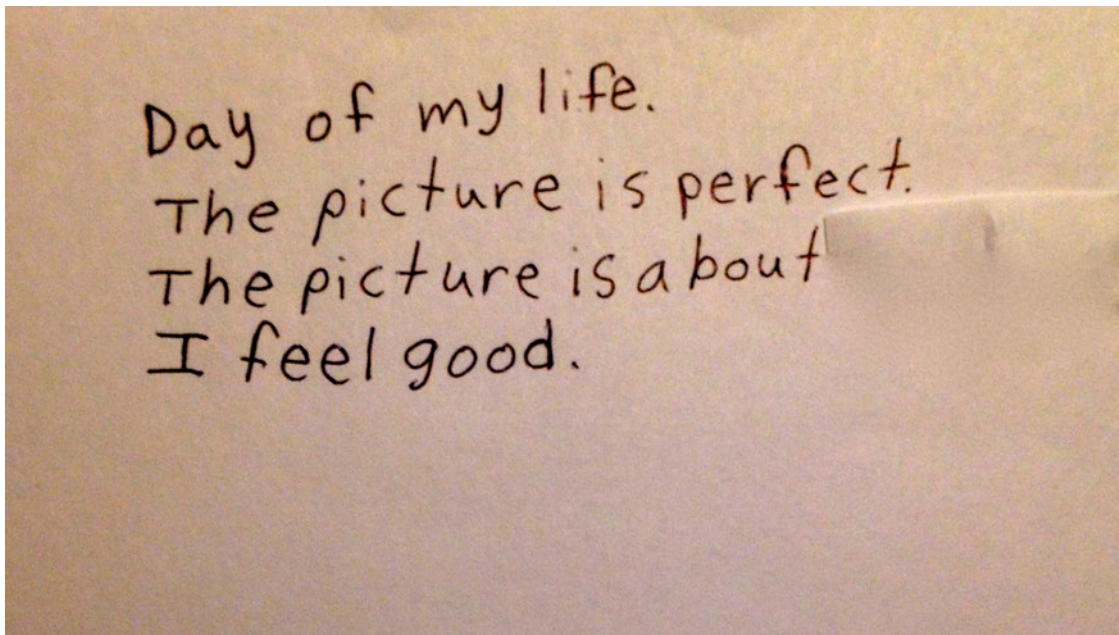
Figure 2. Written response by Cookie



**Master M, 30** Master M (pseudonym) is an Asian male for whom English is a second language. Though he often appears anxious and/or ill at ease, he generally describes himself as happy and usually responds in a way that demonstrates his tendency towards concrete thought. Though it is often difficult to gauge Master M's inner thoughts and ways of metabolizing the group process, the photographs he produced in the program, as well as his writing, were quite expressive and even experimental. One of his images, of the pay phone that hangs in the hallway of the board and care facility, seemed especially to convey something resonant with the experiences of the other participants. As one group member described, the photograph seemed to show the desire to "call out" and try to connect with the world. In the collage he created in the focus group, Master M's selection of an image of Earth seen from outer space and a goddess-like figure in a gesture of prayer recalled his expressed desire, during the program, to take photographs of such elemental forces as the sun and the sky. In his written response, there is as well a simple clarity in the declaration that the picture is about himself, whom he names in the third person when describing the image, as if an externalized self, and then in the first person when he proclaims how he feels, as if taking ownership of the experience. However, somewhat reminiscent of the incongruousness between his typically anxious affect and his report of feeling happy, the collage images also suggest a sense of singularity, aloneness, or distance. Naming himself in the third person may be both an act of self-assertion and an expression of a distanced, unreachable self.



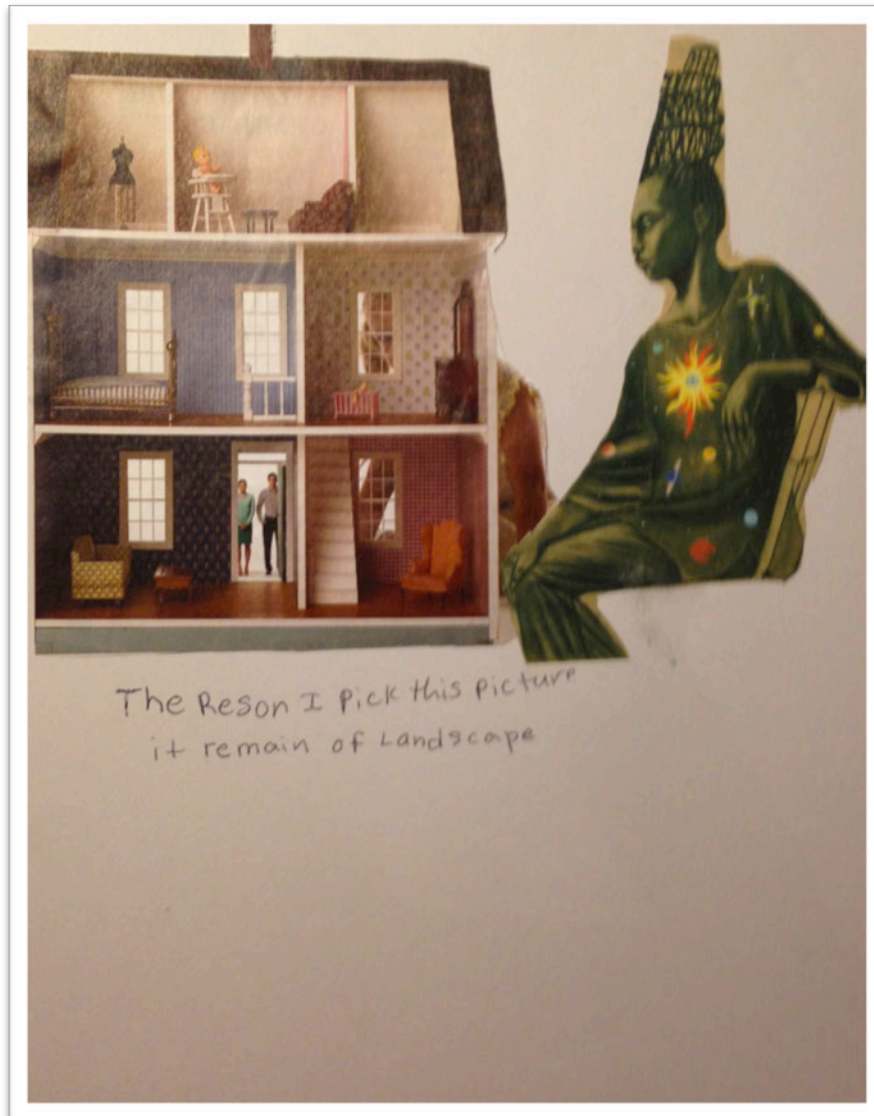
*Figure .3* Collage by Master M



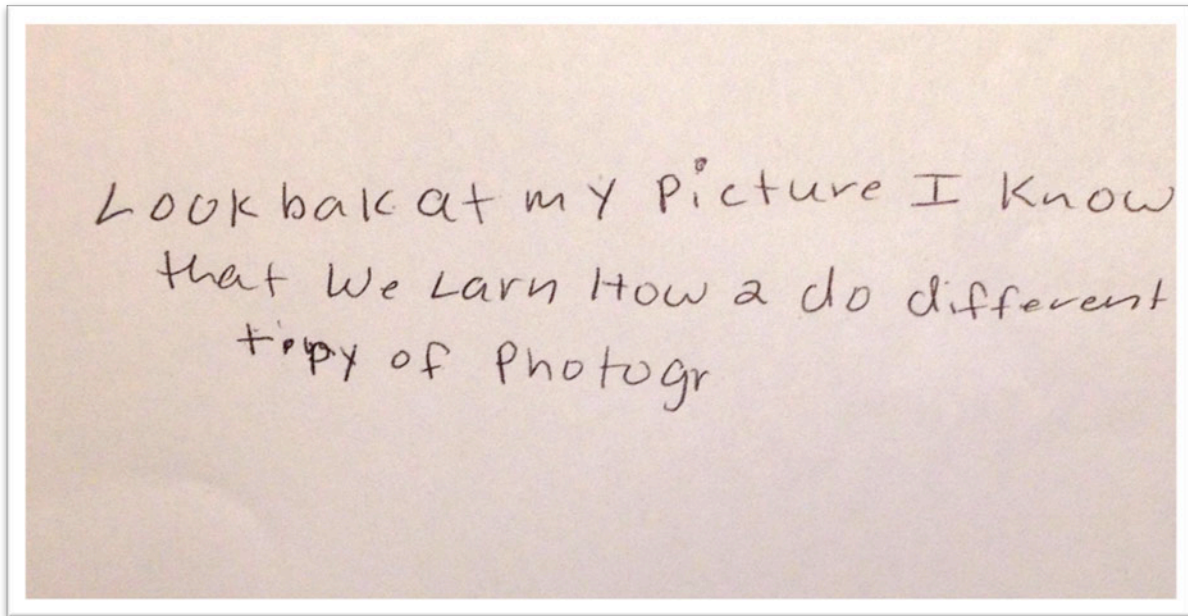
Day of my life.  
The picture is perfect.  
The picture is about [my name].  
I feel good.

*Figure 4.* Written response by Master M

**Sally Jesse Raphael, 39** An African American female, Sally Jesse Raphael, as her choice of pseudonym suggests, has a sense of humor that often brought levity to the group during the program. This wry sense of humor became more pronounced as the program progressed, perhaps as she and the other group members became more comfortable with one another and with the leaders. In her words, as well as her photographs and poems, SJR frequently expressed her distress at the monotony and boredom of life at the board and care facility. Even though she was never given instructions to write about life at the board and care facility, this almost invariably became her subject matter during the program. It may be that the focus on looking, both outwardly and inwardly, that the program emphasized put SJR in a position of keener awareness of surroundings, an experience not altogether positive perhaps. In the collage that she created in the group, SJR selected an image of a dollhouse whose generic, well-appointed rooms are exposed. At the door to the house stand a male and female, not dolls but very tiny people, dwarfed by the girl who peers from behind the dollhouse through the second story window. Originally, SJR had only this image plus the incongruous seeming statement below it that suggests she has selected it because it reminds her of landscape, until she later added the figure at the side of the dollhouse, a drawing of a woman with an elaborate surrealist hairdo and a tunic covered with symbols of planets and stars. The expression she wears, as if scrutinizing something very closely through half-closed eyes, echoes the feeling of observing and studying. It is as if the viewer is simultaneously seeing and being seen. In her written response, the incompleteness, with the last word trailing off half-finished, seems to capture her sense of waiting and being immobilized.



*Figure 5.* Collage by Sally Jesse Raphael



Look bak at my Picture I know  
that We Larn How a do different  
tipy of photogr

*Figure 6.* Written response by Sally Jesse Raphael

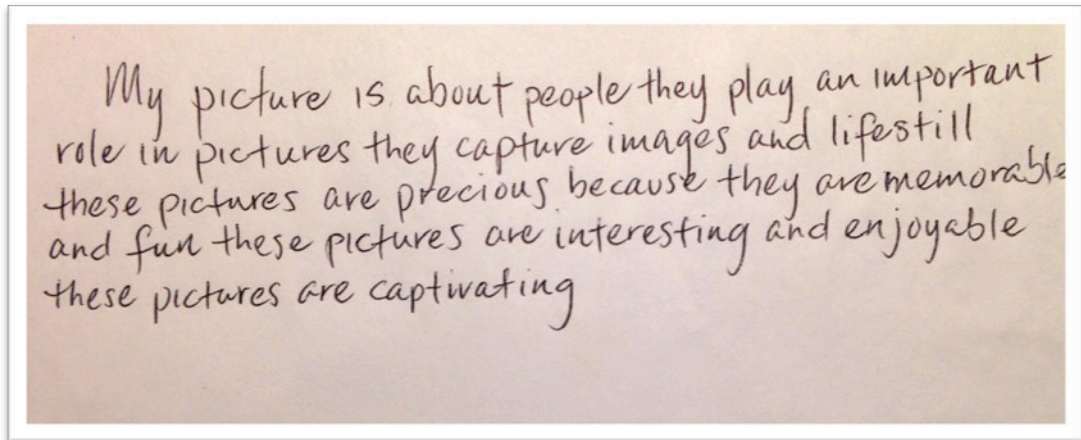
**Anthony, 43** Anthony (pseudonym) is an Asian American male who was often withdrawn or quiet in the program. At other times, however, he would become animated, smile and make unexpected and interesting observations. Participating in the program, though perhaps challenging due to the intimate nature of the small group and the new material, seemed to provide him with a sense of excitement. Like most of the participants, he often referred to the program as a “class” and seemed to feel rewarded that he was learning something new in a supportive environment. He particularly enjoyed an outing the members took together to a park to make landscape photographs. Both the photography work and the poetry seemed to reawaken memories from Anthony’s youth, particularly eliciting positive memories of his young adulthood.

In the collage that he produced during the focus group, Anthony found images that evoke this sense of discovery and observation. In one, a hand holds up a plastic bag containing what appear to be grasshoppers. When describing this image, Anthony related the idea that these animals were being studied, and that afterwards they would be let free. He has also included an image of what looks to be a man in the practicing taxidermy on a variety of large animals. This image echoes the other, as Anthony described, in showing something being studied carefully, being “captured”.



Figure 7. Collage by Anthony





My picture is about people they play an important  
role in pictures they capture images and lifestill  
these pictures are precious because they are memorable  
and fun these pictures are interesting and enjoyable  
these pictures are captivating

My picture is about people they play an important  
role in pictures they capture images and lifestill  
these pictures are precious because they are memorable  
and fun these pictures are interesting and enjoyable  
these pictures are captivating

*Figure 8.* Written response by Anthony

**Toy, 47** Toy (pseudonym) is an African-American female who emanates a sense of emotional depth and searching. Of the group members, she was perhaps the most outspoken about her own pain, struggle, and longing for connection. Because of her impairments, she often struggled to express herself, losing the connection of her thoughts before completing them to her satisfaction. Her photographs, as well as her writing, were expressive of her attempts to make sense of her world and connect with others, despite her challenges.

The collage she created for the focus group contains two images that each roughly fills half the paper vertically. On the top is a picture of what looks like a hearty stew, and on the bottom an image of a young girl wearing a backpack and carrying a lunch box, who is looking down as she walks and holding the hand of a man who is mostly out of the frame. Beneath the images she has written the captions: “[Name of board and care] food” and “When we walk outside the gate, walk”. During the program, Toy wrote about and made pictures of life in and around the board and care facility. She particularly focused on the small outdoor area where many of the residents gather to sit and smoke, and where visitors to the facility park their cars. Toy noted how much of her time was spent sitting “inside the gate” watching passersby on their way so someplace else. During the program she ventured outside the gate to take photographs of this area as though she were one of those passersby. In her collage image, she takes us both inside the facility, giving us an “up-close” view of the food the residents eat everyday, and outside, recreating that experience of watching a little girl, perhaps on her way to school, from her perspective inside the fence. She seems to capture in these images, and in her words, feelings of both safety and hope, and longing and desperation. There is something both comforting in the bland food, and something lacking.

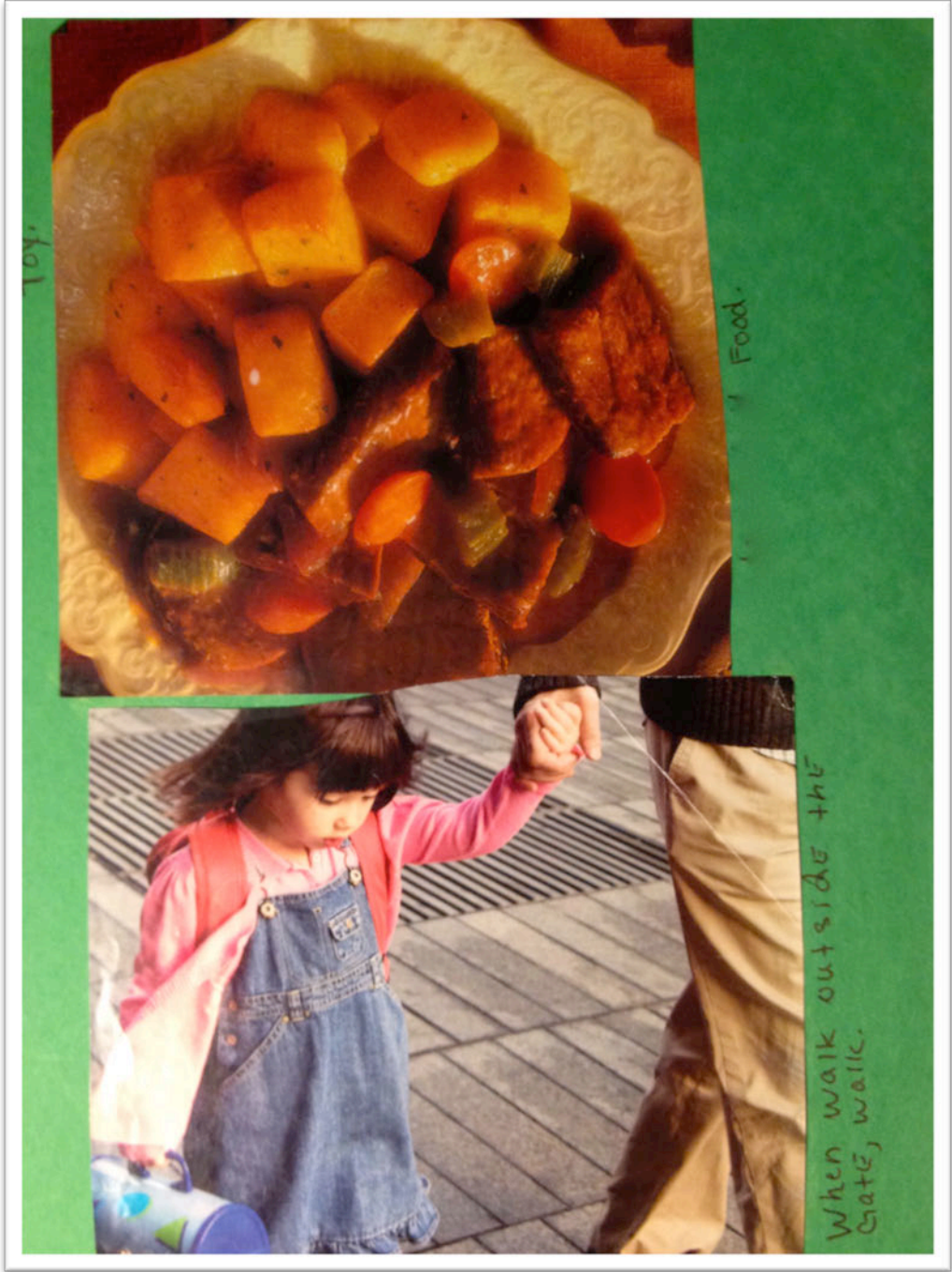
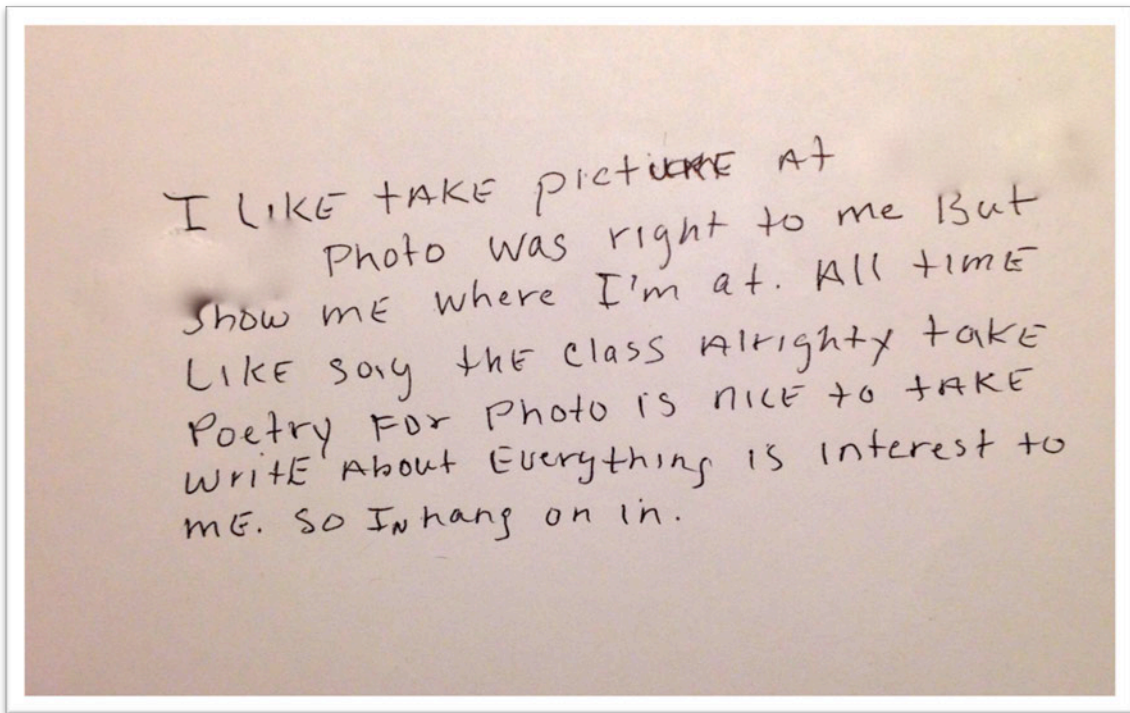


Figure 9. Collage by Toy



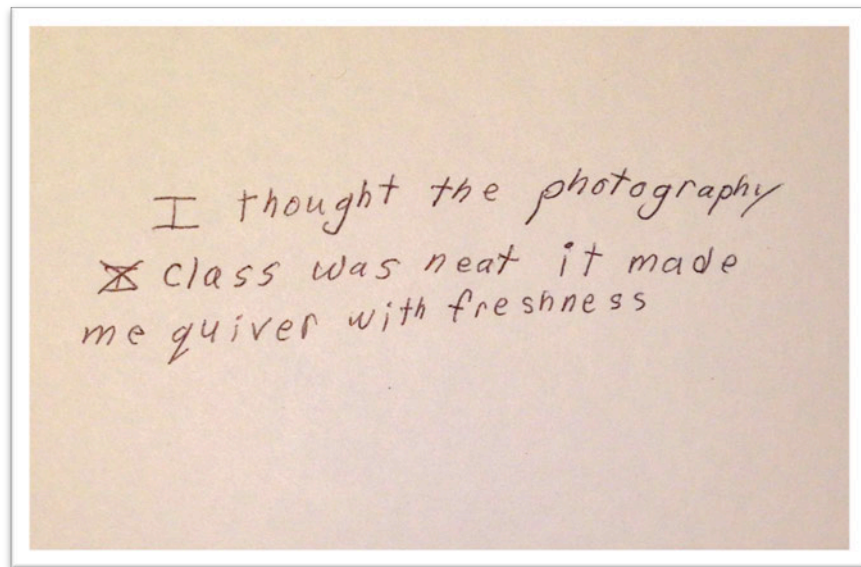
I Like take picture At \_\_\_\_\_  
\_\_\_\_\_ Photo was right to me But  
Show me where I'm at. All time  
Like say the class Alrighty take  
Poetry For Photo is nice to take  
write About Everything Is Interest to  
me. So In hang on in.

*Figure 10.* Written response by Toy

**R.M., 40** R.M. (pseudonym) is a Latino male who, throughout the course of the program, seemed significantly challenged by his symptoms. He often reported being distressed by auditory hallucinations and found it difficult to focus and maintain attention. Nevertheless, he managed to complete the program and was able to take a number of interesting photographs, as well as write poetry, that were expressive of both his distress and his underlying playful and creative spirit that is sometimes obscured by his mental health symptoms. It is worth noting that at the time of the focus group, R.M. had recently been discharged from the hospital. Though frequently withdrawn during the program, he seemed even more challenged to participate in the social interactions of the group that day. Jane was able to work with R.M. to help him engage in a way that felt comfortable and he was able to stay for the duration of the session, as well as to make an art piece and a written response. The single run-on sentence he wrote on the day of the focus group, “I thought the photography class was neat it made me quiver with freshness” seems indicative of R.M.’s ability, despite his struggle with his symptoms, to respond to his surroundings with original, humorous and creative ideas. Like other participants in the program, he seems to have conceptualized it as a class, which perhaps speaks to a feeling of having learned something, having done something new. “Quivering with freshness” seems an apt and evocative description of the sensation of newness one may experience upon learning something or seeing something in a novel way.



*Figure 11.* Collage by R.M.



I thought the photography  
class was neat it made  
me quiver with freshness

I thought the photography  
class was neat it made  
me quiver with freshness

*Figure 12.* Written response by R.M.

**Gen-Jin Master, 38** Gen-Jin Master (pseudonym) is a male of mixed Latino and white ancestry who is the most verbal and outspoken of the group. Witty and often charming, Gen-Jin Master was sometimes able to articulate thoughts and feelings that seemed to capture or reflect the shared experience of the group. Perhaps as a defense against intolerable feelings, Gen-Jin Master also tended to, “lead with the negative”, beginning with a complaint or critical comment before, following with what seemed a more sincere or vulnerable response. He spoke frequently during the program of positive memories from the past, and perhaps found the opportunity through the photography to more closely examine and reflect on his present life, an enterprise not entirely welcome. Nonetheless, he attended group regularly and took a number of photographs, particularly of his fellow group mates and of still lives centered around life at the board and care facility, that were evocative and powerful. He seemed to find satisfaction and perhaps a sense of mastery more readily in the writing process, and wrote complex, thoughtful and often rhymed poems. ]

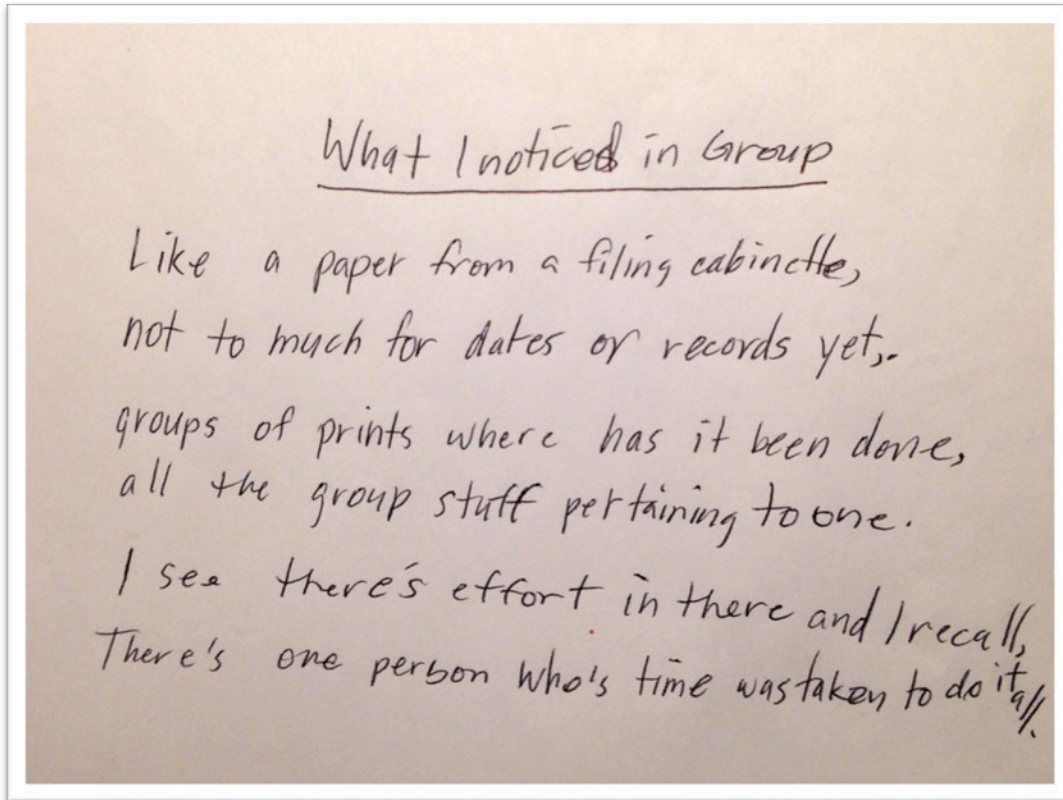
In the collage he created during the focus group, Gen-Jin Master selected two contrasting images that seem to express very different facets of his experience in the program. On the lower left hand side of the page is a brightly colored bird perched among branches, and on the upper left an action photograph of a hockey player mid-motion, with ice flying up all around him as he leans into a shot. He has included the word “precise” and “morningtime” beside each picture. During the program, Gen-Jin Master expressed great disappointment that several attempts to take photographs of a bird in a tree, “didn’t come out”. He also often verbalized disappointment that the film was black and white, rather than color. It seems significant then, that he chose this close up image of a bird in vibrant color to express something about his experience in the program. It



is as if he is both registering his disappointment and rectifying it at the same time. He described the hockey player as practicing incessantly to perfect his skills, to be “precise”. This image conveys perhaps Gen-Jin Master’s own feeling of working in the program to master something, or of admiring those who undertake such challenges. In his written response, he has created a formal poem with end rhyming couplets, an example of his skill with language and, perhaps, his verbal showmanship. He seems in the poem to both register his disappointment and to acknowledge his and the other group members’ efforts.



*Figure 13* collage by Gen-Jin Master



What I noticed in Group

Like a paper from a filing cabinet,  
not to much for dates or records yet.

groups of prints where has it been done,  
all the group stuff pertaining to one.

I see there's effort in there and I recall,  
There's one person who's time was taken to do it all.

What I noticed in Group

Like a paper from a filing cabinet ,  
not to much for dates or records yet.

Groups of prints where has it been done,  
all the group stuff pertaining to one.

I see there's effort in there and I recall,  
There's one person who's time was taken to do it all.

Figure 14. Written response by Gen-Jin Master

### **Transcript of Audio from Focus Group**

SE: Okay everyone. So, over on the pool table we have put out a lot of pictures and what I'd like you to do is to go over and take a look at those pictures and choose some pictures that say something about your experience of being part of this poetry and photography group. When I say your experience, what do you think I mean by that?

Gen-Jin Master: Something that says something about our life at (name of residential facility)..

SE: Well, we've done that before but particularly important is your experience of being a part of this poetry and photography group that you've been a part of for the last fifteen weeks.

Jane: What it was like for you. What you felt or thought. Sarah and I both recommend that when you're looking at the collage pictures to give yourself time to walk around the table, to move the pictures around – because there will be pictures sitting on top of other pictures. So give yourself a good few minutes. Sarah has requested you say something to you about what it's been like for you to be part of this group. What you felt, what you thought, what you experienced. How many pictures, Sarah, would you like people to pick out?

SE: The paper is about this size (Holds up paper). You're welcome to choose one, two, three, however many you'd like that fit the size of this paper.

Jane: Can people use the front and the back to glue pictures down?

SE: Sure.

Jane: Okay.

[crosstalk]

Jane: As we've done before, you can always pick out a bunch and then narrow it down. Pick the most important ones to you, the ones that say the most to you about your experience in this group.

[rustling]

Jane: Feel free to move the pictures around. Take a good look and walk around the table.

[time passes]

SE: And there are scissors here if you want to cut any of your pictures to fit. And there are glue sticks too.

Master M: Tape it down?

SE: Yeah. Tape it down.

Master M: Is there tape here?

SE: Do you prefer to tape it? I have some tape.

[walking]

SE: Gen-Jin Master, do you need a glue stick?

Master M: Which way? Does it go this way or this way?

SE: I think it could go either way, Master M.

[rustling]

SE: There are also markers here if you would like to add words or any other drawings to your picture.

Gen-Jin Master: I used to play ice hockey. I started on Rollerblades and I moved to Missouri and I played on ice skates.

Jane: Sarah, would you like everyone to write a word near each picture just to say something about why they chose it?

SJR: You just called her by her name, Jane.

Jane: It's okay if I call her Sarah. [to Sarah] Unless you want me to call you something else.

SE: Queen ... [laughter] Sarah is fine. yeah, that would be great if you would like to write a word or a phrase next to the picture that says something about why you chose that picture.

Jane: And if you don't have room you can do the writing on the back. Is that okay? It looks like there might be some space on the front.

[music, rustling]

GJM: Can I make it, like, stuff that I might have forgot 'cause I wasn't ... Because hockey doesn't really have any part in my life or in this group. But I like the picture.

SE: Did you like the picture because it made you think about something from your past?

GJM: It made me think – It made me think – Well, it didn't make me think about anything, really. It made – It made me think that it was the only picture over there that I liked.

Jane: Is it possible that something about the group made you think about yourself – including your past, [participant's name]?

GJM: Yeah. She called me [participant's name].

SE: I will redact that. [laughter]

[crosstalk]

[footsteps, music]

SJR: How do you spell 'scape?

SE: Skate?

SJR: No, 'scape – like landscape.

SE: Oh. S-C-A-P-E.

SJR: Thank you.

[music, rustling]

Master M: How do you spell perfect?

SE: P-E-R-F-E-C-T.

Master M: Can I use a marker?

SE: Sure.

GJM: Hockey stuff takes up a lot of room.

SE: Like the gear? Yeah. Kinda big.

GJM: Should we put our name on it?

SE: Please don't put your actual name on it because they're going to be photographed, but you want to put your name on the back if there's nothing else there you can or you can put the names that we're using today if you'd like.

[garbled]

Toy: Is there all right?

SE: Yeah, Toy.

[silence]

SE: So, I'd like to start just by going around and everybody who would like to say something about your artwork perhaps to say how the pictures you chose say something about what it was like to be a part of this group. Can we start with you, Cookie?

Cookie: This is me enjoying the group, and this is us graduatin' from the group today.

SE: Mmm.

Toy: This is what I see everyday at (name or residential facility) walking around outside the gate. Mothers and kids and fathers, families walking their kids. And food today at (name or residential facility) [garbled]

SE: I wonder ... in the group you took a lot of photographs that also showed being outside, and your life at (name or residential facility).

Toy: Yeah. I would like to be out with my kids outside the gate. Be free.

Jane: Toy, can I ask you a question also? I wonder how the little girl in your picture feels walking. It looks like she's holding the hand of maybe her father or someone. How does she feel in that picture?

Toy: She feels kinda happy. But she's just walking.

Jane: She's happy 'cause she's walking. And does it feel nice to be holding the hand of her parent?

Toy: Yeah.

Jane: I wonder if that says something about how you felt in this group.

Toy: Okay, the reason why I said that outside why there's they're walking out the gate because I'm inside the gate and they walkin' with they family with they kids and stuff and I want to be walking with my kids.

Jane: I understand, yeah. And you took, as Sarah says, lots of pictures about life here at (name or residential facility), which is different from that.

Toy: The food at (name or residential facility) that we eat right here, it don't be good food.

Jane: It will be?

Toy: It won't. It won't.

GJM: It's awful.

Toy: Mmm. But it still be food. It still be home at (name or residential facility). After you worked hard enough in the group.

Jane: Say that again?

Toy: If you worked hard in the group, you still be hungry.

Jane: You'll still be hungry.

Toy: Yeah.

Jane: Thank you for sharing that, Toy.

Toy: You're welcome.

Jane: And I was wondering also, Cookie, how the people in the picture of the graduation are feeling.

Cookie: Excited.

Jane: Excited. Does that say something about how you're feeling here at the conclusion of our group too? The graduation day of our group.

Cookie: Yeah.

SE: Thank you.

Cookie: You're welcome.

SE: Anthony, would you like to say something about your artwork?

Ant: Yeah.

SE: Could you – would you mind holding it up?

Ant: This is, uh, they trapped some grasshoppers, uh, pet grasshoppers right here, uh, to the left here. To the right, uh –

Jane: To our right. To our left, your right.

Ant: To the left, I have a picture of a hunter stuffing animals. A hunter stuffing animals. I've got a deer, an iguana. What's that? A wolf. A stuffed wolf. On the bottom I got a, uh, yeah. Oh yeah,



there's somebody there, uh, trying to take a baby's picture, uh, her photograph. So she could keep it. That's all.

SE: Thank you, Anthony.

Jane: Anthony, can you describe what's happening in the other picture? We can't see it so much over here.

Ant: They want to be set free.

Jane: Okay.

Ant: Yeah.

Jane: Although I don't know is – because it's such an interesting and unusual photograph. What do you think about that and the photography we did?

Ant: Interesting. Yeah. They're trying to catch more grasshoppers.

Jane: Yeah.

Ant: They have the thing that catches it.

Jane: But they're also trying to catch an interesting picture--

Ant: Yeah, yeah.

Jane: --Of the people through the plastic bag that the grasshoppers are in.

Ant: They're going to release them. I guess. I figure. They're just catching it and trying to ... study it.

Jane: Thanks, Anthony.

Ant: Uh-huh.

SE: Gen-Jin Master.

GJM: I have a bird. It's morning time. It's precise. The guy, he plays hockey so, he always plays hockey and, he does, his job is playing the game. And then he finishes and he did all his work and he can go home. And sometimes he just shows up just to play hockey.

Jane: Just for the sport or fun of it?

GJM: Yeah. Then, uh, the bird, the bird is on the tree branch. It's, uh, it's in a certain environment. So, uh, it doesn't understand how come there aren't other things to do. But that's

okay 'cause it's all in his environment. Our group is something. I don't understand why we gotta do all this stuff but it's okay because it's at where I stay at. And it's, and it's a morning bird. It's morning time.

Jane: The thing I remember looking at that picture of the bird also, Gen-Jin Master, was that you tried really hard, very intentionally, to make a photograph, to make a photograph of a bird in a tree outside. And I think you were disappointed that it didn't work out –

GJM: I couldn't find the bird.

Jane: --It didn't work out quite the way you envisioned it.

GJM: Yeah.

Jane: And that was disappointing. So there's that bird for us to see.

GJM: Yeah.

SE: Can you say a little bit more about the word "precise" that you chose.

GJM: Hockey's a sport about timing and hitting the puck has to be precise or it's not gonna work.

SE: Do you think there's similarity between that and photography?

GJM: The, the cameras are precise. They take precisely what you take a picture of.

Jane: And maybe poetry similarly. You try to use precise words to express what you're thinking.

GJM: Yeah. Yeah. You gotta write down a measurement of what you're trying to say. 'Cause you got a lot of words.

SE: A lot of word to choose from. Thank you, Gen-Jin Master. RM, would you like to say something about your artwork?

[muttering]

SE: I'm going to say a little bit louder so people can hear. Did you say, "A picture of people studying?"

RM: Yes. [mumbles]

SE: "I think studying is nice?"

Jane: "I think studying is nice." It looks to me like they are art students, actually, who are sketching outside. Practicing in a group. Do you think that's what's happening?

SE: Do you think, RM, that that picture has something to do with how it felt for you to be in this group?

RM: I don't know.

SE: You don't know. Can you hold the picture up so other people can see it? [pause] I don't know if anyone else saw that photograph over there. Does that, for anyone else, have anything to do or make you feel anything about being in this group?

Toy: Yeah. [mumbles] What you want us to do in this class. Anticipating activities. It's also a photograph.

SE: There are a lot of activities that you participated in as being part of this group.

Toy: Yeah.

SE: We did a lot. You did a lot. And Master M ...

MM: I cut and taped down a planet and a girl.

SE: And you wrote a word there?

MM: I put "perfect." I put what I feel within myself from being in this class.

SE: Something about it felt perfect.

MM: Yeah. Is that all?

SE: I wondered about the picture there. You said it's a planet?

MM: I cut out and put a picture of a planet, uh, that's how I feel when I'm in this class.

SE: Like a planet?

MM: Yeah. When I was in class.

SE: I see. What does a planet feel like?

MM: It feel, like, nervous.

SE: Do you feel nervous in this class sometimes? Why do you think you feel nervous?

MM: Probably, uh, probably the hour is too long.

SE: You think the hour takes too long.

MM: Yeah. Is that all?

SE: Do you want to say anything else now? Okay. Thank you. And, SJR, Sally Jesse ...

SJR: I did a portrait of a house and the reason why is we did landscapes.

SE: Mmm. When we went to the park.

SJR: Yeah. We did different landscapes. We did poetry. We did, uh, I can't remember the other.

Jane: We did the still lifes.

SJR: Still lifes.

Jane: So maybe just like that house has different rooms, we did different kinds of things in this group that were separate but all related.

SJR: Yes.

Jane: All part of the same thing.

SJR: Yeah.

SE: How do you think – I see there's two people at the door – How do you think those two people are feeling about to walk into that house.

SJR: They feeling good 'cause it's a big old house.

SE: Also, did I remember correctly that you took some photographs inside here?

SJR: Yes, I did.

SE: Sort of inside the, almost like the rooms of (name of residential facility).

SJR: Yeah.

SE: The way you can kind of see into this house, we got to see into (name of residential facility) a little bit through your photographs.

SJR: Yeah.

SE: Anything else you want to say right now?

SJR: No.

Jane: Can I ask Master M a question? Master M, I'm very interested in your saying the group, that the group sometimes makes you feel nervous. Can you say a little bit about why? What about it made you nervous?

MM: The class takes too long.

Jane: Just too long?

MM: It's not that I don't like the class. It's just that the time take too long. I like the class.

Jane: Sitting too long on a given day was maybe too – maybe you needed more breaks.

SE: How about when you took the camera with you, and you had it for a week, and you were taking your own photographs, did that make you feel nervous?

MM: No. It made me feel normal.

SE: Normal.

Jane: And Master M, when we looked at the pictures that everyone had made, especially the enlargements, and when we talked about them and when we talked about yours, did that make you nervous? No? 'Cause I know we talked about some--

MM: It was all right.

Jane: It was all right?

SE: Can anyone relate to Master M, to feeling nervous in this group sometimes? RM?

Toy: It's probably like a challenge or something. A challenge to do the best work in the classroom.

GJM: I feel like, sometimes I feel like, um, I'm not s'posed to say stuff or something, because in a way it seems like, uh, Jane tells me I'm negative a lot and then I don't have, I don't have, uh, a part of sharing in the group.

SE: Do you feel--

GJM: --Or I feel like I'm going to have to do more work if I say something.

SE: Do more work like, um, you have to think more before you say something.

GJM: Do my work over.

Jane/SE: Oh.

Jane: Did that ever happen?

GJM: No. Betcha it probably would.

SE: Do you think that you got a chance in this group to say the things that you wanted to say in your photographs and your writing?

GJM: No.

SE: No. Okay. Do you know why?

GJM: Some, some of the writing I got a chance to say what I wanted to say.

Jane: But in the photographs?

GJM: Not in the photographs.

Jane: How come? Why not?

GGJ: All of them didn't work out. I didn't have good pictures. Some of the pictures were all right. But there was nothing that I really liked. I like taking pictures of waves at the ocean. I like to get a waterproof camera and go in the water. And take a picture from the inside with a little camera. In the inside of a wave. And then, and the wave goes over and I go under water and I come up and that was a good wave.

Jane: And we didn't have access to the ocean. Unfortunately.

GJM: And it's not good waves in LA anyway. I used to live in Ventura and we'd go to the beach all the time and, uh, I got my pictures put in magazines for wave ridin'.

SE: Wow.

GJM: I took pictures of – we took cameras to the beach and our friends would take pictures of us in the water with waterproof cameras and that was a lot of fun. And that, that's geared more towards people who ride waves. Nobody else would really care to look at a bunch of waves or people riding the waves. But we were friends so they liked it. We used to go to a beach club and they'd take us camping at the beach and, uh, and sometimes we'd pack up lunch and we'd go surfing at a far away place.

SE: Sounds like something that happened for you in this group a lot was it brought up a lot of memories.

GJM: No, not really.

Jane: Master Jin-Gen, what comes to my mind as I listen to all that you just said too is that it was a challenge because we didn't have access to the ocean.

GJM: Yeah.

Jane: But hang on a sec. And so you weren't – there wasn't an opportunity to take pictures, the kinds of pictures that you'd experienced taking before, but why I noticed in the picture that you did take is that you, um, experimented. You took a chance and tried some new things and it is true in my own photography too, in anyone's life you try new things, it doesn't work out the first time exactly the way we anticipated it would or want it to. But I think it's really terrific you took chances and tried some new things. And I think some of them turned out to be very effective photographs too.

GJM: Okay.

SE: Does anyone else feel that they took chances or were challenged--I think he used that word--did anyone relate to that or feel that way – that they took chances or were challenged in this group?

Jane: You know, when I was printing the enlargements and when I was typing up your poems also, I really felt quite strongly that, and was very impressed that each of you really took chances and did things that you'd not done before successfully, also, and so I think from my point of view, everyone in a really positive way really did take chances and accepted the challenge and did things that you'd never done before or in a way you'd never done it before. And really, I think that was great.

MM: When are we going to have our break?

SE: In a couple of minutes. I wanted to ask everyone one specific question that I'm curious about: What do you feel that you'll remember most about this group? So maybe we could just – you could think about that for a moment, what you think you'll remember most about this group--and then we'll just go around and you can answer that however you'd like. Can I start with you, Sally?

SJR: Uh, what was the question?

SE: What you think you'll remember most about this group, what was the most memorable part.

SJR: Like, still life photography and the different types. And your point of view and how you select it and how you take your pictures, and you stop, think, and snap your pictures.

SE: It's the idea that Jane talked about a lot of stopping, looking, thinking and deciding. Yeah.

[Yeahs all around]

SE: Master M, how about you? What will you remember most about this group?

MM: I remember most this group is the moment.

SE: The moment?

MM: Yeah. The moment we share.

SE: The moment we shared? So the times in the group when everyone would share their work? Yeah? What was memorable about that for you?

MM: Um, the art?

SE: Seeing everybody's work. Was it – were you surprised?

MM: No.

SE: Not surprised. RM, what do you think you'll remember most about being part of the photography and poetry group?

RM: I never used a camera.

SE: You never used a camera before the group? Before this group?

[no answer]

Jane: What will you remember about using it for the first time, RM?

[muttering]

Jane: I didn't hear that. What did you say? What will you remember most about using a camera for the first time?

RM: I don't know. [muttering]

Jane: Okay. RM says he thinks it was nice. Okay.

SE: How 'bout you? Gen-Jin Master, what do you think you'll remember most about this group, about the photography and poetry group?

GJM: Mmm. I don't know. Remember, I don't know, going to the park and, uh, smoking cigarettes on break and sometimes I would have chips or soda and, uh, the writing too, the writing. I'll remember our poems. Hmm. Different writings from the poetry class.

SE: The poetry part of it?

GJM: Yeah. The poetry part.

SE: Do you think you might continue to write?



GJM: No. I might, but I doubt it.

SE: Okay. It's possible.

GJM: Yeah.

SE: Anthony, what do you think you'll remember most about this group?

A: Yeah. It's exciting and, uh, different things.

GJM: It's like the Love Boat.

[Laughter]

GJM: [Singing] Strange and exciting.

SE: Exciting, interesting and different? Can you say one thing that was exciting, interesting and different about it? What particular thing?

A: Sharing?

SE: Sharing. Yeah. Similar to what Master M said. Thank you. Toy, how 'bout you? What do you think you'll remember most about being part of this group?

Toy: Um. Posin' in different positions the camera. And looking straight in there and using your flash. Hmm. Yeah. And I think this has a very interesting photo, and I wish I could use the darkroom too. [Laughs]

Jane: Maybe that could be part two.

SE: Yeah. So you learned. It sounds like you learned a lot about photo—

Toy: Well, it's not my first time using a camera. I just hadn't used it in a long time.

SE: Oh. Do you – did it bring back memories of using a camera in the past?

Toy: Yeah. It's just doing a lot of photos and stuff. You take pictures. And designers. And photo class. There weren't a lot of areas to take pictures.

SE: There weren't a lot of areas to take pictures?

Toy: There wasn't nothing to pose for me to take pictures.

SE: You said people wouldn't pose for you to take pictures?

Toy: No. I said there wasn't nothing to pose for me.

SE: Oh. Okay.

Toy: So you'd have to go somewhere you really having a good time to take pictures. And we went to this restaurant, some beautiful pictures came out. Instead of black and white. I never had black and white, so –

SE: That was a new experience?

Toy: It was a new experience.

SE: Okay.

Toy: But the class was great. A lot of interesting graphics. We learn landscape.

SJR: Still life.

Toy: Huh?

SE: Sally said "still life."

Toy: Still life and poses and, um, position of, um, landscape from the background. So I think it's really interesting.

SE: Thank you. Cookie, how 'bout you? What do you think you'll remember most about this group?

Cookie: I like the pictures of the velvet, the velvet, um, background. That was real nice.

SE: The still – it was a still life day. What did you like about that?

Cookie: How it was set up and that kinda black velvet was so pretty.

SE: Mmm. I remember a picture you took of something that you had from your room.

Cookie: Yeah. And then we had some over there on the table that we could pick up and take over too.

Jane: Cookie, can I go back to the picture from before? I was just standing over your left shoulder and I was looking at the picture of the woman and you said that was kind of like a picture of you in the group.

Cookie: Mm-hmm.

Jane: And I wonder – I hadn't really looked before at her expression – and I wonder how you think she's feeling in that picture?

Cookie: She's kinda happy.

Jane: Kinda happy? What do you mean by kinda happy?

Cookie: 'Cause she have a slight smile on her face.

Jane: In addition to feeling happy, what else might she be thinking or experiencing or feeling?

Cookie: Concerns.

Jane: Concerns?

Cookie: Concerns.

Jane: Uh-huh. What do you think she's concerned about?

Cookie: Um.

GJM: Her mortgage and her ... her student loan.

Cookie: Um. I don't know.

Jane: Okay. Yeah, she looks like she has both a, as you say a slight smile and a happy or contented expression – but also a serious one too. Yeah.

GJM: Does that thing on her head mean she's from Africa?

Cookie: I don't know.

Jane: And I noticed that Sally Jesse added another picture to her collage. Want to say something about that?

SJR: Oh. That was just a picture of a portrait.

Jane: Of making portraits.

SE: It's an interesting hairdo she's got.

SJR: Yeah.

GJM: I knew a lady she used to put seashells in her hair. She would do braids and then she would put a little seashell at the end of her hair.

SE: So, we'll take a short break and then come back and have a little snack and continue. Thank you, everyone.

[break]

SE: Okay, so the reason that Jane asked you to bring you photo albums with you today and also I've given you back your notebooks you've been writing in is because what I want you to do for the next couple of minutes is to look through the work that you did during this group and that can include your writing, the photographs that you took and also the enlargements and the poems that Jane gave back to you today if you'd like. Just take a couple minutes taking in the work that you've done during these fifteen weeks, you know, kind of looking at it, thinking about it, and then I'm going to ask you to do a little bit of writing about what it's like to look through the work that you've done and what your thoughts and feelings are.

MM: Do we write our name on the poem?

SE: Yeah, you'll be writing a poem. But before you start writing, Gen-Jin Master, would you please take a couple of minutes to look through your writing, your photography, your—

GJM: I just want to write the poem.

SE: Okay. Um —

MM: Should I put, should I put my name on it?

SE: Please don't put your real names, so you can put your—

Jane: Sarah's asking you—

GJM: I know what she's asking.

Jane: But she's asking you to do it in a different way for a particular reason. It might help you to see your work a little more fully before you put your pen to paper.

SE: Maybe I should take the paper back after you've written your name on it, or your pseudonym. Your pen name. I want to take these back for a minute because I really would like everyone to spend a minute or two or three looking over your photographs, your writing, your enlargements.

[Rustling]

GJM: I don't have my photo album.

SE: You don't have it today? Okay. You do have your enlargements and your poem.

Jane: And your notebook.

[Rustling, extended silence]

A: Do we have to write about all of it?

SE: No.

A: Pick a certain picture or –

SE: You can pick a certain picture or you can write about your general thoughts and feelings from looking at everything.

Jane: And what it makes you think about yourself and about the experience of looking at what you accomplished.

[Rustling, extended silence]

Toy: Here's mine.

SE: You want me to read it?

Toy: Yeah.

SE: We're gonna share too. You want to hold onto it and wait till we share?

[Rustling, extended silence]

Toy: How do you spell "picture?"

SE: P-I-C-T-U-R-E

Toy: Oh, U-R-E. Oh.

[Rustling, extended silence]

SE: Are we ready? Is everyone finished? Anthony, not quite? ... RM, are you finished?

RM: Yes.

[Rusting, extended silence]

SE: All right. So ... what I'd like to do is to go around and everyone who'd like to read their poem or sentences aloud and then if there's anything else you'd like to say about what it was like to be part of this group after you read, please do. Who wants to start?

Cookie: I'll start.

SE: Okay.

Cookie: [Recites her poem]

SE: Seems there are a lot of things you like when you look through what you did. How does that feel?

Cookie: Good.

SE: Yeah. Seems like you accomplished a lot. Do you have any thoughts about what it was like to be a part of this group and to hear from others and see others' work too?

Cookie: Um, what was the question?

SE: What it was like to be a part of this particular group and to see other people's work and hear other people's writing.

Cookie: I think it was terrific.

SE: It was terrific?

Cookie: Yeah.

Toy: [Recites her poem]

SE: Can you read the last line, the last sentence?

Toy: Writing about everything is interesting to me, so I hunged on in there. [Recites poem again]

GJM: Say what?

Toy: I hunged on in there.

Jane: I hung on in. Is that what you meant to say?

Toy: Mm-hmm.

Jane: She hung in.

SE: How does it feel to have hung on in there?

Toy: Um. I hunged on in there and I taked the photos. First I couldn't believe black and white, so I said, Let me see what black and white is. Pictures is all right but I need color.

SE: You're holding out.

Jane: It's a different choice.

GJM: Can I read mine?

SE: Sure.

GJM: All right. Mine's called What I Noticed In Group. [Recites his poem]

SE: Can you repeat the last line? (Hands it to SE)... Do you want me to read it?

GJM: Yeah.

SE: [Repeats poem]

GJM laughs]

SE: Gen-Jin Master!

[Laughter]

Jane: Spoken like a Gen-Jin Master.

SE: So, do you have any thoughts about the last line of that?

GJM: About?

SE: About the one person. Who's that one person?

GJM: Well everybody who was involved with the group took their time. But the stuff I looked at, I only looked at my stuff, so I don't know whether ... I know you guys took your time to work with ... I didn't see your stuff. I know you guys did bring stuff and stuff.

SE: Yeah. How was it, though, during the fifteen weeks to see everybody doing their stuff like the way you were?

GJM: It was all right. 'Cause I guess hearing other people's ideas is interesting 'cause you know them persons as much as you thought whenever you hear them read their stuff, their poems.

SE: Discover new things about each other.

GJM: No. Just that you didn't know what they was gonna write and you find out.

SE: Does anyone relate to that feeling of not knowing what someone else might write and then finding out?

Toy: Yeah.

SE: You felt the same way? Anthony, would you like to read?

A: [Recites his poem] These pictures are captivating.

SE: Great word, “captivating.” So when you were writing about “these pictures”, you meant the pictures you were looking at in your photo album?

A: Yeah, yeah, yeah, yeah.

SE: I hear the word “interesting,” “enjoyable,” “captivating.”

[Laughter]

GJM: Do you want these?

SE: Not just yet. And, Anthony, what was it like to be a part of this group and see everybody else’s work and what they did and learned?

A: Ah. This group?

SE: Yeah. What it was like to be a part of this group.

A: Ah. Yeah. I liked the group. And I’m getting to know them so, yeah. I’m looking forward to it. Better.

Cookie: I learned a lot in this group.

SE: What did you learn?

Cookie: I learned a lot about expect—Am I saying that right?

SE: Perspective?

Cookie: Perspectives on things.

SE: You got to see how everyone sees the world a little bit differently.

Cookie: Yeah.

SE: I think I’m hearing similar feelings among other people in the group. RM, would you like to read what you wrote?

RM: Okay. [Recites his poem]

Jane: Quiver with what?



GGM: Freshness.

SE: Freshness, wow!

[Laughter]

Jane: And, RM, is quivering with freshness a good feeling or not such a good feeling?

RM: It's a nice feeling.

Jane: It's what?

SE: A nice feeling. Freshness makes me think about newness. [laughter] This is what I heard from a lot of people. It's a new experience.

SJR: Soap.

[Laughter]

SE: Cleanliness. Fresh.

GJM: We used to do a group in the hospital. And we'd make stuff up and write stuff down and draw. Pretend. And I thought it was goofy.

Jane: Goofy.

SE: Goofy in a good way?

GJM: No.

Jane: Not such a good way.

SE: Master M –

GJM: They left a lot of room for ridiculousness. But that's all right.

MM: I wrote: [Recites his poem]

GJM: [Laughter]

MM: [Repeats a line of the poem]

Jane: Well they are.

GJM: I'm not laughing at him.

Jane: It's true. Even if you take a picture of a tree or a building or a lake. It's all an expression of the photographer. And the same thing when you're writing a poem. It's all about the poet or the photographer. It's true. In the same way.

SE: It sound like it makes you feel good looking at what you've accomplished in this group.

MM: It's wonderful.

SE: And how did you like being part of the group?

MM: I liked it.

SE: What did you like about it?

MM: Poetry.

SE: The writing. Thank you, Master M. Sally Jesse Raphael?

SJR: [Recites her poem]

SE: You learned how to do different types of photography. You can see that when you look back at your pictures. How did that make you feel?

SJR: It feels good.

[audio ends]




**Table 1**

*Art and Verbal Expressions (1)*

	Master M	Gen Jin Master	SJR	Toy
"Choose some pictures that say something about your experience of being part of this poetry and photography group."				
"Please say something about your art work."	"I cut and taped down a planet and a girl. I put "perfect." I put what I feel within myself from being in this class...I cut out and put a picture of a planet, uh, that's how I feel when I'm in this class."	"I have a bird. It's morning time. It's precise. The guy, he plays hockey so, he always plays hockey and, he does, his job is playing the game. And then he finishes and he did all his work and he can go home. And sometimes he just shows up just to play hockey. "  Our group is something. I don't understand why we gotta do all this stuff but it's okay because it's at where I stay at. And it's, and it's a morning bird. It's morning time."	"I did a portrait of a house and the reason why is we did landscapes." "Yeah. We did different landscapes. We did poetry. We did, uh, I can't remember the other."	"This is what I see everyday at (name or residential facility) walking around outside the gate. Mothers and kids and fathers, families walking their kids..Okay, the reason why I said that outside why there's they're walking out the gate because I'm inside the gate and they walkin' with they family with they kids and stuff and I want to be walking with my kids. But it still be food. It still be home at (name of residential facility). After you worked hard enough in the group. If you worked hard in the group, you still be hungry."
"What do you think you'll remember most about this group?"	"I remember most this group is the moment...the moment we share."	"I don't know. Remember? I don't know, going to the park and, uh, smoking cigarettes on break and sometimes I would have chips or soda and, uh, the writing too, the writing. I'll remember our poems. Hmm. Different writings from the poetry class."	"Like, still life photography and the different types. And your point of view and how you select it and how you take your pictures, and you stop, think, and snap your pictures."	"Posin' in different positions the camera. And looking straight in there and using your flash. Hmm. Yeah. And I think this has a very interesting photo, and I wish I could use the darkroom too. "

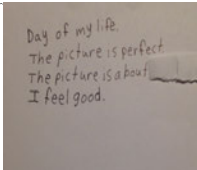
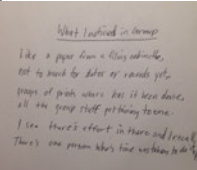
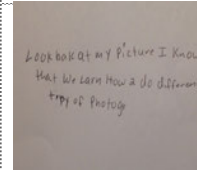
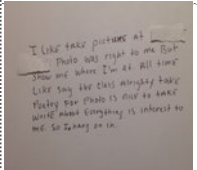
**Table 2**

*Art and Verbal Expressions (2)*

	<b>Anthony</b>	<b>Cookie</b>	<b>RM</b>
"Choose some pictures that say something about your experience of being part of this poetry and photography group."			
"Please say something about your art work."	"Interesting. Yeah. They're trying to catch more grasshoppers. They're going to release them. I guess. I figure. They're just catching it and trying to ... study it." "To the left, I have a picture of a hunter stuffing animals. A hunter stuffing animals. I've got a deer, an iguana. What's that? A wolf. A stuffed wolf. On the bottom I got a, uh, yeah. Oh yeah, there's somebody there, uh, trying to take a baby's picture, uh, her photograph. So she could keep it. That's all."	"This is me enjoying the group, and this is us graduatin' from the group today."	"I think studying is nice."
"What do you think you'll remember most about this group?"	"Yeah. It's exciting and, uh, different things." "Sharing."	"I like the pictures of the velvet, the velvet, um, background. That was real nice...How it was set up and that kinda black velvet was so pretty."	"I never used a camera."

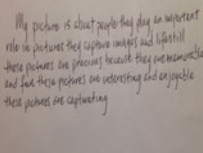
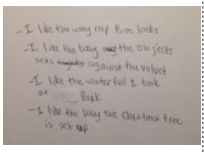
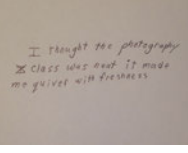
**Table 3**

*Written and Verbal Expressions (1)*

	Master M	Gen Jin Master	SJR	Toy
"Write a poem or a few sentences about what it was like to look through the work that you've done in this group."				
"Do you have any thoughts about what it was like to be a part of this group and to hear from others and see others' work too?"	"It's wonderful." "I liked it."	"It was all right. 'Cause I guess hearing other people's ideas is interesting 'cause you don't know them persons as much as you thought whenever you hear them read their stuff, their poems."	"It feels good."	"I hunged on in there and I taked the photos. First I couldn't believe black and white, so I said, Let me see what black and white is. Pictures is all right but I need color. "
<b>Emergent categories</b>				
"What I learned"		"Just that you didn't know what they was gonna write and you find out."		"It was a new experience... But the class was great. A lot of interesting graphics. We learn landscape."
Successes/ Accomplishments		"Some of the writing I got a chance to say what I wanted to say." "You gotta write down a measurement of what you're trying to say. 'Cause you got a lot of words." "Just that you didn't know what they was gonna write and you find out."	"On having the camera for a week to take pictures: "It made me feel normal."	"It's probably like a challenge or something. A challenge to do the best work in the classroom."
Challenges/Difficulties /Disappointments		"I feel like, um, I'm not s'posed to say stuff or something, because in a way it seems like, uh, Jane tells me I'm negative a lot and then I don't have, I don't have, uh, a part of sharing in the group."	"Probably, uh, probably the hour is too long...It's not that I don't like the class. It's just that the time take too long."	"There wasn't nothing to pose for me to take pictures."

**Table 4**

*Written and Verbal Expressions (2)*

	<b>Anthony</b>	<b>Cookie</b>	<b>RM</b>
"Write a poem or a few sentences about what it was like to look through the work that you've done in this group."			
"Do you have any thoughts about what it was like to be a part of this group and to hear from others and see others' work too?"	"I liked the group. And I'm getting to know them so, yeah. I'm looking forward to it. Better."	"I think it was terrific."	"It's a nice feeling."
<b>Emergent themes/topics</b>			
"What I learned"		"I learned a lot in this group. I learned a lot about... perspectives on things."	
Successes/ Accomplishments			
Challenges/Difficulties /Disappointments			
Memories recalled			

**Table 5**

*Memories Recalled*

	<b>Master M</b>	<b>Gen Jin Master</b>	<b>SJR</b>	<b>Toy</b>
Memories recalled		<p>"We used to do a group in the hospital. And we'd make stuff up and write stuff down and draw. Pretend. And I thought it was goofy. "</p> <p>"I knew a lady she used to put seashells in her hair. She would do braids and then she would put a little seashell at the end of her hair."</p> <p>"I like taking pictures of waves at the ocean. I like to get a waterproof camera and go in the water. And take a picture from the inside with a little camera. In the inside of a wave. And then, and the wave goes over and I go under water and I come up and that was a good wave."</p>		<p>"Well, it's not my first time using a camera. I just hadn't used it in a long time...So you'd have to go somewhere you really having a good time to take pictures. And we went to this restaurant, some beautiful pictures came out. Instead of black and white."</p>

### **Analysis of Data**

This study, which examined the experiences of a group of mentally ill adults in an art therapy pilot program, utilized a participatory action, or PAR, approach, a research paradigm that seeks to shift the traditional researcher/subject hierarchy by viewing “subjects” as participants in a collaborative effort with the researchers. If anything, in PAR the “subjects” are placed slightly higher than the “researchers” by being seen and treated as experts on their own experiences who have invaluable knowledge to collect and share in an open collaborative process. One example of a PAR methodology is photovoice (described in detail in the literature review of this paper). Photovoice uses the camera as its primary tool, providing the participants in a research project with cameras and asking them to document aspects of their lives and communities that can foster a dialogue among participants (who typically come from the same community or culture), with researchers, and, ideally, with the society at large, as the ultimate aim of PAR research is to bring about policy changes by shedding light on heretofore unacknowledged or misunderstood problems/concerns/resources. Wang and Burris (1997), the creators of photovoice, outlined the three-step process of data analysis of this research methodology as: 1) selecting 2) contextualizing and 3) codifying. The research presented in the present paper, though not a photovoice project, has been analyzed according to this methodology. Because this study looked at the lived experiences of participants in a program who, among other activities, were taught the basics of black and white photography and given cameras for a week with which to document personally meaningful aspects of their lives, it was deemed that the analysis used in photovoice would be appropriate to this study.



**Selecting.** The first stage of analysis, selecting, is undertaken so that, “people can lead the way in discussion” (Wang & Burris, 1997, p. 381). In photovoice this stage is manifested in the participants’ choosing of the photographs from their own roles of film that they find the most meaningful. In the present study, the selecting process was two-fold. First, participants were invited to *choose* among a multitude of collage images those that they felt communicated something about their personal experience of taking part in the photography and poetry program. Secondly, participants were asked to bring the small albums they had been given in the last session of the program that contained 4 x 6 prints of all the photographs they had taken during the fifteen weeks. In the focus group, they were instructed to look back through these images, and to write a poem, or a few sentences either about a specific image or about what they noticed or felt as they reviewed their entire body of work. In this process they were again invited to *select*, both by selecting a specific image or writing about all of them, and by selecting the words to describe that image/experience.

In the selecting process that involved collage, the images were spread out on a large table and participants were encouraged to take their time sifting through them, moving them around to find images that might be buried underneath. As regular attenders of an art therapy group led by Jane Schulman at this facility, the seven participants in the focus group were familiar with the collage process. They were also accustomed to being encouraged to look carefully and thoughtfully through the images before selecting. During the focus group, they were similarly given this directive. Nonetheless, some participants found their images quickly and returned to their seats. Whether this was because they easily found images that related to/expressed their ideas, or because they did not want or were unable to engage more deeply in the selecting process is difficult to determine. Others lingered over the images, picking up and carefully

examining them, or else hovering near the table, possibly reluctant to engage in the process of sorting through and selecting. Jane Schulman, as a licensed psychotherapist, was present during the focus group to provide support to the participants as needed. In this capacity, she worked one-on-one with one of the participants, R.M., during the selection process, to gently remind him of the task, orient him towards thinking about the questions posed, and encourage his participation in the activities of the focus group. Some of the participants selected several images, and narrowed them down to one, two or three which they then pasted onto the 9 x 12 paper provided, while others used all the pictures they had selected in their final product. The majority of the participants (5) used 2 images in their collage, while one, Anthony, used 3 and another, R.M., used 1.

The second part of the selecting process, which involved inviting participants to review their work produced during the program (this included photography and poems) and selecting one, some or all of it to reflect on in writing, was similarly engaged in differently by each of the participants. Some of them (R.M. and Gen-Jin Master in particular) seemed reluctant or unwilling to review their work. In Gen-Jin Master's case, he wanted to begin writing without engaging in the review. This may have been because it was uncomfortable or distressing to look back on his work (perhaps because, as he expressed in the discussion, he had been disappointed by his photographs), or because he was anxious to write, an activity that he seemed to find pleasurable and enjoyed engaging in during the program. In the case of R.M., who took a seat away from the other members, and kept his head down during most of the focus group dialogue, it seemed that, perhaps owing to his symptoms and/or the effects of the medications he may have received during a recent hospitalization, he had a difficult time focusing on the activities. Some of the participants, though slow to begin the review, lingered over the activity once begun,

apparently interested in looking back over the considerable output they had produced during the program. It is worth noting that it is likely a rare occurrence for the participants in this group to look back over a body of work that they have completed. In the art therapy group that they regularly attend, for example, they may sometimes have a chance to revisit work from the previous week, but rarely, if ever, do they have the experience of having completed a program with a tangible artifact that demonstrates this accomplishment.

The next part of this stage of the selecting process involved a written response to the review of work. The directions were given by the researcher as: “Take a couple minutes taking in the work that you’ve done during these fifteen weeks” and then “write a poem or a few sentences” about, “ what it’s like to look through the work that you’ve done and what your thoughts and feelings are [as you do this].” Again, in this stage, some of the participants completed their writing response quickly and waited for the others to finish, while other took their time, seeming to labor over their choice of words. In this case, SJR was the first to put down her pen, and the words that she wrote (figure 6) demonstrate her unwillingness or inability to attend to this step. She has left the last word, photography, unfinished, hanging mid-word in a sentence devoid of punctuation. Gen-Jin Master, interestingly, was the participant who took the most time with the writing response, composing a poem in rhymed couplets that employs simile and metaphor to make a complex, but cohesive, statement about his experience.

**Contextualizing.** The second step in photovoice analysis is contextualizing, or storytelling. This stage occurs in the group discussion process, and is epitomized in the acronym VOICE, “voicing our individual and collective experience” (Wang & Burris, 1997, p. 181). In photovoice it is assumed that photographs alone, considered outside the stories from the people who have taken them that contextualize their subjectivity, have little or no meaning. In this stage

of the photovoice process, focus groups are often used as a way for individual participants to share and compare their photographs and stories, thus generating collective meanings while also deepening the individual experience. Accordingly, in this research, participants were encouraged to share their artwork and writing, while providing the context for these by engaging in their own interpretive process, with as little leading by the researcher as possible.

It is hoped that in the contextualizing phase of analysis, the participants will respond to one another's work with little coaxing, spontaneously making connections between individual experiences and consciously collaborating to isolate collective themes and concepts. This researcher found this part of the contextualizing phase to be challenging within the context of this particular group. As people living with SPMI, socialization, particularly with peers, tended to be particularly difficult or limited for the members of this group. Nonetheless, as is apparent in the content of the discussion which will be highlighted in the following section, many members expressed the notion that taking part in the program and getting to hear and see the work of their peers as well as share their own, was an important and memorable experience. As the transcript from the focus group evinces, the researcher found it necessary to support and foster a group dialogue by asking such questions as, "Can anyone else relate to what [name of participant] has just shared? Did anyone have a similar experience?"

**Codifying.** The contextualizing stage gives rise to the final stage of the analysis: codifying. According to Wang and Burris, in this stage, participants may identify three dimensions that are potentially generated by the group discussion: issues, themes and theories (Wang & Burris, 1997). During the focus group discussion, in which participants were invited both to reflect on/interpret the meanings of their collages and the work they had produced during the photography/poetry program, and to share their experiences of and opinions about the

program, the researcher endeavored to attend to issues and themes that emerged, and to, when applicable, bring these to the attention of the participants. This was done in order to allow participants to reflect on/agree/disagree with the researcher's perceptions, thus facilitating the collaborative analytic process that is the aim of participatory action research methodologies. The creation of a table isolating individual participant's responses to specific questions, as well as spontaneous responses that emerged during the discussion, helped the researcher to more clearly apprehend and prioritize the data through so-called internal and external replication, terms defined by Wang and Burris as, "findings validated by other remarks from a single source" and findings "validated by other sources" (1997, p. 382). In other words, the organization of the visual, written and verbal data into table form highlighted themes and issues that were prevalent or repeated within the responses of an individual participant, and to highlight themes and issues that were expressed by more than one participant. The limitations or difficulties of using this approach to analysis with this particular study will be discussed in the findings section of this paper.

The data consists in visual, written and verbal forms. In analyzing these, the researcher attempted as much as possible to bracket, or suspend preconceived expectations or ideas based on her own experiences, in order to, "let unexpected meanings emerge" (Chan, Fung & Chien, 2013, p. 1). In the following paragraphs, the data are grouped and described according to general and more specific themes that reflect, as closely as possible, what emerged during the focus group art and writing activities and discussion.

**The collage.** In verbally sharing about their collages, an activity which began with the broad invitation by the researcher to "say something about your art work", participants seem to have responded in one (or more) of the following ways: 1) by directly describing personal

feelings (either directly related to the experience of taking part in the poetry/photography program or not); 2) by telling stories about the images in the collage that seemed to be metaphors about the experience of being in the program; or 3) by recalling specific things they did during the program.

**The poem/written response.** In analyzing the content of the written expressions produced during the focus group in response to the directive to review the totality of work created during the program and to reflect on any feelings/thoughts/ideas that emerged in doing so, the researcher found one or more of the three following general categories to be present: 1) references to specific photographs or experiences that took place during the program; 2) general reference to the experience of the program; and/or 3) expression of a feeling or mood.

**Themes.** The themes that have been isolated in an analysis of the data emerged in both the latent and explicit content of the art, as well as the verbal responses and dialogue. The researcher has noted where themes found in the art were either reinforced by, alluded to, or contradicted in the verbal responses.

***Feeling contained by the group.*** Toy's artwork suggested this theme. Her inclusion of an image of hearty-looking food suggests the idea of nourishment, and her image of a young girl holding the hand of an adult outside the frame reiterates this feeling of being led, and perhaps protected, by the group as she explored new concepts, and perhaps, emotional territory. In her verbal response, however, Toy likened these pictures to things in her life that were desired or lacking, describing the food at the board and care facility, for instance, as unfulfilling or insufficient, and making a direct correlation between this and the experience of the program. She states that despite "working hard in the group" one might, "still be hungry." Gen-Jin Master's artwork and verbal response similarly reflect this theme of being held by the group, and

also register his possibly mixed feelings. He explains the image he has selected, of a bird perched amid branches, as suggesting being in one's own environment, or, as he puts it, the program being "at where I stay at." While this was literally the case, there is also the suggestion of feeling, like the bird, contained within a safe environment. At the same time, as was acknowledged by Gen-Jin Master during the ensuing dialogue, the close-up image of the bird also recalled his attempts, which he felt were unsuccessful, to take a picture of a bird in a tree around the board and care facility. It seemed that this disappointment was significant to Gen-Jin Master, perhaps because he felt that the image of the bird in the tree reflected something he wished to express about his own life. Master M's collage included a small image of planet Earth as seen from space and included the word "perfect". As he described, this reflected, "what I feel within myself from being in this class [sic]". The image of planet Earth, as well as the word "perfect", might suggest a similar experience of being "at home" in the group, and of feeling held and contained. However, when the researcher asked Master M. to elaborate, he responded that he often felt "nervous" in the program, a feeling that he also seems to have associated with the image.

*Self vs. Other.* A theme that emerged primarily through the internal replication analysis process was that of the tension between or the simultaneity of feeling part of the group and feeling alone. This can be seen, for example, in Gen-Jin Master's verbalization of the feeling of discovery he experienced upon hearing the poetry of other members of the program: "You don't know them persons as much as you thought whenever you hear them read their stuff." In contrast, when he wrote a poem about his experience of the program, he focused on his singularity, on how the work was primarily about himself ("all the group stuff pertaining to one.") Anthony, like Gen-Jin Master, verbally expressed feeling that he had learned new things

about the other people in the program during the fifteen weeks and that this was a positive experience: “I liked the group. I’m getting to know them. So yeah, I’m looking forward to it.” In his written expression, he emphasized that his pictures were about people: “My picture is about people they play an important/role in pictures”. These sentiments contrasted with the images that Anthony took with his camera during the program which were largely, with a few notable exceptions, devoid of people. Instead, he primarily focused on images of animals and other non-human subjects. After hearing from Anthony, it struck the researcher that he may have seen, consciously or not, the “human” behind his photographs, even when they did not directly illustrate people. Cookie’s collage images illustrate both the group and the individual experience she had during the program. One image is of a beautiful and self-assured woman, whom Cookie likened to “herself, enjoying the group.” Here she focuses on her subjective and singular experience, which nonetheless shares the page with an image of about equal size of a group of men and women in graduation robes. This image Cookie described as “us, graduatin’ from the group today”, an interpretation that emphasizes the experience of the group. It seems that Cookie, in reflecting on her experience of the pilot program, wished to express both how she felt within herself and how she felt as part of the collective.

*Accomplishment and Challenge.* Another theme that emerged during the focus group discussion was that of working hard, feeling challenged, and practicing during the photography and poetry program. In Gen-Jin Master’s collage and verbalizations, for example, he makes reference to practicing and to precision, ideas that he seems to associate with the act of taking photographs, and, perhaps, of writing, too. Similarly, in the poem he wrote during the focus group, he refers to the work, his own and that of the other participants, put forth in the program: “I see there’s effort in there and I recall/ how one person’s time was taken to do it all.” It seems



that Gen-Jin Master has mixed or uncertain feelings about having worked hard, as there seems to be both a sense of pride and accomplishment in his story of the hockey player, and, in the poem, a feeling of being unsure all the effort was well-spent. Toy also described feeling “challenged” in the program: “it’s probably like a challenge or something. A challenge to do your best work in the classroom.” This statement reflects that of other participants who called the program a “class” and related to the work they did, as in the case of R.M., as “studying”, as in his written statement, “I think studying is nice.” SJR, likewise, enumerated some of the activities she had done during the program as if recalling all that she had learned, while Anthony expressed an idea of studying (both in the sense of practicing and in the sense of observing closely) in the images he chose for his collage and how he described them: “they’re trying to catch something and studying it.” Cookie’s image of a graduation as well as her description of “us, graduatin” similarly echoes the theme of having worked hard, completed and accomplished something.

***Freedom vs. confinement.*** Another theme that arose in the focus group was that of freedom vs. confinement. In his collage, Anthony selected images that he described in terms of this contrast. In one image, a hand holds up a sealed plastic bag with insects in it, through which one can see a group of blurry human figures in the background. In another, a man is in performing taxidermy on what appears to be a wolf, and the animal is shown with its fur cut away and pulled back from the body. In describing the former image, Anthony focused on the idea that the insects had been captured in order to be studied, and his hope that they would be “released”. In interpreting the latter image, Anthony described the man in the photo as a hunter, thus echoing the notion of trapping or catching. In his written expression he uses words like “capture” and “captivating”. While these words are frequently associated with photography (one “shoots” a picture, one “captures” something on film), it seems that Anthony particularly

experienced the act of taking pictures, and perhaps of being part of the program, as involving capturing and being caught., in perhaps varying sense of these words. Toy's expressions also explored the theme of freedom vs. confinement. In sharing about her collage, she described the feeling of "being inside the gate" while the people in the picture are "outside the gate", and she shared that she "wants to be walking with [her] kids" outside the gate. At the board and care facility, there is a smoking area surrounded by a chain link fence where many of the residents pass much of the day. In her photographs, Toy took pictures both from inside and outside of this "gate" and it seems that in the focus group she is expressing that the gate has symbolic meaning to her, perhaps about feeling confined or trapped within her situation, and wishing for freedom.

*Observing and being observed/new perspectives.* A theme that was shared among the verbal, visual and written responses of several participants was that of observing and being observed. Given that an oft-repeated mantra in the program was that of "stopping, looking, thinking and deciding" before taking a picture, that participants also explored concepts of careful observation and multiple view points in poetry exercises, and because the participants were cognizant of the fact that they were, during the focus group, participating in a research project, it is not surprising that there were multiple references to this theme in the focus group. SJR's collage images, in particular, seem redolent of the idea of observation—she has selected an image in which the viewer looks into the empty rooms of a dollhouse, while from the other side, a child looks through the window, back at the viewer. Disconcertingly, the image contains the figures of two tiny people standing at the threshold and framed in the doorway. They are dwarfed by the child, who seems monster-size in comparison. Next to this image, she has also added another figure, which in position and attitude somewhat resembles SJR herself, off to the side and seeming to gaze penetratingly back at the other image. It is as though everyone in the

image (including the viewer) is both observing and being observed. Although SJR did not make this explicit in her verbalization about the image, she did recall, at a certain point in the discussion, what she explored during the program in terms of, “point of view, and how you select it and how you take your pictures.” Toy also vividly recalled looking/observing as an important part of the program. She highlighted, “posin” the camera in different positions and, “looking straight in there and using your flash” as memorable aspects of her experience. Cookie, similarly, mentioned “perspective on things” as one of the most important things she had learned in the program.

*Memories.* For some of the participants, an opportunity to reflect on their experiences in the program seemed to evoke memories of the past. For Gen-Jin Master, considering his photographs seemed to trigger memories in which he had used a camera. It seemed these recollections were of happy times with friends, such as surfing excursions during which, he narrated, he would take pictures while “inside a wave”. These images seemed to stand in stark contrast to his present reality, which in his descriptions was comprised of things like “soda, chips and cigarette breaks”, and that the camera seemed to evoke something like “snapshots” of the mind, images from the past that help Gen-Jin Master hold onto a sense of self. He also shared about a group that he had participated in in the hospital that was “goofy”. It was hard to discern whether Gen-Jin Master also found the photography and poetry program “goofy”, but it is notable that he mentioned a prior hospitalization, as he very rarely refers to his mental health condition. Toy also recalled times in the past when she had used a camera, saying, “It’s not my first time using a camera. I just hadn’t used it in a long time...you have to go somewhere you’re really having a good time to take pictures.” As seems to have been the case for Gen-Jin Master, Toy appears to associate the taking of photographs with “having a good time” and perhaps was

reminded of times in her past that were happy or pleasant to recall. Generally, the fact that many participants referred to the program as “class” despite the fact that it was never described as such by the therapists, suggests that all may have been brought to mind memories of being a student. If so, it is hoped that the experience was a corrective one for participants who may have negative associations to school, as it aspired to create an open and supportive, rather than punitive or judgmental, atmosphere.

### **Conclusion**

This analysis of data resulted in six emergent themes: 1) Feeling supported by the group; 2) Self vs. Other 3) Accomplishment and Challenge; 4) Freedom vs. confinement; 5) Observing/being observed and 6) Memories recalled. An in-depth exploration of these six themes as they emerged in the verbal, visual and written data was provided in order to allow the research to be compared and contrasted to existing literature on the use of photography and poetry in therapy with people living with severe mental illness, as well as the use of participatory arts-based methodologies in qualitative research in the field of mental health.

### **Findings and Meanings**

This research explored the lived experiences of participants in a pilot program combining the arts of photography and poetry in group therapeutic treatment of adults with severe and persistent mental illness living in a board and care facility. In addition to examining the perceived benefits and challenges of participation in the program, the research also considered the impact of participating in a participatory action research model, in the hopes that such a project might shed light on the possibilities for using methodological approaches of this kind to empower people living with mental illness, or within the mental health system while gaining valuable insight into the lived experiences of these individuals. A focus group was used to gather visual, verbal and written data, which was then categorized and organized into themes. Careful examination of the categories led to six emergent themes: 1) Feeling contained by the group; 2) Experience of self vs. other; 3) Accomplishment and challenge; 4) Freedom vs. confinement; 5) Observing/being observed and 6) Memories recalled. In this section, these themes are considered alongside findings from the general and art therapy literatures. Clinical implications and research limitations are also presented.

**The Group Experience.** The literature is replete with findings about the importance of the group process in group therapy, particularly where the creative arts are the focus (Dolling & Day, 2013; Marmarosh, Holtz & Schottenbauer, 2005; Spandler, et. al., 2007; Sungur, et. al., 2011). The program in which the participants in this study took part differed from other groups offered by the agency of which they are clients by being time-limited and closed, meaning that no new clients were added once the program began. An object of inquiry for this project was whether a group of this nature would create a markedly different experience for the participants

and leaders. While a comparative analysis between this kind of group format and another is beyond the scope of this project, reflection on the group experience was a notable theme found in the data. Participants expressed that “sharing” was a memorable experience of the program, and two of the seven participants felt that they had learned about and from and been surprised by the other members’ contributions. One participant stated, “I’m getting to know [the other program members]. So, yeah, I like [the program].” In the artwork she produced during the focus group, one participant selected an image of a group of smiling men and women in graduation garments to express her experience of the program and described the people in the picture as “us”. Two other participants highlighted images in their art products of people working together or clustered in groups.

Of the twelve therapeutic factors delineated by Yalom that comprise the group process, “group cohesiveness” is considered the essential ingredient upon which all others are based (2005, p. 30). A cohesive group is one in which all members feel a sense of belonging, acceptance and validation (Yalom). Group cohesiveness has been described as the group counterpart to the “therapeutic alliance” between client and clinician in individual therapy, the condition in psychodynamically-oriented theories without which none of the curative effects of therapy are possible (Marmarosh, Holtz & Schottenbaeur, 2005, p. 32). Observing the difficulty of developing group cohesiveness in group therapy for people with severe and persistent mental illness, Pieknos and Sass noted that, “interpersonal relationships can be so threatening that some persons...will actively disrupt meaningful relations in the interest of maintaining at least a minimal sense of self” (2012, p. 31). Social withdrawal is one of the most common negative symptoms of schizophrenia, compounded perhaps by the internalized stigma associated with this disorder which can lead to low self-esteem and isolation to avoid perceived rejection (Bembry,

Zentgraff & Baffour, 2013; Shafi, 2010; Tamura, 2001). Nevertheless, developing social skills and decreasing isolation are typical goals of treatment of individuals with severe and persistent mental illness. According to Bemby, Zentgraff and Baffour, “social skills and social competence can be viewed as protective factors” (2013, p. 75) in schizophrenia treatment. The view that the photography and poetry program seemed to have supported the establishment of group cohesion was also shared by the co-leaders of the program, myself and Jane Schulman. In an informal discussion of our perceptions of the successes and challenges of the program, Jane, who also interacts with these clients on a weekly basis in an open art therapy group, observed that they appeared to relate to each other more often, and to have more familiarity with and compassion towards one another, than they had before the program. It is possible that, in addition to the program being time-limited and closed, the members’ awareness that they were taking part in a pilot program and that everyone, including the leaders, were, “on a journey together” may have contributed to a stronger sense of “groupness”.

**Self vs. Other.** A prominent theme in the discussion as well as the artwork and written expressions produced during the focus group was the tension and/or relationship between self and other. Many of the participants created images and/or writing that contrasted with their verbal expressions, either because one emphasized the collective experience while the other focused on the individual or vice versa. While it seems natural that members of a group enjoy simultaneously an individual and a collective experience, it is often a struggle for people with schizophrenia to maintain stable boundaries between self and other, such that, according to Phillips, they, “often fail to differentiate themselves from other objects in their environment, and as a result suffer a loss of ego boundaries” (1986, p. 9). Thus it seems noteworthy that in the focus group, many members did seem to differentiate between self and other, and to emphasize

that the experience they had had was at once collective and individual, a perception which seemed to have created some anxiety in several of the participants, while at the same time being tolerable and even pleasurable in others. According to Phillips, the practice of photography, “sets up significant space between the subject and the object, making it easier for schizophrenic patients to connect with experiences in the outside world”(p.10). Poetry, likewise, may assist in creating the dual sense of singularity *and* relatedness in that it employs a shared medium (language) but emphasizes the unique perspective of the writer. As Barron explains, words are, “common and familiar forms of exchange. Through this familiar avenue travels the symbolic, the allusional and the figurative to make a deeply effective communication medium” (1974, p. 38). In investigating the relationship between poetry and therapeutic communication, Barron observes that poetry, though made of words, is in fact, “a sublinguistic aspect of behavior that becomes an expression of [one’s] personal self” (p. 40). That is, according to Barron, through the shared medium of language, in poetry one communicates deeply personal material that transcends language.

The independence and interdependence of self and other are essential considerations in the empathic understanding that is at the heart of the therapeutic encounter. From the phenomenological perspective that informs many art therapy theories and practices, empathic understanding *must* acknowledge the “absolute otherness of the Other” (Pienkos & Sass, p. 31). To be too quick to assume a complete or near-complete understanding of another person could, according to Pienkos and Sass, “diminish and objectify the other person’s sovereignty as an independent being”, and, they argue, it is therefore imperative to recognize that there is always an aspect of the other that, “resists understanding”(p. 31). Perhaps the iterations in words, pictures and poetry, by the participants in the focus group regarding self and other not only



demonstrate their own struggle with this dichotomy but can also remind clinicians of the critical importance of being empathic while not presuming to know or understand fully the experience of a client. As such, the data from the focus group can inform an understanding of the lived experiences of the participants in the program, while also reminding us that such an understanding is necessarily incomplete.

**Freedom vs. Confinement.** Several of the participants in the focus group referred in their art, written expressions and/or speech to feeling trapped or confined and desiring freedom. In their words about their collage images, this theme was articulated by Anthony and Toy. In SJR's case, her written response, in which she is unable to complete her thought but leaves a last word hanging, seems to encapsulate a feeling often echoed by herself and other members of the group during the program of struggling against inertia. For SJR and others in the program this sense was often embodied as the monotony and boredom of life at the board and care facility, which in turn may be seen as an expression of a kind of confinement--a lack of freedom of choice, of mobility, of access to novel experiences. Miller and Happell described how photography was used to help researchers understand clients with severe and persistent mental illness' perceptions of hope. The authors defined hope, which they argued was a fundamental aspect of the recovery model of mental illness, as, "a state of being characterised [sic] by an anticipation for a continued good state, an improved state, *or a release from a perceived entrapment*. The anticipation may or may not be founded on concrete, real world evidence"(2006, p. 1052) [italics mine]. In this definition, hope is linked with freedom and anticipation of a future in which it is possible to thrive. It is noteworthy how we use such language as "catching", "capturing", "shooting", and "fixing" in photography, vocabulary that denotes entrapment. At the same time, the camera offers to its user a chance to express and share parts of his/her world

that may have remained otherwise unexpressed or unseen.

Throughout the program, the mantra that was repeated for the photography portion was to, “stop, look, think and decide” when making a photograph. Although the first three steps of this orient the photographer to taking notice of his/her environment with a refined and present attention, the last step, that of *deciding*, emphasizes what may be the prime goal of this work: to become, through the use of the camera, aware of one’s self-efficacy and freedom to choose. Thus it is emphasized that the photographer is not simply a passive recorder of what passes before her lens, but is active in making choices about how to see and let others see her world. In his seminal essay on photography, *The Mind’s Eye*, the influential photographer Henri Cartier-Bresson declared that, “[t]o take a photograph means to record—simultaneously and within a fraction of a second—both the fact itself and the rigorous organization of visually perceived forms that gives it meaning” (Cartier-Bresson, 2005, p. 15). While much of the literature on photography in counseling and therapy describes photography as a “reality-oriented” medium (Phillips, 1986, p. 9), it is equally true that the “reality” it reflects is imbued with the photographer’s subjective meaning-making. In taking a photograph, as the participants of this program were asked to do, that, “says something about yourself, your life, and/or living with a mental illness”, one is, perhaps, both confronted with the “reality” of one’s present experience, and able to experience a sense of volition and efficacy, at least in the realm of presiding over the creation of meaning in the act of capturing an image.

Much of the literature on poetry therapy also emphasizes that the medium may help clients express and explore choice and freedom (Grindler & Bandler, 1975; Goldstein, 1983; Tamura, 2001; Furman, 2008). In writing about the use of written language in psychotherapy, Grindler and Bandler found that people living with long-term mental illnesses often feel,

“paralyzed, experiencing no choices or freedom of action in their lives” (1975, p. 83). They further state that the problem lies not so much in a lack of choices, but in an inability to recognize options and possibilities because of an internalized view of the world that precludes these (1975). While understandable given the challenges of a mental illness, the daily coping with societal stigma towards the mentally ill, the effects, often, of poverty and addiction, and the long-term association with the mental health and, frequently, legal systems, the narrowed view of the world that many of those living with SPMI hold may create a sense of confinement and limitation that makes recovery all the more difficult. Writing poetry may help clients in this state of paralysis by offering, through the use of metaphor, the possibility of an expanded world view (Goldstein, 1983). Goldstein found that “to produce poetry is to discover hidden likenesses. It is the yoking together of disparate images in an individual’s attempt to organize his world. Its achievement is in intensifying one’s sense of reality” (p. 167). In this sense, poetry may be seen as “reality-oriented” in the same fashion as photography—it reflects, but also deepens and intensifies, the subjective reality of the poet, making this reality discernible to herself and potentially communicable to others.

Poetry, moreover, also like photography, allows for the exploration and expansion of one’s reality through language and metaphor while containing that exploration within a formal structure. Even when not employing formal versification, as in free verse or prose poetry, a poem, by its nature, is a formal arrangement of “sound and sense”, as Alexander Pope famously described it. In the same way that the camera creates a frame around a particular experience so too a poem fixes experience into a tangible form. The containment thus offered by poetic structure may actually provide safety to explore possibilities that otherwise might be experienced as chaotic or overwhelming. This was found to be the case in Tamura’s study of the use of renku,

or linked haiku, in the treatment of clients with schizophrenia (2001). Tamura found that the clear structure of this poetic form, along with its reliance on simple, present-oriented, but potentially layered imagery, was effective in helping clients with schizophrenia, “communicate at a deeper level and with greater satisfaction” (p. 326). She also found that, in poetry, “patients with delusions and hallucinations do not often include them within their stanzas” (p 323). This was typically the case with the poetry written by the participants in the present study, and was also true in their written expressions during the focus group. It may be that the containment provided by the structure of the poetic form served as an organizing principle around which thought and feeling could settle into a less chaotic expression.

**Accomplishment/Mastery.** Several of the participants in the focus group explored ways in which they felt challenged and/or had worked hard during the program, which in some instances resulted in a sense of accomplishment. Many of the participants referred to the program as a “class” and even felt proud that, in completing it, they had “graduated.” For some, such as Gen Jin Master, the sense of having put forth effort and been challenged seemed to elicit ambivalent feelings, perhaps because of past associations with disappointed expectations or the sense that success was fleeting or unsustainable. In the literature, the use of photography in therapy to build confidence and assist clients in acquiring a sense of mastery was noted by numerous authors (Stewart, 1979; Phillips, 1986; Ginicola, et al., 2012). Stewart found that the use of photography could help client acquire a “finite skill”, which could continue to be used after the conclusion of therapy as, “an asset to the client’s self-confidence, and hence to the self-concept” (1979, p. 43). Additionally, photography’s confidence-building possibilities were viewed as potentially serving as “effective emotional counterbalance” as a client opened up more painful or vulnerable material as the therapy deepened (p. 45). While the focus group

participants were not asked whether they would continue to use photography after the conclusion of the program, several expressed that they would have liked to learn even more about photography and that they would be interested in participating in a “Part 2” of the program, if one were able to be arranged. In discussing photography’s utility in the termination process of therapy, Ginicola, et al. noted that, “phototherapy has been significantly associated with feelings of empowerment, achievement and creativity, which will help the client leave with positive feelings, concrete coping skills and a visual representation of their time in therapy (2012, p. 30).

**Memories Recalled.** A theme that emerged in the focus group was that of recalling memories of the past. This was also a recurrent motif during the photography and poetry program. In particular, the photographic medium seemed to evoke images from the past that were both positive and negative, and in the focus group the evocations focused around memories in which participants had either taken or been the subjects of photographs. In these recalling of memories there seemed to be a re-acquaintance with an identity that pre-dated present circumstances and suggested a self that was perceived as existing outside of mental illness. The power of the photographic image to evoke the past and thus to facilitate a sense of a continuity of identity was noted by Phillips, who wrote that, “the present becomes the past once the image is printed in photographic form” (1986, p. 11). Phillips describes the printing of a photographic image as a, “time alteration process” in which the past, “remains separate from the present, yet influences the future” (p.11). Photography, she asserts, gives people a possession of the past, while also, “tak[ing] possession of the space in which patients feel insecure” (p. 11). This continuity of past and present is also part of the poetry writing experience, according to Barron. He writes that, “the individual poetic style...comes out of past experiences and provides a means of present communication. It is part of a interactive responsiveness found in personal

sensitivities” (1974, p. 87). The past that is evoked by photography may also hearken back to the family photograph, and thus bring elemental experiences from early life into consciousness.

Needless to say, these evocations may be tinged with trauma as well as happiness, and may elicit feelings of loss or disappointment as easily as joy and love. As Hayes astutely notes, “[e]very family photograph is a testament to our own mortality but looking through family albums one finds a world of endless festivity, happy events and holidays” (2005, p. 28) She notes that we are inclined to discard the unflattering, sad, or imperfect images of our lives and thus to curate an image of ourselves that may be one-dimensional. As she writes, “the discarded photographs perhaps symbolize the parts of us we do not want to own” (p. 28). It is not surprising, then, that some participants in the focus group seemed to compare photographs taken during the program negatively with ones taken at other times in the past, the images we choose to recall of our smiling, happy, unblemished selves from the past.

**Observing and being observed/New Perspectives.** An objective and a result of phototherapy noted in the literature is that of allowing the client to gain a new perspective on his/her life literally and figuratively by seeing it through the camera lens (Cosden & Reynolds, 1982; Erdner, 2011; Ginicola, 2012; Glover-Graff & Miller, 2006; Steven & Spears, 2009). For some of the participants in the focus group, the experience of the photography and poetry program also seemed to invite reflection on the experience of being both an observer and the object of observation. In Toy’s descriptions of observing the world passing by outside of the fence from within which she observes, there is an implied sense of being “on view” to passersby. SJR’s collage captured poignantly the dual sense of looking out and through, while also being looked back upon. Philips describes the photograph having a “spilt personality” in that it both “duplicates an experience and alters it to our subjective way of seeing “(1986, p. 12). She writes

that, in working with photography with persons diagnosed with schizophrenia, the “‘split personality’ serves a dual purpose. It provides patients with exposure to objects in the environment in a reality-oriented manner and it allows the therapist to view the patients’ choices of how they want to represent that reality” (p. 12). In other words, photography in this context allows the client to observe her world in a different way, and also allows the therapist (and, in a group setting, the other group members) to observe the inner world of the client through the document of the photograph. That some of the members of the focus group seemed conscious of being the subject of observation may also relate to their knowledge of being “subjects” in a research project, although an effort was made to make clear that they were considered “experts” and “co-researchers” in this investigation. Whether the sense of being involved in a research project was a neutral, anxiety-producing or pleasurable experience for the participants is hard to gauge, though the focus group was structured in such a way so as to replicate, as much as possible, a typical session of the preceding program, and thus to minimize the possibility of causing distress or confusion.

**Evaluation of the Program.** The overall research agenda in this study involved an evaluation of the pilot program in which the participants took part. The nature of the qualitative data cannot yield an unequivocal answer as to the success of the program. However, as the above themes suggest, the program offered a rich and evocative experience to the participants. The emergence of themes such as self/other and the feeling contained by the group suggest that the photography and poetry program was especially successful in addressing the twin treatment goals of fostering socialization and decreasing isolation. The recollection of memories, particularly ones that seemed to encapsulate identities outside of/beyond mental illness, suggests that additionally the program helped some participants in the process of re-integrating their

identities, one of the key aspects of the recover model. Finally, the sense of accomplishment and of having been challenged in a positive manner that several participants expressed showed that the program offered an experience that felt meaningful and which rewarded effort.

What the research hoped to delineate, and what it was unable to do so definitively, was what specifically the *integration* of poetry and photography offered that the two media used separately and alone could not accomplish. Without the use of one or more control groups, it is difficult to ascertain specifically what was gained by using these art forms together in the specific ways in which they were integrated.

### **Clinical and Future Research Implications**

This study sought to address a need in the mental health and art therapy fields for more research about the effects of combining visual and language arts in therapy. Specifically, the two media that were integrated in the pilot program that this study examined, photography and poetry, have been found in myriad studies to have invaluable clinical utility to address and treat many mental health issues, particularly those, such as severe and persistent mental illness, that have not been greatly alleviated by traditional talk therapy. Nonetheless, if these two art forms, which have many fundamental properties in common but also call upon and access different parts of the brain, have been integrated within mental health treatment approaches, the literature does not reflect this. Writing and photography have historically had, from photography's very beginnings, a close affinity, and both have been utilized in therapeutic contexts with people with mental illness since modern psychology began. Yet a lack of research on how to integrate these media may mean that a potentially potent and effective treatment option largely goes unnoticed and undeveloped in the mental health field. The findings from the current study provide an account



of the lived experiences of participants in a program integrating photography and poetry in group therapy for adults with severe and persistent mental illness, and, as such, shed light on the rich possibilities that a program of this nature can offer.

An additional implication of this study relates to the use of qualitative data in the domain of mental illness research. In general, despite the call from the President's New Freedom Commission for increased research that, "utiliz[es] consumers' subjective experience when evaluating mental health services" (New Freedom Commission on Mental Health, 2003, p. 19), qualitative research on severe and persistent mental illness is sparse. It may be that behind this lack there is a perception among researchers that people with SPMI, particularly those with psychotic disorders, cannot provide useful or reliable data on their own experiences. The result of this perception seems to be that consumers of psychiatric services among the SPMI population are rarely given the opportunity to participate in qualitative outcome studies, resulting, perhaps, in treatments that are less able to meet their needs and preferences. Clements, for example, found that people with long-term mental illness are rarely able to choose the type of treatment they would like, but instead have programs, "thrust upon them, based on the expediency and available skills of personnel" (2012, p. 786). This can result, according to Clements, in treatment approaches that tend to, "view the patient in isolation from his or her social context; the very same way in which the patient tends to view him or herself" (p. 786).

A further consideration that the present study seeks to address is how to involve the severe and persistently mentally ill population in participatory research. Because PAR, or participatory action research, models shift the traditional balance of power from researcher to participant (who becomes a "co-researcher"), it seems to align extremely well with the empowerment agenda that is making a fundamental shift in public mental health. The current

study approached the collection and analysis of data using a structure modeled on photovoice, a PAR methodology that provides cameras to research participants as a tool to help them identify and share their concerns and experiences within and outside their communities. As Clements attests, “PAR is an ideal research methodology for mental health consumer groups because PAR values capacity building in and empowerment of local communities to solve community identified problems and goals, and because PAR seeks individual and social transformation to achieve social justice goals (2012, p. 791).

The current study makes clear that people with severe and persistent mental illness are not only capable of contributing meaningfully to research about the development of treatments designed to treat their conditions, but that clinicians should continually incorporate formal and informal opportunities for dialogue with clients with mental illness about what they need and want from their experiences. It is only in listening and looking carefully at what our clients are telling us, in the many different ways they communicate, that we can truly be of service to and empower them.

### **Study Limitations**

The consideration presented above of how to involve participants diagnosed with severe and persistent mental illness in a PAR-based outcome study did present significant challenges to this study. Due to logistical constraints, it was not possible to include the body of work created by the participants during the poetry and photography program, which included both a photography and poetry portfolio, as part of the data. Instead, the study was limited to what the participants expressed verbally and in written and visual form in response to open-ended questions posed during the focus group by this researcher and Jane Schulman, the co-leader of

the program from whose original photography curriculum it was developed. One of the challenges of being unable to include the work produced during the program in the data set is that the results from the focus group had to speak for a great deal of experience that is challenging to put into words. As is common to many people in the SPMI population, the participants in the focus group appeared to be limited in their ability to sustain conversation and provide robust verbal descriptions of their experience. Additionally, some researchers have questioned the validity of focus groups used in outcome studies led by service providers. According to Brunsdon and Goatcher, “people in receipt of formal provisions are unlikely to express dissatisfaction with this provision because of such things as their sense of loyalty to the staff, or because of their fear of negative repercussions on their service input if they were to voice any criticisms” (2007, p. 47). The researcher and Jane Schulman attempted to counteract this potential bias by making clear to participants that they were free to express as honestly as possible their views, and indeed, that their honest feelings would be very valuable to us and to potential future consumers of mental health services. Nevertheless, it is worth considering whether the generally positive feedback about the program need be considered as potentially skewed by the co-leader of the program (myself) being involved in the research directly.

## Conclusion

This research used both verbal as well as art-based data to examine the experiences of a group of adults with severe and persistent mental illness in a art therapy pilot program integrating photography and poetry with the treatment goals of fostering group cohesion, building social interaction skills and enhancing ability to organize and communicate thoughts and feelings. The study utilized a focus group methodology that included both art and writing interventions as well as a semi-structured group discussion to engage participants in exploring their experiences and perceptions of participation in the pilot program. Using a PAR-based approach modeled on photovoice, the data collected in the focus group was examined to identify six overarching themes: 1) the group experience 2) self vs. other 3) accomplishment and challenge 4) observing/being observed/new perspectives 5) freedom vs. confinement and 6) memories recalled. The available literature discussed many of these themes in relation to photography and poetry used clinically in counseling; however, the literature failed to address the benefits and challenges of integrating these arts in a therapeutic context. The literature contained a great deal of support for the use of arts-based and group therapy treatment for people with severe and persistent mental illness, and the art therapy literature in particular provided numerous examples of the use of photography and poetry in the treatment of mental illness. Additionally, ample evidence in the literature supported the use of participatory research methods such as PAR and photovoice in studies of people with SPMI as part of a field-wide shift towards a recovery-oriented empowerment model of mental illness.

The verbal and arts-based results of this study hope to provide insight into the lived experiences of the participants in this innovative program, with the hope that their perceptions can help shape future treatments that integrate poetry and photography, two potent art forms that

together can give powerful expression to people whose voices often go unheard and lives unseen.

## References

- Antebi, E. (1986). Poetry therapy: A means of increasing wholeness. *The Arts in Psychotherapy*, 13, 235-240.
- Argyle, E. & Bolton, G. (2005). Art in the community for potentially vulnerable mental health groups. *Health Education*, 105(5), 340-353.
- Barron, J. (1974). Poetry and Therapeutic Communication: Nature and meaning of poetry. *Psychotherapy: Theory, Research and practice*, 11(1), 87-92.
- Bembry, J.X., Zentgraf, S., & Baffour, T. (2013). Social skills training through poetry therapy: A group intervention with schizophrenic patients. *Journal of Poetry Therapy*, 26(2), 73-82.
- Benbow, S., Forchuck, C. & Ray, S.L. (2011). Mothers with mental illness experiencing homelessness: a critical analysis. *Journal of Psychiatric and Mental Health Nursing*, 18, 687-695.
- Brillantes-Evangelista, G. (2013). An evaluation of visual arts and poetry as therapeutic interventions with abused adolescents. *The Arts in Psychotherapy*, 40, 71–84.
- Brunsdon, V. & Goatcher, J. (2007). Reconfiguring photovoice for psychological research. *The Irish Journal of Psychology*, 28(1-2), 43-52.
- Bukowski, K. & Buetow, S. (2011). Making the invisible visible: A Photovoice exploration of homeless women's health and lives in central Auckland. *Social Science & Medicine*, 72, 739-746.
- Cabassa, L.J., Parcesepe, A., Nicasio, A., Baxter, E., Tsemberis, S. & Lewis-Fernández, R. (2012). Health and wellness photovoice project: Engaging consumers with serious

- mental illness in health care interventions. *Qualitative Health Research*, 23(5), 618-630.
- Cartier-Bresson, H. (2005). *The Mind's Eye: Writings on Photography and Photographers*. New York: Aperture.
- Chan, Z.C.Y., Fung, Y., Chien, W.T. (2013). Bracketing in phenomenology: Only undertaken in the data collection and analysis process?. *The Qualitative Report* 2013, 18, 1-9.
- Chien, W.T., Leung, S.F., Yeung, F.K.K., Wong, W.K. (2013). Current approaches to treatments for schizophrenia spectrum disorders, part ii: psychosocial interventions and patient-focused perspectives in psychiatric care. *Neuropsychiatric Disease and Treatment*, 9, 1463-1481.
- Clements, K. (2012). Participatory action research and photovoice in a psychiatric nursing/clubhouse collaboration exploring recovery narrative. *Journal of Psychiatric and Mental Health Nursing*, 19, 785–79i.
- Collie, K. & Cubranic, D. (1999). Art therapy solution to a telehealth problem. *Art Therapy: Journal of the American Art Therapy Association*, 16(4), 186-193.
- Collins, K.S.; Furman, R.; Langer, C.L. (2006). Poetry therapy as a tool of cognitively based practice. *The Arts in Psychotherapy*, 33, 180–187.
- Cook, J., Copeland, M.E., Jonikas, J.A., Hamilton, M.M., Razzano, L.M., Grey, D.D., Floyd, C.B...& Boyd, S. (2012). Results of a randomized controlled trial of mental illness self-management using Wellness Recovery Action Planning. *Schizophrenia Bulletin*, 38 (4), 881–891.
- Cosden, C. & Reynolds, D. (1982). Photography as therapy. *The Arts in Psychotherapy*, 9, 19-23.
- Davis, K.E.; Devitt, T., Rollins, A., O'Neill, S., Pavick, D. & Harding, B. (2006). Integrated

- residential treatment for persons with severe and persistent mental illness: Lessons in recovery. *Journal of Psychoactive Drugs*, 38 (3), 263-272.
- Dolling, S. & Day, J. (2013). How working with a community arts project benefits service users. *Mental Health Practice*, 16(8), 36-38.
- Erdner, A. & Magnusson, A. (2011). Photography as a method of data collection: Helping people with long-term mental illness to convey their life world. *Perspectives in Psychiatric Care*, 47, 145-150.
- Fleming, J., Mahoney, J., Carlson, E., Engebretson, J. (2009). An ethnographic approach to interpreting a mental illness photovoice exhibit. *Archives of Psychiatric Nursing*, 23(1), 16-24.
- Fogle, D.F. (1980). Art and poetry therapy combined with talking therapy with a family of four in an outpatient clinic. *The Arts in Psychotherapy*, 7, 27-34.
- Fraser, D. (2011). Mood disorders and poetry: Archaeology of the self. *Journal of Poetry Therapy*, 24(2), 105-115.
- Furman, R. (2003). Poetry therapy and existential practice. *The Arts in Psychotherapy*, 30, 195–200.
- Furman, R., Szto, P. & Langer, C.(2008). Using poetry and photography as qualitative data: A study of a psychiatric hospital in China. *Journal of Poetry Therapy*, 21(1), 23-37.
- Furman, R., Szto, P. & Langer, C. (2005). Poetry and Photograph: An Exploration into expressive/creative qualitative research. *Qualitative Social Work*, 4(2), 135–156.
- Gehart, D. (2012). The mental health recovery movement and family therapy, part 1: Consumer-led reform of services to persons diagnosed with severe



- mental illness. *Journal of Marital and Family Therapy*, 38(3), 429–442.
- Ginicola, M.M., Smith, C., & Trzaska, J. (2012). Using Photography in Counseling: Images of Healing. *International Journal of the Image*, 2(2), 29-44.
- Glover-Graf, N.M., & Miller, E. (2006). The use of phototherapy in group treatment for persons who are chemically dependent. *Rehabilitation Counseling Bulletin*, 49(3), 166-181.
- Goessling, K. & Doyle, C. (2009). Thru the lenz: Participatory action research, photography, and creative process in an urban high school. *Journal of Creativity in Mental Health*, 4, 343–365.
- Goldstein, M.I. (1983). The production of metaphor in poetry therapy as a means of achieving insight. *The Arts in Psychotherapy*, 10, 167-173.
- González-Torres, M.A., Oraa, R., Aristegui, M., Fernández-Rivas, A., Guimon, J. (2007). Stigma and discrimination towards people with schizophrenia and their family members: A qualitative study with focus groups. *Social Psychiatry*, 42, 14-23.
- Grindler, J. & Bandler, R. (1975). *The structure of magic: A book about language and therapy*. Palo Alto: Science and Behavior Books.
- Hancock, N., Bundy, A., Honey, A., Helich, S., Tamsett, S. (2013). Measuring the later stages of the recovery journey: Insights gained from clubhouse members. *Community Mental Health Journal*, 49, 323-330.
- Hannieh, E. & Walker, B.M. (2007). Photography as a measure of constricted construing: The experience of depression through a camera. *Journal of Constructivist Psychology*, 20, 183–200.
- Harris, J. (2006). Psychoanalysis and community poetry workshops. *Psychoanalysis, Culture*

& *Society*, 11, 224–231.

Hayes, D. (2002). Photography: Snapshots out of the unconscious. *Psychodynamic Practice*, 8(4), 525-532.

Heimes, S. (2011). State of poetry therapy research. *The Arts in Psychotherapy*, 38, 1–8.

Holmes, J. (1984). The language of psychotherapy: metaphor, ambiguity and wholeness. *British Journal of psychotherapy*, 21(2), 209-225.

Honeyford, M.A. (2013). The simultaneity of experience: cultural identity, magical realism and the artefactual in digital storytelling. *Literacy*, 47(1), 17-25.

Hynes, A.M. (1988). Some considerations concerning assessment in poetry therapy and interactive bibliotherapy. *The Arts in Psychotherapy*, 15, 55-62.

Kapitan, Lynn. (2010). *Introduction to Art Therapy Research*. New York: Routledge, Taylor & Francis Group.

Keeling, M.L. & Bermudez, M. (2006). Externalizing problems through art and writing: Experience of process and helpfulness. *Journal of Marital and Family Therapy*, 32(4), 405–419.

Knifton, L. (2012). Understanding and addressing the stigma of mental illness with ethnic minority communities. *Health Sociology Review*, 21(3), 287-298.

Linesch, D., Aceves, H.C., Quezada, C., Trochez, M. & Zuniga, E. (2012). An art therapy exploration of immigration with Latino families. *Art Therapy Journal of the American Art Therapy Association*, 29(3), 120-126.

Lowenthal, D. (2013). Talking pictures therapy as brief therapy in a school setting. *Journal of Creativity in Mental Health*, 8, 21–34.

Luber, R.F. (1978). Recurrent spontaneous themes in group poetry therapy. *Art*

*Psychotherapy, 5*, 55-60.

Macnair-Semands, R.R. & Lese, K.P. (2003). Interpersonal Problems and the Perception of Therapeutic Factors in Group Therapy. *Small Group Research, 31*(2), 158-174.

Manuel, J., Hinterland, K., Conover, S., Herman, D.B. (2012). "I hope I can make it out there": Perceptions of women with severe mental illness on the transition from hospital to community. *Community Mental Health Journal, 48*, 302-308.

Marmarosh, C., Holtz, A., & Schottenbauer, M. (2005). Group cohesiveness, group-derived collective self-esteem, group-derived hope, and the well-being of group therapy members. *Group Dynamics: Theory, Research, and Practice, 9*(1), 32-44.

Marshall, C. & Rossman, G.B. (2011). *Designing Qualitative Research, 5th Ed.* Thousand Oaks, CA: Sage.

Mazza, N. (2003). *Poetry therapy: theory and practice.* New York: Brunner-Routledge.

Mazza, N. (1993). Poetry therapy: Toward a research agenda for the 1990s. *The Arts in Psychotherapy, 20*, 51-59.

Mazza, N.F. & Hayton, C.J. (2013). Poetry therapy: An investigation of a multidimensional clinical model. *The Arts in Psychotherapy, 40*, 53–60.

McCardle, S. & Byrt, R. (2001). Fiction, poetry and mental health: expressive and therapeutic uses of literature. *Journal of Psychiatric and Mental Health Nursing, 8*, 517–524.

McCulliss, D. (2013). Poetic inquiry and multidisciplinary qualitative research. *Journal of Poetry Therapy, 26*(2), 83-114.

Miller, G. & Happell, B. (2006). Talking about hope: The use of participant photography. *Issues in Mental Health Nursing, 27*, 1051–1065.

New Freedom Commission on Mental Health (2003). *Achieving the promise:*

- Transforming mental health care in America. Final report.* Retrieved from:  
<http://www.mentalhealthcommission.gov/reports/reports/htm>. Accessed April 14, 2014.
- Olson-McBride, L. (2012). A content analysis of poems most frequently utilized by poetry therapists. *Journal of Poetry Therapy: The Interdisciplinary Journal of Practice, Theory, Research and Education*, 25(3), 137-149.
- Parabiaghi, A., Bonetto, C., Ruggeri, M., Lasalvia, A. & Leese, M. Severe and persistent mental illness: a useful definition for prioritizing community-based mental health service interventions. *Social Psychiatry*, 41, 457-463.
- Phillips, D. (1986). Photography's use as a metaphor of self with stabilized schizophrenic patients. *The Arts in Psychotherapy*, 13, 9-16.
- Pienkos, E. & Sass, L.A. (2012). Empathy and otherness: Humanistic and phenomenological approaches to psychotherapy of severe mental illness. *Pragmatic Case Studies in Psychotherapy*, 8(1), 25-35.
- Rapp, C.A., Shera, W. & Kisthardt, W. (1993). Research strategies for consumer empowerment for people with severe mental illness. *Social Work*, 38(6), 727-735.
- Resnick, S.G., Fontana, A., Lehman, A.F., Rosenheck, R.A. (2005). An empirical conceptualization of the recovery orientation. *Schizophrenia Research*, 75, 119 – 128.
- Rickett, C., Gieve, C., & Gordon, J. (2011). Something to hang my life on : The health benefits of writing poetry for people with serious illnesses. *Australasian Psychiatry*, 19(3), 264-268.
- Ruggeri M., Leese M., Thornicroft G., Bisoffi G., Tansella M. (2000). Definition and prevalence of severe and persistent mental illness. *British Journal of Psychiatry*, 177,

149–155.

Schulze, B & Angermeyer, M.C. (2003). Subjective experiences of stigma. A focus group

study of schizophrenic patients, their relatives and mental health professionals. *Social Science and Medicine*, 56, 299-312.

Segredou, I., Xenitidis, K., Panagiotopoulou, M., Bochtsou, V., Antoniadou, O. & Livaditis,

M.(2012). Group psychosocial interventions for adults with schizophrenia and bipolar illness: The evidence base in the light of publications between 1986-2006. *International Journal of Social Psychiatry*, 58(3), 229-238.

Shafi, N. (2010). Poetry therapy and schizophrenia: Clinical and neurological perspectives.

*Journal of Poetry Therapy*, 23(2), 87-99.

Shechtman, Z. & Perl-dekel, O. (2000). A comparison of therapeutic factors in two group

treatment modalities: Verbal and art therapy. *Journal for specialists in group work*, 25(3), 288-304.

Sitvast, J.E., Abma, T.A. & Widdershoven, G.A.M. (2011). Living with severe mental

illness: perception of sickness. *Journal of Advanced Nursing*, 2170-2179.

Smith, J. (1999). Five questions about group therapy in long term schizophrenia. *Group Analysis*,

32(4), 525-524.

Sontag, S. (1977). *On Photography*. New York: Farrar, Strauss and Giroux.

Spandler, H., Secker, J., Kent, L., Hacking, S. & Shenton, J. (2007). Catching life: the

contribution of arts initiatives to recovery approaches in mental health. *Journal of Psychiatric and Mental Health Nursing*, 14, 791–799.

Spaniol, S. (2005). “Learned hopefulness”: An arts-based approach to participatory

action research. *Art Therapy Journal of the American Art Therapy Association*, 22(2),

86-91.

- Stacey, G. & Stickley, T. (2010). The meaning of art to people who use mental health services. *Perspectives in Public Health, 130* (2), 70-77.
- Stepakoff, S. (2009). From destruction to creation, from silence to speech: Poetry therapy principles and practices for working with suicide grief. *The Arts in Psychotherapy, 36*, 105–113.
- Steven, R. & Spears, E.H. (2009). Incorporating photography as a therapeutic tool in counseling. *Journal of Creativity in Mental Health, 4*, 3–16.
- Stewart, D. (1979). Photo therapy: Theory and practice. *Art Psychotherapy, 6*, 41-46.
- Sungur, M., Soygür, H., Güner, P., Üstün, B., Çetin, L. & Falloon, I.R. (2011). Identifying an optimal treatment for schizophrenia: A 2-year randomized controlled trial comparing integrated care to a high-quality routine treatment. *International Journal of Psychiatry in Clinical Practice, 15*, 118–127.
- Tamura, H. (2001). Poetry therapy for schizophrenia: a linguistic psychotherapeutic model of renku (linked poetry). *The Arts in Psychotherapy, 28*, 319–328.
- Thompson, N.C.; Hunter, E.E.; Murray, L, Ninci; L. Rolf;, E.M. & Pallikkathayil, L. (2008). The experience of living with chronic mental illness: A Photovoice study. *Perspectives in Psychiatric Care, 44*, 14-24.
- Tolton, J.C. (2004). First person account: How insight poetry helped me to overcome my mental illness. *Schizophrenia Bulletin, 30*(2), 469-472.
- Topor, D.R., Grosso, D., Burt, J., & Falcon, T. (2013). Skills for recovery: A recovery-oriented dual diagnosis group for veterans with serious mental illness and substance abuse. *Social Work with Groups, 36*, 222–235.

Van Vliet, K. (1977). Creativity and self image: An odyssey into poetry through photography.

*Art Psychotherapy, 4*, 89-93.

Verdonk, P. (2005). Painting, poetry, parallelism: Ekphrasis, stylistics and cognitive poetics.

*Language and Literature, 14*(3), 231–244.

Vogelius, C. (2009). “Paralyzed, with gold - ”: Dickinson’s poetics of photography. *The*

*Emily Dickinson Journal, 18*(2), 21-37.

Wadeson, H. (1981). Self-exploration and integration through poetry writing. *The Arts in*

*Psychotherapy, 8*, 225-236.

Wang, C. & Burris, M.A. (1997). Photovoice: Concept, methodology, and use for

participatory needs assessment. *Health, Education & Behavior, 24*(3), 369-387.

Wilson, N., Dasho, S., Martin, A.C., Wallerstein, N., Wang, C.C. & Minkler, M. (2007).

Engaging young adolescents in social action through photovoice: The youth

empowerment strategies (YES!) project. *Journal of Early Adolescence, 27*(2), 241-261.

Yalom, I.D. (2005). *The theory and practice of group psychotherapy, 5<sup>th</sup> edition*. New York:

Basic Books.





**Appendix AA**

January 1, 2014.

**Paterson,**  
**Julie** <[Julianne.Paterson@lmu.edu](mailto:Julianne.Paterson@lmu.edu)>  
to me, Einat, David, John

Dear Ms. Eggers,

Thank you for submitting your **IRB** application for your study titled *The Combined Use of Photography and Poetry in an Art Therapy Group: A Focus Group Study*. All documents have been received and reviewed, and I am pleased to inform you that your study has been approved.

The effective date of your approval is **January 21, 2014 – January 20, 2015**. If you wish to continue your project beyond the effective period, you must submit a renewal application to the **IRB** prior to **December 1, 2014**. In addition, if there are any changes to your protocol, you are required to submit an addendum application.

For any further communication regarding your approved study, please reference your new protocol number: **LMU IRB 2014 SP 08**.

Best wishes for a successful research project.

Sincerely,

Julie Paterson

Julie Paterson | **IRB** Coordinator | **Loyola Marymount University** | 1 LMU Drive | U-Hall  
#1718 | Los Angeles, CA 90045 | [\(310\) 258-5465](tel:(310)258-5465) | [jpaterso@lmu.edu](mailto:jpaterso@lmu.edu)

LOYOLA MARYMOUNT UNIVERSITY

## IRB Application Questionnaire

*All materials must be typed.*

### 1. RESEARCH BACKGROUND

Please describe the purpose of your research. Provide relevant background information and briefly state your research question(s). You may provide relevant citations as necessary. (300 Word Max.)

The purpose of this study is to gain insight into the experiences of participants in a pilot program that combines photography and poetry writing in a therapeutic context. This outcome study will utilize the qualitative method of a focus group comprised of the participants in a 13-week curriculum offered to clients of a mental health agency at the board and care facility where they reside. The group program, led by a licensed art therapist employed by the agency, and myself, an MFT trainee, seeks to help people living with severe and persistent mental illness to integrate personal experiences, build self-esteem, organize thought, and improve social skills, among other goals, through the learning of new skills and the opportunity for self-expression that the curriculum provides. This study will take place after the completion of the program and will seek to understand, through a qualitative approach, the lived experiences, including perceived benefits and/or drawbacks, of the participants in the curriculum. It is hoped that such data will enable the creators of the curriculum to understand its effects, as well as provide participants with a potentially empowering experience of reflecting on and communicating their own experiences while contributing to a broader understanding of treatment approaches for clients, like themselves, who are impacted by severe and persistent mental illness.

SSG/API Alliance, the agency of which the participants are clients, is a DMH-funded organization that provides a broad range of treatments and services to community members with serious mental health needs. As part of their Step-down program, adult clients diagnosed with mental illnesses including Schizophrenia, schizoaffective disorder, severe depression, bipolar disorders I and II, and dual diagnosis substance abuse disorders, receive group and individual therapy, medication and case management, and are provided housing in board and care facilities in the community. The participants of this study receive ongoing treatment, including weekly group art therapy, at their residence, a licensed board and care facility located in Los Angeles.

### 2. SUBJECT RECRUITMENT

How will subjects be selected? What is the sex and age range of the subjects? Approximately how many subjects will be studied?

This study will utilize purposive sampling, as all participants will be members of a recently completed art therapy group curriculum. All members of the 13-week group will be invited to participate in this study after written informed consent has been obtained from their respective conservators (See Appendix C). The study participants will be members of a

recently completed group led by Jane Schulman, a licensed MFT (license # MFC20350) and registered art therapist who has been employed with SSG/API Alliance for over four years, and myself, an MFT trainee who has been hired on a temporary basis by the agency to serve as a poetry specialist for this group. My employment with the agency will end when the group terminates at the end of February 2014, and I will not be involved with the clients in any other capacity once the group is completed, other than this research project. Group members will be informed of the voluntary nature of their participation in the focus group, and every effort will be made to ensure that they understand that they may opt out if they choose. The group has seven members, so the focus group will have seven participants or fewer, both male and female, aged approximately mid-30s to mid-40s.

How will subjects be contacted? Who will make initial contact with subjects? Specifically, what will subjects be told in initial contact?

After approval has been obtained from the IRBs of both the agency (see appendix A for provisional letter of consent from agency director) and LMU, legal conservators of each of the group members will be contacted, informed of all pertinent details of the research project and asked to give written informed consent (see Appendix B) for participation in the research. Group members whose conservators have consented to their participation will be informed during the penultimate session of the thirteen week group about the research project, including its purpose, length and voluntary nature, and asked to sign an assent form if they agree to participate (see Appendix D). If one or more the conservators declines to consent to participation, those for whom consent has been obtained will be contacted and told of the research project outside of the session, such as before or after the group, in person, and asked to sign an assent if they agree to participate.

If subjects will be screened, describe criteria and procedures.

n/a

## 2. PROCEDURES

Summarize fully all procedures to be conducted with human subjects.

In person and written correspondence between myself and the clinical director of the agency, Trang Hoang, an agreement was reached by which I would be able to conduct a focus group with participants of the poetry and photography group I have been hired on a temporary basis to co-facilitate with Jane Schulman. Subsequent to obtaining a general letter of agreement on agency letterhead (Appendix B), I will apply formally to the IRBs of LMU and the agency. Once granted approval from the IRBs to conduct research, I will contact the legal conservators of each group member and obtain informed consent for participation in the study (Appendix C). After informed consent has been granted, I will invite participants to take part in the study. I will make clear in my presentation of the project that participants will be able to withdraw at any time from study with no consequences. I will explain to the participants in the initial introduction that their privacy will be protected by using pseudonyms and omitting any identifying information in the study results. I will ask them to sign a written assent if they agree to participate in the study.

The study will consist of a 2-hour focus group in late February that will take place in the common room of the participants' place of residence, in the same location where the 13-week curriculum will take place. The focus group will involve an art directive, as well as a semi-structured group interview, that will ask the participants to reflect on their experiences during the poetry and photography curriculum. I will provide all art materials and present the art directive as well as the focus group questions (see Appendix E). Participants' responses will be audio-recorded and their artwork will be photographed during the focus group and released to the participants to keep or

dispose of as they choose. At the end of the group, I will review the purposes of the research and what procedures will be taken with the results, and ensure that participants are comfortable. Jane Schulman will be present throughout, to observe and to provide any necessary therapeutic support.

#### 4. RISKS / BENEFITS

What are the potential benefits to subjects and/or to others?

Many people living with severe and persistent mental illness, particularly those whom the public mental health system serves, experience stigma in their daily lives and are often ignored or perceived by society at large as non-contributing members. The potential benefit to the subjects of taking part in this study is the ability to share their narrative with others with the knowledge that they are viewed as experts on their own experiences whose thoughts and perceptions may help others and inform general knowledge. The results of the focus group specifically will be used to inform Jane Schulman, who created the original photography curriculum, and myself, who collaborated with Jane to create the poetry component, about participants' experiences in the program, and thereby to make changes as needed to implement the program in other settings.

What are the reasonably foreseeable risks to the subjects? (Risks may include discomfort, embarrassment, nervousness, invasion of privacy, etc.) If there are potential risks to subjects, how will they be minimized in advance? How will problems be handled if they occur?

Because the questions presented in the focus group will not be of a particularly emotionally taxing nature (see Appendix E), there is minimal foreseeable risk to the subjects of taking part in this study. However, a licensed clinician will be available throughout the group to address any clinical issues that may arise. Because the subjects are all residents of the same facility, there is some potential risk to privacy. At the beginning and end of the focus group, therefore, I will remind participants about the need for everything that is shared during the group to remain within the group and not be discussed outside of it. All subjects participate in other groups together and are familiar with this policy.

#### 5. CONFIDENTIALITY

Will subjects be identifiable by name or other means? If subjects will be identifiable, explain the procedures that will be used for collecting, processing, and storing data. Who will have access to data? What will be done with the data when the study is completed? If you are collecting visual images of your subjects please justify this.

If permission is granted from IRB and conservators, photographic images of artwork created during the focus group will be included in the study results. Although the group is not therapy, the same level of anonymity will be used in the presentation of the artwork as would be in clinical ethical guidelines, such that any identifying information included on the artwork will be blocked out of photographs. Participants will be asked to choose a pseudonym at the beginning of the study that will be used throughout, including in the written results, and no information that reveals participants' actual identities will be stored in any of the data subsequent to the focus group. Additionally, all artwork produced in the focus group will be released to subjects at the end of the group. Photographs of the artwork, with any identifying information removed, as well as the audio recording of the interviews, will be kept in folder in a secure computer and will be destroyed once full analysis of data has been completed.

6. INFORMED CONSENT

Attach an informed consent form or a written request for waiver of an informed consent form. Include waiver of written consent if appropriate. If your research is being conducted in another language, please include copies of the translated "Informed Consent" or "Waiver of Written Consent" forms.

7. STUDENT RESEARCH

When a student acts as principal investigator, a faculty sponsor signature is required on the application form.

8. RENEWAL APPLICATIONS

When the submission is a Renewal Application, include a summary of the research activities during the previous granting period specifically addressing: number of subjects studied and any adverse reactions encountered, benefits which have been derived, any difficulty in obtaining subjects or in obtaining informed consent, and approximate number of subjects required to complete the study.

n/a

9. PAYMENTS

If subjects are to be paid in cash, services, or benefits, include the specific amount, degree, and basis of remuneration.

n/a

10. PSYCHOLOGY SUBJECT POOL

When students from the Psychology Subject Pool (PSP) are to be involved as subjects, permission must be obtained from the PSP prior to running subjects.

Forms are available from the Psychology Office in 4700 University Hall. It is not necessary to inform the IRB of approval from the PSP, however the PSP requires IRB approval prior to permission for using the pool being granted.

n/a

11. QUALIFICATIONS AND TRAINING

Describe the qualifications of, or method of training and supervision afforded student experimenters. This includes past experience, type and frequency of student/sponsor interactions during the experiment, and Human Subjects Protections Training.

As a second year student in the MFT/Art therapy Masters' Program at LMU, I have received clinical training as a therapist at two DMH-contacted mental health agencies, SSG/API Alliance and Didi Hirsch Mental Health Services. In this capacity, I have facilitated and co-facilitated art therapy groups and served as the primary clinician for individual consumers. I have received my on-line certification from the NIH PHRP certification (Appendix F). For the past semester, I have been enrolled in a research methods course at LMU as part of my graduate coursework, and have been working under the mentorship of Einat Metz, PhD, faculty member of LMU's

MFT/Art therapy department, on all aspects of this research project. Additionally, I have an MFA in poetry from Hunter College and have taught literature and creative writing courses at the college level.

Jane Schulman is a licensed clinician who has worked with the clientele of which the subjects for this research are part, for over 30 years. She has been an employee of the agency for over four years. Additionally, Jane is a professional photographer who has incorporated photography in her clinical practice in the past. Jane will participate in this research project as an observer and will provide any necessary therapeutic support to participants.

12. RANDOMIZATION

Describe criteria for assigning subjects to sub-groups such as "control" and "experimental."

n/a

13. USE OF DECEPTION

If the project involves deception, describe the debriefing procedures that will be used.

Include, verbatim, the following statement in the consent form: "Some of the information with which I will be provided may be ambiguous or inaccurate. The investigator will, however, inform me of any inaccuracies following my participation in this study."

n/a

14. QUESTIONNAIRES AND SURVEYS

Include copies of questionnaires or survey instruments with the application (draft form is acceptable).

If not yet developed, please so indicate and provide the Committee with an outline of the general topics that will be covered. Also, when the questionnaire or interview schedule has been compiled, it must be submitted to the Committee for separate review and approval. These instruments must be submitted for approval prior to their use.

Consider your population. If they are foreign speakers, please include copies in the foreign language.

Please see Appendix E. All subjects are fluent English speakers.

15. PHYSICIAN INTERACTIONS

To ensure that all patients receive coordinated care, the principal investigator is obligated to inform the primary physician (when not the principal investigator) of all studies on his/her patients.

n/a

16. SUBJECT SAFETY

Describe provisions, if appropriate, to monitor the research data collected, to ensure continued safety to subjects. J

Jane Schulman, LMFT, ATR, will be present at all times during the focus group to ensure the emotional and physical well being of the subjects. Additionally, the facility where the group will take place includes a full staff who will be available in the event of any medical

emergencies. To ensure the continued safety of all subjects, all audio-recorded data and images will be stored on my computer in a folder designated for the data, and will remain safe and locked. All stored data will be unidentifiable, and I will only use and store subjects' pseudonyms.

17. REDUNDANCY

To minimize risks to subjects, whenever appropriate, use procedures already being performed on the subjects for diagnostic or treatment purposes. Describe provisions.

n/a

18. COUNSELING

In projects dealing with sensitive topics (e.g., depression, abortion, intimate relationships, etc.) appropriate follow-up counseling services must be made available to which subjects might be referred.

The IRB should be notified of these services and how they will be made available to subjects.

While the subject of this research project (participants' perceptions of a recent group experience) is not particularly sensitive, a licensed clinician is going to be present at all times throughout the focus group. All participants in this group have resources and support available to them on daily basis through the agency of which they are clients.

19. SAFEGUARDING IDENTITY

When a research project involves the study of behaviors that are considered criminal or socially deviant (i.e., alcohol or drug use) special care should be taken to protect the identities of participating subjects.

In certain instances, principal investigators may apply for "Confidentiality Certificates" from the Department of Health and Human Services or for "Grants of Confidentiality" from the Department of Justice.

Participants will choose pseudonyms, which will be used throughout focus group and in the published research results. I will not keep the artwork produced during the group, and photographic images of it will have any identifying information removed before storage.

20. ADVERTISEMENTS

If advertisements for subjects are to be used, attach a copy and identify the medium of display.

n/a

21. FOREIGN RESEARCH

When research takes place in a foreign culture, the investigator must consider the ethical principles of that culture in addition to the principles listed above.

n/a

22. EXEMPTION CATEGORIES (45 CFR 46.101(b) 1-6)

If you believe your study falls into any of the Exemption Categories listed below, please explain which category(ies) you believe it falls into and why.

- 1) Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (i) research on regular and special instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.
- 2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), if information taken from these sources is recorded in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.
- 3) Research involving survey or interview procedures, except where all of the following conditions exist: (i) responses are recorded in such a manner that the human subjects can be identified, directly or through identifiers linked to the subjects, (ii) the subject's responses, if they became known outside the research, could reasonably place the subject at risk of criminal or civil liability, or be damaging to the subject's financial standing, employability, or reputation, and (iii) the research deals with sensitive aspects of the subject's own behavior, such as illegal conduct, drug use, sexual behavior, or use of alcohol.

All research involving survey or interview procedures is exempt, without exception, when the respondents are elected or appointed public officials, or candidates for public office.

- 4) Research involving the observation (including observation by participants) of public behavior, except where all of the following conditions exist: (i) observations are recorded in such a manner that the human subjects can be identified, directly or through the identifiers linked to the subjects, (ii) the observations recorded about the individual, if they became known outside the research, could reasonably place the subject at risk of criminal or civil liability, or be damaging to the subject's financial standing, employability, or reputation, and (iii) the research deals with sensitive aspects of the subject's own behavior such as illegal conduct, drug use, sexual behavior, or use of alcohol.
- 5) Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.
- 6) Unless specifically required by statute (and except to the extent specified in paragraph (1)), research and demonstration projects which are conducted by or subject to the approval of the Department of Health and Human Services, and which are designed to study, evaluate, or otherwise examine: (i) programs under the Social Security Act or other public benefit or service programs, (ii) procedures for obtaining benefits or services under those programs, (iii) possible changes in or alternatives to those



programs or procedures, or (iv) possible changes in methods or levels of payment for benefits or services under those programs.

Please deliver to: Julie Paterson, IRB Coordinator, University Hall, Suite 1718 or  
jpaterso@lmu.edu.

## Appendix A

SSG Alliance - Stepdown  
1730 West Olympic Blvd. Suite 3A-300, Los Angeles, CA 90015  
213-249-9388 - 213-389-7993 Fax

December 3, 2013

To Sarah Eggers:

This letter serves to give agency consent for you to conduct the focus group with the clients in our photography/art group. I will submit the project description to our SSG IRB and will let you know if additional information is needed.

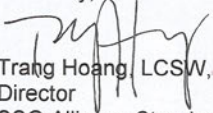
Here are the current terms of the project:

From 10/24/13 until 2/6/14, Jane Schulman, LMFT, ATR, and Sarah Eggers, MFT Trainee, will co-lead a weekly psychotherapy group comprised of SSG Alliance clients at [REDACTED]. The group will combine the use of photography and poetry/creative writing and will address the goals of strengthening self-esteem and reducing stigma by providing participants with powerful expressive tools and teaching them new skills that have the potential to allow them to gain insight into and share their experiences of living with mental illness. Other goals of the group include increasing attention and focus, fostering socialization, and helping to organize thought and speech. Jane Schulman is an employee of SSG Alliance with over 30 years of experience as a clinician. Sarah Eggers is an MFT/Art Therapy trainee who completed a 6 month practicum training at SSG Alliance in 2013, during which time she co-lead an art therapy group with Jane Schulman, who also acted as Sarah's clinical supervisor, at [REDACTED]. Sarah has an M.F.A. in poetry from Hunter College in New York, N.Y., and has taught poetry and creative writing as professor of English. Jane is a professional photographer who created and implemented the curriculum for a photography art therapy group at several of SSG's sites.

Sarah Eggers will conduct a 2 hour focus group the week after the termination of the poetry/photography group (2/13/14), with participants who consent to participation in the research. The resulting data, which will be collected in the form of transcribed audio recording and client and art work produced during the focus group, will be used in Sarah's master's thesis. Participants will be informed of the voluntary nature of their participation and written consent will be obtained. The focus group will elicit participant feedback about their experience in the program using a semi-structured process. Confidentiality will be strictly guarded, and every effort will be made to protect clients' identities.

For information about this project, interested parties can contact you at [REDACTED] or me at [REDACTED].

Sincerely,

  
Trang Hoang, LCSW, PhD  
Director  
SSG Alliance Stepdown

## Appendix B

### LOYOLA MARYMOUNT UNIVERSITY

## Informed Consent Form

Date of Preparation: December 15, 2013

### **Loyola Marymount University**

The combined use of photography and poetry in an art therapy group: a focus group study.

- 1) I hereby authorize Sarah Eggers, MFT Trainee to include (name of conserved) in the following research study: The combined use of photography and poetry in an art therapy group: a focus group study.
- 2) I have been asked to allow (name of conserved) to participate in a research project which is designed to help clinicians better understand the effects of combining photography and poetry writing in a group therapy curriculum with mentally ill adults. Poetry and photography have been found to be powerful expressive tools when used in a therapeutic context to help people living with mental illness to find a voice, reflect on their lives, gain self-esteem, improve organization of thought and speech and increase positive socialization. This study will look at the effects of combining these two media through the use of a focus group after the final meeting of a thirteen-week poetry and photography in which (the conserved) has taken part. The focus group will last for approximately two hours.
- 3) It has been explained to me that the reason for the inclusion (name of conserved) in this project is that he/she is a participant in an art/poetry group curriculum provided at (name of board and care facility) through SSG Alliance.
- 4) I understand that if (name of conserved) a subject, he/she will participate in a two-hour focus group that will be audio-recorded and will include a simple art directive.

The investigator will lead the focus group, audio-record the session and photograph the artwork that is produced during the session.

These procedures have been explained to me by Sarah Eggers, MFT Trainee.

- 5) I understand that (name of the conserved) will audiotaped in the process of these research procedures. It has been explained to me that these tapes will be used for teaching and/or research purposes only and that the identity of (name of the conserved) will not be disclosed. I have been assured that the tapes will be destroyed after their use in this research project is completed. I understand that I have the right to review the tapes made as part of the study to determine whether they should be edited or erased in whole or in part. \*

\* Neither the audio-recording nor the photographs of art work will include any identifying information. The audio-recorded material will be stored in a secure, locked location until

data has been analyzed, after which time it will be destroyed. No photographs of the participants nor identifying information of any kind will be included in the results.

- 6) I understand that the study described above may involve the following risks and/or discomforts: the possibility that being audio-taped may cause anxiety, and that, although the subject matter is not of a particularly sensitive nature, the creation of art work may evoke emotional distress or anxiety.
- 7) I also understand that the possible benefits of the study are the opportunity to be heard and to hear others in a safe and supportive environment, increased self-esteem and connection by being part of a study that can benefit others, and the opportunity to help clinicians better understand the lived experiences of people living with mental illness.
- 8) I understand that Sarah Eggers, MFT Trainee who can be reached at (phone number) will answer any questions I may have at any time concerning details of the procedures performed as part of this study.
- 9) If the study design or the use of the information is to be changed, I will be so informed and my consent reobtained.
- 10) I understand that I have the right to refuse to participate in, or to withdraw from this research at any time without prejudice.
- 11) I understand that circumstances may arise which might cause the investigator to terminate the participation of (name of conserved) before the completion of the study.
- 13) I understand that no information that identifies (name of the conserved) will be released without my separate consent except as specifically required by law.
- 14) I understand that (name of the conserved) has the right to refuse to answer any question that he/she may not wish to answer.
- 23) In signing this consent form, I acknowledge receipt of a copy of the form, and a copy of the "Subject's Bill of Rights".

Conservator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Mother/Father/Guardian \_\_\_\_\_

## **Appendix C**

### **Experimental Subject's Bill of Rights**

Pursuant to California Health and Safety Code §24172, I understand that I have the following rights as a participant in a research study:

1. I will be informed of the nature and purpose of the experiment.
2. I will be given an explanation of the procedures to be followed in the medical experiment, and any drug or device to be utilized.
3. I will be given a description of any attendant discomforts and risks to be reasonably expected from the study.
4. I will be given an explanation of any benefits to be expected from the study, if applicable.
5. I will be given a disclosure of any appropriate alternative procedures, drugs or devices that might be advantageous and their relative risks and benefits.
6. I will be informed of the avenues of medical treatment, if any, available after the study is completed if complications should arise.
7. I will be given an opportunity to ask any questions concerning the study or the procedures involved.
8. I will be instructed that consent to participate in the research study may be withdrawn at any time and that I may discontinue participation in the study without prejudice to me.
9. I will be given a copy of the signed and dated written consent form.
10. I will be given the opportunity to decide to consent or not to consent to the study without the intervention of any element of force, fraud, deceit, duress, coercion, or undue influence on my decision.

## Appendix D

