Northumbria Research Link

The Influence of Photographic Narrative in Healthcare Dialogue

Christina Kolaiti

PhD

2009

The Influence of Photographic Narrative in Healthcare Dialogue

Christina Kolaiti

This thesis is submitted in partial fulfilment of the requirements for the award of Doctor of Philosophy of the University of Northumbria at Newcastle upon Tyne School of Arts & Social Sciences

June 2009

Abstract

The *Influence of Photographic Narrative in Healthcare Dialogue* is a research project which developed within an interdisciplinary practice-led environment between arts and healthcare. The overall project aimed at employing photographic narrative to explore concepts that support a holistic approach to clinical interactions, for example empathy and reflective practice. The key proposition in this thesis is that communication between a doctor and his patient is enhanced when the medical practitioner recognises the shared narrative that develops as the process of diagnosis and treatment unfolds. From the medical practitioner's perspective, these narratives contribute to empathetic doctoring and this thesis reports on the author's interest in promoting an active sense of the visual narrative expression during the training of medical students. This project was developed in a series of experiments undertaken during a medical photography elective at Newcastle University Medical School (entitled *The Camera Never Lies?*) and the student's photographic stories uncover a range of attitudes to learning about 'good doctoring' during a conventional training in clinical practices, a process that demand that the students value professional detachment. (Coulehan, 2008:56)

My research was developed in response to the experience of teaching photographic practices to medical students within this module. In supporting the students' production of photographic artworks I was able to better understand the potential of non-verbal narrative in clinical environments (the types of professional medical contexts in which the students will apply their knowledge after they have graduated) and in medical training (the context into which I had been invited to transfer my knowledge of photographic portraiture in order to enhance the students' sensitivity to visual communication). In this sense, my thesis reports on the progress I have made as both a translator of visual arts ideas and as an artist exploring the narratological nature of taking portrait photographs (based on a range of influences from Jo Spence to Cindy Sherman). Moreover, my research provides an alternative approach to portraiture by producing photographic portraits with a method of re-narration.

My activities with the medical students were developed as a practice-led research project in which I used my personal experiences of creating sequences of

photographic self-portraits to stimulate reflective practices amongst my students. Once they had learnt to make their own reflective portraits I was able to respond to their images with more of my own that interpreted and reflected their narratives back to them. The students clearly gained from this experience and over the past three years I have evolved the process into a teaching method specifically aimed at improving clinical skills.

This photo-narratological interaction, and the benefits that the students experienced, became the basis of my research question and my methodology. My interest in finding solutions to the process of applying 're-narration', a concept I adapted from psychoanalysis (Josselson & Lieblich, 1996), to both my arts practice and my medical teaching became the central quest of my project. As with all practice-led research, I saw this exploratory journey as an opportunity for action research and my thesis considers this approach using Winch and Gingell's five stages: situation, concern, intervention, documentation and dissemination. (Gingell & Winch, 1999) As a result, I am able to systematically shape my thesis around my entire journey: from the initial, open-ended phase embedded in the arts and health research project at Northumbria University to its later, more focussed period in which I am able to prepare my findings for conferences in the Medical Humanities sector. At this stage, the student projects have become case studies that are conceptualized and investigated within the framework of life narrative research, an interdisciplinary method that is used in sociology, psychoanalysis and anthropology. (Czarniawska, 2004) The central section of my thesis describes this part of my project in both practical and theoretical terms.

All along, my aim has been to use photography as a vehicle for opening new lines of communication between arts and healthcare, two distinct fields of research that stand to gain from being brought into closer relations with one another (see the Wellcome Trust website in support of this claim, available at http://www.wellcome.ac.uk). My conclusion is that the engagement of medical students with photography can facilitate reflective learning and encourage the development of visual skills that many commentators believe is absent in the structure of medical training yet necessary for the practice of good doctoring. (Coulehan, 2008:56)

The reflective use of photography through re-narration has resulted in the development of photographic narratives by the students which express their understanding of the different facets of the human condition and health in a range of subjects from self-portraiture to patients' health narratives. The photographic works illustrate an ongoing dialogue of trainee doctors within healthcare situations, the professional engagement with their subject of study and also their individual personal development.

The medical students who attended the medical photography elective: *The Camera Never Lies?* developed an in-depth understanding of the concepts of self-reflection, empathy and also engaged with the important role of these concepts in their professional practice. Some medical students used photography to express their preoccupations with health related subjects by engaging with patients on the basis of photographic projects, whereas others engaged directly with their own personal experiences with eating and mental disorders. As a result the students deconstructed medical stereotypes, challenged their own preconceptions of illness and embraced empathy as the essential skill for the performing of good doctoring. The changing attitudes became evident in both the students' photographic work and their final assessment presentations.

Additionally, the public exhibitions of the students' work revealed attitudes of a wider healthcare system. Where healthcare staff responded to the students' work in a controversial way, the hospital patients engaged very positively with the students' approach in the photographs. This contribution of photographic re-narration uncovered healthcare attitudes that respond to Coulehan's definition of good doctoring. Reflection through re-narration suggests that an empathetic engagement between medical practitioners and patients could result to a more valuable medical practice compared to the traditional professional detachment. In this sense, the doctor-patient empathetic engagement develops in a two-directional way both from the doctor's and patient's perspectives. As a result, the doctors have learnt to use their reflective skills to communicate better with their patients and in turn the patients have become more empathetic towards their doctors.

The Influence of Photographic Narrative in Healthcare Dialogue was supported by an AHRC New Collaborations award hosted by Northumbria Healthcare NHS Foundation Trust and Northumbria University.

Contents

Page

List of Illustrations

List of Figures

Acknowledgements

Declaration

I declare that the work contained in this thesis has not been submitted for any other award and that it is all my own work. The work was done in collaboration with Northumbria Healthcare NHS Foundation Trust and University of Northumbria at Newcastle upon Tyne.

Name:

Signature:

 Date:

Introduction

The main purpose of this thesis is to describe: *The Influence of Photographic Narrative in Healthcare Dialogue.* This project is an example of the creative use of art practice in a cross disciplinary research context defined by a New Collaborations AHRC doctoral award between Northumbria University and Northumbria NHS Foundation Trust. The practice-led research described in this thesis aims to respond to questions of healthcare through an experimental study of photographic narrative. This idea defines the framework within which my research project develops.

This research project has been built upon what has been described by a number of writers as the 'healthcare divide'. This term was initially used by Charon (2002) to describe the gap between doctors and patients. This is a result of the huge gap between a patient's understanding of their situation (that often relates to personal information around the person) and the doctor's perception of it (which depends on data and medical tests and records). A successful communication between a doctor and his patient would be a product of a common ground which is based on the understanding of the importance of the individual narrative to the diagnosis and treatment. My doctoral research expands on an exploration of this idea and proposes a new approach based on my own creative practice of photography.

Since I began developing my self-portrait work I became increasingly interested in the reflective engagement with photography and narrative and the impact of those concepts on the notion of self (see first chapter). My main concern is to develop a methodology that would utilize the concept of reflective practice as it arises within my individual use of photography. This thesis makes a case for the reflective engagement of medical students with their subject of study, a process that could stimulate empathetic practices in the context of good doctoring when the student begins to work with patients.

My interests in self-portraiture, photographic narrative and empathetic practices in healthcare are employed in this thesis as starting points for an experimental study of the visual power of narrative. Here the scope that photographers have to tell stories (both about themselves and others) forms a cross-disciplinary research environment that encompasses both photographic self-portraiture as it occurs within the field of

fine art and clinical skills as they are taught in contemporary training hospitals. The potential of transferring the narratological and reflective insights I have acquired as an artist-photographer to the teaching of medical students is explored throughout this thesis as a form of practice-led research that expands the application of fine art knowledge outside its home discipline.

My methodological approach throughout has been action research: that is, a form of enquiry in which the researcher is immersed in the situation they are studying. (Gingell & Winch, 1999: 8) This long-established investigatory technique has been employed in the form of systematic inquiry employing a methodology that I developed specially for my doctoral research. I have named my method Photographic Re-narration.

0.0 On Practice-led Research

The term Research is being used here to denote the systematic inquiry to the end of gaining new knowledge. (Niederrer, 2005:3) The wish of practitioners to use their creative practice in an investigatory way has questioned the role of practice in research. (Niederrer & Stokes, 2007) In Haseman's *Manifesto for Performative Research* it is argued that this type of research is initiated in practice and does not rely on conventional methods of qualitative and quantitative research but uses practice as data in its own right. (Haseman, 2006) He notes that whereas qualitative research uses communicative forms of expression as data collection method, performative research is based on experiential starting points which practice follows. Practice-led research method claims that research outputs and claims to knowing must be made through symbolic language and forms of their practice. There is very little interest in trying to translate the findings and understandings of practice into numbers (quantitative) and words (qualitative) preferred by traditional research paradigms.

The above claims are especially important in cross-disciplinary research contexts in the sense that they argue the role of art practice in the kind of interdisciplinary research described in this thesis. In this sense Haseman notes the importance of practice as the principal research activity in performative research. He notes that this type of research employs experiential communicative methods with material forms of practice, such as still and moving image, music and sound, live action and

digital code. The findings are in the form of material outcomes which have the potential to generate interpretative epistemologies where the knower and the known interact, shape and interpret each other.

The strategies involved relate to a variety of subjects including reflective practice, biographical/autobiographical/narrative enquiry, and the enquiry circle of the now well-established concept of action research (Winch & Gingell, 1999: 8). However performative research aims at the invention of new strategies based on the re-purposing of qualitative methods such as interviews, reflective dialogue techniques, observation methods and personal experience.

The role of studio practice in practice-led research is described by Sullivan:

> This approach I take makes the case that informing theories and practices are found in the art studio and the image of the artist-theorist as practitioner…Drawing on research that examines the studio activities of artists, I identify a wider set of cognitive and contextual factors that influence visual knowing. (Sullivan, 2005:17-19)

The rigorous role of art practice within research is described firstly by practice-led research, secondly by critical inquiry and thirdly, practice by reflection. The third component focuses on creative practice, recognition of the dynamic and reflexive nature of interactions and conceptual development in order to gain new insights and understanding upon a refined practice. (Niederrer & Stokes, 2007:10)

The form of practice-led research defined above provides the frame through which the research project described in this thesis may be viewed. The methods outlined by Haseman, Winch & Gingell, Niederrer & Stokes, and Sullivan have been employed during my research project as a creative photographic practice that involves interactive collaborations with, artistically speaking, inexperienced photographers. In this sense, this thesis is an example of a novel use of art practice in a disciplinary context that (in the case of Newcastle University Medical School, at least) has had little contact with fine artists or fine art approaches to taking photographs or telling stories.

0.1 The Influence of Photographic Narrative in Healthcare Dialogue: Main Areas of Investigation.

Storytelling is considered by many theorists of Narratology (see for example, Hunter-Wood [2006]), as an interpretative activity in which the psychological impact of the events experienced in human life are given meaning through the ongoing process of construction and reconstruction. What the different branches of Narratology have in common is that they argue narration as a constructive, deconstructive and analytical process. In this sense, Haseman (2006) adds, that narratives given out by individuals, either textual or visual, are considered as data in its own right.

For that reason storytelling became a primary method of enquiry alongside the more usual techniques of reflective writing and theoretical analysis. Verbal storytelling is intentionally incorporated as a writing style in different parts of the text and aims to describe the way in which the individual narrator constructs an understanding of his/her own experiences through the act of putting the events together in a narrational sequence. Additionally, this style of writing aims to explain the cognitive character of narration when describing visual narratives. This very personal account is initially used in this thesis to introduce my background practice as a photographer through narrating my memories of childhood images. The thesis returns to this same style of writing in other sections, in which other individuals narrate their photographic projects. These sections are followed by reflective writing as well as theoretical analysis through the writings of others, which provide the academic grounding of the research. I deliberately chose to continuously move between the three writing styles in order to creatively build new synergies between different writing styles that on the one hand do not undermine the importance of personal inquiry and on the other provide with a theoretical context and reflective development of the core ideas of this research project.

The most fascinating ideas which inspired the development of visual art practice in this project draw upon the areas of sociology and psychoanalysis. In particular, the writings of Donald Schön (1930-1997) on reflective practice, Ruthellen Josselson and Amia Lieblich on psychoanalysis and narratological approaches to medical training by Narrative Medicine representatives such as Rita Charon, inspired ideas

which this research translates into the visual art practice of photography. Additionally, writings that compare the practice of photography with that of psychoanalysis have been especially influential in the development of ideas that contribute to the establishment of a methodology for this research project. In particular, Walter Benjamin's (1970) writings on photography bring up interesting ideas that 'compare photography with the psychoanalytic process that provide access to the unconscious' (Hirsch, 1997:148). The above writings on narrative, psychoanalysis, photography and reflective practice led to the development of the concept of Photographic Re-narration as the basic methodology for this research project. This thesis allows the reader to follow my journey as I progress from an interest in psychoanalytical self-narration and a creative commitment to the production of photographic self-portraiture to experimentation with the process of action research in the context of the Medical Photography SSC: *The Camera Never Lies?*

Unlike methodologies used in other disciplines Photographic Re-narration does not use conventional qualitative or quantitative methods of analysing data. Instead as suggested in Haseman and Chris Park's writings on practice-led research the different forms of narrative produced within the research are considered as valid research outcomes. (Park, 2005) As mentioned in the previous section similar suggestions are made in the AHRC review of practice-led research according to which, the role of practice within a practice-led environment is to make 'enhancements in knowledge and understanding in the discipline or in related interdisciplinary areas'. (AHRC, 2006, par. 85-86) In this sense art practice can be used as a method to generate knowledge and also can be considered as an outcome that embodies knowledge.

According to Niederer and Stokes (2007), narrative in the form of storytelling is employed in relation to two types of critical inquiry: one that encourages reflective practice and one that provides new knowledge. Both types of knowledge derive from personal experience; that is, from the experiential or the 'tacit'. (Herbig, 2001) According to Miles and Huberman 'tacit knowledge' is a core ingredient of rigorous research supporting the objectivity, reliability and validity of the process of enquiry. (Miles & Huberman, 1994: 278-279) Under those criteria, photographic practice responds to both analytical and generative approaches to practice-led research by becoming a site for reflection and also a means of production. (Till *et al*, 2005)

These two versions of practice-led research support the idea that artefacts are self-evident products of the research process. Here knowledge is said to reside outside the artefact in the realm of interpretative reception and dissemination. (Till *et al*, 2005) The AHRC is primarily concerned with research processes specified by: the research problem to be addressed, context and field of inquiry, methods employed and dissemination of results. (AHRC, 2003) The above descriptions define the framework in which this research project develops, according to which the practice of narrative photography is used as a method of acquiring and embodying knowledge.

The four stages of the research process are manifested in this thesis: firstly, by using the literature of others to build the theoretical grounding of the research; secondly, by establishing a specific field of inquiry through the action research with medical students in a Medical Humanities context (I will return to this concept in chapter 5); thirdly, by introducing a practice-led methodology for approaching the research subject through experimentation with Photographic Re-narration in the production of photographic artworks both by myself and target groups of medical students and finally, by the introduction of the knowledge gained through the practice of photography in the form of research outcomes.

0.2 The Structure of the Thesis

The general structure of this thesis which is based on Gingell & Winch's description of Action Research (Gingell & Winch, 1999:8)[1] aims to explain my situation as an artist through my background practice on photography; states my main concerns relating to my research project using the examples of my practice and that of Jo Spence; and, after giving a description of the wider area of narrative methodologies in the form of a literature review, finally explains my intervention, which is the basic methodology of my research. It then provides examples of the experimentation with this methodology in the form of documentation, evaluation and dissemination of the underlying concepts that describe my practice.

---

[1] According to Gingell & Winch (1999) description of Action Research in six stages of: situation, concern, intervention, documentation, evaluation and dissemination

In looking more closely to the argument, the first chapter starts with a description of the situation, as an artist photographer with a background practice of self-portraiture mainly relating to the use of visual narrative and storytelling. I am interested in further elaborating on the concept of narrative in photographic portraiture through an exploration of the different uses of narrative in photography as well as other disciplines mainly relating to narrative research. Here, the subject reflective practice is explored through the writings of Schön to lead to a reflective discussion of the relationship between creative photographic practice and reflection. This section leads into the next chapter which draws upon the different narrative approaches in the fields of sociological and psychoanalytic research, providing interesting ideas which could potentially stimulate ideas of art practice. The most interesting idea identified in this section is Josselson's notion of psychoanalytic re-narration. As an arts practitioner I can relate to Josselson's thinking; she appears to mirror the approach to narrative I had independently evolved within my photographic practices. Once I had identified the concept of psychoanalytic re-narration I was in a position to reframe my fine art activities as an interdisciplinary methodology, I was able to approach my subject as a practice-led artist-researcher. As a result, there is, in my estimation, a potential contribution to both the arts and medical training. This thesis, in suggesting a possible solution to the difficulty of teaching clinical empathy to medical students (a topic that informs my discussion in chapter 5), promotes the idea that the concept of 'Photographic Re-narration' combines values associated with being both a sensitive and insightful artist and an empathetic and observant doctor. This is the basis of my approach to the teaching of photographic narrative skills to medical students. Examples of experimentation with this methodology will be provided through the documentation of the photographic work produced within the research both by the medical students and myself. Finally this thesis will give an evaluation of the results of this experimentation and present the dissemination of the basic concepts of this research based on the learning gained so far, through the presentation of visual and written evidence in the form of reflective outcomes, photographic exhibitions and evidence deriving from further research.

The first chapter of this thesis gives a very personal account of the researcher's relationship to storytelling that leads to a description of my previous photographic practice that focuses on the role of narrative in the work. The role of this chapter is to introduce the individual practice of the researcher enabling the reader to follow the gradual and distinctive development of her practice as it unfolds within the

practice-led context of this doctoral research. This account describes my specific interest in action research as a form of enquiry immersed in the situation being studied (Gingell & Winch, 1999: 8) before moving on to explore the use of visual photographic narrative in the work of Jo Spence (1934-1992). This section lays the ground for a reflective encounter between my practice of narrative photography and that of Spence which in turn introduces my further exploration of those concepts in the wider context of portraiture and reflective practice.

The second chapter looks at the wider notion of narrative in the form of a literature review of the basic research areas that use narrative-based methodologies. This exploration aims to identify the common elements relating to the use of narrative that makes it central in methodologies used by different disciplines. At this point the concept of 'psychoanalytic re-narration' is identified as the most interesting concept on which I build 'Photographic Re-narration' informing the basic methodology of my research and generating the cross-disciplinary character of my project.

In the third chapter, this thesis describes my experimentation with Photographic Re-narration through the teaching of photographic narrative skills to medical students of the Medical Photography SSC: *The Camera Never Lies?* and the provision of a documentation of five case studies. Here I use five students' projects to explain the way in which Photographic Re-narration has been used to facilitate the production of the work and also has resulted in the production of my own photographic work.

Chapter four explores the ways in which my experiments with Photographic Re-narration can be related to the field of Medical Humanities, an area of theoretical and historical research that offers the widest context in which my research is likely to be discussed outside the arts. Because Medical Humanities involves forms of primary research beyond the scope of my practice-led approach, my discussion of medical humanities modules in contemporary medical schools will be underpinned entirely by the available secondary literature. This will contain a description of the development of the Medical Photography SSC[2]: *The Camera Never Lies?* The students' projects are explained through their personal account of their engagement with their subjects, in the form of written narratives which they provided alongside

---

[2] SSC: Student Selected Component (Elective)

their photographic work. At this point the thesis introduces us to a visual storytelling activity which aims to present the medical students own voice and narrative account.

The last chapter sums up the main ideas experimented with in this thesis and also refers to the dissemination of the basic research outcomes through the practice of photography, exhibition practice in hospitals and galleries and paper presentations in conferences around the UK. A description of the main outcomes of the research undertaken in this project will be presented alongside my further experimentation with the concept of Photographic Re-narration through a new type of collaboration with professional medical staff. Finally I present the results of this experimentation in relation to the potential application of this concept in new areas of research.

Chapter 1

1.0 A Self-portrait

This section introduces my pre-researcher 'self', my childhood fascination with storytelling and dressing up. This highly personal account describes the context in which my understanding of photography was formed. For me the act of taking a photograph has always had particular coordinates embedded in the notion of self-photography. Here my engagement with myself in pictures was formed as a child in order to construct visual narratives. Only later did I learn to associate my immediate interest in story-telling with the formal concept of self-portraiture and the possibilities of undertaking research through reflective practice.

Illustration 1. *The Puppeteer*

1.1 My Story

This is me. This image of me was taken when I was five years old on the day of the carnival (Illus.2). Here I am pictured wearing a carnival costume on the road beside my house in Aegina, Greece where I come from. From a very young age I liked to dress up and impersonate different characters. I have countless photos of my sister and I dressed up as Romeo and Juliet (Illus.3), Robin Hood, cowboys and many other characters (See Appendix 1). We would spend hours making our costumes and improvise different roles. Most of the time we would be photographed in these costumes and I have a large archive of childhood role-playing. This activity never really ended as I found it very amusing to continue dressing up on many occasions as an adult with my sister and my friends. This would later become the basis of my art school studies.

Illustration 2. *Carnival Costume*   **Illustration 3.** *Romeo and Juliet*

Some of my most exciting childhood experiences were accompanied by imaginary characters. It was an essential part of this process that while performing those characters, a part of me was convinced that I had become that person. My actions were accompanied by both a persuasive attitude and a sense of performativity that created a site of action situated between the real and the imaginary. Psychologist such as Donald Woods Winnicott (1896-1971) suggest that play has a significant

role in a child's development of a concept of self, a fact I witnessed myself through these early experiences of putting together imaginary and performative scenarios. (Winnicott: 1971)

An element that contributed significantly to these play-acting activities was my fascination with the stories my mother and grandfather told about distant relatives and the place in which I was brought up. This childhood world of fantasy was peopled with characters I had heard a great deal about but never met in person. The relatives described by my mother and grandfather were either dead or lived far away and my only access to what they looked like was through our family albums with black and white photographs.

These photograph albums allowed me to attach faces to my mother's and grandfather's stories (perhaps this is the origin of my interest in photographic portraits). The repeated act of narration that formed such an important part of my upbringing was the performative mechanism by which I came to know our family history. Whilst listening to these stories I was fascinated by the amount of detail and description and asked to hear them again and again, a thing I still enjoy. The constant re-telling of family stories sometimes provided more information but most of the time it was simply a matter of repeating a set of familiar episodes over and over again. To this day I do not know the level of truth that was handed down to me within these narratives because my mother and grandfather did not hide the dramatic nature of interpreting the past in which the most exciting memories were conveyed using a hushed voice as if disclosing secrets never heard before. Vladimir Propp (1895-1970) described storytelling as an interpersonal act involving an entirely creative exchange between real and imagined past events. (Propp, 1984) Therefore, instead of being preoccupied with the truthfulness of the storied events, my argument is that these stories are kept alive through the people who continue telling and re-telling those same narratives. This proposition initiating from my personal experience within my family environment, I afterwards found to be a common view amongst narrative researchers, anthropologists and cultural historians:

> One knows intimately a local history, a social and psychic geography with its fault lines and up thrusts, just as one knows the landscape through which one moves daily. Such knowledge is particular and narrative in

27

nature: it is just like - indeed it often is – gossip. (Carrithers, 1992, cited in Given, 2007)

However, my intention here is to present the way in which I learnt to make my own stories, imaginary worlds and personas, to dress up and perform characters caught in the repetitive nature of the narratological landscape. This chapter will explain the role of my practice, a fine art process that embeds storytelling within the generation of visual self-representations, in the development of the Photographic Re-narration method. In order to provide this explanatory background I will give a first-person account of the initial stages in the development of my career as an artist-photographer, a development in which the performative character of storytelling became an intrinsic part of my early understanding of my potential as a creative user of a camera.

At sixteen I became fascinated with photography and joined the Aegina Photography Club. It was then I noticed that I liked setting up my photographs, adjusting the different objects in the space and often directing the people I photographed or appear in the photographs dressed up in costumes I had made by myself. Photography provided the context for me to produce visual narratives of my fascination with impersonations and storytelling. In this context, what was initiated from a very young age in the form of childhood excitement with narration became the main subject in my photographs and began to shape my personal understanding of photography. In the years that followed this attitude formed into a particular type of practice during my undergraduate and postgraduate photographic studies. There, I became fascinated with the work of photographers who use self-photography to narrate their images, for example Cindy Sherman and Jo Spence and in turn embarked on my own self-photography explorations and visual storytelling. The excitement with photographing myself developed into a personal exploration of my individual narrative in my self-portrait, a project preoccupied with a fascination around the different meanings images convey. The way in which the concepts of self-photography and self-narration developed into a more consistent research interest in my undergraduate and postgraduate research projects is described in the following text.

1.1.0 My Practice as a Photographer

My photographic practice has always used my personal narrative to engage with the concept of self-representation. This was always the focus of most of my undergraduate and postgraduate work which explores the difference between self-photography and self-portraiture. According to photographic literature (see section 1.3.2) the difference between the two is expressed by the idea that in the case of self-photography the person participates in the work as an actor whereas self-portraiture intends to illustrate elements of the person's character. This definition describes my main concern when using myself in my photographs in the case of my self-portraits and has led to a body of work which expands on the idea of visual narration of self.

Alongside my physical presence in the images another element that contributes to the visual narration of the portraits is the involvement of symbolic objects, such as medical body prostheses, as artificial imitations of the human body. The presence of these objects in my self-portrait compositions operate as visual metaphors that refer to binary oppositions, the kind of mind-body duality we associate with the influence of the philosopher Rene Descartes (1596-1650). In this sense, the incorporation of symbolic objects as references to philosophical and other concepts of being builds upon the narrative content and reading of the portraits and introduces the psychological understanding of physical experience. Additionally, the use of personal history towards the description of a concept of self attributes a self-referential character to the narrative content of the portraits. Here, I am using my childhood experiences to form visual narratives that describe my view of myself in the form of self-portraits. Brettle has written that the relationship between my self-portrait images and the concept of self-exploration involves personal obsession, it is 'concerned with private revelation and extension of the self'. (Brettle, 2001:36)

The above describes my engagement with photography driven by my personal motivation to explore ways in which the photographic image reflects ideas of self-narration. This observation refers to the developmental stages including the initial conception of an idea, the production of work and to the final images of a photographic project with self-explorative character. Here, I am interested in the identification and expansion of those processes that facilitate the production and visual examination of photographic self-portraits. This chapter continues with an

exploration of ideas of self-representation and reflective practice through my personal engagement with photographic portraiture.

1.1.1 Self-portrait 2001

Since the early stages of my practice at undergraduate level my work has been preoccupied with the reflective use of self-photography in the development of narratives of self. I am using the term 'reflective' to define those personal and interpersonal processes which occur during the development of a photographic project and also the act of looking at the images produced. I will further expand on ideas of reflective practice through the writings of others in section 1.3.3.

My Self-Portrait project signifies the starting point for the development of ideas of self-representation through the use of visual narration. In this sense, the narratological content consists of stories based on my physical presence in my photographs and also as I have already mentioned, the different objects which are parts of the image. This type of representation results in a symbolic, rather than documentary narration of my individuality. It is after all, those direct and indirect references that enable me to refer to those images as self-portraits. As I write about my portraits I find myself giving an account of both the personal narrative behind the work and the visual narrative of the portrait which differ from one another. This enables the reader of this thesis to gain a better understanding of the reflectiveness involved before we come to more theoretical discussion below.

This work is based on the development of self-portraits on the theme of toys. The images take a retrospective look at my childhood memories through an exploration of the role of toys and playacting in the formation my childhood perception of self. This proposition, common amongst developmental theories of psychoanalysis (for example the writings of D. W. Winnicott) is also explored in my self-portraits. (Winnicott, 1971) Yet, the narration of those childhood concepts in an adult's portrait is a contradictory concept and sets up the reflective framework of the work.

An example of this idea is the Ballerina Portrait (Illus.4). The intended resemblance of a human being to a puppet, the concealment of the facial characteristics, the inhibition of body posture and expression, the puppet's costume and the vague sense of scale that resembles a person to a miniature doll are elements that

constitute the visual narration of the portrait. Yet, it is for the same elements that the portrait is also contradictory. According to this, the altering of the person's scale into a miniature doll which performs on a puppeteer's stage and literally pulls her own strings creates a contrast between the delicate movement and figure of the ballerina and the solid arm cast and cross. The semiotic interpretation of the different objects in this composition symbolises self-control and self-manipulation and by doing so defines the psychological narrative content of the portrait. Moreover, photography itself (as a mechanism) plays a major role here, as we have no idea how big or small the puppet is.

Illustration 4. *Ballerina Portrait*

This image also has a strong personal reference. The story behind the image is my unfulfilled childhood dream to take ballet classes. My experience of working on this image enabled me visualise my childhood dream of becoming a ballerina, explore my childhood thoughts and express my emotions of disappointment over this unfulfilled wish. Although I found the experience of recalling those past experiences and openly discussing them by turning them into images to be extremely difficult, I soon found the whole process emotionally rewarding. This positive outcome was due to the fact that whilst I produced my self-portraits I was overtaken by a feeling of control over those memories and acquired a better grasp over those childhood stories which up to that point were untold. The very fact of having to narrate these emotions into portraits resulted in a feeling of reviving the unfulfilled childhood dream into a photographic representation. It felt like somehow my dream came true. In this way, these developing emotions defined a journey of acceptance of those memories for me through their creative development into mental and visual narratives in the process of creating self-portraits. The act of looking at my narrated ballerina self in the images made me feel I had somehow fulfilled my dream. It was through narrating my personal experiences in my photographs that I initially came to appreciate the personal value of the photographic image.

After producing this image I continued working with other experiences, these included childhood dreams, fantasies and fears. The photographic studio became a playground for self-reflection in which photography and dressing up were combined towards the production of self-portraits. Brettle comments:

> This is serious play; and dressing up and self-portrayal is by now an old game. It has been argued that, by using the camera as a method of self-projection, it may also be a means of self-protection and control (Brettle, 2001:36).

Here Brettle is critical of the use of photography to create a controlled self-image. She characterises the production of a self-portrait as self-projection but also self-protection. This statement brings us to the next image which is based on the childhood fear of having to wear a prosthetic body corset after an orthopaedic doctor's terrifying words (Illus.5). I remember him pointing at an old fashioned plastic body corset which was hanging on the surgery wall and saying to me '[i]f you do not keep your body posture right you would have to wear this'. This experience haunted my childhood imagination and triggered feelings of restriction and fear. After a

32

session in the studio I completely changed the use of the body corset from an (up to that point) object of horror and repulsion for me into a playful object. There, I completely changed its purpose from an orthopaedic object into a playful object. The medical body corset and artificial hands are transformed into protective armour in this image. After the photographic session I felt I had finally come to terms with an object that haunted my childhood imagination. I no longer dreaded the thought of wearing the corset. The process of self-portraiture had made my childhood fear disappear.

Illustration 5. *Medical Body Corset*

At this point reflecting on my own use of language when explaining my work I observe that my use of specific terms, for example the word 'somehow' in relation to the description of unexplained emotional experiences, expresses a feeling of resolution. When I say that my childhood fear 'had *somehow* disappeared' I am reflecting the kind of unexplained psychological and mental processes that are generated through a highly personal involvement with a project. When explaining my work my language becomes emotional as I still find the process of talking about my portraits very personal, introspective and disclosing. This observation is the basis of my speculations that these experiences defined the reflective nature of this project and resulted to the production of a series of portraits that illustrate the introspective character of the process. This project was the first opportunity to witness the results of the reflective engagement with visual narrative in my individual development and learning about myself, which enabled me to extricate my personal narrative and engage in a reflective dialogue with the work produced.

This concept of vulnerability finds expression in the Clown Portraits (Illus.6 and 7). These portraits symbolise the feelings of exposure experienced outside one's comfort zone. The clown is portrayed as comfortable inside his protective box and in another image frightened and exposed in a smaller box. After producing the images I recognised some of the social fears of exposure and of agoraphobia depicted in these portraits. Similar emotions I experienced in my transition from living in the Greek countryside to the busy city of Newcastle where I spent my undergraduate and postgraduate years living in a very small room in Northumbria University's halls of residence. I remember the first time I looked out of my window at the obstructed view of another building opposite. Being brought up in a house facing the Saronic Gulf, the restricted space of my room at the University and the blocked urban view made me feel restrained almost caged and triggered feelings of anxiety. I remember I used to spend most of my time in the room avoiding the busy hours of the city. There, I would escape through writing letters to my friends or daydreaming of my home country. Although I found this space very confined it seemed to also have a protective function for me by providing me a place to 'hide' from the busiest sites of the city.

Illustrations 6 and 7. *Clown Portraits*

An explanation of this psychological state is that people are trapped within a circle of addiction to their disorder, which is at the same time both restrictive and protective.[3] This vicious circle is a form of addiction and hard to shake off and this is illustrated in my clown portrait. However, the dynamics of protection and restriction are elements present in other portraits. One of these portraits is the one featuring a medical body corset (Illus.5). Brettle compares this portrait to the Jan Van Eyck's celebrated image of the 'Marriage of the Arnolfini' (1434) and comments on the use of the 'helmet' as a metaphor for the physical and mental restrictions of marriage and pregnancy placed upon his bride. She comments:

> In one image a plastic medical corset becomes both protective helmet and head restricting device. We recognise this medieval wimple and the lifeless hands protecting an amorphic pregnancy. (Brettle, 2001:36)

A fascinating thing for me to witness as I am writing about my work, is that these psychological concepts I am describing developed only after I produced the images. I am pointing this out to explain that these ideas only arise after reflecting on the portraits which I had already produced and had not always been there. The act of looking and in turn mentally and verbally narrating my portraits triggered a reflective process during which unconscious worries were articulated into conscious concerns. For example, the childhood dream of becoming a ballerina was never articulated as a wish up until the point of narrating it into a portrait.

In this way, every time I produced a portrait independently of how well I had prepared the image I wanted to take, the final portrait always surprised me and never responded to my expectations. Looking at my portraits was always a self-revealing experience during which I learned new things about myself through narrating the images. This illustrates the way I learned to narrate myself and reflect on those visual narrations through a sequence of repeated mental, emotional, visual and verbal accounts. Through these mental and emotional responses I formed a narratological concept of my self. This project enabled me to narrate my past in a verbal, visual and emotional way. I defined some of my childhood dreams, fears and aspirations and reflected these onto my adult life. This is how I shaped my

---

[3] This understanding of the psychological impacts of addiction described here was gained through my experience of working with medical students on the production of photographic projects with relevant subject matter. Some examples are given in chapter five.

understanding of my childhood and adult selves. This is why I feel that my images define who I am.

The image of the puppeteer is a signifier of change of attitude and personal development in the reflective journey of this project (Illus.1). In the previous portraits the puppet and the puppeteer are the same person. In this image I am portrayed as a puppeteer who wears a judge's wig as a symbol of power, of critical distance and self-control, emotions I developed through my preoccupation with this project. Yet, the presence of prosthetic equipment is an expression of feelings of incompleteness and the need for support like in the rest of the portraits, whereas role-playing is still an important part of the portrait featured by the costume, make up and performative activity.

I consider this as a reflective portrait in which the subject directly confronts the photographer by returning her gaze back to her. The idea of reflective exchange of gaze is suggested by Hirsch in her explorations of Winnicott's theory of child development, according to which the exchange of gaze between mother and child defines the child's concept of self. This idea Hirsch applies to the case of photography replacing the mother-child roles with those of photographer and her camera (Hirsch, 1997). In the same sense, this idea could apply to this image where the subject and the photographer is the same person. It is me. This very confrontational portrait reiterates its playfulness although the toy depictions have lapsed. From this image onwards the portraits no longer refer to past experiences but use new emotions triggered through the development of the project always in reference to my personal journey through this project. In this way my images arrive at new visual narratives of self which derive from the emotional reflection to the storied narratives.

One of these changing portraits is the image called Untitled (Illus.8). To my view this image is an illustration of what has been the most important product of my preoccupation with this piece of work; that is, the reflective growth of myself as an individual person. This proposition is enforced by the fact that only after the production of this portrait I could make the link with my personal development. Let me explain this idea. This image is the only one of Self-Portrait project that was shot in my hometown in Greece. Moreover it is the only one that features the outdoors

space. In this way, this portrait returns to my place of origin at a well known to me part of the sea near the house where I was brought up.

Illustration 8. *Untitled*

In this image, what was once disclosed in the dark studio space that functioned as a place of introspection is now exposed to the light of the natural environment. In this portrait the feelings of incompleteness have disappeared through the absence of the prosthetic arm as a replacement of the real body part. However, the ballerina costume refers to the role-playing of the previous portraits and continues to function

as protective equipment. I see this image as a depiction of the development of new possibilities between a chosen and an attributed self. This distinction is what separates childhood from adulthood self.

It has been my aim that by this point I would have managed to address what I perceive as an interesting dialogue between the visual narration of the portraits and the personal narrative behind the images. Although the personal story is impossible to make accessible to a viewer, (unless stated verbally) its main use is to facilitate the production of portraits and also suggest the strong self-referential character of this work. However, it is the personal narrative that is constantly referenced, reworked and reshaped during the development of the project. The process of identifying, extricating and reworking one's personal narrative in order to produce a photographic portrait is an introspective act characterised by essentially reflective processes. The reflective aspect of photography is probably the most important knowledge gained from working on this project, which significantly contributed to my personal and artistic development. Not only did I gain a deeper knowledge about my own psychological functions by exploring those childhood experiences and emotions but also used this personal narrative to form a complete body of photographic work which laid the platform for the development of postgraduate research.

After the completion of this project I had the chance to discuss those reflective processes that I had previously experienced in the form of 'unexplained emotional experiences' in sessions with a professional psychoanalyst. These sessions were based on the identification of the psychological processes that take place during the production of a photographic project with self-referential character. Yet, it was during the development of my work that I noticed visual similarities between my self-portraits and childhood images of mine from our family album that were afterwards identified and articulated through the sessions with the psychologist/psychoanalyst Eve Psalti as part of my personal research training fund (AHRC). It was only after the sessions that I made associations between this experience-based learning with Psalti and cultural memory writings on identity and family album photographs, concepts which I refer to in the following text through the writings of Annette Kuhn, which have been extremely influential in the shaping of my ideas on self-narration.

Earlier in the text I referred to a childhood portrait of mine in a carnival costume, which was actually used in the beginning of the project to help me recall those

forgotten childhood experiences and emotions which would afterwards form the narratives of my self-portraits. Annette Kuhn in Phantasmagoria of Memory notes:

> What interests me more is how it is that images and sounds of and from, or referring to, 'the past' can feel so familiar; and how this sense of recognition might connect with the activity of remembering at both a personal and a collective level. (Kuhn, 2002:127)

Cultural theory suggests that family photographs, and the memories they evoke, have cultural rather than personal coordinates. Therefore our effort to make sense of our experiences through interpretations of memory is characterised by a certain fluidity. (Kuhn, 1991:19) In the same sense as the fluid interpretations of memory, my childhood images were initially used to stimulate remembering for the purpose of creating self-portraits. In the discussions with Psalti these were compared with my self-portrait depictions. We looked at the similarities in terms of body language, expression, composition and dressing up making visual links between the images, for example, the Drummer portrait (Illus.9) which presents identical body language and expressions with the carnival image. In general we witnessed similarities on the inhibited body posture, expressionless face and indirect gaze, elements that were common between the two types of image. These observations enforced the definition of the images as 'portraits' in the sense of representations that depict characteristics of my personality.

Illustration 9. *The Drummer*

40

Another product of these discussions was the understanding of the distinction between lived experience and narrated stories, which often coincides in the teller's mind. As Kuhn notes:

> Family photographs are supposed to show not so much that we were once there, as how we once were: to evoke memories which have little or nothing to do with what is actually in the picture. (Kuhn, 1991:18)

For this researcher, lived experience is always an emotional self-encounter that cannot help but lack critical distance. In order to gain distance we require the critical view of a third person, an outside position that is, in my experience, provided by psychoanalysts. However, cultural theory suggests that this critical distance does not necessarily require a third person but could also be the result of the time difference between when the image was taken and the point where we are when we look at it:

> Perhaps memory offers a constantly changing perspective on the places and times through which we (individually and collectively) have been journeying? Perhaps it is when we look back that we make a certain kind of sense of what we see? (Kuhn, 2002:128)

This aspect of memory can be also ascribed to the time difference between the experience and the present which embeds the memory in a narrated space which is an imaginary construct. These ideas have been frequently suggested by Narrative Interview Researchers who are trained to make this kind of distinction in relation to other people's storytelling. Bruner writes:

> A life lived is what actually happens. A life experienced consists of the images, feelings, sentiments, desires, thoughts and meanings known to the person whose life it is … a life as told, a life history, is a narrative, influenced by the cultural conventions of telling, by the audience and by the social contexts. (Bruner, 1991 cited in Given, 2007:18)

The ongoing fusion of memory with fantasy is also the case when dealing with visual narratives. Watney suggests that:

> If we begin to think of both seeing and memory as primarily defensive and self-protective operations, saturated with fantasy, then the status of photographic imagery is affected rather radically. (Watney, 1988: 15)

Here the examination of a portrait photograph by a psychoanalyst would use critical distance to provide an objective reading of a photographic representation. I began to appreciate the implication of this idea in discussions with Eve Psalti, a psychoanalyst who helped me establish a new perspective on my self-portraits by adding to my understanding of the process of narrating portrait images. This new narratological approach to my work depended upon the identification of the different dynamics that are reworked and reflected upon during the production of a project with self-referential character. The identification of those dynamics reflects the psychological account of the process and enabled me to embark on further speculative interpretations of the psychological links between the visual representation and my understanding of it. By that point all these concerns which initially existed in the form of open-ended questions were associated with deeper concepts that I wanted to explore through my photographic practice. These related to reflective practice of photography, the closest example brings to mind the work of Spence and Martin on the *Family Album*. This work elicited stories from family album images through performative photographic sessions, aiming to separate the image from the interpretative context of the family album memory. (Holland, 1991)

In the case of Spence and Martin the visual narration of photographic images is placed in crossover between lived and storied events, in the space between a personal emotional encounter and a shared photographic representation. An illustration of this idea in relation to my practice is the *Underwater Portrait* (Illus.10) which was part of my postgraduate project entitled *Sugarfree*. This image is once again based on personal narrative as an approach to my research subject of Substitute. Yet, this portrait is part of a project which is composed of images whose visual properties suggest a multiplicity of narrative interpretations through the use of symbolic objects and a form of magical realism in which both reality and imagination have a fair share.

The motivation behind this image is based on personal narrative and local tales of the place where I come from and of the place where I lived at the time in a foreign country. The personal story behind the image refers to the associated feelings of substitution describing my life in this foreign country. These feelings come across through a metaphorical connection with the substitute life of a woman in a compromised marriage defining the narratological content of the image. This describes a moment of magical realism in which the bride walking under the sea is

in fact able to breathe in the water and survive in the ocean. My psychological bond with the place I was born as opposed to the place I lived are metaphorically referenced in this image through the symbolic implications of underwater breathing which is possible in the case of the human embryos but not adults. Following the examples of artists like Mona Hatoum and Helen Chadwick whose work has in the past addressed the geographic and personal displacement, I in turn draw metaphors with my bond with my place of origin.

Illustration 10. *Underwater Portrait*

When I narrate my self-portraits I often use terms that describe my psychological state and emotions these inspire on me. The use of those terms signifies the personal motivation behind the portraits and illustrates my individual engagement with photography which discusses personal experiences and assists self-reflective functions. The portraits facilitate and are the result of a process which is in its basis reflective, in the sense of enabling me to express, explore and construct metaphorical depictions of emotional experiences coming from my past. However, as we have seen to be the case here, these emotions are translated into metaphorical portraits motivated by personal stories that are inaccessible to a viewer yet are embedded in the visual narration of the work.

Schön suggests that children learn through play because they are enabled to reflect on the practical and improvisatory aspects of this process, which he names *knowing-in-action* and *reflection-in practice* (Schön, 1991). His conclusions refer to experiments he performed with children on geometric balance theory using toy blocks. I can see similarities between Schön's theory and the case of my studio photography practice, which provides the context for experimentation and reflection within a context of play. These activities enable the creative performative engagement with the practice of photography and thus stimulate reflective knowledge.

This particular use of photography has resulted in the production of images which discuss the notion of self-portraiture and the relationship between one's self and one's portrait image, a distinction first made by Lawrence in 1925 when he introduced the way in which photography forever changed people's view of themselves. My portraits of myself describe elements of my personality through the symbolic representation of private experiences. Thus the visual representations which I have produced as part of my Self-Portrait project move towards an exploration and an attempt to provide a description of self. The metaphorical narration of the portraits refers to personal feelings and emotions therefore resulting in images which tend to describe my psychological world and combine the real with the imaginary. More specifically, the prosthesis and arm cast symbolise the psychological relationship of human beings with their bodies, the puppet is a device to the notion of self-control and the use of make up and costume refer to the revelation and protection of the self. These objects stand as metaphors which constitute the narrative content of the portraits and put together my narrative of self.

At this point it would be interesting to relate my self-portrait explorations with the work of Jo Spence, a photographer whose work has been one of the leading practices on the subject of self-representation.

1.2 The work of Jo Spence

In the latest retrospective Jo Spence exhibition in the Glasgow Museum of Modern Art in June 2009, Jeffrey reviews:

> Her terrifying documentary images of her treatment, and the staged photographs she took as part of role-playing technique she named phototherapy, are amongst the definitive, if woefully under-celebrated, landmarks of British art of the period.
>
> When GoMA opened, some of its new collection seemed odd and anachronistic given the prevailing artistic climate, but the Spence works were always amongst its wiser acquisitions. Viewed now, in the light of works by artists like Cindy Sherman or Sarah Lucas, they have an artistic prescience and an undeniable emotional authenticity. (Jeffrey, 2008: 20)

The significance of Spence's work is widely acknowledged amongst the world of art. Her work has been extremely influential on my practice as a photographer for a number of reasons but mostly because of her preoccupation with self-representation, a concept she applies in her photographic practice to discuss the notion of the individual. Jeffrey refers to this concept through the use of the term 'emotional authenticity' which introduces an association between emotional experiences and visual narratives. As we saw in the previous Chapter, my understanding of self-portraiture formed on the basis of narrating childhood emotions into visual representations. It was the work of Spence that provided me with examples of this idea in the early stages of my practice.

Photographic theorists have noted that Spence's work on self-representation was not produced for an artistic public but its initial preoccupation was to raise political and cultural debates through photography and make a critique on the representation of social stereotypes. Jorge Ribalta notes:

> The centrality of self-representation in her work is an exploration through her own body, of the ways in which social identities are constructed through the image and by being a photographer and model in her series, she makes photography an instrument of rebellion and therapy towards the stereotyping reproduced in the images that dominate the cultural space. (Ribalta, 2005: 8)

What is interesting about this statement is that it refers to the use of the photographer's personal narrative to address a form of self-representation, an idea

that uses the notion of social stereotyping to link the personal with the social. More importantly this statement introduces a link between photography and therapy, an idea manifested in Spence's explorations of her own illness narratives which address the contradictory healthcare politics of the 80's. Deeply embedded in the traditions of feminism and social activism, her work exposes symbolic visual stereotypes in photographic representations in different social and healthcare contexts, such as illness, identity and gender. Reactions to Spence's political approach to photography are evident in the response of a London hospital after her proposal to organise talks in the hospital space:

> I'm sorry to say we are having difficulty booking a room within the hospital for your talk. The "powers that be" say there is not any real provision for letting non medical people give independent lectures to nursing staff. I think the truth is your reputation as a critical cancer patient has preceded you. The (unspoken) subtext was "we don't want radical feminists talking to our nurses. (This is a letter from the Jo Spence Memorial Archive provided by Terry Dennett)

Moreover, the above commentaries constitute my interest in her photographic practice as expanded in another field that of healthcare, through her work on Health and Therapy (1982-1991) which extended for a decade. In her work The Picture of Health? (1982-1986) she 'describes and criticises the process of infantalization, victimisation and depersonalisation the patient undergoes' through her personal illness narratives and photographic documentation of her experience as a patient. (Ribalta, 2005:13) (Illus.11,12) This work was the determining point for the development of 'Phototherapy'[4] a method based on self-photography, dramatised staging techniques and performance, which Jessica Evans describes as the 'psychotherapeutic dynamics of Spence's life work' (Evans, 2005: 34). These psychotherapeutic aspects have been articulated by Spence herself. She observes:

> During my recovery from breast cancer, I began to use the camera to explore connections I had anywhere been near before-connections between myself, my identity my body, history and memory. I had never actually inhabited history before, and I was beginning to inhabit my own history and hidden parts of myself. (cited in Roberts, 2005:72)

---

[4] The term Photo Therapy in Spence's writings is also referred to as 'phototherapy'

Illustration 11. Jo Spence, *The Picture of Health?* 1982-1986 (Spence, 2005:270)
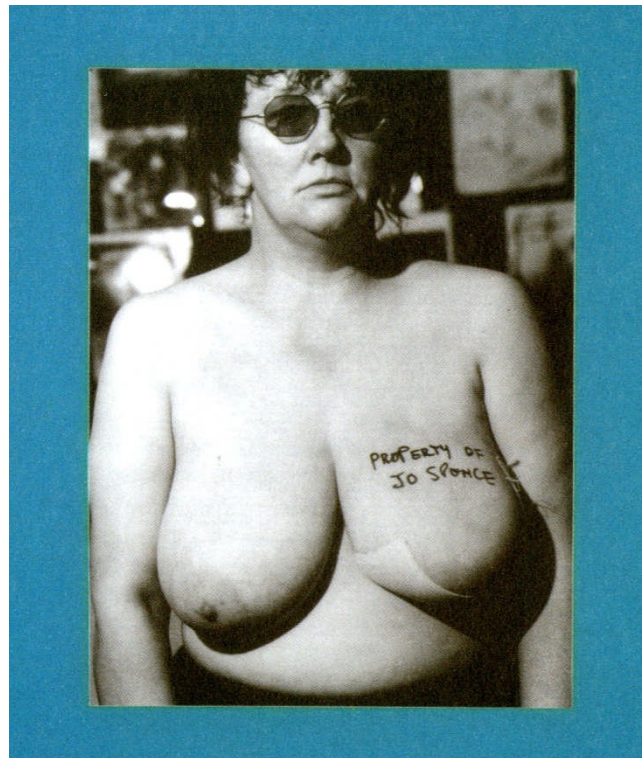
Spence's statement suggests the importance of photography towards her understanding of her own concept of herself, which was mediated and manifested in the form of self-photography, self-representation and private narratives of the past. This statement also attributes a reflective function to this particular application of photography, through which self-reference becomes a vehicle for the analysis and reconstruction of self. These observations of Spence's have also been proposed by her partner in Photo Therapy and Family Album work, Rosy Martin, who suggests that phototherapy is about transformations and change and challenges the fixity of the photographic image and self acceptance. In Photo Therapy: New Portraits for Old (1984 onwards), Martin notes:

> By creating a wide range of images I have been able to examine many different aspects of myself and my past history and to integrate these into a whole. By acknowledging aspects of myself and my past, which I might otherwise hide, or see as my shadow side, I have freed myself from internalised restrictions and oppressions and have come to accept myself as I am, complete with all the contradictions that have formed me. Phototherapy is photographic feelings in all their rawness. (Martin & Spence, 1986:174)

Illustration 12. Jo Spence, *Phototherapy* in *The Picture of Health?* 1982-1986.

(Spence, 2005:271)

Illustration 13. *Jo Spence and Tim Sheard, in Narratives of Disease, 1990*

Left to right: Excise, Exiled, Expected, Expunged, Included

(Spence, 2005:375)
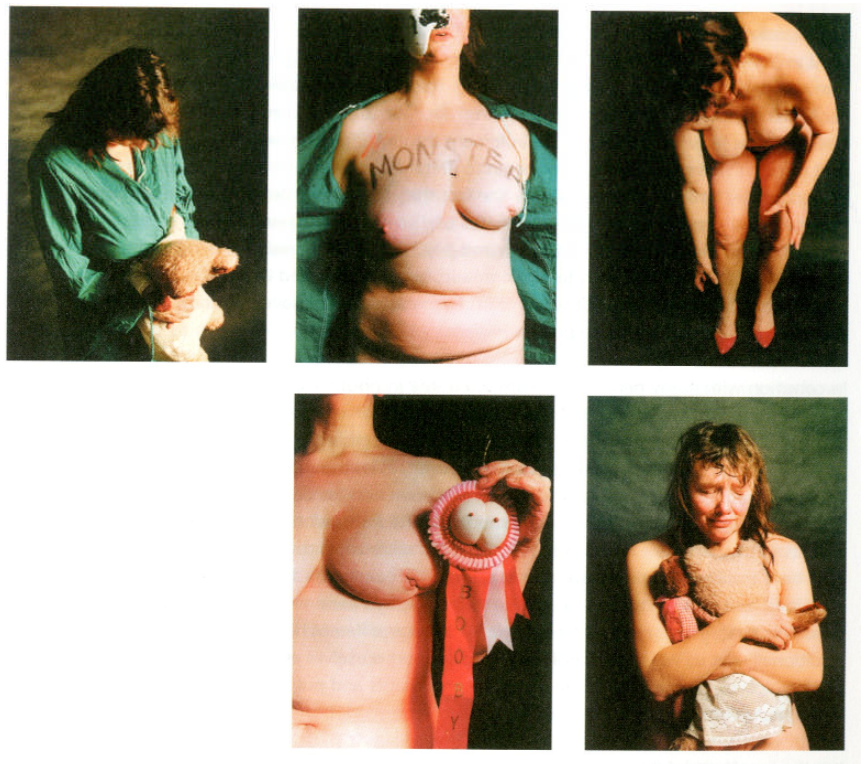
Here, I am particularly interested in the reflective and psychological extensions of self-photography and self-narration as used by Spence and Martin in relation to the work in the context of therapy and healthcare. The work entitled *The Picture of Health?* (1982-1986) has been described by Spence as a photographic self documentation which pays a critical view to the healthcare system by making metaphorical connections with psychoanalytic notion of transference in human relationships. This notion is used in Spence's work to comment on the projections towards doctors and medical staff, who she notes were responsible for the feelings of powerlessness and infantalization which she experienced during her hospitalisation. She attributed these emotions to the lack of medical knowledge, which as a patient made her unable to make decisions for her own health and thus became a subject of scrutiny of medical treatments. The psychological encounter of this experience has encouraged the development of Photo Therapy, a method initiated for personal practice and afterwards developed in collaborations with other people. In her notes on phototherapy she mentions:

> I have often been asked where did it all come from. When I start exploring the therapeutic image-making it was initially done for myself, and only as part of my wider alternative cancer survival programme. When I returned to London after my cancer lumpectomy I started to go to co-counselling sessions and decided to share my work with someone else. Eventually I started working with another woman, Rosy Martin, on ways to make a co-counselling style of photography. (Spence, 2005: 335)

At this point, Spence's reference to photography as therapy, introduces the psychological aspects of self-portrait photography, which are manifested in the form of emotional release through the performative rehearsal of an experience of the past. In her notes on a phototherapy session Spence refers to the change of a visual concept from a dependent self-pitying victim to a positive survivor, remodelling the old image into something else. A crucial element in this process is the role of 'control' over one's situation. In her *Narratives of Dis-ease* (1990) (Illus. 13) Spence suggests:

> I am not suggesting that making these pictures has solved my problems, nor do I want to create a new mythology, dwelling only in the active role, I still oscillate between going subject and object/victim, but am no longer 'stuck' and have begun to live in my own totality. (Spence, 2005:374)

Photo therapy provided with a display of new visual selves to the camera, through a range of portraits that refuse the singularity of self through a sequence of

fragmented portraits (Illus.14). This process is based on the re-thinking and re-investigation of emotional experiences, memories and their consequences and aims to the altering of a singular understanding of those manifestations through the performative engagement with photography. In this sense, self-photography provides the vehicle for the representation of self, providing with self-portraits which stand for different possibilities of self refusing the solidarity of a single self. Moreover, self-portraiture in Spence's work is an interactive process described by the collaborative character of phototherapy and the association with co-counselling through the transference of therapeutic roles. The act of taking photographs in itself is a collaborative act followed by psychological associations. Woodall notes, 'What is it like to have your portrait taken? Taken, like a photograph, with the hint that something of you is being captured by someone else', suggesting the interactive character of the process and associating photographic portraiture with the notion of self. (Woodall, 2003:77) Moreover, her statement 'the fantasy that the depicted subject will speak is a founding trope in portraiture' addresses the imaginary extensions of portraits. (Woodall, 2003:77)

Illustration 14. *Jo Spence,*
Photo Therapy

(Spence, 2005:274)

One of the most interesting attributes of this particular type of photography is the essential role of narrative in the form of self-narration and visual self-narration which results in the development of photographic portraits. My interest in the relationship between self-portraiture and self-narration as not only of experiences but also of psychological and mental preoccupations has in the case of Spence's practice resulted into the development of portraits with a high emotional content. However, these portraits initiated by her intention to 'represent myself to myself' (Spence, 1986:155) resulted in a description of self-portrait as a fluid and constantly changing concept entirely dependent on our individual narration of events. Here, the subjective narration of our experiences through our personal understanding of events is depicted in the visual narration of the portrait.

One could say that this is also the case in my self-portraits in which my personal narrative is transformed into a metaphorical representation of emotional experiences through a sequence of narrational experiences. However, my portraits use my understanding of these past experiences to move towards a description of self represented by different fragments of my self-perception. In Spence's case, the image of self is constantly questioned, reworked and re-photographed, objecting to the idea of a portrait of fixed identity. Moreover, my personal anguish of depicting my personal emotions into images have provided me with a therapeutic balance also found in Spence's descriptions of her visualisations of negative experiences into positive ones through phototherapy. So in this sense, self-photography becomes a facilitator of self-portraiture and self-therapy but is not necessarily a definite answer to what Ziller describes as the 'Who am I?' ongoing question of self. (Ziller, 1924:28) Instead, the photographic explorations of one's self are considered as mediators of all those psychological and mental processes which are being put into action during the development of a photographic project with self-reflective character.

The leading concept in this process is that of narrative. The above theorists have described portraiture as a consolidation of past and present experiences through narrative. Here our individual experiences and the unique connections we make between the different events in our lives can be encapsulated in the representative image of a person created through the ongoing question of the narrated self. This repetitive narrative aspect of portraiture that deals with our visual interaction with printed photographs introduces another level of narratological examination, that of

looking. It has been suggested that whenever we look at photographs we are enticed into a largely imaginary social relationship and that '[t]he independent process of looking and being looked at themselves work to create our sense of what it means to be a human being and what sort of human being we are'. (Holland et al, 1986:3) These statements place the very fact of looking at visual representations into the spectrum of imagination. According to this view, a portrait is a product with social function through which the person invents a concept of self. This process is in its basis reflective and suggests that self is a constructed notion and thus places the act of portraiture into crossovers between reality and imagination. In McDonald's words '[t]he camera, it is said, never lies. I do not agree. In my experience as a journalist, the camera always lies' (McDonald, 2003:7). In this sense, Spence's attempt to 'document her life in the hospital' has been repeatedly acknowledged in her writings as a simultaneous narrative deconstruction and reconstruction of different possibilities of self.

Although Spence's photographic work has been widely published and exhibited in beautiful large scale prints in major galleries (the most recent one I visited in Glasgow Museum of Contemporary Art in July 2008) Spence's intention was to use photography as a tool for teaching and for therapy and not for the production of artistic work. In this sense she was not particularly preoccupied with the quality of her images, yet she was mostly interested in the use of photography in education and community collaborations (Evans, 2009). This type of application of photography in an interdisciplinary context is exemplified through her community workshops and work in healthcare entitled: *The Picture of Health?* (1982-1986). Although her work initially served an individual self-exploratory function in a wider context it is also strongly embedded in a wider historical tradition of politics and feminism.

So far this section has recognised the general concepts of self-representation and reflective practice which are described in Spence's use of photography. This has prepared the ground for further explorations in the wider context of portraiture, self-portraiture and the development of this type of engagement through reflective practice. The first chapter concludes with an extensive exploration of these areas through the writings of others. However, before doing that I use the work of Spence to describe my immediate reflections on my practice and pay special reference to

elements of healthcare. The next section looks at my preoccupation with healthcare subjects and introduces my research topic.

1.3 Reflections

Introduction to the section

This section explores the questions that arise when reflecting on my own practice and that of Jo Spence. The two practices are characterized by emphasising the different approach to the concept of healthcare used by Spence and myself. I give an account of my work for *Just Well Loved*, the arts and healthcare project that led to the research described in this thesis. My personal engagement with the notion of arts and healthcare research is described in the form of a story in sub-section 1.3.1. In turn, this story leads to an exploration of portraiture as a reflective practice.

1.3.0 Reflections on my work and that of Spence

Spence's photographic approach has played a significant role in enabling me to reflect on my own practice of photography. As a result of this comparison I found that although my main preoccupation with self-exploratory work concerns the reflective aspects of producing self-portraits, my work still maintains the intention of producing beautiful photographic artworks. This expresses my interest in engaging in a practice in which the both the process and final product are equally important.

For the author of this thesis, the underlying story of a photographic portrait is not necessarily represented within the final depiction in the portrait. The author creates images that are symbolic expressions of emotional experiences triggered by certain events. This does not involve the visual documentation of an event. Yet, as we have already seen this is not the case in Spence's work which is by intention a photographic documentation of her life. Here I am not only referring to her work in health but also her phototherapy sessions in which she re-enacted her own identity as a form of self-exploration.

According to her statement the images are both documentary and fabricated: a proposition that questions the objective character of 'photographic documentation'.

In *Photography/Politics Two* (1986)*,* we are introduced to the concept of multiplicity of possibilities of self as inherent in the photographic image itself 'photography offers us identities to inhabit, constructing and circulating a systematic regime of images through which we are constantly invited to think the probabilities and possibilities of our lives'. (Holland e*t al*, 1986:1) Whereas Spence's portraits tend to break down or, to use her words 'deconstruct', an image of self by producing different possibilities of selfhood, my self-portraits reflect aspects of the changing emotional world of a growing person. However, the common element between the two practices is the reflective use of photographic portraiture and the idea of using photography as a tool to associate the concepts of self-representation, self-reflection and self-exploration. These themes are explored through the development of art-practice and also through the teaching of photography. Whilst Spence's teaching of photography had a political character, my aim has been to establish a medical pedagogic methodology that utilizes the interaction of visual narrative and reflective practice.

My primary interest is the facilitation of self-reflection and self-exploration amongst medical students. Within this framework, my initial preoccupation with the subjects of portraiture and self-portraiture, the reflective aspects of photography as well as the particular function of narrative in this process came as a result of my considerations on Jo Spence's practice. Additionally, her expanded work between different fields of study introduced the relationship between photography and therapy and addressed a very interesting link between visual narration, healthcare, and psychoanalytic practice. The latter is an area dedicated to the study of the self which has always has strong coordinates with a wider political and historical framework. Watney observes that the interest in psychoanalysis explored in the 70s photographic practice, aimed to the understanding of the concept of the individual subjectivity. This statement introduces ideas on narrative analysis, self-concept and the relationship between photography and therapy, which formed part of my concerns when I undertook this research project.

However, the experimentation with these ideas first took place within a collaboration with Northumbria Healthcare NHS Foundation Trust in the form of a Hospital Fellowship entitled *Just Well Loved*. The completed works were installed in the newly built Children's Accident and Emergency area at Wansbeck Hospital

(Illus.15)[5]. This project was entirely based on the development of different kinds of narrative from written to verbal and visual. Local school children shared stories about their favourite toys: how they received them, how they played with them, what had happened to them over the years of use. I transformed these narratives into photographic portraits which filled the hospital space with images that any child visitor could associate with. Medical staff members were also photographed with the toys they had kept (and sometimes played with). The architect's train set, Dr Stamp's 'Chitty Chitty Bang Bang model car' and the Construction Manager's doll (with which he poses like 'Bob the Builder'). (Illus.16 and 17) In this way the images of children and staff became embedded in the daily life of the hospital and a point of reference in the discussions between the children-patients and the staff.

Illustration 15. *Just Well Loved*
Children's portraits

The way in which narrative and photography were used as the basis for the collaboration between a fine art graduate (myself), a hospital and two schools, offered the potential for the development of a more extended interdisciplinary project. The experience of working with medical staff formed the potential for future collaborations and further research interest in the area of arts and healthcare. The next Section takes this opportunity to describe my relationship with health-related subjects using my personal experience with illness in my immediate environment. The purpose of this very personal account is to explain the way in which these

---

5 This project was reviewed by Sam Wonfor in The Journal (2002), in an article entitled: *Putting the Smiles Back: Hospital Project Cheers Up Ill Children.*

individual concerns were afterwards formed into consistent research questions and finally introduce the topic of the research project described in this thesis.

Illustration 16. *Just Well Loved Construction Manager and Architect*

Illustration 17. *Just Well Loved Unit Paediatrician and Unit Manager*

1.3.1 My Relationship with Healthcare

When I was born and up until I was three, my mother couldn't look after me because she was sick suffering from a condition the Greek doctors could not diagnose. In a picture of my third birthday she stands in the background looking very ill, almost depressed. At the time I was unable to understand that she was ill and have no other memory of her illness other than what is in the photographs.

When I was four, I became sick with pneumonia for which I had to have injections at home every few days by Dr Theodoridis, the paediatrician of the island. This is when I decided that I hated doctors. Once I heard he was coming I knew he was going to give me an injection. So, one day I decided to kill him. I took a kitchen knife and hid it under my pillow, which my mother immediately found and asked me about it. She said 'What is this knife doing under your pillow?' I replied 'when the doctor comes I am going to kill him'. She laughed and suggested that a smaller dinner knife was better and replaced it despite my disagreement. When the doctor came I took my knife out as I had planned but soon my plan fell into pieces as of course I had completely the wrong knife. The doctor was very serious and surprised at my attempt to kill him but he hardly said anything and unfortunately I had the injection done. As my last resort of revenge when he sat down to write a prescription I went under the table and tied his shoe lace on the leg of the table. When he stood up to leave he tripped and almost fell on the floor. I and my mother were laughing our hearts out while Dr Theodoridis was trying to untie his lace from the table obviously thinking this was not funny at all. This is how I learned as a child that doctors might help you recover but they also cause you pain and fear and they are not funny at all. I feel bad saying this because Dr Theodoridis is now dead and at the end of the day I am grateful because I owe him my recovery from pneumonia and many other illnesses I went through as a child.

The experience of doctors and hospitals can be terrifying for children and for adults who happen to be sick with an illness. I have always been intrigued by people who have used the negative experience with an illness to develop a positive outlook in life. The comedian Gene Wilder describes the way in which he learned to be funny, after a doctor said to him as a child: 'Do never be angry at your mother because you may kill her. Try to make her laugh' (Wood, 2007:10). From that time, Wilder describes he felt responsible for his mother's health and always tried to be funny.

His doctor's lack of interpersonal narrative skills which should have taken into account the psychological impact when projecting such a responsibility onto a small child, signified a period of anxiety and guilt in Wilder's life. Moreover, Wilder explains that the funny side of his personality was developed as a result of that negative experience and also worked as a defence mechanism to disguise his major fears.

Looking back to my life, I have always been interested in certain aspects of healthcare through my personal journey of childhood illnesses, parental sickness and relatives' death. And also of stories that horrified me, of relatives who lived a life in a wheelchair or passed away because of wrong medical decisions. In my head the area of health and wellbeing was defined by mental images of my cousin Christopher who lived his entire life on a bed until the day he died when he was 44; my mother's best friend Nini, a beautiful woman who was the very first person to say to me when I was 6 that 'I have a big imagination' who died of cancer in the age of 35 leaving behind her two sons 8 and 11; by my grandfather's stroke that left him lying on the floor; my mother's trip to a hospital in Denmark when I was 3, after being told that her condition was undiagnosed and she was going to die. Despite the medical assumptions, my mother had a simple gallbladder operation in Denmark and returned to Greece.

All these experiences I had from a very young age I developed into a sort of phobia towards physical disability, unexpected illness, death and encountered the importance of health and wellbeing. My self-portraits of toys, as we have already seen, touch upon similar issues through depictions of the psychological account of the human body through depictions of medical prosthesis and body parts. It is because of this background that I could easily empathise with healthcare situations and illness narratives. An example of how this environment played a significant role in my work is the *Just Well Loved* project. This piece of research acknowledges certain psychological aspects of children's health and hospitalisation and was an attempt to break down the fear of the hospital and create familiar images for the children-patients. My fascination with healthcare subjects expanded in the form of the research project which is described in this thesis and which defines the most exciting journey for me as a person and artist. The title of my research project *The Influence of Photographic Narrative in Healthcare Dialogue* was built on a collaborative basis between two institutions, a University Art School and a Medical School and teaching hospital.

My main concern was to improve the communication between doctors and patients; that is, to encourage them to recognize each other's perspective. It was like trying to get Mr Theodoridis to understand that my childish humour did in fact disguise a deeper fear for doctors, which if he could understand; he could then find another way of approaching his injection-visits in our home making me less stressed and less scared. From a very young age I encountered the importance of having things explained to me, like for example why people got sick, why Christopher was in a wheelchair, why Nini lost all her hair and what is chemotherapy. When I visit a doctor I always ask what is wrong with my health and how it can be dealt with. Most of the time I find communication difficult and often realise that each of us see the same thing from a different perspective. The personal perspective of a patient is more extensive than the physical symptoms observed by a doctor. Charon uses the term 'healthcare divide' to define the different points of view of the patient and the physician. (Charon *et al*, 2002) My doctoral research explores the extensive space of personal narrative that shapes the patient's perspective using my own creative practice of photography. If doctors understand how their own narratives are generated and communicated within photographic practice, then they are in a better position to cross Charon's 'healthcare divide'.

The challenges I am facing as an artist working on this specific interdisciplinary context relate to the transferring of the central concerns that describe my photographic practice into a different field, that of healthcare. This thesis guides the reader through the explorations of my research topic and my journey towards the invention of a methodology that aims to exchange ideas between those two fields of Art and Healthcare, aiming at the creative transfer of knowledge between them. In turn, the reader is provided with examples of my experimentation with my methodology through my action research with non-art audiences. Although my research draws on ideas taken from Spence's use of visual narration in relation to the concept of therapy, my intention as a creative individual is to embark on my own study of photography in relation to healthcare. In addition to that I am interested in finding ways as an artist to communicate my research ideas with a wider medical and non-medical audience as part of my action research and dissemination of research outcomes. As Louise Jury notes, 'Creativity is not always about the ability to paint or act. It can also be about having the power to motivate others' (Jury, L. Independent on Sunday, 4th of June 2001). At this point a possible idea in relation to an audience would be the teaching of photography to medical students and the

dissemination of the main ideas through exhibition practice. This idea is explored in a number of chapters of this thesis.

So far this thesis has looked closely at the subject of visual narrative through my own photographic practice and introduced the main concepts of narration and self-representation that describe my understanding of photography. Also by making a comparison with the practice of Jo Spence we were able to observe the wider notion of self-narration in relation to the concept of psychoanalytic therapy and draw links between the practice of photography and that of healthcare. This formed the basis to describe the research already undertaken in this interdisciplinary field through a project for a children's hospital area which introduced the main topic of this thesis. However, the previous Sections on my self-portraiture have placed interesting questions on the development of a visual practice on the subject of narrative and have laid the ground for further explorations on this subject. These explorations are described in the following Sections and build towards a more formal approach to the wider context of portraiture, self-portraiture and reflective practice through the writings of others.

1.3.2 Explorations on Portraiture and Self-portraiture

Considering Spence's photographic explorations I will take the opportunity to reflect on my own photographic practice in relation to a wider historical context of self-portraiture. Providing the context in which my photographic practice develops introduces the potential for reflection on the different aspects of self-representation and interpretations of self in portraiture. Here we are provided with a variety of definitions through the writings and artworks of others.

Art history teaches us that painters produced self-portraits in order to demonstrate their technical prowess in the naturalistic representation of a human likeness in two-dimensional form. An example of this kind of self-portraiture as self promotion is Albrecht Dürer (1471-1528). However Koerner (1993) suggests that Dürer's self-portraits go beyond appearance to give the sensitive viewer access to the essential self of the artist. In doing this, they may also embody the underlying idea of painting: 'What they say is art is an image of its maker'. (Koerner, 1993:55) This idea, which refers to the introspective character of self-portraiture and the link with a notion of self beyond that of appearance, is explicit through the celebrated work of Rembrandt

Van Rijn. His portraits are rightly celebrated for capturing the different stages in the life and career of an artist. These portraits were not produced for commercial purposes but were created in order to 'elevate the role of the artist'. (Bond & Woodall, 2005:114) A similar case is the work of Vincent Van Gogh (1853-1890) who repeatedly painted his likeness and, as he proceeded, captured the different psychological states he went through at different stages in his life. Here the process of painterly self-representation becomes the paradigmatic state of self-reflection. The self-portrait is a definition of the struggle of the self. Making of one's own portrait is a reflective practice.

Woodall suggests that the defining aspect of the history of self-portraiture was the development and perfection of the mirror, an ancient object 'invested with metaphorical and magical significance' because it generated likenesses which were simultaneously reflections and inversions of the surrounding world. (Woodall, 2005:19) In linking visual reflectivity and image inversion to the concept self-portraiture, Woodall explores the analogy of mirroring with personal contemplation and identity construction. In this way, all processes associated with the mirror become vehicles for accessing interior human states of mind. Here the obvious interdependence of a portrait and the self is, in the case of a self-portrait painted using a mirror, a profound interaction of visual and mental self-reflection.

When photography was invented, the notion of 'self' became even more strongly related to one's portrait. This is mainly because of the apparent associations of the photographic image with reality, an idea strongly argued by modernist photographic theory. The novelist D H Lawrence, for example, thought that man had learned to see himself through his Kodak camera. His comment that '[h]e makes himself in his own image' (Lawrence, 1925) suggests a continuous exchange between the perceived and the portrayed self, proposing that the 'portrait' is a constructed representation of a person. By contrast, Ziller suggests that the camera provides an objective view of the person because the image is no longer subject to his verbal self-narration. He mentions that 'Self-concept' derives from observations of the self by the self, responding to the question 'Who am I?' He proposes that 'iconic communication with a camera will produce images of the self that avoid some of the shortcomings of verbal self-portraits'. (Ziller, 1990:28)

In *The Image of The Other* (1986)*,* Francois Chevrier begins with the declaration that 'The self-portrait is generally considered an act of introspection, a search for the truth of the self'. (Lingwood, 1987:9) He suggests that there is no longer a truth of the self, there is only (he uses Lacan's term) its 'imaginary' (cited in Lingwood, 1987:9). Thus the apparent unity of the self is better understood as an ongoing dialogic exchange between the lived and the portrayed selves. In the Western philosophical tradition this kind of binary approach to personhood is rooted in the influential (but continually contested) thinking of Rene Descartes (1596–1650). The famous Cartesian 'cogito' (I think therefore I am) separates the body from the mind. Here one's mental life is the ultimate criterion of 'reality' and the physical appearance merely a sign to human interiority. (Evans, 2005:46) What interests the author is the role of visualizing tools (the camera and the mirror) in facilitating the search for the self, true or otherwise.

The modern view of the narratological construction of self through visual self-representation is explicit in the case of my portraits, in which the personal experiences of the past are carefully selected and narrated to describe and visually construct my individual psychological identity. It is due to this fact that the portraits are perceived to have the capacity to 'speak' about the sitter's personality, an idea that finds expression in the American photographer Diane Arbus' (1923-1971) photographic approach 'I'll show you what you are really like'[6] (cited in Williams, 1986:163). This statement questions the traditional relationship between documentary photography and reality and suggests that the camera is a tool for discovery of the self and that the portrait captures the 'true' self.

My self-portrait toy depictions are made in the crossover of what is real and what is imaginary, constructing visual metaphors that question the truthfulness of any definition of 'solid' or 'real self'. As Brettle describes '[t]hese are portraits which deny singularity and suggest a severally divided self'. (Brettle, 2001:36)

A similar approach can be found in the work of photographers like Cindy Sherman who explores the endless possibilities of self through stereotypical representations borrowed from the media and cinema culture. Her ongoing work *Untitled Film Stills*

---

[6] Here Williams quotes conversations between Jo Spence and Ed Barber published in Ten 8 Magazine

(1977 onwards) is based on self-photography and has resulted in images in which the filmic with the everyday are being mixed with each other. This photographic approach illustrates what Dorsett suggests as '…the diverse accounts of our autobiographic and biographic uncertainties, our media saturated imaginations and fantasized personalities'. (Dorsett, 2009:7) Chevrier notes that '[i]n the world of photographic creation, the self-portrait has long been a game played around the form and fiction of identity. (cited in Lingwood, 1986:12)

These statements bring to mind Spence's words in which she considered that her job as a studio portraitist at the Hampstead Studio 'gave permission to her sitters to fantasize about themselves' and captured the image of how they wished to appear (cited in Williams, 1986:161). Sherman's use of 'self-photography' as opposed to 'self-portraiture' suggests a difference between the use of the self as an actor and the intention to describe or construct a concept of self. Sherman's approach defines photography as a vehicle for the dialogue of the concept of self as a personal and also social case. The political dimensions of photography discussed in the literature of the 70s concern the 'stereotyping' of private and social roles. Spence's work confronts stereotypes by focusing on intensely personal narratives. In this way, her work breaks down habitual and socially manipulated representations and moves closer to what is described by Heron as the 'human nature'. (Heron, 1996:174) Photography was valued for its use of the camera as a tool for the exploration of self and often as Jessica Evans describes to be the case in Spence's work, as a 'weapon'. (Evans, 2005:37) Spence notes:

> Passing through the hands of medical orthodoxy can be terrifying when you have breast cancer. I was determined to document for myself what was happening to me. Not to be merely the object of the medical discourse but to be active subject of my own investigation. (Spence, 1986:153)

The dialogue between the photographically constructed or objectively portrayed self is an ongoing one. Whether a truthful representation or a constructed one, self-portraiture is a process based on the exploration of the concept of self which affirms a number of reflective processes and metaphorical associations of humans and their likeness.

> Historically, self-portraiture deploys material technology and artfulness to create likenesses, characterises the named subject as an artist and

employs the mirror as both a practical device and a metaphor for self-reflection. (Bond & Woodall, 2005:18)

I will use this statement as an opportunity to introduce the next Section which looks at explorations on reflective practice through the writings of Schön, relating different practices from museology to psychoanalysis and music.

1.3.3 Explorations on Reflective Practice

In her paper on materiality entitled *Experiencing Materiality in Museums: Objects, Senses and Aesthetic,* Sandra Dudley uses the term 'empathy' to refer to the physical examination of objects in museum settings (Dudley, 2009). The use of the word empathy in this context is very interesting because it introduces a term taken from a humanistic perspective to describe the way in which humans relate to objects. She suggests that empathy comes from physical interactions and other kinds of 'unexplained' psychological and mental processes which human beings experience when engaging with objects. This could be true in any type of physical relations carried out with an open mind to identify those processes.

Empathy is a term now widely used in healthcare. In this context, the term refers to a holistic approach to the patient. The holistic perspective is distinct from the conventional methods of examining symptoms and providing treatments in that the doctor regards each patient as an individual case by taking into account the interaction of physical and psychological factors. Access to the full range of factors involved is achieved through empathetic practice. (Schön, 1991:61)

Dudley's form of object-oriented empathy, based on Martin Buber's (1878-1965) theological concept of *I and Thou*, (Buber, 1965) is implicit in relationships between humans and objects, the boundaries of which are fluid and so aspects of one permeate the other. In this sense, we move towards the other through an understanding of their independent selfhood in relation to us. (Josselson & Lieblich, 1995:31) This idea, when applied in a medical context, suggests that photographic objects can, in themselves, generate emotional relationships. Thus the practice of empathy in the context of the doctor-patient relationship can be extended by photography. Here the process of taking photographs generates the kind of interpersonal reflective interaction described by Winnicott (1971) as a 'potential

space'. The difference is that we are here describing the 'potential space' between people and images.

Schön (1991) suggests that learning occurs from active engagement with our subject of knowledge deeply embedded within patterns of action, this knowledge is named 'tacit'. Reflection-in-action is a learning method that derives from knowing-in-action. He suggests that when practitioners actively engage with their subject of knowledge they reflect in action and thus they find themselves performing things they wouldn't know that they could achieve if they didn't engage in this sort of action, which enables different skills to direct the practice, like for example improvisation and spontaneous action. Where knowing-in-action provides with practical knowledge, reflection in action recognises that we 'think' about what we are doing. The example he gives in relation to improvisation skills refers to jazz musicians but also applies to medical professions in the sense of holistic approach of the patient, for which each patient is a different case. In this case, the kind of knowledge required is tacit, as the doctor is more likely to miss out important opportunities to think about what he is doing.

Schön argues that in fields such as medicine, management, and engineering, for example, leading professionals speak of a new awareness of a complexity which resists the skills and techniques of traditional expertise. He notes that 'as physicians have turned their attention from traditional images of medical practice to the predicament of the larger healthcare system, they have come to see the larger system as a 'tangled web' that traditional medical knowledge and skill cannot untangle'. (Schön, 1991:14)

According to Schön the answer to this problem is reflection-in-action. He suggests that practitioners gain better understanding of the practical uses of practice based knowledge and helps scholars who wish to take a new view on professional action. However, he acknowledges that, as counter argument, reflection-in-action is susceptible to a kind of rigor that is unlike the rigor of scholarly research and controlled experiment. (Schön, 1991: ix) Schön suggests that although for some reflective practitioners reflection-in-action is an extraordinary process, yet it is not generally accepted by some professional practitioners who identify professionalism with technical knowledge.

Looking for a definition of reflective practice and a practical application of this concept we come across definitions which relate reflection with mental understanding of experiences (in the form of thought, feelings, actions) for which there is no obvious solution and also the creation of meaning and revision of beliefs through thoughtful consideration. Alterio and McDrury (2003) refer to similar views suggested by Brockbank and McGill (1998), Atkins and Murphy (1993) and Moon (1999). Boyd and Fales (1983) define reflective learning as an internal process of exploring concerns triggered by experiences, which create meaning in terms of self and which result in a changed conceptual perspective. The process of reflection often seeks some kind of resolution.

The link between reflection and learning has led to the development of methods for the teaching of students, as described by Atkins and Murphy to nurture skills such as self-awareness, description of events, critical analysis, synthesis and evaluation. These types of skills are in Schön's words described as 'artful competence' (Schön, 1991:19) referring to practitioners' ability to solve problems occurring in professional practice. It seems that those skills that are necessary for the performing of good medical practice are transferred from another field of knowledge, that of the arts.

Coming back to Dudley's definition of reflective engagement of humans with objects, a relationship which she terms empathy and Schön's reflective practice of artful competence we have defined a context for the transfer of ideas between objects (in the form of photographic image), practices (photographic practice, medical practice) and individuals (medical/art practitioners) could develop methods of learning for medical students using patterns of reflective learning.

At this point, my main concern is to move towards the development of a methodology which would utilize the concepts of reflective practice to encourage the reflective engagement of medical students with their subject of study and the performance of empathetic practice.

The next chapter describes my explorations on the main topic of this thesis which is the narrative in the form of a literature review of the different fields of research which engage with reflective narrative methodologies. The aim of this section is to identify the reflective dynamics of narration and possibly provide ideas for the invention of a methodology for approaching my subject.

1.4 Conclusion

So far I have introduced my engagement with photographic self-portraiture and opened up a dialogue between my practice and that of Jo Spence. This comparison with a photographer whose practice is preoccupied with self-representation introduced the reflective aspects that describe this type of engagement and also made the link between photography and the concept of therapy.

The therapeutic aspect of photography addressed by Spence, in the case of my *Self-Portrait* work is manifested in the form of self-reflection. Although there is a very close relationship between the notions of self-therapy and self-reflection, my practice and that of Spence's differ in that in the case of my *Self-Portrait* the therapeutic aspect was not intentional but one of the results of the process. By contrast, Spence actively looked for ways to use photography as a method of self-help in relation to her experience of cancer. Yet, what is important here is that both practices demonstrate the introspective and self-exploratory aspects of photography.

This specific use of photography was afterwards expanded in a healthcare setting, in the form of a site-specific photographic project for a children's hospital area. At this point the reflective comparison between my work and that of Jo Spence relates to certain aspects of healthcare which generate the interest for the development of further research in the context of arts and healthcare. Here, my personal preoccupation with health-related subjects is described in the form of a story explaining my experience with health within my family environment. This very personal account was used here to introduce my reader to the topic of this thesis and provide with a description of my research subject.

The final part of this chapter then was dedicated to my explorations of the main concepts which arise through the comparison between my practice and that of Spence. These include the wider context of self-portraiture and the consequential discussion of reflective practice, which are given in the form of different literary references.
The first chapter of this thesis defines the context for the discussion of interesting ideas on self-representation, self-portraiture, reflective practice and healthcare. This is achieved through my personal account (narrative storytelling), descriptive writing

(in reference to photographic work) and finally contextual theoretical underpinning of those ideas through the writings of others. By the end of this chapter the reader is made familiar with the main concepts that describe my practice and is also introduced to the research subject of this thesis and the concerns that describe it. This discussion prepares the ground for an exploration of my main research topic of narrative in the second chapter. Here I describe the role of narrative in various methodologies employed by disciplines such as sociology, psychology and narrative research. These explorations will potentially provide interesting ideas relating to the main role of narrative in these methodologies and lay the ground for the development of an invented methodology for my research.

Chapter 2

2.0 Explorations on Narrative

The common understanding of the meaning of narrative identifies with a story that describes a sequence of fictional or non-fictional events. The importance of narrative in research has been pointed out by Lieblich and Josselson, '[n]arrative is the means by which we, both as participants and as researchers, shape our understanding and make sense of them'. (Josselson, 1995:32) Narrative research is preoccupied with the way in which people structure their lives by telling stories that present their actions. Narrative has also been the essence of Narrative Therapy, first introduced by White and Epston in 1980, based on the idea that humans perceive their lives as a continuing series of stories. In this context Narrative Therapy is looking for the 'absent but implicit' aspects of people's stories. (Speedy & Payne, 2008)

The above descriptions introduce the fundamental role of narrative in the field of psychoanalytic and narrative research. Additionally, they illustrate what has been described as the 'narrative turn in research'; a term introduced in the writings of Lieblich and Josselson as the shift of emphasis on the structure of human life stories. This approach has been proclaimed by a wider strand of researchers in a number variety of fields during the 1990s. However, the methodological approach of sociological narrative research is possibly the most systematic as it provides us with a descriptive model of eliciting and analysing peoples narratives. Although we will refer to this model later in the text, this section is initially preoccupied with a description of the different definitions of narrative in a number of fields and research methodologies identifying those aspects that make it applicable in a number of different narratological approaches.

2.0.0 The Function of Narrative in Psychoanalytic Theory

John McLeod, in his paper *The Significance of Narrative and Storytelling in Post-Psychological Counselling and Psychotherapy*, describes:

> The key point of convergence for practitioners and theorists seeking to reconstruct therapy in a post-psychological direction has turned out to be the concept of narrative. (McLeod, 2004:14)

This statement describes the key role of narrative in psychoanalytic therapy and counselling. In both cases, narrative, defines the format of the therapeutic process. A simple way of understanding this suggestion is through a conventional one to one session with a therapist where narrative facilitates the verbal and visual interaction between the therapist and the client.

The psychodynamic model in psychology introduces a third person that is the supervisor, to form a triadic relationship. This model identifies the exchange not only of verbal narrative information in the triadic relationship of the patient, therapist and supervisor but also introduces the emotional exchange called transference and counter-transference as an essential part of the treatment. This process is called Parallel Process and is dependent upon the triggering of unconscious functions of emotional reflection that are attributed to the unravelling of narrative from the perspectives of all counter parts. (Schaife, 2002) The definition of transference by Doehrman (1976) is based on the idea that 'the supervisor responds unconsciously to the therapists' emotions and the therapist responds in the same way with the client, thereby creating the parallel process'. (cited in Sumerel, 1994)

The emotional exchange between the counterparts introduces an exciting discussion on the development of the concept of empathy and transference as expressions of the creative development of self in therapy, through interaction with others. This section concludes with an explanation of the development of these concepts within the context of the reflective use of narrative in the analytic setting.

2.0.1 The Narrative Study of Lives

In the Narrative Study of Lives, Josselson often describes her practice as based on the narration and re-narration of events from the perspectives of the psychoanalytic client and the therapist respectively, referring to Schafer's (1992) writings where he defines narration as:

> I designate as narration whatever qualifies as a telling or as the presenting of a version of an action; also, whatever qualifies as a version of a

happening or an event or scene of any kind, as each of these, too, is always presented under one or another description. (Schafer, 1992:xiv)

This definition is an expression of a philosophical standpoint, which suggests that narration enters into it as soon as we take into account that, actions exist only under one or another description. So, narrative does not intend to represent the truth or reality but stand as one version of it.

Schafer continues with a description of the analytic method as a dialogic process 'in which actions and happenings are continuously being told by the analysand and sooner or later retold interpretatively by both analyst and analysand'. (Schafer, 1992: xv) This statement describes narration as a process of telling something that has not yet been put into words or retelling something already told. In this sense 'it is a life that is being reworked beneficially through analytic dialogue'. (Schafer, 1992: xvii)

This concept has been utilized in the practice and writings of Josselson who also refers to psychoanalysis as a form of re-narration, referring to the writings of Schafer (1992) and Spence (1982). She writes: 'Psychotherapy in its essence is just a way of re-narrating someone's life'. (Josselson *et al*, 1996:67) Josselson's statement seems to be providing us with a speculation on the practical use of narrative in the therapeutic process. Moreover, what is most importantly achieved here is to put the emphasis on the significance of narrative in the therapeutic process. Her statement could then be interpreted as such: Narrative is the basis of the therapeutic process. Therapy is derived through re-narration.

Narrative becomes the vehicle through which the person provides a synthesis of life events and their psychological consequences that represent his personal perception of it. It is the gravity of the subjective that makes narration an individual process for the single narrator. Thus, the narrated story represents his personal view of his life and it is a descriptive explanation of his perspective on this life. It is then the turn of the therapist to mirror back to the narrator what this individual way of narrating is and the essential meaning behind his story. That is, to re-narrate the original story of the narrator/psychoanalytic client and provide him with a summation of his narration.

In this process the therapist acts as a mirror. His/her role is to reflect back to the patient what the patient brings to the session. However, according to the

71

psychodynamic model, this process is based not only on the verbal exchange of information but is also developed on a reflective basis which is both verbal in terms of the spoken information given out by the narrator and also emotional in terms of representing the psychological impact of certain events in the description.

In this setting the person's emotions are transferred to the therapeutic relationship and are being re-lived through re-articulation. The outcome of this process is the unconscious re-constitution of meaning and the transformation of the lived event into a narrated story. Narration allows the lived experience to transcend from a real-experiential event into a narrated oral process enabling the person to acquire a feeling of control over the experience by being the narrator of it. A similar use of narrative as we have already seen above is demonstrated in Jo Spence's practice of photography.

Here I would like to return to Josselson's definition of psychotherapy and inform it with this new material. As we discovered earlier in this text, Josselson suggests that narrative is the basis of the therapeutic process and therapy is derived through re-narration. According to the new information we acquired, her statement could now be understood as such: narrative constitutes the narrator's perception of one's life events and concerns the psychological impacts of these events on his/her person. Through narration, the person re-articulates and re-lives the event in an oral, mental and emotional level. Thus, the person is called to re-constitute the meaning of these events. Narration provides the person with the power to reconstitute the meaning of his life events. Re-narration by the therapist is then a form of acknowledging the storied life as factual, and even when in certain parts it may be objecting the facts, it is automatically and constantly confirming to the client the trustworthiness of his narration, adding to his self-esteem against this event. However, by re-narrating this story, the person is then confronted with the content of his own narration.

So, let us expand this statement according to the above analysis: '[p]sychotherapy in its essence is just a way of re-narrating someone's life'. (Josselson *et al*, 1996:67) If life refers to the subjective narration of lived events into a story, then psychotherapy in its essence is just a way of re-narrating someone's view of the events taking place in his life and the impacts these events have to the individual's understanding of his experience. That is, to reflect back to the person, his personal

understanding of his life events thus providing with a new perspective. Therapy is achieved through the successful resolution of this process.

2.0.2 Narrative Interviews and Narrative Construction of Identity

Narrative research suggests that human beings tend to identify with the stories that they tell. This identification process is utilised by sociologists in the form of Narrative Interviewing. The person is inducted to a storytelling session through an opening question from the interviewer. The synthetic process of putting the life events into a story enables the person to present and evaluate the spoken events. The narrator often falls into a narrative flow as he develops an uninterrupted speech about the events and their consequences. Narrative interviewing aims at the externalization of the person's individual narrative, which gains its substance through the storytelling process and instead of a lived experience becomes a storied event. It is then somehow interwoven within the person's history and becomes a new fact. To this end, narrative interviewing attributes its therapeutic results.

The sociological theory of Narrative Construction of Identity is the expression of this process through which the person re-constructs his image of self through the events he chooses to include or leave out of his narration.

> If you want to know me, then you must know my story, for my story defines who I am. And if I want to know myself, to gain insight into the meaning of my own life, then I, too, must come to know my own story. I must come to see in all its particulars the narrative of the self-the personal myth- that I have tacitly, even unconsciously, composed over the course of my years. It is a story I continue to revise, and tell to myself (and sometimes to others) as I go on living. (McAdams, 1996:11)

Here, the self is introduced as a fluid and transitional quality whose structure is composed and depends upon the person's narrative skills.

2.0.3 Narrative Medicine

The practice of Narrative Medicine, represented by Rita Charon and her team at Columbia University in New York, invokes most of the principles provoked by Narratology. In a similar way to narrative interviews, narrative medicine employs literature in the form of structured writing and reading workshops that target the

formation of meaning through the composition of stories that relate to individual experiences developed within healthcare situations.

Medical Narrative Write Up, DasGupta explains, is a method that teaches medical students empathic interaction with patients. The Personal Illness Narrative exercise 'is a medium for students to elicit, interpret and translate their personal illness experiences while witnessing their colleagues' stories. (DasGupta & Charon, 2004:351) This process is called 'empathetic witnessing' and enables the students to develop 'empathetic resonance', a skill Narrative Medicine claims to be essential in clinical interactions.

2.0.4 Narrative Interviewing and illness Narrative Visual Methodologies

Narrative interviewing has been applied in the case of illness narratives, through written or audiovisual recording means. The patient is enabled to tell their story, in relation to an illness, in a recorded narrative interview.

This method has been applied by a variety of visual methodologies, such as: Narrative Picturing by Stuhlmiller (1996); Auto-photography by Thoutenhoof (1998); and Rich & Chalfen's Video Intervention Method (1998)[7]. These methods are based on a person's use of a camera in order to record their own experience with an illness. The recording material becomes the vehicle through which the story is re-enacted and re-experienced through storytelling. In this way the person is overtaken by a sense of control over his situation which adds to their self-esteem. This can transform the person from a passive illness-sufferer to an assertive personal illness interpreter.

Additionally, the person is attributed a voice which is often lacking in traditional healthcare treatment where medical knowledge and prescriptions are dispensed by the doctor in one direction. In this situation, the dynamics between patient and doctor predefine the roles of the powerless sufferer, whose powerlessness is attributed to the lack of medical knowledge and thus he is considered incapable of making any sort of decisions about his situation and the medical professional who holds the knowledge and makes the decisions. The healthcare dynamics are

---

[7] Also (cited in Harrison, 2004:119-120)

influenced through the process of narrative interviewing. This attempts along with other practices, for example artists working in hospital projects, to overturn the traditional dynamics between doctor and patient.

2.1 Reflections

2.1.0 Bringing Together the Visual and Verbal Narrative

Here it would be interesting to use the knowledge gained in the previous section in order to reflect on the case of visual narrative through the work of Spence. I am specifically interested in identifying what is the central role of narrative in visual and verbal methodologies.

What we have experienced in the case of photography now becomes explicit through narrative research and psychoanalysis. Spence interpreted the above healthcare dynamics in her work, picturing their personal experience with an illness. The photographic documentation of Spence's hospitalisation and cancer treatment touch upon aspects of 'infantalization' and 'powerlessness' of the patient in traditional healthcare settings (Spence, 1986:156:171). The production of images which she worked towards and which later became the basis of her observations and reflections, facilitated personal statements and became expressions of her feelings and thoughts of what she was going through at the time and contributed to a better understanding of her situation.

The relationship between visual narrative and a person's feeling of control over their situation, which is described above, also finds application to the case of narrative research. The empowerment of a person's own initiative is a result of a process based on the effective representation of the person's experience in front of a camera. The printed or recorded material takes the form of a statement of the person's voice. Therefore, this process predefines the person/patient as an individual with own voice towards their illness.

Barbara Harrison (2004) referring to Jo Spence's work asserts that phototherapy allows a person to re-imagine the self and his/her past; and, to construct a new positive narrative in opposition to the previous negative one. The reflective use of

narrative in therapy and the re-construction of a narrative of self is demonstrated through Josselson's (1996) use of re-narration in psychoanalytic research.

Visual material facilitates a similar function to the storytelling process as used by narrative research. Although one practice is facilitated by visual means and the other by oral narration, whether visual or oral narrative, it is a private and individual process that speaks about the person who created it. Narration demonstrates the individual way people understand our experiences and the way in which individuals make meaning of their life events. Through narration, the person constructs and reconstructs his perception of self in a continuous way. Charon also points out the influential relationship between narrative and the self: 'we create our identities in the stories we tell'. (Charon, 2006:11)

However, the person is a social being and storytelling is a social act since it requires at least a teller and a listener, which is the same in the case of photography where they become a photographer and a viewer. The perception of a person's self relates to his/her relationship to a listener/witness. The person is introduced as a social being through the act of sharing their narrative. Here we are going to follow with a discussion of the social function of storytelling in relation to the concept of 'self' and the 'other' to gain an understanding of the results of visual narration towards empathy. Empathy is a key concept in the healthcare dialogue.

2.1.1 The Discussion of the Role of the Self in Narration, Empathy and the Other

With her assertion that we create our identities in the stories we tell, Charon focuses on the influential relationship between narrative and the self and suggests that the creation of meaning of narratives is shared and that self-knowledge derives as a result of the vision of others. This perspective introduces the 'self' as a social entity and not a merely private and isolated case by allowing the social 'Other' within the definition of 'self'. Thus, as in the case of narrative interviews, the content of the narrative depends to a significant level, upon the listener-recipient of this narrative. His/her response or apathy to the narrator's story defines the development of the story. Thus, the recipient's background and response becomes part of that story.

John McLeod (2004) introduces the personal dimensions of narrative, as a therapeutic process through which the person is called to re-author and make sense of the meanings conveyed in his story. However, he suggests that narrative is also an 'interpersonal process' that introduces the concept of the *other* through the performative act of storytelling. He refers to the *other* as the individual listener or audience and also the cultural resources from which individual stories are constructed: 'In the reciprocity that is storytelling, the teller offers herself as guide to the others' self-formation'. (Frank, 1995:17)

At this point another concept emerges, that of the self as instrument. In this spirit, Rita Charon suggests that 'we get to know ourselves as a result of the vision of others, and we are able to donate ourselves as instruments of others' learning'. (Charon, 2006:10)

The idea of the self as instrument is also explored in the writings of Clinchy. The main purpose behind this idea is the use of the self to understand the Other. This is achieved through the process of 'self-insertion' or 'self-projection' during which the individuals interact as 'connected knowers'. This process is facilitated by 'metaphorical extensions, analogies and associations' (Elbow, 1973:149). These are employed to coordinate the exchange between the two parts and increase 'empathic resonance'. (Howard, 1991:149) Instead of simply 'letting the other in' we can prepare our minds to receive it by engaging in arduous systematic self-reflection (Clinchy, 2003:42). This view introduces the concept of empathy as the point of convergence between self and other and suggests that this can be achieved through a genuine interconnection with the use of self-reflection. DasGupta (2004) notes that the notion of *empathic witnessing* describes a process of self-reflection that is essential in all kinds of narrative research and methods (Narrative Medicine Workshop, Columbia University, see Appendix 2). Coulehan (2008) in his description of empathy recognises three stages: a cognitive, an emotional and an action component, in which the clinician communicates understanding by checking back with the patient. This process indicates a mirroring, a reflective exchange that is also present it the analytic relationship. (Charon & Montello, 2002:351)

The concept of 'empathic resonance' is central to Narrative Medicine which uses target group of individuals who work in healthcare contexts, such as caregivers and doctors. (Howard, 1991:189) Narrative Medicine workshops concentrate on

narratives of illness and work towards the encouragement of empathy through the development of what is called 'narrative competence' in health professionals. (Charon, 2006:10) Josselson, in the narrative study of lives, articulates the concept of using the self as a vehicle to achieve empathy towards the other, using the term 'dialogic self'.

> Research, she writes, then becomes a process of overcoming distance rather than creating it, moving what was other, through our understanding of their independent selfhood and experience, into relation with us. In that sense, in Buber's terms, we make the other present and know them better. (Josselson & Lieblich, 1995:31)

The source where the above ideas originate is Winnicott's theory of the mirror-role of mother in child development, which is an expression of the basis of the psychotherapeutic relationship. The concept that people see themselves through the other, according to Winnicott originates to the identification of the baby with the mother. According to this theory, when the baby looks at the face of the mother, he sees himself. He then takes this idea forward by transferring it into the psychotherapeutic relationship and suggests that this relationship attributes its therapeutic functions because it is transference of the mother-baby relationship. He argues:

> Psychotherapy is not making clever and apt interpretations; by and large it is a long-term giving the patient back what the patient brings. (Winnicott, 1971:113)

This suggestion brings us back to Josselson's expression of modern psychotherapy as re-narration, which we looked at earlier in the text. The function of mirroring or self-reflection is central here. However, the most important point made is that this 'self-reflection' can only be achieved in a parallel process (psychodynamic model) or in Winnicott's words the mother is '*en rapport* with her' daughter. (Winnicott, 1971:113) What we are in fact confronted with in this instance is the expression of transference in the therapeutic relationship.

2.1.2 Transference

Winnicott's analysis of the origins of the reflective processes developed in the mother-baby relationships, which are introduced into the analytic process suggest that in fact the basis of self-reflection is the need for recognising the self through the

feelings of love. That is the seeking of mother's love and care. The rapport between mother and baby, through which the baby recognises the self through the expression of his mother's love, finds analogy in the analytic relationship. There, it manifests itself as the rapport between the patient and the analyst. The reflective process in the therapeutic relationship has so far been described as 'parallel process', 'self-insertion', 'self-reflection', 'empathy' and 'transference' and is facilitated through an object outside the person. All these different terms tend to describe the same thing that is the occurrence of love as the creative force in the development of self.

> Eroticism is one aspect of the inner life of men. We fail to realise this because man is everlastingly in search of an object outside himself but this object answers the innerness of the desire. (Mann, 1997:4)

David Mann, in *Psychotherapy an Erotic Relationship* (1997) acknowledges the erotic as 'the therapeutic momentum in analysis' as the creative expression of the analytic relationship that 'is inextricably linked to passion. Passion of all kinds dominates the analytic setting: hate, anger, aggression, envy- and hardly less so, love and the erotic'.

The idea of emotional as well as verbal exchange between therapist and client finds expression in *Parallel Process*. Introduced by Searles (1955) and developed by Doehrman (1976) the Parallel Process is essentially a reflective process which evolves within the triadic relationship between therapist, client and supervisor. In psychoanalytic terms, this relationship is named 'counter-transference' and tends to describe the paralleling of relationships. Lester Luborsky has developed a method for identifying client narratives within therapy discourse and then analysing them in terms of a model of narrative structure (wish; response of other; response of self) which allows the therapist to observe significant psychodynamic phenomena for example around unconscious desires and transference patterns (Josselson *et al*, 2004:14). Transference is a reflective process which facilitates the creative development of the therapeutic process. The following statement summarises the role of the erotic in the analytic process:

> Eros is described as being the first of the gods; without him none of the rest would have been born. He created life on earth piercing the barren world with his life giving arrows and where the earth was pierced luxuriant greenery

appeared. He breathed into the nostrils of clay forms of men and women giving them the spirit of life. Eros, the erotic, is thus about creativity. (Mann, 1997:4)

2.2 Conclusion

So far, I have explored some of the fields of research where practice is developed in the use of visual and verbal narrative, in order to identify the basic functions of narrative and see how narrative is employed to form different methodologies. Moreover I have justified the place of photography amongst those methodologies, as a relevant application of narrative.

We found that narrative is the facilitator of different kinds of reflective practice, strongly linked with the notions of self and the other, the meeting point of which is expressed through the function of self-reflection and empathy. Also, we looked at the dynamics developed in different situations of narrative use, for example in the case of narrative storytelling between narrator and listener/audience, in the analytic process between psychoanalytic client and therapist (and his supervisor in the case of parallel process) and have drawn links with Winnicott's mother-child mirroring. Where narrative is used in a medical context, its effectiveness is due to the overturning of the healthcare dynamics.

As a result of this above comparison of different methodologies, we have managed to draw many similarities between different areas of research concerning the use of narrative. The articulation of narrative within these methodologies and their successful development depends upon the different levels of genuine engagement and also emotional interaction between counterparts. The terms 'transference', 'empathy' and 'self-reflection' could apply to the emotional as well as verbal nature of human interaction. Although these are different terms, what they have in common is that they describe processes that are based on the creative use of reflection.

The new knowledge gained in this section concerning the use of narrative in different methodologies is summed up in the concept of psychoanalytic practice which seems to embody the main concepts of narrative in relation to reflective practice and self-knowledge. To this stage I witnessed similarities between psychoanalytic practice and my self-portrait work and I became increasingly

interested in the reflective engagement with photography and the impact of self-narration. One particular idea worth taking further is Josselson's concept of 'psychoanalytic re-narration'. This concept will form the foundation for developing a methodology that draws links between psychoanalysis and photography.

Chapter 3

3.0 The Concept of Photographic Re-narration

This section is based on a schematic representation of the basic dynamics developed between counter-parts in the practices we have explored in the previous chapter. I will schematically represent (using diagrams) the psychoanalytic concepts of parallel process and psychoanalytic re-narration. I will do this in an attempt to schematically represent the reflective function of narrative as essential in the above practices and to draw analogies with the potential application of similar processes to narrative photography in the case of my practice.

My aim is to draw analogies between psychoanalytic practice and photography in order to develop a distinct methodology for this research project that responds to the AHRC definition for interdisciplinary research as described in the introduction of this thesis. (AHRC, 2006, par. 85-86) According to this definition, practice-led research translates methods in an interdisciplinary context to create a form of knowledge transfer and also knowledge enhancement. The way in which this idea applies to this research project is introduced in section 3.1 using Bal and Bryson's theory of *Psychoanalytic Interpretation of Artworks*. The aim of this chapter is to arrive at an explanation of my experimentation with the idea of Photographic Re-narration, which I have formed as my basic methodology for my research.

3.1 Psychoanalytic Interpretation of Artworks

The development of analogical relationships between psychoanalysis and art is now commonplace and utilizes the reflective nature of both disciplines. An interesting analogy for the psychoanalytic interpretation of artworks is presented in Bal and Bryson (1991). This theory can be compared with my methodology of re-narration of photographic works. For Bal & Bryson 'the work of art is the analyst who orients the analytic work' and 'the critic is the patient who does the talking'. (Bal, M. & Bryson, N., 1991:196) (Fig.1)
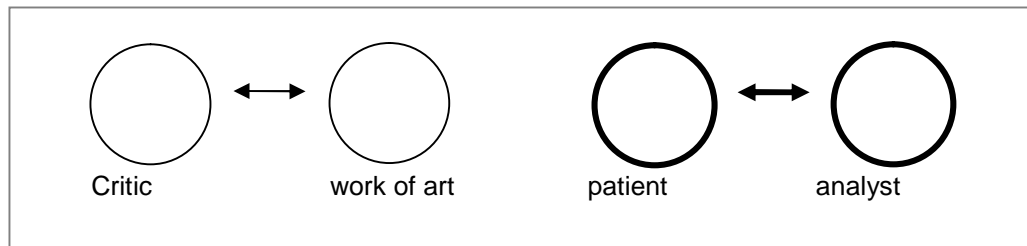
Figure 1. *Schematic representation of Bal and Bryson's definition*

It would be interesting to attempt to apply the above analogy to the relationship between the photographer and his/her subject.
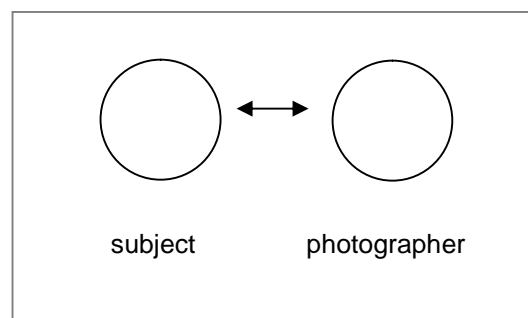
Figure 2. *Schematic representation: the relationship between photographer and subject*

In the above schema (Fig.2) the patient has been replaced by the photographic subject and the analyst by the photographer who processes and reflects upon the subject's narrative. There is a need here to further investigate this dynamic. Although this schema illustrates very well the reflective relationship between the photographer and subject, it does not help illustrate in detail the particular dynamics of the reflective relationships developed between photographer, his/her subject and the production of photographic narrative.

The reflective processes that take place during the production of a photographic project could be described better by another system which introduces a 'third' person in the relationship between photographer and subject. That third person could be another artist. In order to explain this idea visually, I refer to a schematic analysis of the Parallel process, expressed by Searles and Doehrman, which is based on a triadic relationship between the participants.

3.2 Frameworks for Supervision in Mental Health Professions

The idea of Photographic Re-narration can be compared to the supervisory frameworks found in the mental health professions. The method of Parallel Process, as introduced by Searles (1955) and developed by Doehrman (1976), is essentially a reflective process which is developed on the basis of a triadic relationship between therapist, client and supervisor. In psychoanalytic terms, this relationship is named 'counter-transference' and tends to describe the paralleling of relationships (Fig. 3).
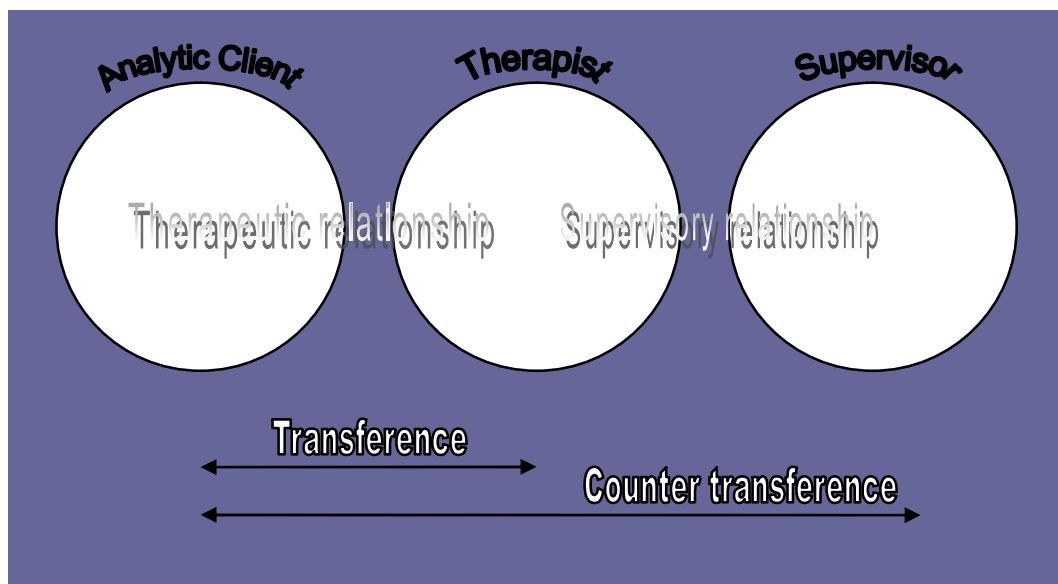
Figure 3. *Schematic representation of Parallel Process. This schema is based on (Schaife, 2002: 85. Fig.5.2 A process model of supervision)*

This schema describes the psychoanalytic model of re-narration. The term 'transference' refers to the emotional rapport between therapist and client. During 'counter transference' the therapist brings those emotions initially experienced with the client into the supervisory relationship. My main concern at this point is whether the roles of client-therapist-supervisor could possibly find analogy in the relationship between subject-photographer-artist. The next schema (Fig.4) replaces the roles of the Parallel Process with those in the case of photography.
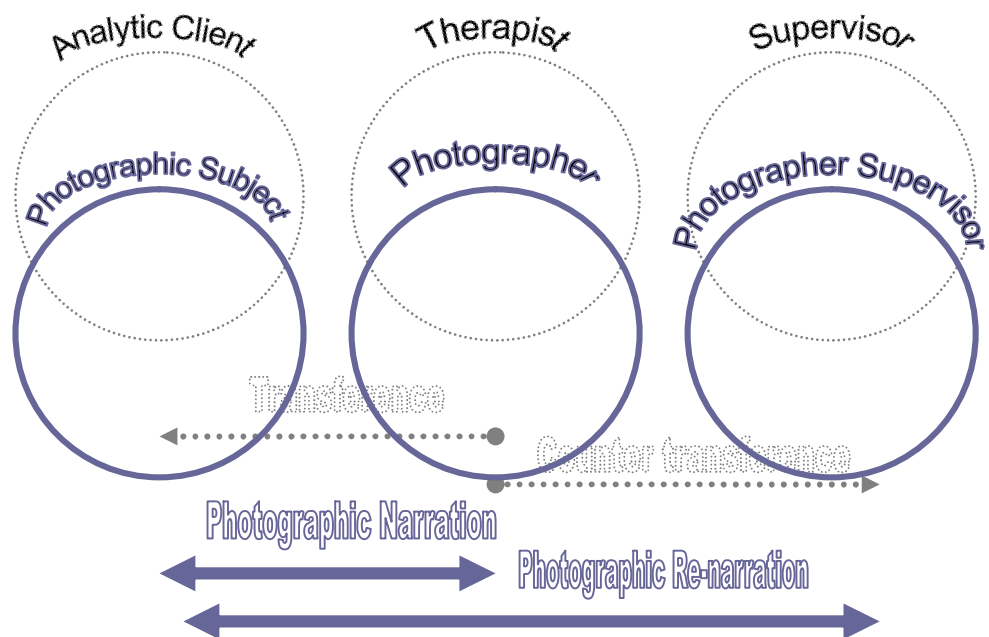
Figure 4. *Combined schema: This schema shows the paralleling of the relationships between psychoanalytic model and the photographic model.*

i) In Parallel Process, the 'supervisor-therapist' relationship reflects the 'therapist-client' relationship.

Searles suggested that 'processes that work currently in the relationship between patient and therapist are often reflected in the relationship between therapist and supervisor'. (Searles, 1955:135) Searles believed that the emotion or reflection experienced by the supervisor was the same emotion felt by the therapist in the therapeutic relationship. Doehrman (1976) believed that the supervisor responds unconsciously to the therapist's emotions and the therapist responds in the same way with the client, thereby creating the parallel process. This process is based on the process of narration and re-narration of the same story.

ii) In the case of Photography, the supervisor/photographer relationship reflects the photographer's reflection with his/her subject.

Drawing a comparison between the psychoanalytic and the photographic practice, the emotion or reflection experienced by the supervisor photographer is the same

emotion felt by the photographer in his collaboration with a subject. Thus, the possible collaboration between a photographer and a supervisor/photographer, with reference to his photographic project with his subject, the supervisor witnesses the projections of the photographer on his subject. In this sense the photographer/subject collaboration is the narration of the project and the supervisory relationship a kind of re-narration of the initial story.

3.3 Psychoanalytic Re-narration
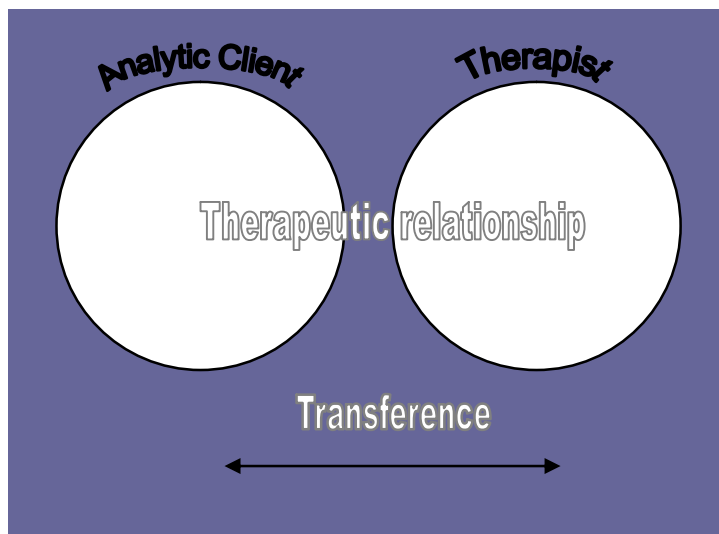
Figure 5. *Schematic representation of the analytic relationship. Focus on the relationship between analytic client and therapist.*

Using the above hypothesis I would like to now look more closely at the relationship between client and therapist and focus on the use of narrative during a psychotherapy session (Fig.5) following Josselson's definition of psychotherapy as re-narration: '[p]sychotherapy in its essence is just a way of re-narrating someone's life'. (Josselson *et al*, 1996:67)
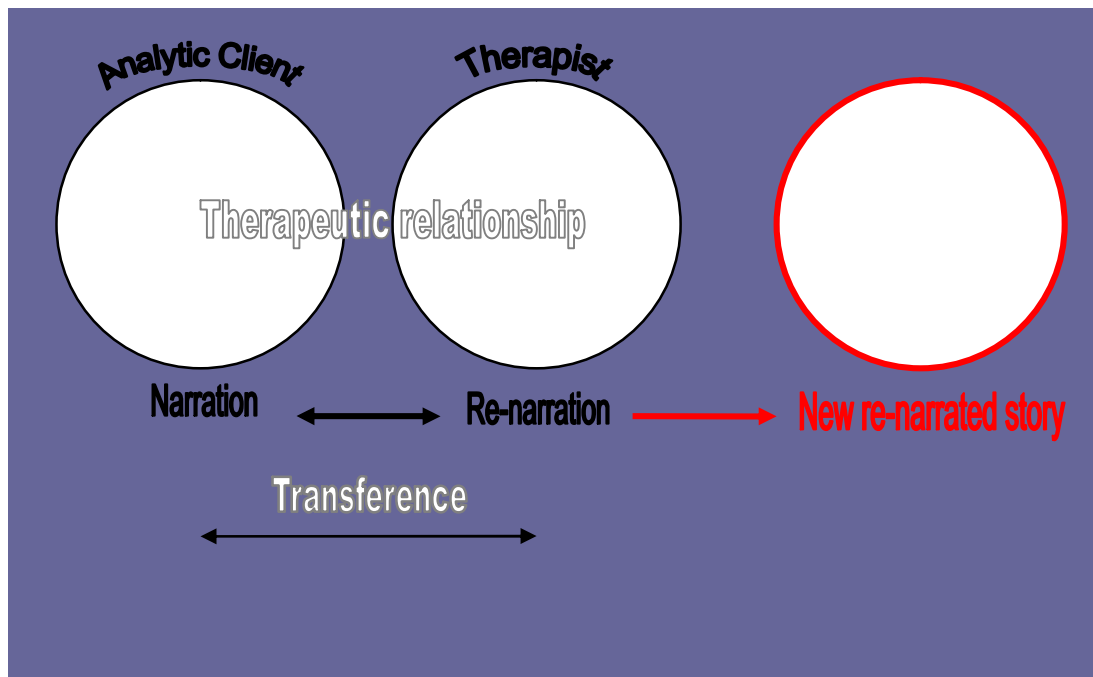
Figure 6. *Schematic representation: [p]sychotherapy in its essence is just a way of re-narrating someone's life.*

The main principle in psychotherapy is the authoring and re-authoring of the client's story, which is externalised in the form of verbal narrative by the client and afterwards re-narrated by the therapist. The result is a new version of that story which is a result of the reflective relationship between client and therapist (Fig.6). (This will be discussed later in chapter three in section 3.6 entitled *The relationship between the student and the supervisor, and the meaning of interpretation in photographic re-narration.)*

Soon after I first came across Josselson's definition of Psychoanalytic Re-narration it became my main concern to find new ways to translate this idea in the case of visual narrative. As an artist practicing photography in relation to the psychoanalytic method of re-narration, it was my aim to examine the potential of applying this process to photography by replacing verbal with visual narrative. This idea is described in the diagram of Photographic Re-narration method in the next section.

3.4 Diagram of Photographic Re-narration Method

Photographic Subject

Photographer

Photographer Supervisor

Photographic Narration

Photographic Re-narration

Stage 1

Stage 2

Initial story

Stage 3

New re-narrated story

Production of a Photographic Re-narration Portrait

Figure 7. *This diagram illustrates the method of Photographic Re-narration*

The central image shows the interaction between photographer and his subject. Here we are looking at medical student Ross Spedding in a photographic session, taking a photo of his grandmother. The image on the left is the image Ross took on that photographic session. Those two images represent the first stage of the Narration process of the project based on a variety of repeated narratives: interactive, verbal and visual. The image on the right shows the interaction between photographer Ross and supervisor (the researcher) in a tutorial discussing the image he took. This second stage represents the re-narration process of the project. This stage is followed by a third stage which is the production of a Photographic Re-narration Portrait of the student. The circles in the above schema represent the different stages of production and the overlap indicates the influence of the process in both participants, essential for the development of the project. The different stages of Photographic Re-narration are explained in the next sub-Section.

3.4.1 Explanation of Photographic Re-narration

My method of visual narrative, essential within my practice, is elaborated upon and realised in three stages:

The first stage is the creation of a visual narrative in the form of photographic project by the photographer (photographer-subject relationship) (Fig.7, stage1). The second stage is the identification of the photographer's reflections in collaboration with a supervisor (supervisor-photographer relationship) (Fig.7, stage 2). The third stage is the production of a visual narrative in the form of Photographic Re-narration Portrait of the photographer by the supervisor (Fig.7, stage 3).

This method requires a photographer working on a collaborative project with a subject and another photographer who acts as a supervisor. The role of the second is to witness the reflections occurring between the photographer and his subject, which are embedded in the development of his/her photographic project. I see this method applied in the context of supervising photographic projects of other individuals. The process of producing a collaborative photographic project involves a process of self-reflection through which the photographer in collaboration questions his/her own role, life and situation in relation to their subject. In turn, the role of the supervisor is to stimulate reflective practice and help the photographer in collaboration identify his/her reflections on his/her subject. The most important

reflection embedded in the form of visual narrative in each person's photographic project is referred in this text as 'self-referential reflection'[8]. The identification of this reflection is the material used for the production of a photographic portrait of the photographer. In my research project, I take up the role of the supervisor responding to the photographer's project in the form of a portrait through my own photographic practice. This process I am referring to as re-narration.

This thesis describes five case studies which have been followed by a Photographic Re-narration Portrait and also includes a selection of projects which have not been re-narrated in my practice. The difference between the two is analysed in the conclusion.

So far, I have already established the cross-disciplinary framework within which my visual methodology develops, drawing upon methods that belong to the fields of therapy and supervision. However, this process which so far has been described with a first diagram is a fluid reflective process in which the three stages are in constant interaction with each other. For that I will explore the reflective dynamics described in the diagram of Photographic Re-narration in relation to the application of narrative in Narrative Research and also reflective methodologies belonging to a healthcare context based on a layout of three participants such as medical write up, autobiographical writing and self-portrait photography. This will enable the dynamics developed between participants in the Photographic Re-narration method to be discussed and lead to a definition of a final diagram for Photographic Re-narration.

3.5 The Narrative Turn in Sociological Narrative Research

The ideas transferred between psychoanalysis and photography that have been described so far as drawing upon Josselson's concept of psychoanalytic re-narration are illustrated in a more detailed way in Narrative Sociological Research Methodology. I will use this schema to refer to the different stages of Photographic Re-narration and explain better the reflective dynamics developed between the different stages.

---

[8] I am using the term 'self-referential reflection' to define the single point in one's photographic project which the producer-photographer mainly reflects upon.

The schema below refers to the methodological approach of Narrative Analysis in Sociological Research. This is described in eight stages:

Field of practice

- Watch how the stories are being made
- Collect the stories
- Provoke story telling
- Interpret the stories (what do they say?)
- Analyze the stories (how do they say it?)
- Deconstruct the stories (unmake them)
- Put together your own story
- Set it against/together with other stories

Field of research

Figure 8. *Narrative Analysis in Sociological Research (Czarniawska, 2004:15)*

This methodological approach is based on the use of a repeated narrative, which is constantly identified and reworked in different types. This use of repeated narrative describes the methodological approach described in Josselson's Psychoanalytic Re-narration, which is based on the repeated construction and deconstruction of narrative. I am using this methodological approach to reflect on my method of Photographic Re-narration. Looking at this diagram one observes that the above stages are also applied in Photographic Re-narration both by the student/photographer and by the photographer supervisor (the researcher). With this diagram the eight steps mostly refer to the verbal elicitation of stories whereas in my method of Photographic Re-narration some of these refer to visual narrative using photography.

In this sense, during the production of a photographic project the medical student goes through the eight different stages, where the steps 1 and 8 refer to exhibition practice the rest refer to the collaboration with their photographic subjects in the different forms of interaction (verbal, visual, emotional, reflective). When re-narrating a photographic project the stages 1 to 5 are based on observation and interaction (verbal, visual, emotional, reflective) in the form of one to one tutorials and photographic group critiques (Illus.18 and 19). The stages 6 to 8 refer to the process of re-narration of the initial story, the production of a Photographic Re-narration Portrait and exhibition practice.

Illustration 18. *Group Critique*

Illustration 19. *Tutorial session*

3.6 Schematic Representation of the Dynamics Developed in Photographic Re-narration in Relation to Reflective Methodologies Applied in a Healthcare Context

The purpose of this section is to present a new set of diagrams that represent the doctor-patient relationship and the *Medical Narrative Write-Up*, a method as we have already seen to be used by Narrative Medicine. I will do this in order to contextualise and draw parallels with my re-narration method in a directly healthcare context. I am mostly interested in comparing different methodologies based on

verbal or written and visual narrative and the ways in which the findings of this comparison may inform the method of Photographic Re-narration. However, this section focuses on triadic schematic representations in order to explore the dynamics developed amongst participants. This section arrives at an explanation of the dynamics developed in the triadic Photographic Re-narration method.

This section starts with a schematic representation of the diagnostic relationship and follows up with Wood's comments on the dynamics developed in medical write up. This provides a new set of diagrams which refer to autobiographical writing and lead to a new approach in Medical Write-Up. I follow up with an interesting schematic representation of Autobiographical Writing to question similar principles in the case of visual narration as in Self-Portrait photography. Finally I will revise my Photographic Re-narration diagram enriched by the new approaches.

i) The Diagnostic Relationship (Introduction of a Listener)

Julia Connelly in *The Absence of Narrative* (2002) observes the basic exchange of narrative in the physician-patient relationship:

> Patient's stories as heard and then interpreted by physicians are narratives too. The retelling of these stories by physicians, nurses, or members of the ethics team is also a narrative activity. Such retelling may have consequences for the listeners; just as reading a poem may influence the reader in some way. (Connelly, 2002:138)

Diagnostic relationship   Reflections

Medical student   Patient   Listener

/ Physician
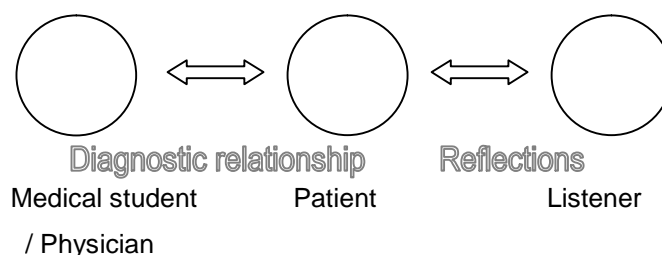
Figure 9. *Schematic representation of diagnostic relationship (introduction of a listener)*

Here we are confronted with the 'telling and re-telling of narrative' between patient and doctor. This is also the case of Photographic Re-narration, which is based on the telling and re-telling of narrative between the medical student and their supervisor, within a medical humanities context. The main difference between the two practices is that the first applies narrative in a verbal way while the second is both visual as well as verbal. Additionally, the first aims at defining a therapy for the patient, whereas the second describes a process based on t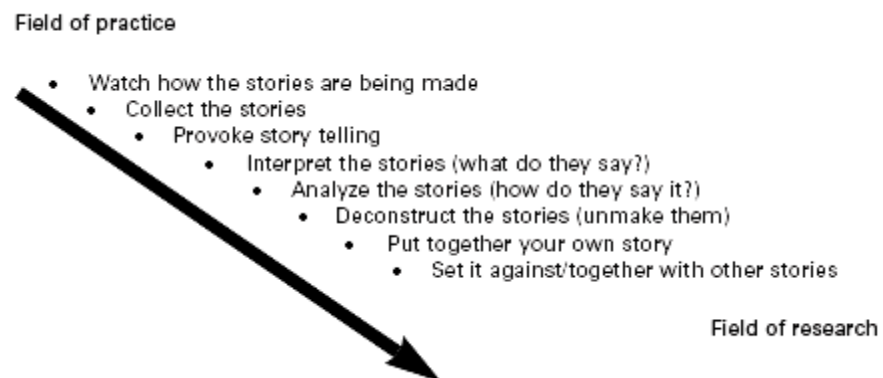he reflective aspects of visual narration which is best explained in *Narrative Analysis in Sociological Research* (Czarniawska, 2004:15). This methodological approach is based on the use of a repeated narrative, which is constantly identified and reworked in different types. This use of repeated narrative describes the methodological approach of Josselson's Psychoanalytic Re-narration, which is based on the repeated construction and deconstruction of narrative.

Looking at the above practices more closely one observes that in the case of the diagnostic relationship the doctor gives a diagnosis by interpreting the narrative spoken out by the patient. Drawing comparison between the two practices, in the case of Photographic Re-narration, the supervisor produces a narrative portrait based on the student's narrative about their work. This is a symbolic visual representation of what the student describes as 'self-referential reflection' in relation to his medical photography project. In this sense the photographic re-narration portrait provides a symbolic image of the student's reflections. This is a result of the collaboration between the student and the supervisor and forms a type of 'symbolic visual diagnosis'. The same principle applies to Josselson's description of psychoanalytic re-narration. There, psychoanalytic interpretation is the result of the re-narration of the patient's story by the therapist and provides a possible version of the initial story. Because the above analogical discussion of the three different practices could potentially be unclear, the next section looks at the meaning of interpretation and the power dynamics developed in the case of photographic re-narration.

The function of diagnosis as an interpretative act is described in a Medical Education Journal article describing a medical humanities module based on the development of clinical observational skills to medical students. (Bardes, *et al* 2002) Bardes, suggests that clinical diagnosis involves the observation description and interpretation of visual information. The characteristics of observation, description

and interpretation that describe clinical examination suggest that clinical examination is an interpretative act. Making an analogy between Photographic Re-narration and clinical examination poses the first as an interpretative act. However, the process of interpretation in psychoanalysis and photographic re-narration should be explored further here especially in relation to ethical practice.

ii) The relationship between the student and the supervisor, and the meaning of interpretation in photographic re-narration

By this point photographic re-narration introduced links with psychoanalysis, reflective practice and also addressed the dynamics of interpretation in the form of stories and visual artworks. Before continuing, it is worth looking more closely at the dynamics that developed between the participants in the process of re-narration. This will clarify the power dynamics and the role of interpretation in both psychoanalytic and photographic re-narration.

The analogy between psychoanalytic and photographic re-narration defines the practice-led framework of this research project. However, the analogy between the two practices aims at the transfer of knowledge between two different fields of research. The basic difference between the two practices of re-narration is that where the first suggests a method of therapy, the second addresses ideas on reflective practice within a medical humanities context. This is facilitated by the production of visual artworks such as photographs, which are both research process and outcome. However, the reflective function of re-narration poses questions on the process of interpretation and the way in which this takes place within the two different practices. The following text explains the ethical principles and power dynamics developed within the two forms of re-narration.

According to the European Family Therapy Association (EFTA) the term 'client' is referred to as including individuals, couples, families, teams, agencies, and any consultation group. (http://www.europeanfamilytherapy.eu) The ethical standards for family therapists require a personal commitment and lifelong effort to act ethically. The main principles described in the Code of Ethics are:
a. Therapists must be aware of the influential nature of their relationship with their clients.
b. The responsibility to the client is that the content of the therapy is confidential.

c. The responsibility to students is that 'supervisors should be aware of the fact that they may hold considerable authority over their students and supervisees, and must respect the supervisory relationship. The supervisees' trust and confidentiality must not be exploited by the supervisor in any way'.

The third point made above addresses the notion of authority in the client-therapist relationship. The implied role of power in this relationship to use Larner's words is a condition for relationship and dialogue. (Parker,1999) The deconstruction of power in psychotherapy addresses 'the problem of how to empower clients from a position of power as a professional 'authority'. (Churvin, 1996:148) Derrida suggests that the dilemma of power is about 'taking a position' with which the therapist makes power 'inapparent in its appearance'. (Derrida, 1994) According to Parker, a deconstructing psychotherapy is obliged to be both powerful and non-powerful. It is the presence of this ambiguity of power in therapy that is conducive to change. (Parker, 1999:41)

The concepts of authority and power that characterise the client-therapist encounter is addressed by Josselson: *'I think of psychotherapy as a project that two people undertake together to try to better understand the problems of living in order to make changes that serve growth and personal fulfilment'.* (http:// therapists. psychologytoday. com/rms/name/Ruthellen_Josselson)
Josselson's statement describes psychotherapy as a collaborative process between two individuals. Although power is an underlying concept in this process, according to Josselson, the client and the therapist work 'together'. This statement signifies the rapport and mutual emotional development of both participants of this process towards growth and personal fulfilment. Also, this position could be seen as an expression of Derrida's approach which describes the role of power in psychotherapy as unapparent in its appearance.

Josselson's above description of therapy could be compared to my experience of practicing photographic re-narration in my engagement with the medical students. This student-supervisor relationship developed in a similar way to the client-therapist relationship. The students' re-narration portraits express the reflective engagement between two individuals, the medical photographer and the photographer-supervisor. The dynamics developed within the above therapeutic and supervisory relationships are further explored in the following text through the writings of White

and Epstein (1990) on Storied Therapy, Murray (1997) on Medical Humanities and Charon (2002) on Narrative Medicine.

The *Code of Ethics* of the European Family therapy Association defines the main principles of ethical practice by explaining the dynamics in the relationship between client and therapist. The following text looks closely at the practical side of interaction between therapist and client in psychoanalytic re-narration. It then describes the role of the supervisor in the process of photographic re-narration.

The process of psychoanalytic re-narration is based on the therapist's skill to re-narrate psychological descriptions outspoken by the analytic client. This process enables the client to verbally narrate their life events and explore the psychological impacts of these events in their life with the input of the therapist. The point of convergence between the different kinds of therapy concentrates on the 'talking' on behalf of the client. The most important dynamic here is that the role of the therapist is to prepare an environment within which the client can express his personal narrative. In turn, the therapist reflects this story back to the client confronting him with the content of his own story. The essence of psychoanalytic re-narration is that 'therapy' is achieved through re-narration of the initial story. Therapy is achieved by presenting the client with a new perspective of their story, providing an alternative to their initial understanding of events.

White and Epstein (1990) describe the dynamics of interpretation within the framework of *Storied Therapy*. They 'acknowledge that stories are co-produced and endeavour the conditions under which the subject becomes the privileged author.' Storied Therapy 'invites a reflexive posture on one's participation in interpretative acts; encourages the authorship and re-authorship of one's life and relationships in the telling and re-telling of one's story; and invokes the subjunctive mood in the triggering of presuppositions, the establishment of implicit meaning, and in the generation of multiple perspective'. (White and Epstein, 1990:83) The result of therapy 'is a new story that was immanent in the initial story all along'. In this sense, the re-narrated story given by the therapist has been previously outspoken by the client as part of the whole story. The therapist employs listening and reflective skills to identify and address this narrative.

The role of the supervisor in the case of photographic re-narration is similar to the above process of therapy. The supervisor supports the student towards the reflective production of a photographic project. The role of the supervisor is to facilitate the process of authoring and re-authoring the student's photographic story. Murray describes the role of the medical humanities supervisor as a 'facilitator'. (Murray, 1997:69) According to Murray the facilitator must be non-directive, not being the 'funnel' for all comments, structuring and shaping, leaving or creating open phases, chair, introduce, encourage, observe, spot who is ready to talk, provide questions for discussion, provide prompts for closer study of the image or text and challenge categorical statements with neutrality. (Murray, 1997:69) Murray then summarises that the role of the participant is to challenge different views and the facilitator to be ready for questions but not feel all of them have to be answered.

In the same way, the supervisor in photographic re-narration listens to the student's project story and ask questions on the student's perception of the images enabling him/her to engage reflectively with his/her own images. This process takes the student through a journey of continuous reflection on the images he/she produces, the subject's story and also his own understanding of that story. The supervisor encourages the student to observe, record and reflect on the events, emotions and own response during the development of the project. This learning process is followed up by the definition of a self-referential reflection, through which the student arrives to an explanation of any personal reflections that took place during the development of the project.

During this process the supervisor avoids making interpretative suggestions, drawing conclusions or making decisions on what the reflective content of the student's project. His role as a facilitator of this process is that of an objective listener asking questions that encourage the student to think in a reflective way. Some questions the supervisor may ask are 'what does this image mean to you?' or 'is there any personal reference in this image?' encouraging the student to think in both a factual, personal and emotional level, making connections between the story he witnesses in collaboration with his subject and his own story.

The cycle of reflection follows the general pattern of observation and reflection. According to this pattern, the participants express their own observations, express their view on specific questions, discuss and compare views and move towards

further reflection on their initial observations with their initial views consolidated or modified. (Murray, 1997) Through this process the participants become aware of others views, improves their interpersonal skills and become more empathetic.

The cycle of reflection encourages the person to see different views and relate with others in an empathetic way. The skill to empathetically witness the stories of others is fundamental in the context of Narrative Medicine. Charon suggests that the clinician should be open to listen and relate to the stories he/she witnesses in every day clinical practice, thus bridging the relationship between doctors and patients. In the context of photographic re-narration, the reflective encounter of other peoples' stories enables the personal and professional growth of the individual student. As this can only occur within a free environment, the supervisor must ensure that he/she creates a context within which the students can work both individually and as part of a group, where they feel free to share their photographic stories and reflections. In this sense, the facilitating role of the supervisor within the student group is similar to that of the therapist.

By the final stage of re-narration, the student has arrived to a self-referential reflection. He/she then explains what this reflection is to the supervisor, who in turn responds to this reflection with a visual narrative, that is the student's portrait. Images, unlike verbal descriptions, tend to have a poetic character rather than being conclusive. In this sense, the student's photographic re-narration portrait is a creative representation of his/her self-referential reflection and presents a new perspective to his/her reflective journey. To use Miller and Berger's words '[t]elling seeks meaning. Re-telling seeks new meaning.' (Miller, 2002:281) In this sense, the student makes new meaning of his story by engaging in a reflective dialogue with his re-narration portrait, that is the image of his reflective journey.

The interpretative dynamics developed within the process of photographic re-narration are further explored in the following sections through a number of methodologies in healthcare contexts. One could question of the power dynamics between participants as a recurring theme in the methodologies explored. This aspect of the following practices is always followed by the use of a Consent Form which informs the participants of the process of the study and bears their signatures. An example of this form is given in Appendix 4.

iii) Medical Narrative Write-Up

Here, another practice is that of Medical Narrative Write-Up. Below, we are presented with a schematic depiction of the Medical Write-Up method, as described in Narrative Medicine:
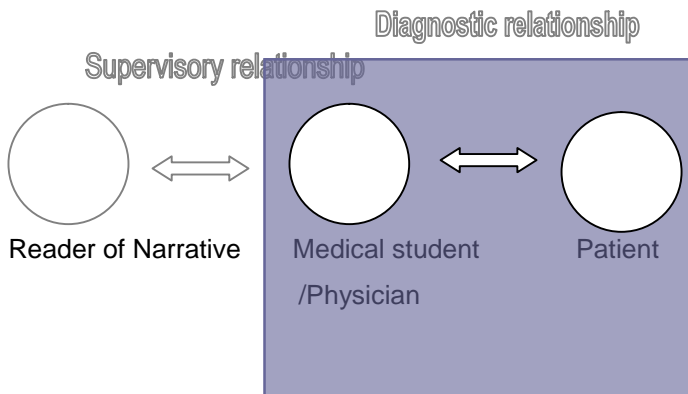
Figure 10. *Schematic representation of Medical Narrative Write-Up*

The Medical Write-Up is a process developed mainly between a physician/ medical student and his patient. This is a method applied in the training of medical students during which the student-patient relationship is supervised by a teacher physician. During this process, the student initially writes down his perception of the patient's story. However, very interestingly, Hunter-Wood introduces a third person in this relationship, who is a reader of the patient's narrative which has been written down by the medical student. The insertion of a third person in the relationship is also the case in the other figures presented in this section that depict the diagnostic relationship, the psychoanalytic re-narration method and the Photographic Re-narration respectively. It would be interesting to look closely at the role of the third person and the way this third person affects the initial relationship. Wood argues:

> If we include a third, implied reader of the student's narrative, we might suggest that the patient, the student and the reader are in a triangular relationship in which each edge of the triangle is a story, with the meeting of the memories of the persons occurring at the vertices. Although it is most explicit with the biography (narrative write up) this triangular relationship can be found in the autobiography (narrative history) as well. Like the biographer (student or physician) the autobiographers (patients) are continually revising their own narrative constructions according to experiences so that they, as authors, enter into a triangular relationship with themselves, as readers, and what they perceive as reality. (Hunter-Wood, 2005:286)

His observation suggests a revision of the initial schema into a new one that depicts the initial linear representation into a triangular. Here we introduce two new schemas, that of the diagnostic relationship and autobiographic write-up. Changing the above schema of medical write up into a triangular relationship (Fig. 11) we arrive to a depiction of the interpretative dynamics developed in the diagnostic relationship. Following Hunter-Wood's proposition we also introduce the case of autobiographical writing and analyse the triangular dynamics developed in the schema. The purpose here is to arrive at a comparison of these figures with the schema of Photographic Re-narration.

iv) The Previous Figure as Triangular Relationship.
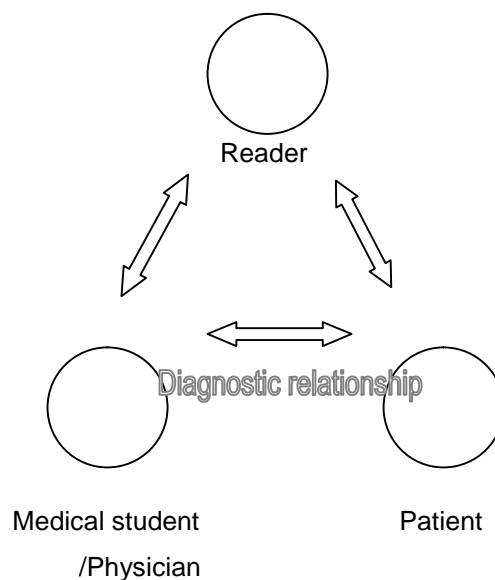
Figure 11. *Triangular schematic representation of Medical Narrative Write-Up*

This figure suggests that the diagnostic relationship is an interpretative act, where:

> The student arranges and interprets the patient's story according to his or her own narrative judgement and gains a new perspective about not a single patient but with a new understanding of their roles as physicians-in-training. And the hope is that they have gained new narrative competence, understanding themselves as readers of, authors of and characters in the ongoing stories of illness and healing around them. (Hunter-Wood, 2005:295)

The above proposition describes the potential of Photographic Re-narration demonstrated in the following chapter through five case studies of students' projects.

Continuing with Hunter-Wood's description of autobiographical writing in relation to the narrative of the self, in which the teller and the listener are the same person. Here we are interested to observe the dynamics developed in this schema in relation to the reflective nature of the process.

v) Autobiographical Writing
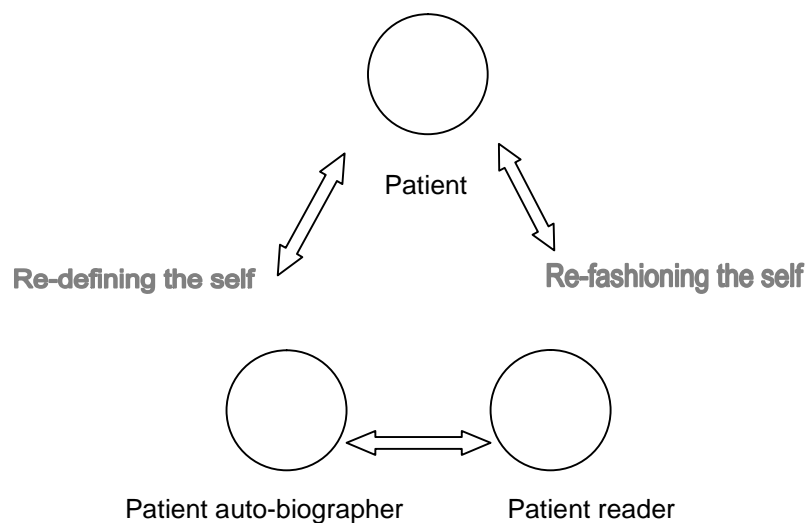
Figure 12. *Schematic representation of Autobiographical Writing*

The above diagram is based on the following statement of Miller (2002) and Berger's (1967):

> Storytelling is a form of retrospection. The person through telling re-invents himself. It allows the patient to give an alternate meaning from the events of his or her life by giving the opportunity to tell the story in a different way. He feels the need to embark on the autobiographical conquest of authority and control. (Miller, 2002: 281)

Autobiographical writing here is developed on the basis of re-fashioning and re-defining the self. The re-telling is not only a presentation but also a literal re-creation of the patient's self, the re-writing is, on one level a re-fashioning of the self.

The writings of Miller and Berger suggest that patients present themselves to their physicians as texts to be read. The re-telling is the opportunity for the teller to 'be' a different text. This may be only a shade of telling but the attraction of re-telling is that 'all the events over which you had no control are at last subject to your decision through new selection, new order, new context, new emphasis-new plot. Telling seeks meaning. Re-telling seeks new meaning'. (Miller, 2002:281)

This suggests that the process of telling and re-telling one's narrative is an interpretative act. I would like to compare the idea that narrative is a process of re-inventing and re-defining the self with the case of self-portrait photography suggesting an analogy between written and visual narrative. Following that, I am interested in looking at the interpretative nature of this process.

vi) Self-portrait Photography
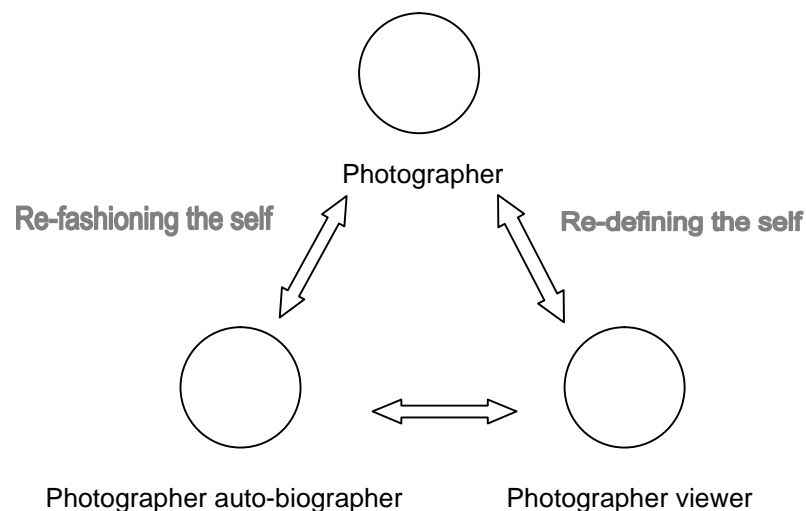
Figure 13. *Schematic representation of Self-Portrait Photography*

The above schematic comparison between autobiographical writing and self-portrait photography resulted in a representation of the latter as a process of re-invention of the self facilitated by the internal dialogue within the artist's self. Photography facilitates the process of production and viewing of a photographic image that puts together a personal narrative. This perception finds application in Jo Spence's phototherapy technique which as we met earlier in the text, is based on the process

of deconstruction and reconstruction of the photographer's personal narrative. The results of this method have been thoroughly presented in the first chapter.

Additionally, White mentions that the plot of a narrative imposes a meaning on the events that comprise its story level by revealing at the end a structure that was immanent in the events all along: 'The narrative medical write-up then, can be understood as an interpretative act that interprets by telling the story'. (Hunter-Wood, 2005) In analogy, Photographic Re-narration is a method that interprets by telling the story in the form of visual narration of a Photographic Re-narration Portrait.

vii) Photographic Re-narration is an Interpretative Act

This is the final diagram of Photographic Re-narration. In this diagram the arrows represent the reflective dynamics developed between the different stages of production carried out by the participants in collaboration. The interpretative character of re-narration is identified in the interaction with the supervisor in the form of a self-referential reflection, which is immanent in the student/photographer's visual narrative. The re-narration portrait is produced as a result of the re-narration process. As a consequence of reflective development, the student articulates their ideas in the form of self-referential reflection. As this is a result of the discussion of the students' photographic work, to use White's words, one could suggest that in a way the structure revealed was immanent in the story all along. In this sense, the photographic re-narration portrait interprets the student's reflections by telling the story.

The proposition that Photographic Re-narration is an interpretative act emphasises the reflective character of the process instead of the therapeutic. However, internal resolution is a possible result of Photographic Re-narration since the notions of self-reflection and introspection are almost identical. This psychological aspect of re-narration is made explicit in the new re-narrated story and is manifested in the re-narration portraits of the participants presented as five case studies in the following section.

Figure 14. Final Diagram for Photographic Re-narration

Photographic Subject

Photographer

Photographic Narration
Initial story

Stage 1

Photographic Re-narration

Stage 2

Photographer Supervisor

Stage 3

Photographic Re-narration Portrait
New re-narrated story
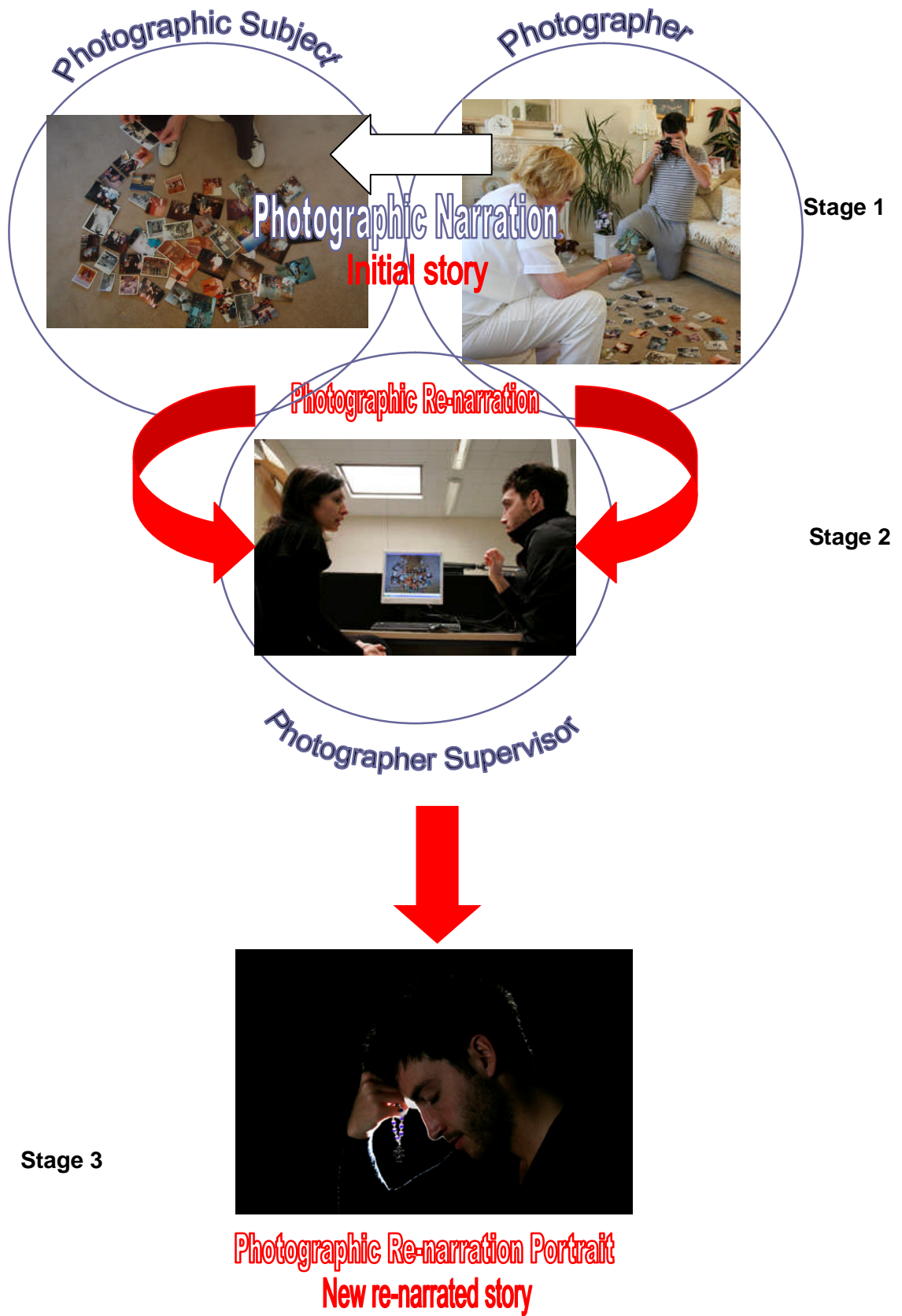
The reflective grounding of re-narration is expressed in a healthcare context in the writings of Connelly and Clinchy. Connelly describes an incident which occurred as part of her everyday practice in the hospital. She describes the situation after seeing an Alzheimer's patient:

> Slowly I began to realize that I was the one who might be embarrassed and that I was hiding behind my personal concerns. I did not have the capacity to be empathic with him. I did not want to enter the depths of this world of loss. (Connelly, 2002:144)

Her statement is given out in a spirit of revelation, as she describes the reflections she had after seeing this particular patient. Instead of starting with her uneasiness towards the situation, she arrives to it, as a result of her insightful interpretation of the events that took place. She clearly attributes the unsuccessful exchange of narrative to her lack of reflective skills that would enable interconnection between her and her patient. The successful engagement between doctor and patient has also been articulated by Clinchy. He suggests that 'instead of simply *letting the other in* we can prepare our minds to receive the other by engaging in arduous systematic self-reflection'. (Clinchy, 2003:41)

This example on the one hand, betrays that the narrative given out by the narrator depends to a great level on the ability of the listener to process this narrative and establishes narrative as an interpersonal process. However, the most important function of Connelly's statement is that it expresses a revelation point and makes a very important disclosure about the doctor herself. This point is a form of interpretation in itself which occurred through introspection and self-reflection. It is the point, which in my method is called 're-narration point' and depicts the most important self-referential reflection around which the final photographic portrait of the photographer in collaboration (medical student) is perceived. The photographer supervisor (which is me) functions as the facilitator in this reflective process and makes herself available to witness the developing reflections of the participant which are then reinterpreted in the form of a photographic portrait. This stage illustrates the influence of re-narration not only in the photographer but also the supervisor, who this process inspires to develop her own photographic practice.

So far, I have suggested a revised triangular schema of re-narration method which illustrates the dynamics developed between the participants of this process. We

have arrived at a new diagram of re-narration as an interpretative act. According to this idea, the Photographic Re-narration Portrait is an alternative story to the visual narrative of the student photographer, which is based on the self-referential reflection developed in the collaboration between the photographer and subject and expressed in the relationship between supervisor photographer and photographer student. The ground for experimentation with this idea is provided within the context of a Medical Humanities Photography Student Selected Component module (SSC) entitled *The Camera Never Lies?* The next chapter is a description of the action research within this module.

Chapter 4

4.0 Action Research

4.0.1 Providing a Context: Description of Medical Photography SSC

This chapter concerns the 'documentation' of case studies, that is the fourth stage of Gingell & Winch's methodological approach to Action Research as defined in the introduction of this thesis. (Gingell & Winch, 1999:8) This chapter starts with ideas on the teaching of medical humanities and leads to a description of the Medical Photography SSC: *The Camera Never Lies?*

Rodwany and Adelson (1987) use the story of *The Elephant Man* by Sir Frederick Treves to explore the use of literary classics in teaching medical ethics to physicians. (Treves, 1923) The literary text becomes the centre of discussion in a course with healthcare participants, where it is used to stimulate debate on ethics, the dehumanisation and classification in 'types' of patients in medical science.

The influence between art and medicine is pointed out by Breo (1990) 'If we are attentive in looking, in listening, and in waiting, then sooner or later something in the depths of ourselves will respond. Art, like medicine, is not an arrival; it's a search. This is why, perhaps, we call medicine in itself an art'. (Breo, 1990:263)

The above claims recognise the role of arts and the humanities in the education of medical professionals. Whether in the form of a module or course, the medical humanities involve the arts in the subject areas of photography, theatre, performance and painting; also in the broader field of poetry and creative writing. These areas have all made a contribution to the medical curriculum. An example of this is the Medical Photography SSC: *The Camera Never Lies?* This was initiated with the commencement of this doctoral research by my medical supervisor Dr Welfare and myself. The module is based on the idea of using photography to encourage reflective learning in the teaching of medical students. In this context, medical students use photography as a tool to approach health related subjects.

Yet, the essential idea behind this particular practice of photography concentrates on the use of Narrative. An example of the way in which the notion of narrative responds to the concept of healthcare finds expression in Charon's words 'Narrative Medicine recognises that currently missing from medicine are, in fact, narrative skills, that we know what narrative skills are, and that we know how to teach them'. (Charon, 2006:10) The importance of narrative skills in the training of medical professionals is made explicit in the medical students' photographic explorations within the Medical Photography SSC.

Some of the ideas explored in this thesis relate to the medical students practical engagement with medical photography and looks at the results of this experimental project. We will see the way in which the students' photographic engagement with healthcare subjects enables them to embark on explorations of the different aspects of medical profession and at the same time consider their choice of their subject of study. One of the propositions made here is that in this way they become more aware of their motivations for choosing a career in the medical field and at the same time develop a humanistic perspective on medicine. Here we will see the way in which this proposition relates reflective practice with the developing understanding of the role of empathy and that of the physician. The next Section of this thesis introduces the initial relationship of medical students with visual narrative within the Medical Photography SSC. This is followed by a Section which describes the specific application of Photographic Re-narration in five case studies.

4.0.2 Medical Photography SSC: The Medical Students' Engagement With Visual Narrative

Illustration 20. *Nan Golding, Empty Beds, 1979*

At an introductory session with a group of medical photography students led by myself which took place in 2007 this image created by Nan Golding was presented to them as a narrative exercise and they were asked to narrate what they saw (Illus.20). My aim was to stimulate discussion on the way in which visual narrative is understood by different viewers through a variety of readings of the same image. Additionally it provided an example of the way in which medical students make sense of visual narratives.

All seven students narrated the image in different ways. Most of them read the image in a medical context referring to the positioning of the pillows as prepared for someone with a back problem and others focused on the alcohol bottle and talked about addiction. In this way they forced a medical interpretation upon the image. Some others assumed there was a couple that spent the night in this room as the beds were brought closer, whereas others wrote that only one person spent the night there as only one side of it was unmade. Only one student interpreted the two separate beds in a metaphorical way, referring to 'a broken marriage'. This student mentioned that his attempt to attribute non-indexical readings to the image was a result of a linguistics module he had previously undertaken. This was a medical humanities module that trained students to recognise metaphorical and symbolic interpretations of literary and fictional texts.

However none of the students referred to the erotic implications of the image featured by the unmade bed in relation to the soft lighting from drawn curtains for privacy and the slightly depressed atmosphere of the motel room, significations which would have almost certainly been interpreted by someone with a background in visual arts. The subtext of the image mentions that 'this image was taken after lovemaking and that for Goldin a picture of a room is a form of portraiture'. (Costa, 2005) The avoidance by the students in acknowledging the erotic aspects of the image is a very interesting outcome of this exercise. This example introduces a discussion of the concept of 'ethics' in medical training and practice. The subject of ethics is addressed in the following text through the experience with the Medical Photography SSC. Examples of ethics discussions within the teaching of the medical students and hospital exhibition practice are presented. Yet, as described in the conclusion, ethics is a subject which I wish to take forward in the form of post-doctoral research.

Following the narrative exercise, the two groups of medical students were then presented with an image, which was to become the primary focus of a discussion on ethics. In this photograph we see the reflection of a female's naked back in a mirror. Around her neck is a stethoscope. Hanging on the door to her left is a white coat.

This work was created by Sarah Sladden for her project entitled *The Identity of the Medical Student* and was exhibited in a Medical Photography group exhibition in the main entrance of a Northumberland hospital in 2007. Following a complaint from a member of staff, the work as subsequently removed from the public display.

The students were asked what the ethical issues in the image are. All of them acknowledged potential ethical issues all relating to interpretations of female nudity and also the concept of medical professionalism. However, they all stated that although they could predict a potential reading of female nudity under those guidelines according to their view the image was not seen as problematic. As a support to this view they put forward the suggestion as to whether the image would have a different interpretation if a male body was featured instead of a female.
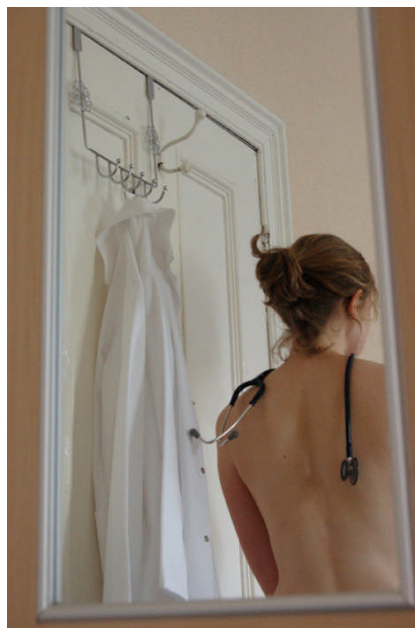
Illustration 21. *Sarah Sladden*
'The Identity of the Medical Student'

Undeniably the experience of exhibiting the students work in hospitals has always raised questions concerning the way in which the students choose to present themselves in front of a medical and non-medical audience. However, the critical response of a medical audience to specific images made by the students challenged the concepts of professionalism and ethics. A very important consideration is made here concerning the way in which the medical students are thought of as different by students from other fields and they are expected to adopt a specific way of behaviour described as 'professionalism'. These ideas, which came as a result of the experience of leading and exhibiting students projects in an art school and hospital context, present the potential for further research. Here, the particular nature of the reception of visual narratives by audiences with a non-artistic background stands at the core of ethical discourse.

Coming back to my discussion of visual narration, another group of seven students in the year 2009 did the same exercise and the results were almost identical. This may be an illustration of the particular way in which medical students deal with visual narratives. Their readings of the images are indexical. This semiotic term refers to the connection of visual signs with fixed meanings. This is a very 'medical way of looking' as opposed to a creative one that would identify symbolic and iconic interpretations of visual information. The indexical way of reading visual narratives follows the thinking pattern of cause-effect in the sense of a mathematical way of thinking which the students also apply to the processing of non-fixed narratives such as the visual. This attitude is based on rational explanations and fixed interpretations and does not allow associations with symbolic objects and employment of imagination. Only one student read the image as the start of an unravelling story and wrote an imaginary plot of a couple that spent the night there and ' the woman is now making coffee and the man is having a shower'.

During my experience with the medical students I have many times heard them refer to the fact that clinical examination begins by looking at the patient's hands. Then they would make diagnostics or in other words; narrative plots, based on looking at visual signs on the skin condition and other parts of the body. The visual narrative skills described here also apply in a clinical examination. However, a holistic approach to medicine presupposes the same narrational competence in their interactions with a patient. This experience raised questions of a way in which those narrative skills could be improved in practice through their engagement with

photographic projects. The ability of medical students to form visual narratives and afterwards verbally narrate their images defined the context of experimentation with a method for teaching photography. The next Section looks at the application of Photographic Re-narration as a method for teaching narrative skills to medical students of the Medical Photography SSC.

4.1 Model for Explaining my Case Studies

The following section looks at the case studies developed within the Medical Photography SSC: *The Camera Never Lies?* These case studies illustrate the work of five students who volunteered to participate in the final stage of the process of Photographic Re-narration and worked towards the production of a Photographic Re-narration Portrait.

After completing their projects, the students worked in collaboration with the photographer/supervisor (who in this case is the researcher) towards the production of their portraits. Traditionally at the end of this particular module the students undertake overseas electives and consequently it was not always possible to continue the process of re-narration with all students. In this sense, the re-narration projects presented in this chapter have been realised with students who volunteered to take part to the re-narration process. However, the first project presented in the case studies was the first re-narration attempt and like the rest of the case studies presents a significant level of reflective development.

It must be noted here, that NHS Consent Forms were used both by the medical students and their photographic subjects. (See Appendix 4) However, as it was instructed by the examiners of this thesis, in order to protect the personal data of the participants in the following case studies, their real names are not publicised. Accordingly, the students and their photographic subjects are reported in this thesis with false names.

The pattern used here describes the individual projects as follows:
A. Title of project and a selection of project images

B. Initial aims and objectives and description of project development using quotes from the students' exhibition statements, final assessment presentation transcripts and electronic assessment portfolios

C. Identification and description of self-referential reflection

D. Photographic Re-narration Portrait and analysis of the concept behind the portrait in relation to project development

4.2 Photographic Re-narrations: Five Case Studies

i) Challenging the View of Elderly Patients by John

Medical Photography SSC Group 1, Year 2006. Fourth year medical student of MBBS: Bachelor in Medicine and Surgery, University of Newcastle.

This project is based on the life story of the 86 year old Mrs. B.

Illustration 22

Illustration 23

Illustration 24

Illustration 25
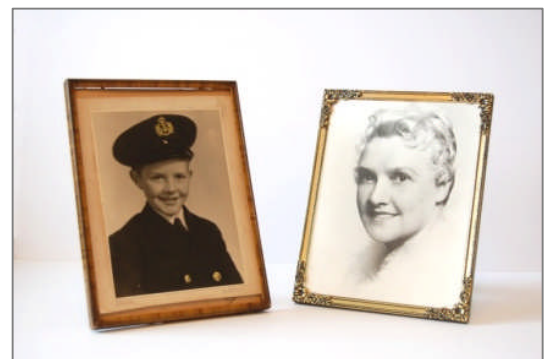
Illustration 26

Project Objectives

-Through photography, to improve understanding of a health related issue.
-To explore the perception of older patients by students and NHS staff
-To understand and better to tell, through photography, an older person's story
-To produce a portfolio of photographs of an older patient; this will represent them and their contribution to family, community and industry through their lives
-Through the production of a portfolio and a small exhibition of the work which aims to promote dignity and understanding of older patients.

Project Description

The project started with John sharing an experience he had as a student whilst doing his placement in a hospital Intensive Care Unit. The story was about a lady who was in a terminal situation and asked to have a haircut before she died but this was not allowed to her because of the 'Health and Safety' regulations of the hospital. John understood that having her haircut was a matter of dignity for her and a matter that had certain gravity at that particular instance in her life. However, this experience made him question his own judgment and the feelings of disempowerment which occurred since there was nothing he could do about the situation. This situation challenged his ability to empathize with patients, the notion of which is an essential part of medical training.

In his project John challenges the view of elderly patients in hospital wards that according to him suggests they are confronted with a situation, which suggests that they are all the same. The majority of old patients are hospitalized because they have severe health problems and very fragile health status. In his project John highlights the individuality of elderly patients through a photographic collaboration with 86 year old Mrs. B. He first interviewed her about her life and afterwards produced a series of photographs based on her stories. Mrs. B. had certainly many stories to tell about her life and was very happy to share those stories with others.

> **John:** What do you enjoy?
> **Mrs B:** I love to tell stories. The thing is [she whispered] I don't get the chance to tell them very often. Everyone seems to be so busy.
> **John:** Mrs B. tells a great story. I loved listening to them.

The two photographs selected from John's project refer to Mrs B's professional and personal life whilst also referring to her as a hospital patient (Illus. 25 & 26).

The portrait of her hands (Illus.25) describes her biggest achievement and that is her profession from which she earned the income to raise her son. Mrs B. has been very proud of the way in which she got her first job as a tailoress. She said that the tailor in order to employ her in his shop asked her which side of the thimble tailors should use and her answer was that tailors should use the side of the thimble and not the top. That was the correct answer and she immediately got hired.

This image includes more than one aspects of her life, through the wedding ring, the old fashioned jewellery, the little distorted finger from persistent sewing after years of work as a tailoress and finally the hospital wrist band that characterizes her as a patient. John reflected on this image with his medical background: 'in clinical examination, doctors start by looking at the hands. You can tell a lot just by looking at them.'

The second photograph (Illus.26) is about the thing she is mostly proud of and that is her son. She had this lovely image of him in his school uniform and very vividly remembered how hard it was when she had to take leave of him the day he had to go as a boarder to Merchant Navy school far away from home. Still when she refers to her son she describes him as he appears in this image, 8 years old in his school uniform.

Next to this photograph, John placed her portrait made in a photographer's studio. To her this portrait signifies her youth and was very proudly demonstrated to show how pretty she had been as a young lady. Again she shared stories about how she became the first in the neighbourhood to have her hair blond and about the fur she is wearing in the photograph that did not belong to her but to the photographer. John produced a portrait of her looking beautiful amongst her flowers. She said that it gives her happiness to care for her beautiful garden. However, she doesn't like cut flowers, she can't bear to see them dying.

> **John:** I had it in my head that I would dress up an old lady from the ward, have her hair and make-up done and reveal to a staggered audience the truth that they had somehow missed – older people were beautiful too. As I

began to talk through my ideas with Mrs. B., I realised that she didn't need a makeover to be beautiful.

Self-referential reflection:

John worked on this project quite intensively and reflected upon his relationship with his own family. He mostly reflected on the second image and questioned his own decisions about parenthood.

Photographic Re-narration

My re-narration portrait of John's (Illus.27) depicts his self-referential reflection of his photographic collaboration with Mrs B. I produced a portrait of him holding a pair of knitted baby socks, which he chose himself. This portrait signifies his thoughts and concerns about parenthood and family relationships but also refers to his view on long-term caring relationships, not only in terms of family but also in a professional context. This brings us back to his starting point and his feelings of disempowerment in confronting the situation with the individual patient who wanted to have a haircut and the hospital regulations that would not allow this. This questions short-term care relationships between doctor and patient and also long-term care relationships like those developed within a family frame.

Illustration 27. *Photographic Re-narration Portrait*
2006

ii) A Day in the Life of my Brother Bob by Zoe

Medical Photography SSC Group 2, Year 2006. Fourth year medical student of MBBS: Bachelor in Medicine and Surgery, University of Newcastle.

This project is based on Zoe's relationship with her brother Bob who was diagnosed with Asperger's Syndrome at the age of four.

Illustration 28
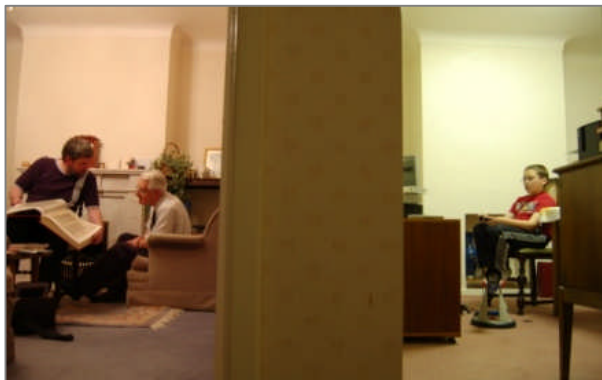
Illustration 29

Illustration 30

Project Objectives

-To record a day in the Life of Bob.
-To learn about Asperger's and understand the behaviour of a person with
  Asperger's.
-To explore the family relationships developed around a person with Asperger's.

Project Description

Zoe's intention was to use photography to explore Asperger's Syndrome through the life of her brother Bob and understand the way in which this condition which is categorised as a type of autism can affect family relationships within her immediate environment. Zoe introduces her project with the phrase:

> 'I'd like to introduce you to a very close friend of mine, Bob my brother. He looks like any other 11 year old. Does he look to you like he has a disability?'

Zoe's project is based on a photographic collaboration between her, her brother Bob and their father. She attempted to portray Asperger's Syndrome through their family life concentrating on Bob's habits and highlighting not only the characteristics of Asperger's Syndrome but also the individual person behind the syndrome.

In one of the photographs (Illus.30) her father, grandfather and brother all appear to be occupied with different things in the house presenting an ordinary scene of a family routine. Moreover, whilst her father and grandfather seem to interact with each other in one room, Bob plays alone in a room next door absorbed by his video game. Zoe's intention in producing this image was to touch upon the different social interactive skills of Asperger's but most importantly to introduce the inherited nature of the Syndrome which occurs especially amongst males, through the depiction of the three generations in their family, Bob, her father and grandfather.

Self-referential reflection:

Zoe's self-referential reflection was about her own relationship with her brother and the impact of the syndrome on their brother-sister relationship. The reflective

personal character of her project became immediately obvious with her initial statement 'Bob was diagnosed around two years ago and it's been a journey for me and my family to understand what it truly means to have AS' and developed into an ongoing introspective journey about her own positioning towards this proposition.

Illustration 31: *Image from Zoe's Family Album (Zoe and Bob)*

Zoe presented this photograph of herself with Bob to describe her childhood relationship with her brother (Illus.31). She showed this photograph of the two of them holding hands, when she was about thirteen years old and Bob about four. This image to her represents the time before the diagnosis and signifies to her the close relationship they once had which has now been lost. Her photographic work is looking back to that childhood relationship and becomes a chance for the two of them to revisit this relationship by spending some precious time together during this project.

Although this project has been developed around the impact of this diagnosis to her relationship with her brother, an unavoidable exploration is that of the possibility of having inherited the syndrome herself and the impact this would have on her life and personality. Moreover, by reflecting on the inherited nature of Asperger's Syndrome she also touches upon her own considerations on forming a future family of her own.

Photographic Re-narration

The re-narration of Zoe's work (Illus 32) is based on her constant questioning of her relationship with her brother and also on the inherited and obsessive characteristics of Asperger's Syndrome. Her journey of questioning is symbolized by two ornamental balls with a repetitive black and white pattern. The repetitive pattern of the two identical balls refers to the obsessive repetitive behaviour that describes Asperger's Syndrome of collecting identical objects. However Zoe's fingers are in contact with the two balls but don't seem to support them from falling. Yet, they seem to float in the air vitiating the rule of gravity. I have used this to describe Zoe's emotional involvement with Asperger's and also as a symbol for her effort to turn a situation which is incomprehensible into comprehensible. Whereas the two balls are in the foreground she is placed in the dark background, as a metaphor for her constant questioning of Asperger's Syndrome and the different possibilities of inheritance of the syndrome within her family, including herself.

Illustration 32. *Photographic Re-narration Portrait*

iii) The Healthy Body by Helen

Medical Photography SSC Group 2, Year 2006. Fourth year medical student of MBBS: Bachelor in Medicine and Surgery, University of Newcastle.

This project challenges the medical and personal perspectives of what constitutes a healthy lifestyle.
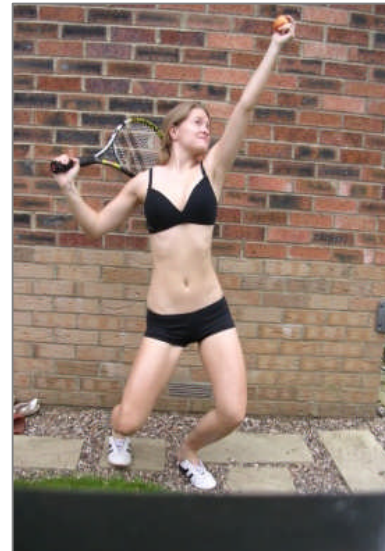
Illustrations 33, 34 and 35 (left to right)

Illustrations 36, 37 and 38: Self-portrait (left to right)

Project Objectives

-To investigate the medical perception of a healthy lifestyle
-To challenge her personal view of the healthy body and healthy lifestyle

Project Description

Helen's project questions the medical view of a healthy lifestyle through the perception of the 'healthy body' and challenges her own preoccupation with sports and healthy eating. At the starting point of her work she mentions,

> 'I wanted to present a healthy eating lifestyle with a twist of glamour, through this I wanted to make the shot attractive so the viewer might be tempted to pick up an apple and eat it themselves, promoting healthy living through the medium of photography.'

Her photographic work explores nutrition, exercise and body image. She used self-photography to question her own personal habits and explore the fine line between the medical prescription of a healthy lifestyle and eating disorder, between decision making and self-oppression. Her images playfully challenge the female anxiety of appearing in a bikini (Illus 35) and the inclusive consumption of certain food groups (Illus. 33, 34) that are considered to promote a healthy diet.

However there is a second series of photographs which followed her initial project and which directly refer to her personal decision to follow a career in medicine. This triptych is an illustration of the successful reflective development of her photographic project. She notes:

> 'My desire to explore my reasoning behind my choice of project embarked on a separate study, which involved photography at a personal level. The outcome was emotive, poignant and one which was unexpected.
>
> I explored the art of photography and its use as a tool for self discovery and acceptance. It took me on a journey back to my childhood evaluating reasons for wanting to be a doctor as well as expressing the theatrical side of me which is hidden from public view in the profession I am in. It's a snap shot of the real me behind the façade of the white coat.'

Helen makes a distinction between her dream to become a professional actress and her choice to follow a career in medicine and successfully finds her way out by combining the two in her images.

Dressed up as her favourite gangster character (Illus. 36) she draws upon her childhood memories of looking after her companion Mr. Pigg (Illus. 37) and she then finds a resolution through an adult role-play in the final image where she is presented to wear her white coat. Her facial characteristics are cropped off in this portrait in her intention to make the distinction between a childhood dream and adult decision making. However, this image very successfully illustrates her role as a medical practitioner as a caring and supporting one and appreciates the humanitarian character of her profession as part of her identity. (Illus. 38)

Self-referential reflection

The two projects have resulted into a single re-narration portrait and illustrate a high level of self-reflection and self-reference. There is a questioning of certain patterns of behaviour which make the distinction between maintaining self-control through making healthy decisions and the possibility of reaching to the extreme of developing a disorder.

In a similar way there is a questioning of a 'choice' made here, by the abandonment of her childhood dream to become a professional actress and the choice to follow a medical career. However, the two are successfully combined here through a thoughtful appreciation of the second which comes across through the theatrical self-depiction in the images.

Photographic Re-narration

The Photographic Re-narration Portrait is based on the idea of self-control as a facilitator of healthy choices for the individual. (Illus.39) In a similar way to the strict adaptation to norms of healthy lifestyle the misuse of which can result into the extreme of self-destruction and self-deprivation, people's ability to make decisions is often a question of having to sacrifice a personal dream for a choice.

This portrait illustrates the unsatisfied dream to become an actress and the decision to follow a medical career. The sitter, dressed up in a male gangster suit (her favourite role) pulls on her surgical gloves but her face it turned towards the opposite side, to signify a partly unwanted choice or a self-awareness and protection from the surroundings (Illus.39).

Illustration 39. *Photographic Re-narration Portrait*
2007

iv) A Picture Paints a Thousand Words by Wendy

Medical Photography, Group 2, Year 2006. Fourth year medical student of MBBS: Bachelor in Medicine and Surgery, University of Newcastle.

This project is based on a photographic collaboration with a mentally ill patient at St' Nicholas Hospital at Gosforth, Newcastle.
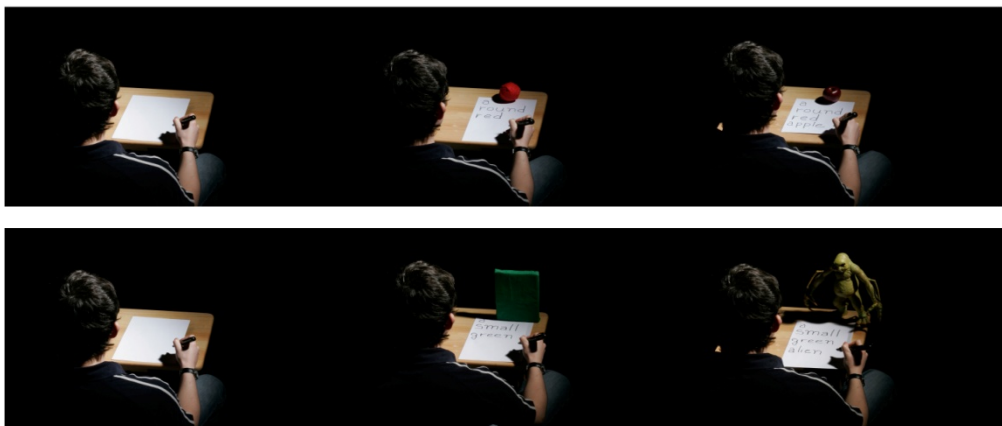
Illustration 40

Ill**ustration 41**

Project Objectives

-To understand mental health problems from the patient's perspective
-To question the medical view of mental health
-To challenge the relationship between reality and illusion

Project Description

Wendy's aim was to understand mental illness from the patient's point of view and compare it with the medical view of mental illness. Her starting point as she describes is has been:

> I have tried to challenge the idea of on 'objective' psychiatric history, i.e. an objective medical interpretation of a person's account of their illness. Instead of taking a person's verbal account of their experience of mental illness and presenting it as a medical history to a doctor, I converted it into photographs using models to convey my understanding. These were then presented back to the person who gave me the account rather than a doctor.

Her images are described by her personal preoccupation over the concept of 'normality' as used in a medical context and also the relationship between reality and illusion. (Illus.40, 41) She uses this material in a reflective way in order to challenge her own beliefs and preconceptions and move towards a description of her personal understanding of the significance of self-knowledge as necessary background towards an ethical humanitarian medical practice. Using Wendy's words:

> Sensitised to the normal, the abnormal can make us question ourselves, our feelings, reactions and motivations in life. Here I was able to explore the idea of reality, the medical divide between being well and unwell and a patient's experience of the medical profession. While the individual thought some photographs did reflect his experiences of mental illness, I learnt I must be aware of my own interests so as not to impose my beliefs on to others.

Wendy's approach to photography was very eloquent, including the use of studio lighting and staged photography. Having had no previous experience with photography, this project brought to light the artistic side of her personality, which includes interests in the visual arts and ballet. She soon talked about her own

experience of wanting to become a professional ballet dancer but this became impossible as her body structure didn't meet the prerequisite of classical ballet, according to which female ballet dancers must have a specific body type described by height and physical structure. Her second choice was to apply to the medical school. This choice was part of her fascination with biology and the human body, the interest of which she explored in this photographic project.

Self-referential reflection

The self-referential reflection in Wendy's case was her personal preoccupation with religion and philosophy (which has an indirect reference to her own family background) that finds expression in this project through her interest in mental illness and the relationship between reality and illusion.

It also challenges her own decision to study medicine as not her first choice and illustrates the effective integration of the artistic and highly creative aspect of her personality into her attitude towards her course of study.

Photographic Re-narration

My re-narration of Wendy's project (Illus. 42) borrows from the theme of the 17th century well known painting 'Girl with a Pearl Earring' (Vermeer, J. 1665) and brings up aspects of beauty and the contradiction between appearances and readings, the real and the illusory through the use of a lamb's eye as an earring. What is mere corporeal and dead is presented in a beautiful way to signify the amazing philosophical questioning of the creation of human being and the world.

The portrait challenges the relationship between reality and illusion and is an expression of her personal excitement over the meeting point and distinction of the two. The religious character of the pose is an expression of her personal preoccupation with religious and philosophical matters.

This project speaks of the individual person but in terms of my own photographic practice in a potential exhibition context, I see this portrait also as a referent to a more generalized view on the medical professional as it introduces a link with theology referring to the immediate historical link between medicine and religion.

Moreover, what is the mere reality of the profession, to deal with the biological and the corporeal is now being transformed into an appealing object of beauty. The painterly feel of this photographic portrait refers to 17th century anatomical paintings featuring medical lessons of professors and students of the times (Rembrandt, 1606-1669) and helps bring out the symbolisms of these representations which linked the medical with the theological.

Illustration 42. *Photographic Re-narration Portrait*
2007

v) Portraying Asperger's by Chris

Medical Photography, Group 2, Year 2007. Fourth year medical student of MBBS: Bachelor in Medicine and Surgery, University of Newcastle.

This project is based on a photographic collaboration with Ted, a boy with Asperger's Syndrome.

Illustrations 43-46 (left to right)

Illustration 47

132
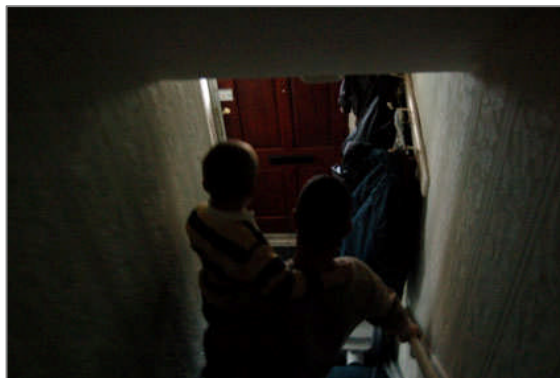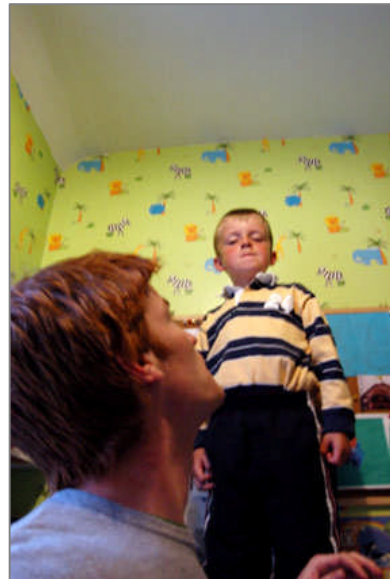
Project Objectives

-To understand Asperger's Syndrome through a collaboration with Ted, a boy with
   Asperger's Syndrome
-To question the medical view of Asperger's
-To challenge his own role as a medical practitioner through this collaboration

Project Description

Chris' project was based on a voluntary training which he already underwent when he started this photographic project as part of his medical course, during which he spent time with a small boy with Asperger's Syndrome, named Ted. His initial aim for this project was to challenge his views on Asperger's Syndrome through a close collaboration with Ted. However, as this project continued to develop he became gradually interested in defining his own role in relation to Ted reflecting on the relationship he developed with him and his father.

During the development of the project Chris focused on the relationships and bonds developed within the family. He soon had to consider his role towards the family as he became aware of the specific parameters, which allowed and prohibited him from being part of this family. By questioning his role as a trainee medical student doing a voluntary placement with Ted he became able to clearly distinguish the nature of a personal from a professional relationship and redefine the boundaries of the two.

Self-referential reflection

The time Chris spent with Ted allowed his father (who is the only parent) to have some free time of his own. Chris found this experience especially rewarding as his contribution was thoroughly acknowledged and appreciated.

His placement within a family which was not his own, challenged his perspective on his own middle class upbringing and also made him acknowledge the richness of the relationship between Ted and his father. He reflected on his own upbringing coming from a medical background where the very limited family time available is very often the case. His most important reflection took place in relation to the picture of father and son descending the staircase, which was the turning point for him to

acknowledge the strong bond between son and father[9] (Illus.47). This enabled him to reflect on his own family relationships.

The human character of this project focuses closely on issues of acceptance that develop in human relationships. This project presents us with a very interesting contradiction and reflects the student's personal concerns. Ted's portrait is that of a child capable of interacting with other people in his individual unconventional ways. Despite the fact that he has Asperger's syndrome, according to Chris' view, he is fully accepted by his father and is a receptor of paternal love.

The contrast with the fact that medical students gain acceptance through the projection of a perfect image in the entire spectrum of their social and personal relationships is very interesting here. There is a public perception of the doctor as a role model and perfect individual. As to whether the vulnerabilities of individual medical students are embraced by their work environment introduces a very interesting argument.

Photographic Re-narration

The idea of 'acceptance' that is central in the student's project has formed the concept of this re-narration portrait. The personal and reflective character of the project that links the notions of 'patient' and 'doctor' through the notion of acceptance (Ted accepted by his father- medical students' perfect profile) has affirmed a creative engagement with existent religious and historical imagery. This re-narration portrait (Illus. 48) embodies the idea of the 'wounded doctor' and concentrates on the subject of personal struggle and vulnerability.

The representation in the student's portrait borrows from religious imagery of Christ and St Sebastian and links it with mythology through the myth of Achilles. The depiction of the arrow in the image metaphorically refers to 'Achilles heel' a mythical symbol of weakness. The metaphorical link between the medical student and

---

[9] This image was taken after the father rushed up the stairs and took Ted downstairs in his arms to watch a TV program about a building demolition which he would love- Ted's obsession was concentrated around tall buildings and height.

Achilles breaks down the image of perfection in the medical profession. This portrait is an expression of the individual's private inquiry over personal and professional issues.

This project speaks for the individual reflections taking place in the student's project. However, as in Wendy's case study, I see this portrait in an exhibition context to be representative of the general profile of the medical professional. I have arrived to this concept as a result of the knowledge gained through the collaboration with the medical students of the Medical Photography SSC over the four years of its life. The majority of the projects were affirmed or followed by the students' reflections over personal issues, worries and anxieties of the students themselves or in relation to a person from their immediate environment. The students have openly dealt with those issues and have demonstrated their ability to be human at the same time as accomplished in their course of study. This example is a demonstration of empathetic practice and has been defined by Charon (2006) and Coulehan and other Medical Humanities writers as 'good doctoring' (2008:56).

Illustration 48. *Photographic Re-narration Portrait*
2007

4.4 Conclusion

By this point this thesis has presented five projects produced by medical students of Newcastle University, within the Medical Photography SSC: *The Camera Never Lies?* These projects have been presented following the same model (described in Section 4.2) in order to give examples of Photographic Re-narration which has been previously outlined in figure 14, in the context of action research.

Following the model in section 4.2, each project has been introduced in the form of initial aims and objectives. The identification of aims and objectives as the starting point of each project enables the reader to follow the progress of the initial concepts through the development of the student's photographic project. At that point, what is described as the 'Initial Story' in the *Diagram of Photographic Re-narration* (see Fig.14-Initial Story) refers to the photographic collaboration between the medical student photographer and his/her subject. This includes both the images produced and the 'description of project' in each of the case studies. The reflective process which took place during the production of the projects has been identified in the form of a self-referential reflection. This point refers to the process of re-narration (see Fig.14) and is important for the following reasons.

Firstly it illustrates the learning from the side of the student in collaboration and is evident of the reflective nature of the process. Moreover, the self-referential reflection is identified in the interaction between the medical student photographer and the supervisor; who in this instance is myself, (See Fig.14-Re-narration) and illustrates the interpretative function of the process of re-narration by providing an alternative version to the initial narrative. (See Fig.14-New Re-narrated Story)

The relationship between Photographic Re-narration and the notion of therapy has been previously explored in relation to the concepts of self-reflection and interpretation. It is the identification of a self-referential reflection around which the student's photographic portrait is in turn interpreted visually through my photographic practice.

Summing up, this section proposes Photographic Re-narration as a new methodology, which facilitates reflective practice and provides the medical students with an understanding of a range of interpersonal skills necessary for the performing

of good doctoring. At the same time, Photographic Re-narration also becomes a methodology for the production of photographic portraits of individuals. Furthermore it also gives us a valuable archive documenting innovative applications in arts and healthcare medical training practices in the early part of the 21st century. My photographic collection of medical students' portraits forms a specific approach to a healthcare dialogue that presents the human side of medicine.

However, my action research developed through the four-year duration of the Medical Photography SSC: *The Camera Never Lies?* during which forty projects were produced in total by the students. From these only these five have been integrated into my photographic practice in the form of Photographic Re-narration Portraits. A selection of a number of projects is described in the next chapter within a medical humanities framework. The next chapter continues with a description of Medical Humanities to provide the context for a description of the outcomes of the action research described in this thesis.

Chapter 5

5.0 Medical Humanities

The previous chapter provided us with a detailed description of the application of Photographic Re-narration in five different projects produced by students of the medical photography module. The case studies with the medical students present an example of the experimentation of re-narration process in a medical educational context. The main aim of this experimentation is the encouragement of reflective practice by medical students who are prompted to explore their professional experience from a new perspective and reflect on their individual motivations in relation to their chosen subject of study and professional development.

I will follow with a description of the situation in current medical education as seen through the writings of healthcare educators and practitioners inside and outside the UK. I will then review the development of Medical Humanities Modules and present examples of medical course electives that develop creative and reflective activities. Through these examples, I aim to finally contextualise my research with the Medical Photography SSC as part of this emerging paradigm.

5.0.0 Presenting the Context

Rita Charon, in her book Narrative Medicine: *Honouring the Stories of Illness* describes the situation in medical training as such:

> Most agree that medical schools and training programs cannot train adults to be empathetic, respectful, altruistic and ethically responsible, for such traits are developed and nurtured from infancy onward. Indeed it is charged that doctors' innate empathy, respect for the suffering of others, and ethical discernment diminish in the course of medical training and that doctors become hardened against the suffering they witness through their education. (Charon, 2006:8)

Charon describes the current situation in medical teaching as problematic and incapable of breaking through the barriers between doctors and patients. She speaks of medical practice as 'impersonal, fragmentized, cold, self-interested and of lacking of social conscience'. (Charon, 2006:10)

She proposes that a major part of this problem is attributed to the lack of narrative skills in medicine and suggests that Narrative Medicine could find a possible answer to this problem. The term 'narrative skills' is used here to define the interpersonal dynamics developed between medical practitioners and their patients that would enable better degree of communication amongst them.

This is a result of the huge gap between a patient's understanding of their situation (that often relates to personal information around the person) and the doctor's perception of it (which depends on data and medical tests and records). A successful communication between a doctor and his patient would be a product of a common ground which is based on the understanding of the importance of the individual narrative to the diagnosis and treatment.

This proposition describes the basis for the development of collaborative arts and healthcare projects like for example a current Deborah Padfield's project entitled Perceptions of Pain. (Padfield *et al,* 2004) This project is a Sciart collaboration between the artist, a pain specialist and patients from INPUT pain management unit. The artist worked with chronic pain sufferers to create photographs which expressed their pain in a visual medium. Sufferers took a selection of the images produced to subsequent consultations with Dr Pither and other health professionals to see if they could act as stimuli for a mutually beneficial dialogue between doctor and patient. Charon notes:

> Narrative medicine recognises that some of the skills currently missing from medicine, are in fact, narrative skills, that we know what narrative skills are and know how to teach them. (Charon, 2006:10)

Her suggestion is that these propositions, even without answers, reveal something of great significance about the role of narrative in medicine. Charon claims that 'its role in medicine is essential, that narrative matters more than anything'. (Charon, 2006:10) These claims form the basis of Narrative Medicine and are justified through a series of narrative workshops that take place at Columbia University. Charon's initial witnessing of the importance of narrative through her personal experience as a doctor lead to the development of narrative methodologies within the context of Narrative Medicine. The training of the interpersonal skills of medical students within this context provides Narrative Medicine investigators verbal narratological material for further research.

The purpose of this thesis is to employ the visual narrative of photography as a vehicle to enable medical students to acquire, develop and potentially appreciate the significance of narrative skills in clinical practice.

In exploring the role of art as a relevant avenue to bridge the doctor patient relationship and the potential contribution to the field of medicine I will pick up from Charon's description of the current situation in medical education to follow with a description of Medical Humanities Modules in order to contextualise my practice with photographic narrative in training medical students.

Charon talks about the important skills of 'imagination, interpretation and recognition' in the process of identifying with other people's narratives and appreciates the individual narrative as a quality that is not universally true but appreciated as a singular and meaningful situation. (Charon, 2006:9) For that, Narrative Medicine employs literature in the form of verbal articulation of narratives.

A similar description is made by Rowe and Larkinson, this time within a context of an Arts and Health project entitled: *Insights Into Health, Illness, Disability and Social Care*, that takes place at St. John's York University. This project is part of a series of activities, which use the arts to introduce students to health and social care issues, through the practice of autobiography, fiction, film and theatre:

> There is a particular emphasis on students' creative and empathetic responses to the arts, informing their development as health professionals and to deepen their understanding of the human condition. The project explores how students can be prepared for the social and psychological demands of health and social care. Arts and literature can potentially help to develop awareness, and can nurture skills of observation, imagination, intuition, empathy and self-reflection. (Larkinson & Rowe, 2008, see Appendix 2)

This project's interdisciplinary nature identifies the gap in the teaching of health professions and responds to what is considered to be the absent elements of creativity and empathic practice.

On the one hand Charon's definition on the lack of narrative skills in medical training and on the other the above example of a successful application of arts projects into the teaching of health professions defines the context in which my research develops.

My action research focuses on the teaching of narrative photography to medical students and provides a possible solution to what has been so far described as the gap in the teaching of health professions. Photography is a relevant medium here because it can be used as a means to enable the practitioner to experiment with different perspectives (here I am referring to the doctors and patients perspectives) through an experienced based authentic engagement with a subject and thus open up creative avenues facilitated by reflective learning. My method of Photographic Re-narration suggests that the reflective engagement with the photographic narrative could stimulate reflective skills in the medical students' engagement with individual health narratives and can encourage skills necessary for a good medical practice.

My suggestion is that medical students' preoccupation with reflective practices like narrative photography could make a potential contribution and exchange between the two fields, that of arts and healthcare. An example of the successful application of photography in a healthcare setting brings us back to the work of Jo Spence. As we met earlier, her work is a demonstration of a successful employment of the visual photographic narrative as a means to extricate and demonstrate the dimensions of illness in a person's life, the impact of illness and its treatment on the individual and raise debate around the concepts of self, duality and the complexity the human being. More importantly, her work has managed to comment critically towards the lack of consideration of the person's 'individual narrative' as part of the medical treatment and address the political dimensions of the individual case. Moreover, through her personal story of illness, which she documented in her photographic work, she has managed to employ methodologies like for example self-photography and photo-therapy which concentrate on the results of the externalization of personal narrative and the impact of the re-fashioning of this narrative on the individual. Her practice has pioneered a new area of research opening up the premises of healthcare institutions for arts researchers to integrate and has prepared the background for further research to occur in this area in which my photographic research develops.

A demonstration of the use of photography in a contemporary context in a healthcare setting is the teaching of photographic narrative skills to medical students as part of a Medical Humanities Module. Medical Humanities have been designed to

stimulate reflective learning in medical studies through the use of arts based modules.

First I will give a description of Medical Humanities to provide a context for my research. After doing this, I will follow with a description of the outcomes of the teaching experience of the Medical Photography Module: *The Camera Never Lies?* aimed at the stimulation of reflective learning of medical students through the use of photography. The teaching of the module has been based on the method of Photographic Re-narration and is what I suggest in this thesis to be a possible solution to the encouragement of skills of genuine engagement with the human condition. This novel methodology that is derived from my personal preoccupation with reflective self-photography could potentially result in the improvement of the communication amongst healthcare providers and recipients. This defines both the distinctiveness of this research project and the contribution to knowledge.

5.0.1 Introduction to Medical Humanities

The section 4.0.1 has already introduced the main idea behind Medical Humanities courses and the role of the arts and humanities in medical education. More specifically, this interdisciplinary field of medicine includes the humanities (including literature, philosophy, ethics, history and religion), social science (anthropology, cultural studies, psychology, sociology), and the arts (literature, theater, film, and visual arts) and their application to medical education and practice. It has also been suggested that 'humanities can represent deeply philosophical, pragmatic, emotionally driven and/or entertaining approaches to understanding the human condition and the social relations of physicians, scientists, patients and the rest of the world'. (Dolan, 2007:69)

Coulehan describes Medical Humanities as 'the art of medicine' for which nowadays we often use the word 'doctoring'. (Coulehan, 2008:56) As Joanna Shapiro points out medical humanities teach 'how to be human' which means to think about, understand, moved by and engage with the human condition. In the same spirit it provides different pathways and approaches issues of multiple perspectives, ambiguity, complexity, failure, suffering, commitment, and devotion. (Shapiro, 2007: 62)

However, Medical Humanities hasn't sufficiently established its place yet amongst the medical curricula. Therefore, some members of the medical and scientific world appreciate medical humanities as a very important input in medical education whereas others criticise it as irrelevant. The second base their argument on the fact that medical humanities modules are not scientifically-based and therefore can only be a waste of time, a soft endeavour and a form of entertainment instead of education. (Shapiro, 2007:62)

Members of the medical world claim that current medical education 'lacks a liberal structure and is sceptical of virtue'. (Coulehan, 2008:56) Under the confines of institutional pressure medical students complain that they are not entitled to the freedom of intellectual enquiry and that they are subject into a culture of 'egoism, cynicism and a sense of entitlement that can only result in a type of medical professional who lacks doctoring skills, narrative competence and empathy'. (Coulehan, 2008:56)

Despite the fact that a strand of the medical world is sceptical of the place of medical humanities in the medical curriculum, a number of medical educators also support that Medical Humanities modules have a great potential of contributing to the field of medical education and that should be established as part of the campus culture. An example of this view is given by the description of a Medical Humanities Module designed to improve clinical observational skills of medical students at the Weill Cornell Medical College in New York. This module has been based on the idea of a collaboration between a medical school and an art museum. The contribution of one field to the other is based on the analysis of portraits. The gap in medical education in which this arts module is called to contribute is described here,

> In clinical examination the physician observes, describes and interprets visual information. However, the skills underlying those actions are rarely taught explicitly in medical school. (Bardes *et al*, 2001:1157)

This article suggests that the preoccupation of medical students with the reading of portraits improves their empirical skills in observation and develops increased awareness of emotional and character expression in the human face. Art is relevant here for the stimulation of emotional aspects of physical appearance. The potential contribution of humanities in medicine lies in the fact that it is a different kind of utility that reflects the complexities of modern medicine and can effectively coordinate

intellectual stimulation with emotional engagement. Medical Humanities teachers encourage students towards empathy, respect, genuineness, self-awareness and reflective practice and focus on fostering students with critical reasoning and judgement based on argumentation through experience-based learning.

Most of the ideas described above are also addressed in Welfare's paper entitled: *The Camera Never Lies?* A Student Selected Component in Photography. Development and description of the projects developed by students that introduces the concept of the Medical Humanities Student Selected Components and describes the development and outcomes of the Medical Photography SSC: *The Camera Never Lies?* at Northumbria University (Welfare, 2007), According to Welfare, the General Medical Council (GMC) encourages Medical schools to devote up to 25% of the time in undergraduate courses to SSC modules as a means of allowing students to explore new areas, develop new skills and, by giving them the opportunity to explore a wider range of patient experiences, encouraging them to consider people as whole individuals, whole communities. (Welfare, 2007)

In many medical humanities writings, for example Coulehan (2008) and Shapiro (2007) the importance of the concept of the humanist physician and the concept of doctoring encouraged by reflective narrative skills is emerging. Welfare observes that the literature relating medical humanities teaching to important student outcomes, in particular in SSC modules is limited and relies mainly on the analysis of the artistic work of others, including professional artists, rather than the students developing their own artistic practice. The Medical Photography Module: *The Camera Never Lies?* is an example of a medical humanities module with emphasis on the development of reflective practice by medical students who subscribed to attend.

The next section gives a description of the main outcomes of the Medical Photography SSC: *The Camera Never Lies?* based on the manifestation of the main ideas described above in relation to Medical Humanities, through the student's photographic work and exhibition narratives.

5.0.2 Action Research Context: Medical Students Projects Developed with the Teaching of Photographic Re-narration

This section describes the wider context of action research (section 0.0, pg.17) with Photographic Re-narration as part of the teaching of medical students. My methodological context throughout has been action research: that is, a form of enquiry in which the researcher is immersed in the situation they are studying. As introduced in section 0.0, Photographic re-narration is an invented methodology that employs already established research methods in the form of systematic inquiry. (Winch & Gingell, 1999: 8)

This section refers to the students' photographic work and exhibition statements to illustrate the development and evaluation of the Medical Photography SSC: *The Camera Never Lies?* The discussion of the student's projects in this section quotes their own statements about their work as they described it in their exhibition narratives. In the same way storytelling was used in my case to describe my personal account behind my work, is also used here to present the student's own voice instead of describing it. Narrative storytelling is used here as a method to illustrate the students ability to narrate their projects.

Moreover, the projects demonstrate an example of a medical humanities module which is mainly based on photographic practice and touches upon aspects of medicine that are exempt from the scientific training. These projects describe a large part of action research with Photographic Re-narration which has been used as the basic methodology in the teaching of the module.

Within the four years of the Medical Photography Module a number of forty projects were produced. However, it would be impossible to discuss all projects in just one section of this thesis. For this reason only a number of projects are discussed in the following section. The criteria of this selection are explained below.

The projects discussed in the following section were produced during the final year of the module (2009) including those projects described as case studies in section 4.2 and those that became the subject of debate in public exhibitions. The reason behind the selection is that these projects best responded to the successful completion of aims and objectives of the SSC. These are defined as 'the reflective

growth of the individual student and the recording of change in attitudes and perspectives' (see SSC module descriptor in MBBS Student Handbook). However, in order to maintain the objectivity of the research process, this section includes a number of projects with less personal and more medical character exploring the facets of addictive behaviour as in the case of smoking and obesity. However, the informative character of these projects does not undermine the reflective aspects of the process, which are discussed in the following section.

5.1 The Students' Stories: Description of Projects

The great majority of medical humanities modules are based on writing rather than photography. Because of that, a general observation is that the greater majority of medical students have no interest in the visual arts and are not especially talented in photography. However, my overall experience with the SSC students that I worked with during the last four years shows that the great majority do have an interest in the arts. For example, Helen used her project to represent a direct interest in the performing arts. Her project entitled *Self-Portrait* (see Illustration 49) deals with her decision to give up the theatre for her medical studies. Another student, Wendy, responded in a similar manner: she had a background in classical dance and had considered performance as a career option.

Most of the module projects involved self-photography and self-portraiture although I did not make this approach obligatory. Good examples include: Benjamin Biles' A *Life Touched by Others*, Beth Lambourne's *Journey Into a Box*, Alam Khalil-Khan's *Through the Patient's Eyes*. The images these students produced were of a personal nature and were all representative of the reflective development of the individual, they all involved introspective self-exploratory work. They also expressed the students' preoccupation with issues such as identity and the self. Helen notes:

'I explored the art of photography and its use as a tool for self discovery and acceptance. It took me on a journey back to my childhood evaluating reasons for wanting to be a doctor as well as expressing the theatrical side of me which is hidden from public view in the profession I am in. It's a snap shot of the real me behind the façade of the white coat' (Illus. 49).

Illustration 49 (Helen)

146

There was, in particular, a recurring interest in issues associated with professional and personal identity. Helen, Benjamin Biles, Helen Stratford and Beth Lambourne all revealed a preoccupation with this theme. Benjamin writes:

'I am struck by the great privilege and heavy burden of being someone's counsel, friend, and carer in these moments. How does one live through a lifetime of these relationships? Distance yourself, compose a professional façade, and shield yourself from emotional commitment? Or embrace these relationships fully? Commit something of yourself to them, in the hope of helping another human being, of being more than just the doctor, and live with the marks they leave on you. Stood before a lifetime of relationships, I fear for my ideals. I wonder how I will resolve what I am, and what I am to become.' (Illus.50)

Illustration 50 (Benjamin Biles)

Charon describes the 'isolation of medical practitioners from authentic engagement' and claims that this results in an 'inability to recognise others perspectives' which, in turn, leads to a lack of empathy. (Charon, 2006:8) Benjamin's project seemed to address precisely this issue but questioned the appropriateness of the doctor's emotional engagement with their patients. Nevertheless, he was sensitive to the different sides of this issue, addressing both the concepts of professional detachment and emotional engagement. The empathetic quality of his photographs indicates how well photographic practice can support (to paraphrase Joanna Shapiro's words) the role of medical humanities in teaching doctors how to be human and engage with the human condition through an enhanced understanding of psychological attributes such as: ambiguity, complexity, failure, suffering, commitment and devotion. Benjamin is portrayed with a hand mark on his face and broken spectacles. He used this depiction to explain his emotions in relation to the illness stories he witnessed in his clinical practice.

A number of students also used the concepts of professional detachment to discuss ideas of professionalism, as well as the medical concept of desensitization as a metaphor for the psychological effect of illness in clinical practice. Photographic re-

narration has revealed the strong preoccupation of medical students with those aspects of the medical profession and the need for re-definition of the traditional professional values.

Charon also argues that patients are not dealt with in a holistic manner. Doctors do not view the patient's illness, and its effects on the person concerned, as an individual and unique situation: they tend to categorise their patients in the framework of general medical conditions; they are 'cases'. Here, the highly personal character of the module photographs often betrayed the medical students' need to be treated as individuals themselves. Indeed, the students clearly demonstrated their empathy with the notion of the individual. As a result, their doctoring skills were suddenly framed by their understanding of human nature (their own) and they began to express an interest in the whole person rather than the patient, they began to consider the concept of a holistic medical practice. The suggestion that photographic re-narration assists medical students to develop a deeper understanding of the concept of the holistic physician, is proved rather than implied in the following examples of medical students' projects.

Illustration 51 (Alison Latin)

Some of the students produced photographs based on a personal experience of physical illness or a psychological condition. The module required them to present these images to the group and discuss the content of their project with their colleagues. This challenging task seemed to help the students engage with the

psycho-social effects of illness, it raised the group's awareness of other people's problems. An example is Alison Latin's *Dying to be Thin* (Illus. 51) and Madeleine Long's *Depression Through Photography* (Illus. 52). These explore eating disorders and depression. Alison wrote:

> 'Appreciating the taboo associated with anorexia nervosa, made me want to try to help people understand the difficulties that a person suffering from anorexia nervosa faces. I wanted to capture the feelings that the illness causes and the lack of control, which the individual has over the illness'.

By acknowledging their firsthand experience of illness, the students gained greater self-knowledge and acquired skills that are useful for, perhaps even necessary to, empathic practice. As they learnt to accept their own imperfection and vulnerability they moved closer to the patient's perspective developing the kinds of skills Coulehan describes as essential to the training of humanist scholars and humanist physicians who understand ones relationship with the world and respect others views. He notes:

> 'Doctoring requires communication skills, empathy, self-awareness, judgment, professionalism, and mastering the social and cultural context of personhood, illness and health care'. (Coulehan, 2008:56)

Illustration 52 (Madeleine Long)

The student Madeleine Long's approach to taking photographs indicated the role of self-knowledge in developing empathetic doctoring skills. The subject of the 'doctor as patient' was, as I said above, a recurring theme and Madeleine provided one of my examples of reflective growth through the agency of visual narration. As Madeleine says:

149

'Through this project I faced up to many of the depressed feelings I have personally experienced, as well as many of my fears surrounding those. It offered me the chance to reflect upon how my own past experiences influence my interpretation of events, and how I can use this knowledge to help me in the future. Medicine is a challenging career, and all too often life becomes too busy to really reflect and address the emotions we go through. This project helped me to realise how important it is to explore these feelings, and how doing so can help in both my professional and personal life'.

The examples discussed here contradict the competitive image often projected onto the medical profession. Here we have medical students searching for new empathetic identities that avoid simplistic notions of superiority, perfection and infallibility. The introspective character of these photographic works arose within the genuinely reflective engagement of the students. This authenticity comes across in both their photographic topics and their written statements. However, there was an incident in the hospital exhibition where two projects (as we saw above in section 4.0.2) were subjected to criticism and strong condemnation. This negative response, a formal complaint lodged by a member of staff, drew the hospital management into a debate about the ethics of photographic self-representation in the training of doctors. As a result photographic works were immediately removed from the hospital space in which they were on display and Northumbria Healthcare NHS Foundation Trust established *Criteria for Assessment of Art to be Installed in a Hospital Setting* (see Appendix 3). This difficult, but interesting consequence of my module projects will be revisited later in section 5.2.

Without a doubt, the development of reflective skills and greater self-knowledge is an important and complex issue with many implications for the future evolution of humanistic and ethical medical practices. The student's images were the product of a reflective exchange between the 'person' who is studying to be a doctor and the 'doctor' who is struggling to emerge within the student. Retaining a good sense of the former in relation to the professional pressure of the latter is vital to bridging the 'doctor-patient divide', a concern widely discussed in Charon's writings. However, this writing moves beyond Charon's idea of bridging the doctor-patient divide by focusing on the development of doctor-patient empathy. The self-exploratory nature of the SSC projects attempted to focus the students on empathetic interactions illustrated through visual examples.

150

Olu Falade's project *Arthritis* gives an example of an individual student who suggests that her photographic approach enabled her develop a concept of empathy (Illus. 53). According to Olu, by seeing herself as a potential patient she was enabled to empathize more with patients. This is an example of a student's individual understanding of bridging the doctor-patient relationship. Welfare writes: *Olu moved from describing patients as 'they' towards a more inclusive view of patients as 'we'.* (ASME Poster 2006)

Illustration 53 (Olu Falade)

Another example of a rapidly developing empathy for the patient's situation is John's project *Challenging the View of Elderly Patients* (Illus. 54). We have already examined these photographs as an individual case study (see Section 4.2) but it is worth reconsidering here his collaboration with an elderly female patient as this project challenges the medical view of the elderly and reflects on the medical and non-medical issues of old age – in this case, in relation to personality and beauty. John writes:

> 'I wanted to show that Mrs B had been beautiful in her youth and that age comes to us all. In doing so, though, I may have unconsciously endorsed a relationship between vanity, youth and beauty. I live and learn'.

Illustration 54 (John)

Illustration 55 (Janice Higginson)

Janice Higginson's project with an elderly patient also resulted in her feeling that she had an empathetic engagement with ageing in relation to family relationships. She used her photographs to recover her family history (Illus. 55). The notion of empathy arose in projects that did not present highly personal topics. In these cases students demonstrated the ability to challenge their preconceptions and reshape their perceptions by picturing stereotypical images of healthcare issues. Examples include: Emily Greenfield's project *Obesity: Fat But Not Necessarily Happy* (Illus. 56, 57) and Leah Austin's *Choose Smoke* (Illus. 58, 59). Emily explains how her experience of working in collaboration with an obese patient at North Tyneside Hospital contributed to her understanding of practical and psychological aspects of being over-weight:

> 'I wanted to challenge the view that all people who are overweight are happy being overweight and that they could easily lose weight if they just tried. Whilst the fundamental principles of losing weight are taking more exercise and eating more healthily for many people it is not that simple. I have learnt that weight loss is not black and white. There can be many insecurities and personal barriers that prevent people from being able to lose weight. Food can be a comfort or an addiction, similar to alcohol or drugs but unlike these, the problem cannot be solved by cutting food out of your life'.
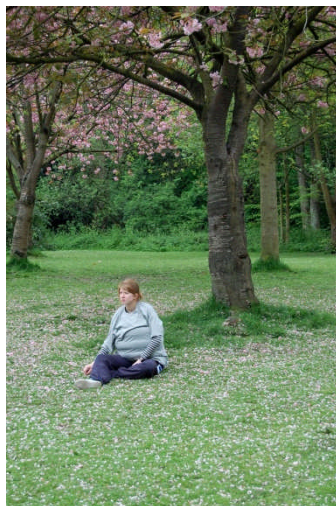
Illustrations 56 and 57 (Emily Greenfield)

In the first stage of her project Emily produced images that responded to her discussions with the patient. However, in the final stage of her project she claimed that she challenged her own psychological, emotional and practical engagement with her subject.

Illustrations 58 and 59 (Leah Austin)

The students also explored taboo addictions such as smoking and drug use. With these projects the students challenged their initial ideas about this subject and, through experience-based learning, shaped a more objective attitude towards a health issue that is deeply embedded in socio-cultural attitudes. Michael Pieri, in his assessment of the module, responds to Welfare's question: how are the attitudes and practices of a healthcare practitioner going to change having done this project:

> 'I think my attitude will change, just about smokers specifically and what they're actually doing so just reading the addiction cycle and all that sort of stuff, I've read pages and pages of it, so that's changed my view of smokers. Just to know what they actually are going through. Instead before it was like you're a smoker, just stop smoking, what's the problem, just put the packet down and stop smoking, I never thought about the psychological aspects or things that are going on behind as well. Because a lot of people in these clinics and stuff are people that have quit smoking themselves so they understand, just somebody sitting there and dictating to you, you're just weak, just stop smoking'.

A similar attitude is challenged in Leah Austin's project *Choose Smoke* (Illus. 58, 59). Leah describes the way in which her project contributed to her understanding of the psychological aspects of smoking, a subject with which she had little sympathy at the beginning of the module. Here she explains that her project enabled her adopt a more empathetic approach towards smokers:

> 'Through the use of photography in medicine, I was able to improve my photographic skills and was able to see the views of the smoking public. I believe this will improve my skills in my future career as a doctor. I finally understood the reasons of smokers and why they choose to smoke. At first, when given the assignment of incorporating medicine and photography I was very apprehensive. After much thought and deliberation I chose to understand why smokers smoke, as this has been a much-debated topic and the majority of my friends are smokers'.

153

Illustration 60 (Jonathan Coates)

Another example of empathetic practice is Jonathan Coates' project entitled: *What Will Survive of Us is Love* (Illus. 60) which deals with the subject of bereavement. He revisited a family who had lost their mother during the period in which he had undertaken his clinical practice. She had died on the ward he was working in and describes the experience as follows:

> 'Of all the patients I have met, the story of Maureen and her family is the one which has affected me most profoundly, both personally and professionally. Maureen's strength, bravery and stoicism in the face of her illness were truly inspiring. Equally inspiring was the way her family rallied around to support and care for her with such dignity and love. Maureen died at home with her family in summer 2007. Ten months later I visited her husband and daughter at home. My time with the family has taught me many things, most obviously that the benefits of having such supportive family in times of adversity cannot be underestimated. I also realise that Maureen's story taps into personal issues of my own, not least that primal, base fear of losing a loved one. Acknowledging the way patients' experiences can resonate with our own, even subconsciously, is a valuable tool in my own self care as I embark on my career'.

Victoria Oliphant's project provides us with an example of a medical student's preoccupation with ethical, religious and metaphysical worries. She was occupied with the contradictory issues of medicine and theology. She writes on her image entitled *Questionings* (Illus. 61):

> 'The background to this image is of Genesis, the first book of the bible meaning origin or creation. It teaches us how God created everything, therefore should we as doctors interfere with something we did not create? I chose to focus in on my eye as it evokes a sense of questioning within me, I feel as thought it is specifically focusing on me challenging my ideals.'

The challenge of matching personal belief with 'objective' scientific practices is demonstrated in the photographs of Victoria (Illus. 61) and Wendy (Illus. 62). Where Victoria questions her uncomfortable position as a medical professional and

154

religious believer, Wendy uses her interest in mental illness to question her own objectivity in relation to the patient she collaborated with:

> 'Sensitised to the normal, the abnormal can make us question ourselves, our feelings, reactions and motivations in life. Here I was able to explore the idea of reality, the medical divide between being well and unwell and a patient's experience of the medical profession. While the individual thought some photographs did reflect his experiences of mental illness, I learnt I must be aware of my own interests so as not to impose my beliefs on to others'.
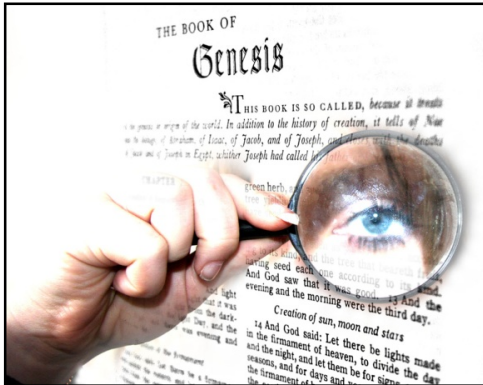
Illustration 61 (Victoria Oliphant)
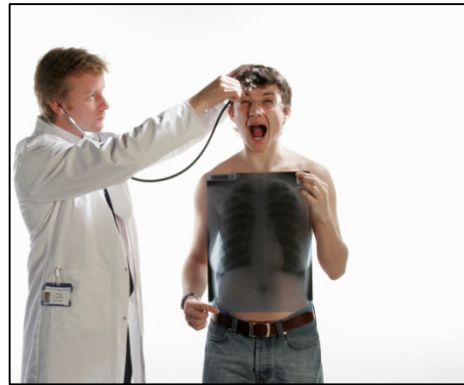
Illustration 62 (Wendy)

The highly personal character of the projects also leads to some very thoughtful considerations of the doctor's private and professional roles. Zoe described her photographs about her brother's Asperger's Syndrome as a journey in which she and her family came to 'understand what it truly means to have AS'.
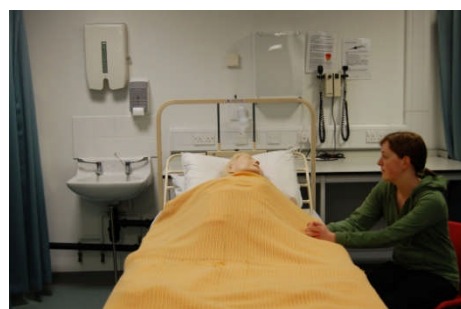
Illustrations 63 and 64 (Helen Stratford)

Robert Spackman's project (which focussed on his brother's head injury) and Helen Stratford's project (which addressed the trauma she experienced in relation to her fiancé's motorcycle accident) are examples of the impact of the 'personal' on the student's professional learning. Helen, in her project entitled: *The Journey to*

155

Recovery (Illus. 63, 64) explains how the motorcycle accident reversed her role by placing her on the other side of the bed as a hospital visitor. She notes:

> 'My project influenced me as a medical student to become more empathic towards patients and reminded me the reason I chose medicine was to treat people not just symptoms. My two self portraits reflect the effects the accident had upon me professionally'.

The exploration of empathic skills in Robert's project was derived from his personal experience of an injury sustained by his brother. This led to a period of reflection on his medical role, which informed his module photographs (Illus. 65):

'In Illness shows us what we are I revisit some of these people and also explore the recovery of my brother following a head injury. I hope to tell their remarkable stories of resilience and courage whilst also portraying ordinary people coping exceptionally despite it all.

Through these portraits I explore the fragility of health and ask questions of the onlooker as to how we would all cope in the face of an accident or illness. Finally, I hope to challenge people's views of illness, as mine has been challenged during my pursuit of medicine; that the onset of illness doesn't have to represent an end but rather a new beginning'.

Illustration 65 (Robert Spackman)

These projects are examples of reflective learning and personal development and empathetic practice. The students approach towards their photographic subjects suggest that medical professional can find ways to address Charon's concerns about of the isolation of medical practitioners that leads to an inability to recognise the perspectives of others (Charon, 2006:8).

The self-referential nature of the photographs illustrated throughout this Section and the introspective character of the reflective writing quoted above demonstrates that the students are willing to express their feelings and test the boundaries of medical study. On the basis of this evidence, it seems clear that they are prepared to talk about their dreams and fears in relation to the professional choices they have made and to adopt a critical attitude towards their course of study. For example, some projects touch upon the taboo subject of medical error. Chris Browell's *The Second*

Victim (Illus. 66, 67) is an example of a project that adopts a doctor's perspective on the individual fears that medical students have when contemplating their future professional lives. Beth Lambourne's project *Journey Into a Box* (Illus. 68) takes a critical stance in relation to medical study. She describes the sense of isolation that is generated by the narrow pursuit of medical knowledge, she misses the opportunity of developing a fully-rounded education. Also, Alam Khalil-Khan's project *Through the Patient's Eyes* (Illus. 69, 70) is made from a patient's point of view and expresses the stereotypical fears which doctors also share. Chris describes:

> 'In a doctor-patient relationship the patient is at greatest risk and the consequences of an error for a patient are well known to all. There is a second victim in a case of error, one who puts themselves, their livelihood and their career on the line daily just to do their job. Doctors are the second victims in a case of error. Although not initially thought of, they suffer consequences that I have tried to explore in the following images. In its entirety this project is reflective. As a medical student I am similar to many others who have an idealistic view of what lies ahead. This project has enabled me to explore my anxieties and fears as well as engaging others in a similar position to do the same'.
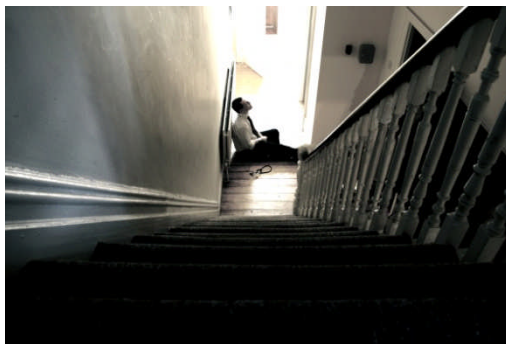
Illustrations 66 and 67 (Chris Browell)

Beth Lambourne describes:

> 'On the first day of medical school I was told that, as a medical student and future doctor, I would never be able to live a life 'outside the box'. Although I don't possess a particularly bohemian lifestyle, I was shocked at this statement and vowed to graduate with a flourishing life outside of medicine.
>
> Medical school has been a time of careful manipulation of my thoughts and dreams and now, as I am entering my final year, I feel a sense of anger, resentment and resignation to my fate. I realise that, as each year has gone by, I have slowly lost my outside interests, my dreams for the future have been quashed and all that remains is medicine. In a way, the

medical school process has been a success, I have been moulded into a respectable and professional member of society but at what cost?

My fear is that I will become a doctor but at the cost of losing everything else in my life. I am alone, a respectable and professional member of society, but alone.

I hope that these photographs encourage other students to explore their experience of medical school. Through this project I have realised that it is time to take up the fight again, my box may be waiting but I can still change my fate and create the future I dreamed of when I applied to medical school. It's up to me'.

Illustration 68 (Beth Lambourne)

Alam, in his project *Through the Patient's Eyes*, put himself in the place of the patient and produces an entertaining, yet fearful, image of a patient's fantasies over medical procedure.

**Illustration 69
(Alam Khalil-Khan)**

The driving force of this project was the acknowledgement that medical students also have fears – which can be made worse as a result of the experiences they witness during their training. As a result of this project Alam embarked on a careful

158

reconsideration of his choice of career. One of Alam's major fears was depicted in his image entitled *Death* (Illus. 70). He notes:

'Death…every patient has a different wish as to how they want to die, some desire love ones to be close by, yet others prefer to be alone'.

Illustration 70 (Alam Khalil-Khan)

5.2 Summary

The previous section provided an insight into the main subject areas studied in the photographic projects which the medical students developed within the Medical Photography SSC: *The Camera Never Lies?* Although only five projects have been used in this thesis as case studies to explain the detailed way in which Photographic Re-narration facilitated the reflective teaching of photography, here we are presented with a selection of projects out of the total forty which were produced within the four years of life of the module. These projects were developed within the context of using re-narration as a method of teaching photography. Here we are referring to the first and second stages of Photographic Re-narration diagram (Fig. 14). In this case the elicitation of the student's narratives took place in the form of Group Critiques and the re-narration of those narratives took place in individual tutorials (Fig. 18,19). These activities led the reflective process of defining, exploring and redefining the initial narrative in the form of repeated visual and verbal narrations by the student presenter, the rest of the student group and me as their teacher. Here, the purpose was to identify the reflective resolution of the project through an account of the student's written and visual narratives. In this way we were enabled to follow the main concepts behind the images as described in the students' own texts about their work. This reflective journey is more explicit in the case of the projects that have been followed by the production of a re-narration

portrait, where the student explored those reflections more extensively through the production of a re-narration portrait.

The students' statements articulate the reflective growth of the individuals and stand as examples of the experimentation with different perspectives, change of attitude and learning of medical subjects. Additionally, the statements illustrate the performance of creative practice towards the production of photographic images which communicate healthcare concepts with medical and non-medical audiences. The inventiveness demonstrated in these projects is linked to a variety of individual interests in fields outside medicine like photography, the fine and performing arts. The students worked with SLR cameras[10] in producing, staging and participating in their images. Alongside the assembly of quality photographic work they have demonstrated the ability to engage with difficult medical subjects explained in elaborate written narratives referring to the experience of engaging in health related photographic projects. The medical students' reflective engagement with medical photography is summed up in four categories, which are: professionalism and ethical practice, self-exploration, the body and creative practice.

The students' projects were initially divided into categories according to subject matter, for example: the health of the elderly, death and loss, self-portrait studies, projects touching on aspects of being a medical student and projects dealing with the representation of the human body.

In turn another selection process took place which helped divide the projects into the following four categories. This was based on an observational study of the terminology used in the students' exhibition narratives, electronic assessment portfolios and final assessment presentation transcripts. The reading of these texts enables the reader to observe the frequency of the use of emotive terminology as compared to medical or technical. The use of emotive terms is evidence of the reflectiveness of the students' humanistic approach to their subject, instead of it being purely technical and using medical vocabulary.

The final grouping of the projects was based on both the content of the images and the individual student's approach but also takes into account the impact, which the

---

[10] SLR Camera : Single Lens Reflex Camera

work had, in a public context. For example, certain projects that deal with the representation of the body also touch on aspects of professionalism and ethics in medical practice, a discussion that arose out of the experience of exhibiting artworks of a semi-naked content in a hospital space. The following categories give examples of the reflective dialogue that took place between the medical students and their photographic subjects.

i) Professionalism

In looking at the projects as a whole the attention is drawn to the subject of professionalism, which is challenged in different facets. These arise in the form of medical concepts such as the separation of personal and professional identity, ethics and manifestations of the body in the state of nudity. Most of these different facets of professionalism occurred as a result of the preoccupation with a medical subject. We will see the way in which this concept has been challenged through ideas of identity, ethics and nudity.

The photographic material provided by the students deals with their preoccupation with concepts arising in their course of study, for example the concept of 'normality' (in projects dealing with Asperger's Syndrome and Mental Illness), 'death' and the 'body'. The students have challenged the medical and their personal view on these subjects and have arrived at a clear distinction of what is a private and a professional identity.

This concept is particularly observable in Benjamin Biles' project entitled: *A Life Touched by Others* (Illus. 50) which questions the appropriateness of emotional engagement with the patient in contrast to the adaptation of a professional façade. In this way it provides an illustration of the way in which ideas of professionalism challenge the place of personal interests within medical practice as well as the appropriateness of getting across to the patient as a person as well as a doctor. This view introduces the human side of medicine and raises very important questions to the way in which patients view their doctors. In the same sense, a number of students worked on projects which relate to their personal experience with an illness breaking down the stereotypical image of perfection that surrounds the medical profession. Thus they have moved towards a humanistic perception of the physician

and have successfully applied the same approach in their dealings with patient-collaborators in their photographic projects demonstrating empathetic practice.

Ethics in arts and healthcare research is an area without a detailed code of practice. Although there are general guidelines concerning ethics in medicine and photography, (use of NHS Consent Forms for Video/Photographic Recording etc) the ethical issues that often arise through the development of a research project relate to the concept of personal ethics. This is also the case in medical study where the students give their informal assent to participate in medical and clinical training. This does not require a signed consent form.

From a healthcare perspective, ethics are strongly linked with the notion of narrative and the stories patients tell about their experiences. These stories are used to understand the notion of wellbeing in healthcare environments. This concept is an expression of what is called *The Narrative Turn in Medical Ethics* whose basic claim is that 'narrative in research is ethical in that it refines our view of a good life' (Josselson, 1996:286).

However, this research has shown that the case of medical students and professionals is different, in that ethical issues seem to relate to the concept of professionalism. Where healthcare wellbeing is linked to the expression of private narratives from the side of the patient, when it comes to medical professionals, private narrative is considered as separate from professional practice. By this point, this research can only address this issue as a result of the engagement of this particular research project. The expansion of ideas relating to ethics in arts and healthcare collaborations is a subject that I would wish to further investigate in a post-doctoral research context. At this point I could imagine this subject to be investigated in the form of a module that is addressed both to art practitioners and health professionals and which develops in an art school environment. In this context both artists and doctors would engage with the way in which the above concepts apply to them through visual examples of already undertaken research work. This module would also stimulate the production of new photographic work and the experimentation with hospital exhibitions.

ii) Self-Exploration

Some projects in this thesis take a critical stance towards medical training through visual narrations of the students' perspective of their course of study. Most of these projects comment on the demanding nature of academic medical study, which as they have stated separates them from other students. Projects for example Life in a Box (Illus. 68) and Medical Error (Illus. 66, 67) disclose the individual's major social and professional fears whereas projects like Dying to be Thin (Illus.51) and Depression through Photography (Illus. 52) openly discuss the student's private background with a disorder. Moreover, these projects engage fully with human nature through the student's personal story of illness and demonstrate the concepts of empathetic practice and genuine engagement with the different aspects of the human condition. Moreover, the very fact that medical students are explicit about their private history with a disorder breaks down the image of the perfection of doctors and moves towards a more accepting attitude of the concept of the 'doctor as patient'. In this sense, the students' projects support the relationship between holistic practice and good doctoring, validating the claims I make in the conclusion of this thesis in relation to this project's contribution to knowledge.

Ideas of empathetic approach are also exemplified in the terminology used in the medical students' oral and written narratives. According to an observational study of the terminology used in exhibition narratives, electronic assessment portfolios and final assessment presentation transcripts, it immediately becomes obvious that the students expanded on the use of emotive terms as opposed to medical or technical. Also, in their final oral assessment presentations the students described their projects on the basis of a variety of emotional experiences using the appropriate language. Instead of talking about the symptoms and treatments of illness they embarked on descriptions which are common amongst the arts and the humanities taking into account the psychosocial dynamics of illness. In this way they illustrated a genuine understanding of basic human emotional response to illness and authentically engaged with their subjects.

iii) The Body

The context of introspection and self-reflection resulted in open discussion of different ideas that surround the body. As part of the medical course the students

are taught how to look and examine the human body. Medicine is a field especially preoccupied with the healthcare aspects of the body and concepts of wellbeing. However, in a socio-cultural context representations of the body cannot be separated from the symbolic meanings attributed to images of nudity.

These interpretative approaches to images of nudity challenge the medical and social view of the body where the medical students have exposed their own bodies for the eyes of the public to examine. In this particular medical humanities context the medical student photographers have become their own subjects of investigation and have taken the place of the patient. Moreover, by doing so, they have somehow bridged the gap between the notions of 'doctor' and patient' as two separate entities. An effect of this is that the aesthetic and erotic aspects of naked human bodies are explored through photography as well as the medical and psychological. These ideas manifested in images which explore different states of undressing within and outside a medical context; discuss the healthcare dimensions of the body through the use of metaphors such as exposure and invasion. An example is Sarah Sladden's image of a nude mirror reflection, described in the previous chapter. This image looks at the difference in the way the naked human body is viewed in fine art life drawing and also in medical practice. Sarah's work illustrates the aesthetic aspects of the female body as the subject of life drawing. However, the presence of a stethoscope as part of the composition introduces the medical aspect to this representation. As a result this image was made the subject of debate in relation to the concepts of professionalism and ethics.

In this context, the association of female nudity with unprofessionalism is very interesting. The students of the Medical Photography SSC mentioned that when they are taught Clinical Skills as part of their course at Newcastle University it is only the male students who volunteer as naked models. However, in another Medical School, that of Durham University, the students are taught Anatomy using Body painting techniques on both males and females. A practice which in one Medical School is considered embarrassing and unusual, in a neighbouring University is common practice.

iv) Reflection and Creative Practice

The above material is a demonstration of how the Medical Photography SSC used creativity to stimulate a reflective approach in health professions. In particular, the reflective use of photography and the practice of Photographic Re-narration resulted in the student's personal and professional development. The understanding of reflective practice in medicine is explicit in a medical student's writings:

> 'Through medical school the importance of reflection and reflective tasks have always played a key role. Despite this I always found the process quite challenging and at times forced and it was only when I thought about the literal meaning of reflection and how best to represent this photographically that I understood the importance. Reflection, whether literal or metaphorical offers a way to see things that wouldn't of otherwise been able to be seen, which is also similar to many investigations in medicine'. (Victoria Pringle SSC2009, Final Assessment Electronic Portfolio)

The above statement is an expression of the medical student's inclination towards creative approaches relating to their training as doctors. It also illustrates the need for individual expression and creative outings in medical training and practice. The student's engagement with creative avenues like photography enabled them to develop new skills and invent ways to integrate their personal creativity in their medical practice. The individual preoccupation and experience-based engagement with other people's narratives facilitated the development of reflective skills necessary in empathetic practice. Additionally the students were brought closer to the importance of self-knowledge in the performing of good doctoring. As an expression of this idea Dr Carlos Cuello gives his individual perspective on what makes a good doctor:

> When I was a child I wanted to be a scientist, but I also wanted to help people, and perform some kind of art. Medicine is perhaps one of the few areas of science that combines human contact, art and scientific knowledge. From my point of view, some doctors tend to perform more than one of these aspects…I recommend my students to stay in an equilibrium between the art and the science. A scientist is a child, curious, imaginative, who keeps wondering and sceptic when faced with a new theory, enjoys not only in finding new evidence, but (as sir William Bragg said) in discovering new ways of thinking about it. As a patient I would love to be attended by a scientist, with a human touch; the lacking of those is lame. (Cuello, 2008)

165

This research has led to the invention and application of photographic re-narration to pursue experiments that explore the notion of a good doctor. Having initially addressed the 'healthcare divides', this research project in turn employed the visual art of photography to explore a range of medical and illness narratives that represent both the perspectives of the physician and the patient. (Charon *et al*, 2002) The visual and verbal narratives produced by the students represent the main process and outcome of this research project. These are expressed through the narratological engagement of trainee doctors with visual narratives and reflective practice that arrives to a definition of the good doctor through a holistic approach to healthcare. The idea of a good doctor is a recurring concept throughout this thesis. This idea is discussed through visual narrative explorations both by medical students and the researcher to conclude to a more concise definition at this section. The idea of good doctoring alongside other ideas presented in this chapter is discussed in the next chapter in relation to the contribution to knowledge.

Chapter 6

6.0 Conclusion

This thesis evolved out of the journey I undertook in order to initiate, test and apply the concept of Photographic Re-narration in a Medical Photography Elective (see Diagram of Photographic Re-narration, p.103). The process of taking photographs and telling stories to which this term refers has achieved, through the utilisation of the psychoanalytical and narratological sources described above, and the support of the practice-led doctoral programme at Northumbria University, a form of knowledge transfer[11] in which the visual arts provide new ideas and methods to the healthcare environment. This final chapter reviews this claim, outlines the possible contribution to knowledge made by the activities described, and provides an evaluation from the perspective of this transfer process. My purpose is to sum up my journey and demonstrate the main outcomes.

I have discussed my experiments with Photographic Re-narration in a Medical Humanities context through the teaching of a Medical Photography SSC module, which provided the framework for the development of new synergies between art practice and medical training. The core ideas of self image and identity, initially arising within my own practice of photography and then expanded through the production of photographic artworks by medical students, have generated both a complementary growth in my activities and thinking as a creative practitioner and a successful teaching method that has played an important part in establishing the medical school module. Both have had an impact on members of the healthcare and the arts professions (as well as on the general public) through exhibitions in hospitals and galleries, and through papers and presentations given at academic conferences, during the practical and writing up stages of the research. These opportunities for dissemination have taken place throughout the northeast region of England and further afield (see Appendix 2). My thesis gives an account of cross-disciplinary and cross-sector research involving three types of institutions: a medical school, an art school and a healthcare trust. Photographic Re-narration has been

---

[11] This category of research has expanded in the past five years. See for example the information provided by the AHRC at http://www.ahrc.ac.uk.

my intervention to the needs of these three organisations: the method improves the empathetic and reflective reading of visual signs in clinical situations and has extensive scope in the training of doctors; the process encourages alternative approaches to the over-familiar genre of photographic portraiture and, in relation to professional development, offers art students a model of how to apply the highly personal nature of creative reflection outside the arts; lastly, the products of my Photographic Re-narration sessions have stimulated a wider and more purposeful debate about the role of photographic exhibitions and installations in Northumbria Healthcare buildings. As I have described above, these kinds of research outcomes represent the forms of benefit sought in visual arts practice-led research. Niederrer and Stokes have written about the 'rigorous use of practice in research' and provide definitive ideas on the nature of this new form of research. Following Niederrer and Stokes, my research practices have sought new knowledge by turning my activities as an artist-photographer into a site for investigation, reflection and production. (Niederrer & Stokes, 2007:10) Here, the researcher is immersed in the research process and art practice becomes a tool for investigation. Accordingly, both the researching artist and the student doctors have used the process of taking photographs to explore a variety of topics through the narratives (particularly the self-narratives) these images generate. Both the reader of this thesis and I have learnt a great deal about self-image and identity in relation to the process of becoming a doctor. Additionally, the various stages of investigation, reflection, production and reception involved have also told us things about the nature of creative practice, about artists and non-artists producing and responding to the way images tell us stories. Before proceeding with the evaluation of these research outcomes let me provide a short review of the investigatory journey described in this thesis.

My thesis begins with an account of my childhood fascination with storytelling and dressing up. These narrative activities matured into a deeply felt attraction to the idea of self-narration which became the central concern of my photographic practice when I went to art school. In this way the thesis explains how I acquired the skill to narrate stories in my photographs. It was through my practice of self-portrait photography that I first witnessed the reflective dynamics of these visual narratives and the psychological aspects of this process. The most obvious way for an artist researcher to explore the concepts of self-portraiture and visual self-narration, particularly in relation to issues of healthcare, is through the photographic practice of

Jo Spence. Her photographic engagement with her own identity as a cancer patient is, of course, an icon of contemporary photographic practice and it was useful to make a comparison with the evolution of my own self-engagement as a photographer. My own reflective account of the influence of Spence leads to an exploration of self-portraiture and reflective practice in the last two sections of chapter one. These sections provide the reader with a perspective on the psychological dynamics generated when using photography to explore the concept of the self. This leads to an extensive discussion about narrative in different fields of research pinning down the main ideas represented by different methodological approaches. In chapter two, I introduce Josselson's psychoanalytic definition of re-narration as a concept with a great deal of potential for experimentation, a concept that is taken forward in chapter three.

Chapter three concerns methodology and focuses on the way I use Josselson's re-narration technique to draw analogies between the practice of psychoanalysis and photography. The specific dynamics developed in the relationship between the participants in psychoanalytic re-narration are explored by interpreting healthcare research methods as triadic diagrams. These diagrams represent the practical work (a form of action research) I undertook with the medical students on the SSC module which was initiated as part of this research project. In chapter four, five students' projects are used as case studies which illustrate the specific application of photographic re-narration in the development of photographic projects. Chapter five describes the reflective nature of my SSC work as a whole summing up the outcomes in relation to notions of professionalism and self-exploration as well as ethical issues associated with the body and creative practice. The impact lies in the inter-personal dialogues this creates which, on the evidence of my work with medical students, allow individuals to engage deeply with their private and professional lives.

6.0.1 This section revisits the schema of photographic re-narration in order to describe the main outcomes of this research project.
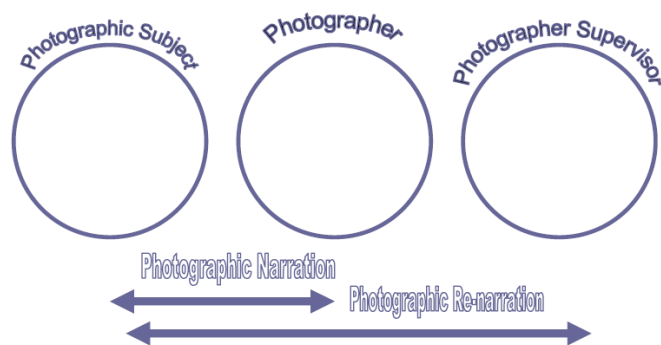
Photographic re-narration is a method of visual narrative that has been applied in the following situations and has pursued the following research outputs and outcomes:

Build photographic collaborations

Produce & discuss photographic narratives

Encourage reflective practice
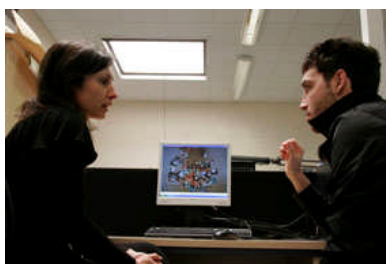
Form a medical photography module

Develop a method for producing portraits
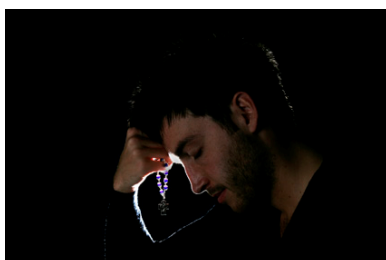
Develop collaborations with individuals. Make installations

170
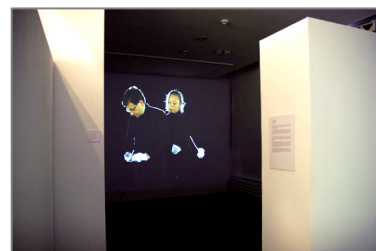
Photographic exhibitions in galleries

Hospital installations

Exhibitions by medical students in
art galleries and hospitals

Conference presentations

This conclusion discusses the above research outcomes in relation to the contribution to knowledge that the project entitled: *The Influence of Photographic Narrative in Healthcare Dialogue* has achieved. In this project, photographic re-narration has been used as a method to teach photography and reflective practice; design a Medical Photography Module; produce a volume of photographic artworks; present exhibitions in hospitals and galleries; develop collaborative projects with individuals within and beyond a medical humanities context; and present a number of papers and workshops in conferences throughout the U.K.

The above research outcomes are analysed in the following sections in relation to concepts of practice-led and action research, as these have been defined in the introduction of this thesis. The outcomes of this research address the narratological significance of Photographic Re-narration and describe the value of this approach in clinical situations.

One of the most important outcomes of this project is the understanding that the potential contribution of the humanities in the field of medicine lies in the fact that humanities offer a different kind of utility that reflects the complexities of modern medicine and can effectively coordinate intellectual stimulation with emotional

engagement. The originality of my work in this area is in the practical insights that my emphasis on narratological theory brings to the process. Moreover, this conclusion presents the potential of this piece of research in a post-doctoral context. The final section of this thesis uses the AHRC Guide to Self-evaluation to reflect on the above outputs, outcomes and impact of this research project.

6.1 The Contribution to Knowledge

This thesis describes the first application of Photographic Re-narration (as this is defined in chapter three) in the teaching of reflective practice to medical students through the medium of photography. Additionally, this thesis demonstrates the way in which Photographic Re-narration can be used as an innovative method for creating photographic portraits. This section addresses the use of Photographic Re-narration in the development of an empathetic and reflective approach to the reading of visual signs by medical students, and consequently defines the distinctiveness of the outcomes of the student's empathetic and reflective development. Finally, this section gives a short outline of the 'contribution to knowledge' that arises through this research and explains the process of dissemination that is reported here as evidence of the impact of this investigation. For the sake of clarity I will break up this discussion into three sub-sections.

i) Photographic Re-narration as a Method of Teaching Photography and Reflective Practice

The term 'healthcare divides' used by Charon defines the different points of view of the patient and the physician. (Charon *et al*, 2002) Many people could relate to this term through their healthcare experiences. My doctoral research expanded on an exploration of this idea and proposed a solution that could bridge the doctor-patient relationship using my own creative practice of photography. As a result Photographic Re-narration (as this is described in section 3.4) was developed as a methodology for approaching this research project.

More specifically, this thesis proposes photographic re-narration as a method of teaching reflective skills to medical students through their engagement with practical and conceptual aspects of visual narrative. This has been succeeded within the environment of a Medical Photography Elective which is described by ideas of

reflective practice in relation to the concept of good doctoring. This is a recurrent concept throughout this thesis and tends to describe the wider area of Medical Humanities where the definition of the humanist physician is a leading idea. (See chapter 5, sections 5.0.1 and 5.1 above)

The reflective use of photography through re-narration has resulted in the development of photographic narratives by the students, which express their understanding of the different facets of the human condition and health in a range of subjects from self-portraiture to patients' health narratives. The students' projects are described in section 5.1. The photographic works illustrate an ongoing dialogue of trainee doctors within healthcare situations, the professional engagement with their subject of study and also their individual personal growth. Some projects describe the student's transition from being a doctor into being a patient. Examples of this approach are demonstrated in the work of Alison Latin, Alam Khalil-Khan and other students (see section 5.1). These projects demonstrate the reconsideration of personal and professional values and explore the reflective ground between the two.

In this sense it is possible to locate an aspect of my contribution to healthcare dialogue in the changing relationship and perspectives of doctor and patient. Through photography the students were brought closer to the psychological and humanistic accounts of illness. An appreciation of the different aspects of illness and the diversity of doctoring skills were made apparent in the student's statements and represented in the various hospital exhibitions we held throughout the four years of the Medical Photography SSC module. (For example: Health and Other Stories: Interpreting Medical Narratives I, at The Royal College of Physicians, London and North Tyneside General Hospital [both 2007]; Health and Other Stories: Interpreting Medical Narratives II, Wansbeck Hospital [2008]. Reviews included: Jane Picken article Doctors Perform Some Art Surgery, Medics Focus on Patients. [Newcastle Evening Chronicle, 2007:12]. (For details see Appendix 2); Paper presentations and workshops in conferences including Through the Looking Glass – Critical Connections Summit, Leeds, January 2007; Widening the Circumference Symposium, 2008 at York St' John's University; All Maps Welcome, Northumbria University, 2008; Words as Things: Visual Metaphors and Scientific Explanations in the Context of Arts and Health Research, Centre for Life, 2008.

The public dissemination of these photographs was not unproblematic. It opened up a fierce debate in relation to research ethics, medical professionalism and appropriate visual arts practices. As a result Northumbria Healthcare produced a new policy document: Criteria for Assessment of Art to Be Installed in a Hospital Setting (see Appendix 3). The many issues and concerns raised by this document, and its implications for future arts and health collaborations with Northumbria Healthcare, were discussed in papers given at conferences in the UK and US (see Appendix 2).

ii) Photographic Re-narration as a Method of Photographic Portraiture

Photographic Re-narration, as described in the Final Diagram of Photographic Re-narration (p.103) is also an innovative method for approaching photographic portraiture. Various theories of portraiture (as discussed in chapter one) hold that a portrait is a vehicle for the expression of personal character. The type of reflective self-portrait developed by practitioners such as Jo Spence is based on this assumption. The power of the story-telling photographs of Cindy Sherman is also due to the presence of photographer in the image. Here her actual 'character' is always disguised but, of course, the irony this generates only works if you believe that a portrait represents personal characteristics. In this thesis a Photographic Re-narration portrait is a systematic application of this basic assumption and the range of photographic practices that have been derived from it since Spence's pioneering work in the 80s and early 90s. In my experiments the presence of the photographer in the photograph demands an engagement with visual narrative that reflects on self-image and its psychological and/or socio-cultural ramifications.

The originality of my work in this area lies in the practical insights that my emphasis on narratological theory brings to the research process. This is the central theme of my project, when Photographic Re-narration is used by a medical student rather than an artist it results in a type of self-dialogue through creative action.

The reflective visual dialogues of the medical students associate the idea of a good doctor with a holistic approach to medicine. This is often a result of a photographic questioning of the concept of desensitisation and professional detachment, which are intrinsic in medical training. An example of this approach is demonstrated in

174

Benjamin Biles' photographic project alongside other projects that describe this approach in section 5.1.

As a result, what I had initially witnessed in my Self-portrait work, described in chapter one as the reflective practice of photography, also became a creative outcome of the students' projects. Here, I am referring to the feelings of 'control' described in my reflective account of my practice (section 1.1), the practice of Jo Spence (section 1.2 and 1.3) and also in a number of audiovisual methodologies described in section 2.0.4. These practices suggest that the feeling of empowerment is at the same time part of the process of visual narration and also a result of the reflective engagement with a photographic subject. This idea is manifested in the medical students' descriptions of the feelings of empowerment they experienced through the development of their projects. Examples are given in section 5.1.

The students whose projects were followed up with a Photographic Re-narration portrait were able to work deeper on the reflective outcomes of their photographs in comparison with the students who went no further than the first and second stages of the process. The five students who volunteered to move onto the third stage, which lead to the production of a portrait by me, entered into a collaboration that generated 'self-referential reflection'. One student described my Photographic Re-narration portrait as an expression of the main emotions in her life at that time. She talked about the way the portrait represented her relationship with her father. Another student spoke of his anxiety about growing old without having children and the feelings of regret he was experiencing. Others related my portraits to dismissive parents, a fear of having a child with disability, childhood trauma effecting adult life, and so on. These very private accounts came as results of a reflective engagement stimulated by the Photographic Re-narration portrait. The impact lies in the inter-personal dialogues this creates which, on the evidence of my work with medical students, allow individuals to engage deeply with their private and professional lives.

iii) Further Experimentation with Photographic Re-narration

Another way of understanding the contribution my research has made to this field of work is through the new projects that have developed as a result of my contact with healthcare professionals. Here Photographic Re-narration has proved to be a successful vehicle for further experimentation in a recent commission addressing

surgical practices. This project, entitled: *The Conductor* (Illus. 71), allowed me to re-narrate the surgical procedures of a leading keyhole surgeon as an art form. The resulting set of photographs was installed in the Hexham Northern Skills Institute, which specialises in teaching laparoscopic surgery, at its inauguration in 2008. An exhibition entitled *Story Time* in Gallery North at Northumbria University (2009) also included this work with a video version. The goal was to use Photographic Re-narration to represent highly technical surgical practices to non-medical audiences in an entertaining way. The piece was well received in a Guardian review which featured the exhibition in the five selected shows of the week. (The Guardian Weekend Guide, Exhibitions, March-April 2009, See Appendix 2)
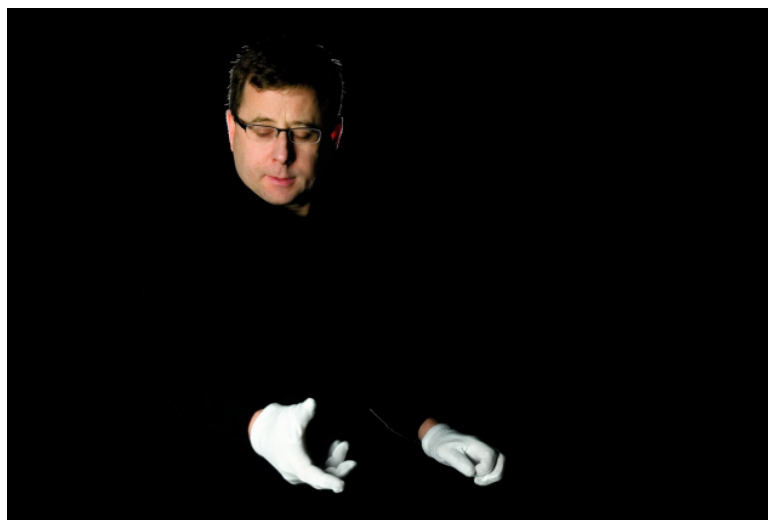
Illu**stration 71: *The Conductor***

iv) The Potential of Photographic Re-narration in a Post-Doctoral Context

Photographic Re-narration has been cited in current project proposals such as *Coordinating Visions* (a recent Northumbria University application to the Wellcome Trust) and *Words as Things: Visual Metaphors and Scientific Explanations in the Context of Arts and Health Research* (a newly established partnership between Northumbria University and the European Neuromuscular Disease Network supported by an AHRC Block Grant Award studentship). My concept is being applied to a series of projects that are advancing the boundaries of arts and health research. In this context I hope to extend the method I have initiated as a post-doctoral researcher and this, in turn, is helping me understand the impact my work

has had on imagining future practice-led research. The research outcomes of this project are both aesthetic and analytical. They have provided scope for theoretical and methodological speculation not just in relation to the cross-disciplinary applications of existing theory (e.g. Josselson) but also in relation to uncharted areas (from the point of view of fine art, at least) of visual ethics. In this sense, the photographic work produced by the medical students have been understood through Josselson's psychoanalytic framework of re-narration (essentially linguistic) but not in relation to the 'narrative turn' in sociological research and its ethical implications for the visual narratives when applied in a healthcare environment. (Czarniawska, 2004)

6.2 Self-Evaluation

The AHRC Guide to Self Evaluation specifies three types of intended results for a research project: outputs, outcomes and impact. (AHRC, 2009:5) Outputs are 'direct products of programme activities and may include types, levels and targets of services to be delivered by the programme'. Outcomes are 'specific changes in programme participant's behaviour, knowledge, skills, status and level of functioning'. Finally, impact is a 'fundamental intended or unintended change occurring in organisations, communities or systems as a result of programme activities'. (AHRC, 2009:5)

The research described in this thesis fulfils all three kinds of results as described above. My research outputs include: the delivery of the Medical Photography SSC: *The Camera Never Lies?* the conference papers given throughout the four years of this SSC; and, of course, the many photographic works (my own and the students) that have been exhibited in art galleries and hospitals. The research outcomes encompass: the reflective skills absorbed by the medical students through their creative engagement with Photographic Re-narration; the shift in behaviour and understanding these skills encourage in relation to clinical practices; the conceptual expansion of the 'medical subject' promoted by the student's awareness of both visual signs in general and narratological signs in particular. The statements provided by the students and the day-to-day experience of teaching the module suggests that my research stimulated different kinds of dialogues at a number of levels. Firstly, there were the internal dialogues generated as each student reflected on their personal beliefs and preconceptions. This introspective journey facilitated

reconsiderations of the faceted nature of health and caring and, in the most responsive students, stimulated a rethinking of their concept of clinical practice. Secondly, there were interpretative dialogues created when the student's photographic works were placed on public display. The exhibiting of such soul-searching images by medical students challenged many preconceived ideas about the perspective of doctors on the physical and psychological dimensions of illness and medical treatment. Thirdly, there were institutional dialogues triggered by the many cross-disciplinary and cross-sector interactions that were required to make my research project take place. At this level, healthcare staff; medical practitioners and students; artist academics and researchers, exchanged a range of views and discussed many divergent, sometimes conflicting, positions.

In relation to this third level, the place in which institutional dialogue can be viewed as an outcome of my experiments with Photographic Re-narration, it is possible to move on to the next AHRC category and approach the possible impact of my activities on future research. Through the debates that raged about ethics and medical professionalism, and through the interest created by the exhibitions and conference papers, one can begin to imagine the changes that could occur in the organisations and communities involved. Without a doubt the Arts and Health research project at Northumbria University will use my work as a platform for further, more finely focussed, collaborations and partnerships; Newcastle University Medical School will continue to run the SSC module and I will use this to further my skills as a teacher of Photographic Re-narration; and Northumbria Healthcare will develop their arts programme in the light of the exhibitions produced by the students who study Photographic Re-narration on this module.

This research project provides a distinctive and original approach to *The Influence of Photographic Narrative in Healthcare Dialogue*. For the present, all that I can realistically ask is that my experiments with Photographic Re-narration, once they are made available as research material in this thesis, invite further consideration and response from other researchers working in the field of art and healthcare.

Appendix 1 Childhood Photos of Character Impersonations

Me as a serpent and my sister as a cowboy; my cousin is dressed up as a princess.

Enacting an episode from Charlie Chaplin

Me as Robin Hood and my sister as Little John

Appendix 2 Exhibitions and Conference Presentations

The Conductor:
Permanent Installation in
Northern Skills Institute of
Hexham Hospital, 2008

Story Time 2009, Gallery
North, Private View: **The
Conductor** (Photographic
Installation)

Story Time, Gallery North
2009

Main Entrance (Bacon
Portrait 2006)
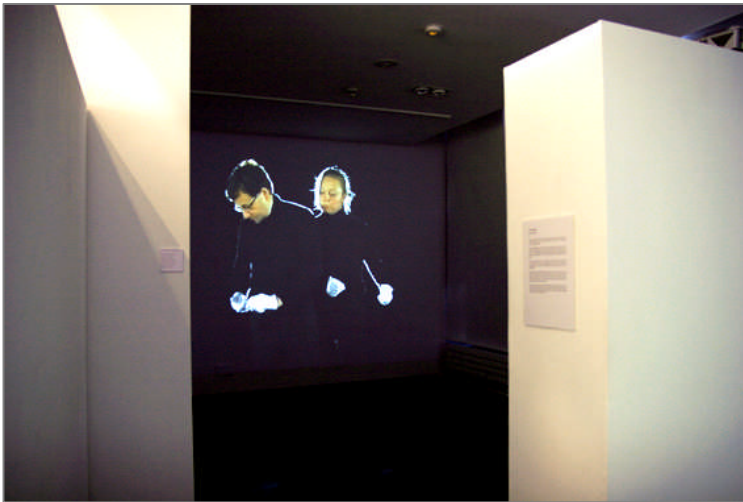
Story Time, Gallery North 2009, **The Conductor**: Video Projection

Story Time, Gallery North 2009, **Photographic Re-narration Portraits**

Conference Presentation Brighton University: Learning to Look, *The Role of Visual Arts in Developing Visual Skills* 2007

Here I present John's work from the Medical Photography SSC: *The Camera Never Lies?*

Conference Presentation
Northumbria University:
All Maps Welcome 2008

Health and Other Stories:
*Interpreting Medical
Narratives I*, 2007
Permanent Exhibition at
North Tyneside General
Hospital.

Project by Zoe: *'A day in
the life of my brother
Bob'*

Health and Other Stories:
*Interpreting Medical
Narratives II*, 2008
Permanent Exhibition
took place at Wansbeck
Hospital

Health and Other Stories:
*Interpreting Medical
Narratives I*, Gallery
North Opening 2007

This exhibition was also
presented at the Royal
College of Physicians in
London in July 2007 to
arrive to a permanent
display at North Tyneside
General Hospital.(above)

Mrs B looking at her
portraits by John

Health and Other Stories: *Interpreting Medical Narratives I*, Gallery North Opening 2007

Medical and University art students and staff at Private View of Gallery North

Narrative Medicine Workshop, April 20-22, 2007. New York.

This image was taken at the College of Physicians and Surgeons at Columbia University where the Workshop took place.

Publicity

Story Time [Exhibition Catalogue] Northumbria University 2009. *The Conductor*. Essays by Helen Baker-Alder, Chris Dorsett and Jessica Lack.

Evening Chronicle, *Artwork Telling its Own Story*, March 12, 2009

Crack Magazine, March Issue 2009, *Story Time*

The Guardian Weekend Guide-Exhibitions, Pick of the Week: 14-20 March 2009, 21-27 March 2009, 28 March- 3April 2009.

Insight, *Pictures Tell Stories*, Northumbria University, February 2009

NU Postgraduate: Postgraduate Research at School of Arts & Social Sciences, Northumbria University 2009

Arts and Social Sciences, Research and Consultancy 2008-2009, *Photographic Re-narration Portraits*

Picken, J. (2007) *Doctors Perform Some Art Surgery: Medics Focus on Patients*, The Evening Chronicle, Newcastle, May 4, 2007.

Arts and Social Sciences, Research and Consultancy 2005-2006, Photographic work: *The Influence of Photographic Narrative in Healthcare Dialogue*

Conference Presentations

i) Larkinson, L. & Rowe, N. (2008) Widening the Circumference Symposium: *Exploring the Potential of Theatre, Drama and Film in the Education of Health Professionals*. C4C CETL Centre, St' John's York University, 2-3 July 2008. Available at: [http://www.2.yorksj.ac.uk and www.c4ccetl.ac.uk].

ii) Learning to Look: *The Role of Visual Arts in Developing Visual Skills.* B&S Medical School in conjunction with Brighton Photo Biennial, November 2007.
Two presentations: Christina Kolaiti and Caroline Potts. Available at: [http://staffcentral.brighton.ac.uk/learnhigher/LHVPLearningtoLookseminar.html]

The Arts in Medical Education: The Camera Never Lies? Caroline Potts and Mark Welfare, Northumbria NHS Healthcare Trust.

iii) *Through the Looking Glass – Critical Connections Summit*, Leeds, January 2007
Project discussed in Dorsett & Longstaff: Hospital Practices, Art School Research. Available at: [http://www.criticalconnections.org.uk/PDFs/chris_dorsett.pdf]

iv) *Words as Things: Visual Metaphors and Scientific Explanations in the Context of Arts and Health Research* - Presentation on practice-led research methodology and project ideas by Christina Kolaiti at the annual general meeting of the European Network of Excellence for Rare Inherited Neuromuscular Diseases (TREAT-NMD), which is coordinated by the Institute of Human Genetics at Newcastle University. This presentation formed an important part in the development of a new research partnership between Northumbria University and TREAT-NMD.

v) Poster Presentation, ASME 2006: Association for the Study of Medical Education, First prize, Dr Mark Welfare.

Appendix 3

Northumbria Healthcare **NHS**
NHS Foundation Trust

CRITERIA FOR ASSESSMENT OF ART TO BE INSTALLED IN A HOSPITAL SETTING

1.   BACKGROUND

Art acts as a complementary medicine to valuable conventional medicine. While conventional medicine focuses on treating the body's diseases, it does not treat the patient's emotions and mind. This is where art can help. Art helps patients distract themselves from ailments, express their feelings, and for some, recover and heal faster. *Associate Professor Philip Choo, Chief Medical Board, Tan Tock Seng Hospital*

in addition to the therapeutic benefit of art, it is known that the presence and quality of art can effect patient/visitor perception of the quality of care at the hospital, act as a de-stressor for staff, have an impact on the branding of the hospital, serve as a point of focus and discussion for visitors, and of course, add to the overall appeal of the visual environment (these themes are emergent from a 2007 post-occupancy evaluation of the art program at MD Anderson Cancer Center, Houston). Artwork is often the most visible and noticeable aspect of the visual environment and this increases its potential impact on patients/ staff/ visitors, and in the final analysis, the economic bottom-line at the hospital.

Evidence based Art, FacilityCare Magazine *USA* (*information on quality operation, design and maintenance of healthcare facilities*)

1.   ROLE OF ART IN A HOSPITAL SETTING

- To enhance the environment
- To provide distraction
- To encourage discussion and social engagement
- To inform regarding health related issues

3. HOW ART IS RECEIVED INTO THE TRUST

Donations of art bequeathed by the public

Notified usually via Chief Executive / Site Director's office and referred to Charity Manager for decision regarding acceptance /selection of appropriate location.

Art commissions for major capital projects
Art for major hospital developments is usually purchased through arts grants and agreed by relevant Commissioning Teams

Hexham Healing Arts Group
A Steering Group made up of staff, artists and PFI representatives agrees which items of art to be displayed in the hospital

Blyth Healing Arts Group
A Steering Group made up of staff, artists and representatives of the local community agrees which items of art can be displayed in the hospital.

Northumbria University Arts Steering Group
The group consists of artists, representatives of Northumbria University, a Non Executive Director of the Trust and the Trust's Charity Manager. Large arts projects are managed through this forum which also considers the overall development of the arts strategy in relation to the continued development of the healing arts programme.

Direct approaches from artists
Individual artists contact the Charity Manager direct to offer art for display.

Hospital curatorial projects
The Charity Manager works with local artists, members of staff and community groups to obtain loan of artworks for trust sites. Art is accepted for display at the discretion of the Charity Manager in accordance with the following assessment criteria.

4. ASSESSMENT OF SUITABILITY OF ART FOR PUBLIC DISPLAY

Appropriate art imagery / interface

The following list is meant as a guideline only:

- natural landscapes and the local environment
- pictures of water either lake, pond or sea
- animal and bird pictures
- smiling people, portraits, staff at work
- funny or comedic art such as children's cartoons
- abstract images with soft lines
- health related activities / health education
- information displays incorporating positive imagery
- examples of crafts
- sculpture

- poetry
- music performances
- dance performances

Art should not be prescriptive but the following ethics should apply: the subject matter of the artwork should be benign and supportive of a healthcare environment, promote a sense of wellbeing and respect the dignity of the individual.

Inappropriate art imagery

- challenging, insensitive or provocative imagery
- dark or overly dramatic use of colours
- overt nudity
- religious imagery, unless linked to Chaplain service
- psychologically challenging imagery
- mood altering imagery

5. DECISION MAKING PROCESS

Whenever possible, the selection of art for display will be taken through the site Healing Arts Groups according to the above criteria.

Appendix 4

Contract between student and project organisers

Attached NHS Consent Forms

Ethics- Northumbria Healthcare NHS Foundation Trust

Contract between student and project organisers

Student selected components: health as portrayed and uncovered through photography photographic project

The use of photography in healthcare situations demands an understanding of the need for respect and confidentiality that goes beyond the usual understanding of healthcare situations. This contract applies specifically to images obtained in healthcare settings, whether they are in hospital or primary care or other NHS environments.

Images related to health that are obtained outside this setting (eg in the street, pub, own home etc) are subject only to the law of the land and your own photographic ethics.

Rules of Engagement

1. The photographic project and approaches to staff and services are to be cleared in the first instance through Mark Welfare. This is to prevent any misunderstanding by healthcare staff or patients about sensitive or inappropriate subject matter.

2. Due to issues of personal dignity and patient rights it is NOT appropriate to photograph subjects in the following situations :-

   - a state of undress

   - life threatening situations

   - sensational circumstances eg childbirth

3. Interruptions to clinicians, healthcare staff, family members or visitors who are with patients must be negotiated with those people and healthcare will always take priority over the photographic needs

4. Any information acquired regarding a patient's condition should be classified as confidential and should not be discussed.

5.   The photographer should not attempt in any way to lead any discussion with the patient, regarding the patient's condition.

6.   Any photography with patients or staff that tales place in an NHS setting of any kind must be with the express written consent of all those involved, including anyone who may appear in the background. Students must use the NHCT consent form for photography (attached) and make sure that consent is given both before and afterwards. Please note that consent forms are to be signed by a parent when children are to be included in the project. All consent forms are to be deposited with Dr Welfare at the end of the project.

7.   There will be no unsupervised contact with children without prior police clearance.

8.   Be sensitive at all times to the intrusion of being a photographer.

9.   Demonstrate an understanding and perception of the approaches necessary for those working within an art context and those within a hospital situation.

10.   Demonstrate a complete understanding of copyright issues around production.

11.   Maintain records of each assignment using the attached worksheet, ensuring that names/contact addresses, telephone numbers etc are confirmed as accurate by the participants.

12.   The photographs taken in a healthcare setting in the course of this SSC must not be used for public display without the written consent of Northumbria healthcare Trust. They must not be submitted to any competitions, placed on the worldwide web or commercially exploited in any way.

13.   Final use and storage: Students must ensure that the materials obtained during this SSC are kept in an appropriate place and that there is no possibility that they could fall into the hands of others. For example, if digital files are kept on a personal computer, they must be password protected. CDs with digital images should be kept safely or preferably destroyed as they could easily be lost. Printed images must be stored safely.

14.   It is allowed to store and demonstrate the images for purposes of the course assessment for the SSC in an electronic portfolio or logbook.

15.   The student will pay special respect to situations where someone's age, personal beliefs/ethnicity or other factors such as cognitive function make them vulnerable.

     I confirm that I have read the above and am willing to comply in full with the stipulations of this contract:

    Student signature and name

     Date

    Witness signature and name:

     Date

Northumbria Healthcare NHS

NHS Trust

Consent for Medical Photography, Video or Audio Recording

Statement of health professional

I have explained the purpose for which the photographs/video/audio recording would be used to the patient. In particular, I have explained who would be allowed to see it, whether copies of the photographs/recording would be made and how long the photographs or recordings would be retained for.

Signed:.. Date ....

Name (PRINT) .... Job title ....

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed .... Date ....

Name (PRINT) ....

Statement of patient

I understand that the photographs/video/audio recording may form part of my confidential treatment records

I understand that these records may be used in whole or in part for the purpose of teaching health professionals in training

I understand that the photographs/video/audio recording may also be suitable for publication or viewing by a wider audience (delete those you do not consent to)

General non-medical audience, Broadcast audience (i.e. BBC or independent)

Publication (names will not be revealed and photographs will be masked to obscure identity)

Patient's signature (**Pre Recording**)............ Date...............
Name (PRINT) ....

You have the right to change your mind at any time, including after you have signed this form.

Patient's signature (**Post Recording)**................ Date...............

A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here.

Signature .... Date ....

Name (PRINT) ....

193

Our Ref: MRW/CJ

29 January 2010

To whom it may concern:

Dear Sir

I have been joint supervisor for Christina Kolaiti's PhD and have also run the medical student projects with her.

I understand that there is a requirement for her PhD that there are signed consent forms for the participation of the subjects in the student's photography projects.

I can confirm that we foresaw the ethical problems with these projects and that we required all students to obtain informed consent for participation in the project from all subjects. I have on file the consent forms of the patients portrayed in the projects.

Yours sincerely

Dr. Mark Welfare
Consultant Physician & Senior Lecturer
GMC 3252154

DORIS AINSLEY - T0001702

Appendix 5 Conference Presentations and Workshops

I) Learning to Look: *The Role of Visual Arts in Developing Visual Skills*
B&S Medical School in conjunction with Brighton Photo Biennial, Brighton,
November 2007

Presentation of Medical Photography SSC: *The Camera Never Lies?*
by Christina Kolaiti

The Medical Photography SSC is a six week elective that takes place at the School of Arts and Social Sciences at Northumbria University in collaboration with Newcastle University Medical School.

I started teaching the medical photography SSC with my supervisor Dr Mark Welfare, as part of my PhD studentship which I undertook in the year 2005 entitled: *The Influence of Photographic Narrative in Healthcare Dialogue*. This was an AHRC new collaborations award between Northumbria University and Northumbria Healthcare NHS Foundation Trust.

The general structure of this SSC is described in our poster which is on display and you are welcome to have a look later, but since the time is limited I thought it would be better to focus on some visuals, and present the aims of the SSC through a photographic project by a medical student of the first SSC group in 2006.

The basic aim of the SSC is that medical students would be enabled to use photography as a tool to learn and reflect on a medical subject. The teaching of the SSC is organised in group discussions and also one to one tutorials where the students present the work they produce in different stages, discuss it and reflect on the images.

The students' teaching is based on the method of Photographic Re-narration, a form I have coined using ideas from Josselson's *Narrative Study of Lives*, which has been formed as the main methodology for my PhD research. (Josselson & Lieblich, 1996) This idea draws upon the concept psychoanalytic re-narration that is the

reflective use of narrative between analytic client and his therapist. The narrative given out by the analytic client is afterwards re-narrated into a new story by the therapist. In the case of photographic re-narration, the basic narrative is the student's project and the re-narration is a portrait of the student based on his main refection on his subject.

I am going to look at an individual student's project, talk through the method he followed for the production of work, how his ideas evolved and his personal reflections on his subject.

John: A student from the first Medical Photography SSC group.
His subject was to challenge the view of the elderly in the hospitals, the way in which they are seen as all the same.

John visited the elderly ward at North Tyneside Hospital and he met 86 year old patient Mrs B.

This first image shows what one expects to see when visiting the elderly ward, a lady sitting by her bed.

He had long talks with her before producing any photographs and he decided to base his photographs on the talks they had and also an interview which she gave him.

John asked her:
-What do you think is beautiful? She replied: the flowers but not the cut ones
- Me: What do you enjoy? Mrs B: I love to tell stories.
-What is your major achievement? She replied: It is my profession, I was a tailoress
-What are you mostly proud of? My son, she replied.

The day he produced this image, I went along with him to Mrs B's house, and this is when I first grasped the idea of photographic re-narration, as I observed John being very serious about getting this image right.

This is the re-narration point.

His re-narration portrait is based on John's reflections based on the image of her son. He reflected on the basis of short-term and long term relationships, as to do with the forming of a family and also in relation to his role towards his future patients. The practical limitations in terms of the limits of 'giving' 'offering' not only in terms of medical skill and knowledge but also as working within a designated healthcare context.

This project was his response to an experience he shared with the class about an old lady in the Intensive Care Unit who was about to die and asked John who was on a student placement at the hospital if she could have her hair cut but this was not allowed to her. He then brought this experience into the class and reflected very much on Mrs B's story.

What are thought as necessary the provisions for the patients?
Does the personal narrative count in the process of treatment?

I would like to finish with a quote by Rita Charon, Director of Narrative Medicine at Columbia University,

'A medicine practiced without a genuine and obligating awareness of what patients go through may fulfil its technical goals, but it is an empty medicine, or, at best, half a medicine' . (Charon, 2006)

References

Charon, R. (2006) *Narrative Medicine: Honouring the Stories of Illness*. Oxford: New York: Oxford University Press.

Josselson, R. & Lieblich, A. (eds.) (1996) The Narrative Study of Lives, Ethics and Process. Vol.4. London: New Delhi: Thousand Oaks: SAGE Publications.

II) Exploring the potential of drama, theatre and film in the education of health professionals; A symposium at York St John University, 2-3 July 2008.

A) Proposal for workshop at Widening the Circumference:

The workshop will be based on the presentation of the Medical Photography Student Selected Component (SSC) which has been running since February 2006 and is a collaboration between Newcastle University Medical School and the School of Arts and Social Sciences at Northumbria University at Newcastle.

The Medical Photography SSC is a full time six week module undertaken by two groups each year. The aim is to encourage medical students to use photographic narrative to challenge a new approach in the process of learning about a medical subject and explore new aspects of health through the art of photography.

The teaching of this module is organised in individual tutorials and group critiques in which the visual images produced by the students are used to stimulate critical debate concerning the personal, social, medical and often political side of the projects. The reflective spirit of the sessions encourages students to critically engage with the images they have either produced or are presented with and the narrative nature of the process of creation of a photographic project with a subject.

Workshop suggestion:

The workshop will have two parts.

In the first, we will present a summary of the conduct of the SSC illustrated using a couple of the most articulate photographic projects produced by the students. This will include videos documenting the teaching methods used in the group critiques/ tutorials of the SSC group, assessment, presentations etc

In the second part we will focus on the skills needed to teach such a course. The participants will be encouraged to work in the same way, using photographic projects laid out on the table, which have been produced by previous SSC students and engage in a similar way to the videos, in discussions around the images.

The workshop will be conducted by Christina Kolaiti, PhD artist researcher at Northumbria University currently completing her PhD on Arts and Healthcare project titled 'The Influence of the Photographic Narrative in Healthcare Dialogue' and Dr Mark Welfare, Senior lecturer at Newcastle Medical School and Consultant gastroenterologist at North Tyneside Hospital, Tyne and Wear, who currently teaches the Medical Photography SSC and is also member of the supervision team of the above PhD research.

List of References

AHRC (2003) *The RAE and Research in the Creative and Performing Arts: Response to the Funding Councils Review of Research Assessment.* Bristol: Arts and Humanities Research Council. Available at: http:// www.ahrc.ac.uk.

AHRC (2006-2007) *Research Funding Guide.* Bristol: Arts and Humanities Research Council. AHRC, 2006, par. 85-86. Available at: http:// www.ahrc.ac.uk

AHRC (2009) *Understanding your Project: A Guide to Self Evaluation.* Bristol: Arts and Humanities Research Council. Available at: http:// www.ahrc.ac.uk

Alterio, M. & McDrury, J. (eds.) (2003) *Learning through Storytelling in Higher Education: Using Reflection to Improve Learning.* London & Sterling, VA: Cogan Page.

Andrews, M. & Bamberg, M. (eds.) (2004) *Considering Counter Narratives: Narrating, Resisting, Making Sense.* John Benjamin Publishing Company.

Atkins, S. & Murphy, K. (1993) *Reflection: A Review of the Literature.* Journal of Advanced Nursing, 18, 1188-1192.

Bal, M. & Bryson. N, (1991) *Views and Overviews: Semiotics and Art History.* The Art Bulletin, June 1991, Volume LXXIII No 2.

Bardes, L. C., Gillers, D. & Herman, E. A. (eds.) (2001) *Learning to Look: Developing Clinical Observational Skills at an Art Museum*, in Medical Education, 2001;35:1157-1161.

Barthes, R. (2000) Camera Lucida, Great Britain: Vintage Classics

Benjamin, W. (ed.) (1970) *Illuminations.* London: Cape.

Benjamin, W. (1970) 'The Work of Art in the Age of Mechanical Reproduction'. in

Benjamin, W. (ed.) *Illuminations.* London: Cape. pp.236-237.

Berger, J. (1967) *A Fortunate Man: The Story of a Country Doctor*. New York: Holt, Rinehart and Winston.

Bond, A. & Woodall, J. (eds.) (2005) *Self-portrait: Renaissance to Contemporary*. London: National Portrait Gallery.

Boyd, E. & Fales, A. (1983) *Reflective Learning: Key to Learning Experience*. Journal of Humanistic Psychology, 1983:23;2:99-117.

Breo, D. L. (1990) M. *Therese Southgate, MD- The Woman Behind the Cover*. Journal of the American Medical Association, 1990:263:15:2112.

Brettle, J. A. (2001) 'Certain Self Control', in *Portfolio Catalogue of Contemporary Photography*. Edinburgh: Portfolio Gallery. December 2001, Issue 34, p.36.

Brettle, J. A. (2003) *Airside: Contemporary Portraits by Jane Brettle*. Exhibition held at the City Art Centre, Edinburgh, July-27 September 2003 [Exhibition Catalogue]

Brockbank, A. and McGill, I. (1998) *Facilitating Reflective Learning in Higher Education*. Buckingham: Society for Research in Higher Education & Open University Press.

Bruner, J. (1991) *The Narrative Construction of Reality*. Critical Inquiry,1991;18-21.

Buber, M. (1965) *The Knowledge of Man*. New York: Harper Collins

Carrithers, M. (1992) *Why Humans Have Cultures, Exploring Anthropology and Social Diversity*. Oxford: Oxford University Press

Chalfen, R. & Rich, M. (1998) *Showing and Telling Asthma: Children Teaching Physicians with Visual Narrative* in Visual Sociology 1998:14:51-71

Chalfen, R. & Rich, M. (2004). *Applying Visual Research: Patients Teaching Physicians about Asthma Through Visual Illness Narratives*. Visual Anthropology. Review, 2004;20(1).

Chalfen, R., Gordon, J. & Rich M. (2000) *Video Intervention/Prevention Assessment: A Patient-centred Methodology for Understanding the Adolescent Illness Experience.* Journal of Adolescent Health, 27(3), pp.155-165.

Charon, R. & DasGupta, S. (eds.) (2004) *Personal Illness Narratives: Using Reflective Writing to Teach Empathy.* Academic Medicine, Vol 79, No4, April 2004.

Charon, R. (2006) *Narrative Medicine: Honouring the Stories of Illness.* Oxford: New York: Oxford University Press.

Charon, R. & Montello, M. (eds) (2002) *Stories Matter: The Role of Narrative in Medical Ethics.* New York; London: Routledge.

Chevrier, F. (1986) 'The Image of the Other', in Lingwood, J. (1986) *Staging the Self: Self-portrait Photography 1840's-1980's.* Plymouth: National Portrait Gallery and Plymouth Arts Centre.

Churvin, P. (1996) *'To Live More Comfortably with Difference: an Interview with Peter Churchin by Maureen Crago'.* The Australian and New Zealand Journal of family therapy, 17 (3) 147-52.

Clinchy, M.B. (2003) 'Epistemological Approach to Teaching' in Josselson, R., Lieblich, A. & Mc.Adams, P.D. (eds.) (2003) *Up-Close and Personal: The Teaching and Learning of Narrative Research.* Washington: American Psychological Association. pp. 41-42.

Connelly, J.E. (2002) 'In the Absence of Narrative' in Charon, R. & Montello, M. (eds.) (2002) *Stories Matter: The Role of Narrative in Medical Ethics.* New York: Routledge. pp.138-145.

Costa, G. (2005), *Nan Goldin by Guido Costa*, London: New York: Phaidon.

Coulehan J. L. (2008) *What is Medical Humanities and Why?* in Literature, Arts and Medicine Blog. January 25th 2008. Available at: http://medhum.med.nyu.edu/blog/?p.56

Cuello, C. (2008) *Responses for Smith* in Smith, R. (2008) in 'Doctors are not Scientists', *BMJ* 2004; 328; 0, doi:10.1136/bmj.328.7454.0-h, 18th December 2008

Czarniawska, B. (2004) *Narratives in Social Research*. London; Thousand Oaks: Sage Publications

DasGupta, S. & Charon, R. (eds.) (2004) *Personal Illness Narratives: Using Reflective Writing to Teach Empathy.* Academic Medicine, Vol.79, No. 4, April 2004.

Derrida, J. (1994) *Specters of Marx*. New York: London: Routledge.

Doehrman, M. J. (1976) *Parallel Processes In Supervision and Psychotherapy* in Bulletin of The Menninger Clinic. 40, 1-104.

Dolan, B. (2007) *Medical Humanities: Education or Entertainment?* in Literature, Arts and Medicine Blog. Medical Humanities November 8 2007;68-69. Available at: http://medhum.med.nyu.edu/blog/?p.68

Dorsett, C. (2009) 'First a story, then…' in *Storytime*, Exhibition held at Gallery North of the University of Northumbria, Newcastle March-April 2009 [Exhibition Catalogue] pp.6-9

Dudley, S. (2009) *Experiencing Materiality in Museums: Objects, Senses and Aesthetic.* [Unpublished]

Elbow, P. (1973) *Writing without Teachers*. London: Oxford University Press.

Evans, D. (2009) *Jo Spence, Beyond the Family Album: A Primer.* Belfast: Belfast Exposed Photography. http://www.belfastexposed.org

Evans, J. (2005) 'Against Decorum! Jo Spence: A Voice on the Margins' in Spence, J. (2005) *Beyond the Perfect Image, Photography, Subjectivity, Antagonism*. Barcelona: MACBA, pp.34-62.

Frank, W. A. (1995) *The Wounded Storyteller: Body, Illness and Ethics*. Chicago: University of Chicago Press.

Gingell, J. & Winch, C. (1999) *Key Concepts in the Philosophy of Education*. London: Routledge. p.8.

Given, J. (2007) *The Narrative Construction of Identity*. Postgraduate Research Module: Narrative Metaphor, Northumbria University.

Harrison, B. (2004) 'Photographic Visions and Narrative Inquiry', in Andrews, M. & Bamberg, M. (2004) *Considering Counter Narratives: Narrating, Resisting, Making Sense*. John Benjamin Publishing Company.

Haseman, B. (2006) *A Manifesto for Performative Research.* Media International Australia Incorporating Culture and Policy. Theme Issue "Practice-led Research"(No.118), pp. 98-106.University of Queensland

Herbig, B., Bussing, A. & Ewer, T. (2001) *The Role of Tacit Knowledge in the Work Context of Nursing.* Journal of Advanced Nursing, 34 (5), 687-695.

Heron, L. & Williams, V. eds. (1996) *Illuminations: Women Writing on Photography from the 1850's to the Present*. London: I.B.Tauris & Co.Ltd.

Hirsch, M. (1997) *Family Frames: Photography, Narrative and Postmemory*. Cambridge: Mass: London: Harvard University Press.

Holland, P. & Spence, J. (eds.) (1991) *Family Snaps: The Meanings of Domestic Photography*. London: Virago.

Holland, P., Spence, J. & Watney, S. (eds.) (1986) *Photography/ Politics: Two, Photography Workshop*. London: Comedia Publishing Group.

Howard, G. (1991) *Culture Tales: A Narrative Approach to Thinking*: *Cross-Cultural Psychology and Psychotherapy.* American Psychologist, No 46, pp.187-197.

Hunter-Wood, J. (2006) *Interventional Narratology: Form and Function of the Narrative Medical Write-up*. Literature and Medicine 4, No2 (Fall2005) pp.283-296 John Hopkins University Press.

Hurwitz, B. & Vass A., (2008) *What is a Good Doctor and How Can You Make One*, BMJ 2002; 325; 667-668, doi:10.1136/bmj.325.7366.667, 18 December 2008.

Jeffrey, M. (2008) *Battle Scars Laid Bare: Tackling her Experiences of Cancer Head on, Jo Spence's Images are Uncomfortable yet Essential Viewing*. Scotland on Sunday 22 June 2008. Review p.20.

Josselson, R., Lieblich, A. & McAdams, P.D. (eds.) (2004) *Healing Plots: The Narrative Basis of Psychotherapy*. Washington: American Psychological Association.

Josselson, R., Lieblich, A. & McAdams, P.D. (eds.) (2003) *Up-Close and Personal: The Teaching and Learning of Narrative Research.* Washington: American Psychological Association.

Josselson, R. & Lieblich, A. (eds.) (1994) *The Narrative Study of Lives, Exploring Identity & Gender.* Vol.2. London: New Delhi: Thousand Oaks: SAGE Publications.

Josselson, R. & Lieblich, A. (eds.) (1995) *The Narrative Study of Lives, Interpreting Experience.* Vol.3. London: New Delhi: Thousand Oaks: SAGE Publications.

Josselson, R. & Lieblich, A. (eds.) (1996) The Narrative Study of Lives, Ethics and Process. Vol.4. London: New Delhi: Thousand Oaks: SAGE Publications.

Josselson, R. & Lieblich, A. (eds.) (1999) *The Narrative Study of Lives, Making Meaning of Narratives.* Vol.6. London: New Delhi: Thousand Oaks: SAGE Publications.

Koerner, L. J. (1993) *The Moment of Self-portraiture in German Renaissance Art.* Chicago: London: University of Chicago Press.

Koerner, L. J. (2005) 'Self-portraiture Direct and Oblique' in Bond, A. & Woodall, J. (eds.) (2005) *Self-portrait: Renaissance to Contemporary*. London: National Portrait Gallery. pp.67-81.

Kuhn, A. (2002) *Family Secrets: Acts of Memory and Imagination*. New York: Verso.

Kuhn, A., Hevey, D. & Stanley, J. (eds.) (1995) *Cultural Sniping: The Art of Transgression/ Jo Spence*. London: Routledge.

Larner, G. (1999) 'Derrida and the Deconstruction of Power as Context and Topic in Therapy', in Parker, I. ed. (1999) *Deconstruction Psychotherapy*. London: Thousand Oaks: New Delhi: Sage Publications Ltd

Lawrence, H. D. (1925) 'Art and Morality' in *The Calendar of Modern Letters*. Vol 2, No 9, November 1925. London: Calendar Press.

Lingwood, J. (1986) *Staging the Self: Self-portrait Photography 1840's-1980's*. Plymouth: National Portrait Gallery and Plymouth Arts Centre.

Mann, D. (1997) *Psychotherapy: An Erotic Relationship. Transference and Counter Transference Passion*s. London: New York: Routledge.

Martin, R. & Spence, J. (1986) 'Photo Therapy: New Portraits for Old, 1984 Onwards' in Spence, J. (1986) *Putting Myself in the Picture. A Political Personal and Photographic Autobiography*. London: Camden Press.

McAdams, P.D. (1996) *The Stories we Live By*. New York: London: Guildford Press.

McDonald, S. (2003) 'Airside' in Brettle, J. A. (2003) *Airside: Contemporary Portraits by Jane Brettle*. pp. 7-9. Exhibition at the City Art Centre, Edinburgh, July-27 September 2003. [Exhibition Catalogue]

McLeod, J. (2004) 'The Significance of Narrative and Storytelling in Post-psychological Counselling and Psychotherapy' in Josselson, R., Lieblich, A. &

McAdams, P.D. (eds.) (2004) *Healing Plots: The Narrative Basis of Psychotherapy.* Washington: American Psychological Association. pp. 11-27

Miles, M. & Huberman, A. (1994) *An Expanded Sourcebook: Qualitative Data Analysis.* London: Thousand Oaks: Sage Publications.

Miller, D.A. (2002) 'Problems of Closure in the Traditional Novel' in Richardson, B. ed. (2002) *Narrative Dynamics: Essays on Time, Plot, Closure and Frames*, pp.272-281. Columbus: Ohio State University Press.

Moon, J. (1999) *Reflection in Learning and Professional Development.* London: Kogan Page Limited.

Murray, R. (1997) *Ethical Dilemmas in Healthcare: A Critical Approach Through Medical Humanities*. Great Britain: Chapman and Hall.

Niederrer, K. (2005) 'On Process and Product in Doctoral Research' [Paper Presentation, unpublished] 30/05/05. *Perspectives: AHRC Collaborative Doctoral Training*. AHRC Doctoral Research Training 2004-5. Coventry University, UK.

Niederrer, K. & Stokes, R. S. (2007) *The Role and use of Creative Practice in Research and its Contribution to Knowledge*. International Association of Societies of Design Research. *IASDR International Conference 2007.* Hong Kong: Hong Kong Polytechnic University

Padfield, D., Hurwitz, B. & Pither, C. (2003) *Perceptions of Pain.* Stockport: Dewi Lewis Publishing.

Park, C. (2005) *New Variant PhD: The Changing Nature of the Doctorate in the UK*. Journal of Higher Education Policy and Management, Vol.27, No.2, Ju*ly 2005, pp.189-207.*

Parker, I. ed. (1999) *Deconstructing Psychotherapy*. London: Thousand Oaks: New Delhi: Sage Publications Ltd

Picken, J. (2007) *Doctors Perform Some Art Surgery: Medics Focus on Patients*, The Evening Chronicle 4 May 2007. Review p.12.

Propp, V. (1984) *Theory and History of Forklore*. Ed. Anatoly Liberman. University of Minnesota: University of Minnesota Press.

Radwany, S. M. & Adelson, B.H (1987) *The Use of Literary Classics in Teaching Medical Ethics to Physicians.* Journal of the American Medical Association. 1987;257:12:1630.

Ribalta, J. (2005) 'Jo Spence. Beyond the Perfect Picture. Photography, Subjectivity, Antagonism. Introduction'. in Spence, J. (2005) *Beyond the Perfect Image, Photography, Subjectivity, Antagonism*. Barcelona: MACBA, pp.6-15

Roberts, J (2005) 'Jo Spence: Photography, Empowerment and the Everyday', in Spence, J. (2005) *Beyond the Perfect Image, Photography, Subjectivity, Antagonism*. Barcelona: MACBA, pp. 66-83

Scaife, J. (2002) 'Frameworks for Supervision' in *Supervision in the Mental Health Professions : A Practitioner's Guide ,* with contributions from Francesca Inskipp *et al.* London: Hove: Brunner-Routledge. pp.70-98

Schafer, R. (1992) Retelling a Life: Na*rration and Dialogue in Psychoanalysis*. USA: Basic Books.

Schön, A. D. (1991) *The Reflective Practitioner: How Professionals Think in Action*. Great Britain: Avebury.

Searles, H. F. (1955) *The Informational Value of the Supervisor's Emotional Experience* in Psychiatry, 18, 135-146.

Shapiro, J. (2007) 'Further Reflections on Medical Humanities' in Literature, Arts and Medicine Blog. 22, Dec. 2007;60-63. Available at: http://medhum.med.nyu.edu/blog/?p.60

Smith, R. (2008) *Doctors are not Scientists*, BMJ 2004; 328; 0, doi:10.1136/bmj.328.7454.0-h, 18th December 2008

Speedy, J. & Payne, M. (2008) *Michael White: Innovative Psychotherapist who Developed Narrative Therapy in the 1980's*. Guardian Newspapers LTD. 17June 2008, p.32.

Spence, J. (1986) Putting Myself in the Picture: A Political, Personal and Photographic Autobiography. London: Camden Press.

Spence, J. (1989) *Disrupting the Silence: The Daughter's Story*, Women Artist's Slide Library Journal, No29, June July 1989

Spence, J. (2005) *Beyond the Perfect Image, Photography, Subjectivity, Antagonism*. Barcelona: MACBA

Stanley, P. (20040 *The Patient's Voice: A Cry in Solitude or a Call for Community*. Literature and Medicine 23, No2 (fall 2004) pp.346-363. The John Hopkins University Press.

Storr, A. (1990) *The Art of Psychotherapy*. Oxford: Butterworth Heinemann.

Stuhlmiller, C.M. (1996) *Narrative Picturing: Ushering Experiential Recall Nursing Inquiry*. Sage Journals, Vol 3, pp.183-184

Sullivan, G. (2005) *Art Practice as Research: Inquiry in the Visual Arts*. London: Sage Publications

Sumerel, B. M. (1994) *Parallel Process in Supervision*. ERIC Digest. ERIC Clearinghouse on Counselling and Student Services Greensboro NC. Published on April 1994. Available at: http://www.ericdigests.org/ 1995-1/process.htm

Tag, J. (1988) *The Burden of Representation: Essays on Photographies and Histories*. Basingstoke: Macmillan.

Thoutenfhoofd, E. (1998) *Method in a Photographic Enquiry of Being Deaf.* Sociological Research Online, Vol.3, No.2. Available at: http://socresonline.org.uk/socresonline/3/2/2.html

Till, J. M., Mottram, J. & Rust, C. (2005) *Adapting Research Activity: AHRC Review of Practice-led Research*, Cambridge Journals, Arq.Vol.9, No.2.

Treves, F. (1923) The Elephant Man and Other Reminiscences. London: Cassell.

Watney, S. (1988) 'The Image of the Body' in Spence, J. (1989) *Disrupting the Silence: The Daughter's Story*, Women Artist's Slide Library Journal, No29, June-July 1989:15

Welfare, M. (2007) T*he Camera Never Lies: A Student Selected Component in Photography.* Development and description of the projects developed by students [Unpublished]

White, H. (1980) *The Value of Narrativity in the Representation of Reality*. Critical Inquiry 7 (1980): 5-27.

White, M. & Epstein, D. (1990) *Narrative Means to Therapeutic Ends*. New York: Norton.

Williams, V. (1986) *Women Photographers: The Other Observers 1900 to the Present.* London: Virago Press

Wilson, S. (2006) *Medicine and Creativity.*The Lancet. Vol 368 December 2006

Winnicott, W. D. (1971) *Playing and Reality.* London: Tavistock Publications.

Wonfor, S. (2002) *Putting the Smiles Back: Hospital Project Cheers Up Ill Children.* The Journal, Newcastle, 12 December 2002. Review p.4.

Wood, G. (2007) *Gene Wilder, Actor, 73, Connecticut*, The Observer Magazine, May 6, pp.10-11.

Woodall, J. (2005) '*Every Painter Paints Himself*: Self-portraiture and Creativity' in Bond, A. & Woodall, J. eds. (2005) *Self-portrait: Renaissance to Contemporary*. London: National Portrait Gallery.pp.17-29.

Woodall, J. ed. (1997) *Portraiture: Facing the Subject*. Manchester: New York: Manchester University Press.

Woodall, J. (2003) 'Skin is Deep', in Brettle, J. A. (2003) *Airside: Contemporary Portraits by Jane Brettle*. pp. 77-81. Exhibition at the City Art Centre, Edinburgh, July-27 September 2003. [Exhibition Catalogue]

Ziller, R. (1990) *Photographing the Self: Methods for Observing Personal Orientations*, Newbury Park: London: New Delhi: Sage.