
Discussion

Introduction

We will now return to the research questions to see whether we can formulate overall conclusions that tie the findings of our study together and connect them with issues in health care and nursing, especially in the area of recovery. Traditionally, within the discipline of nursing existential questions and meaning making have always gained a lot of attention. Nursing theories, such as those of Holland, Grypdonck and Tronto, reflect this philosophical attention for patients' needs beyond the mere physical and socio-psychological aspects of illness. Nursing entails helping the patient to make sense of the illness and its meaning in the context of his life, and is more than just formulating a diagnosis and giving a proper treatment. Within nursing it is emphasized that caring *for* a patient is connected with a caring *about* (having concern for) someone's needs (Tronto, 1993). This care-ethical principle underlies our ambition to develop a more narrative-based nursing that could contribute to the recovery of patients. Our study is thus closely related to these nursing scholars, but goes a step further as it integrates theory and practice.

Research questions

Our general aim was to examine how nurses can use photography to assist patients in making meaning of experiences of illness and help them in their process of recovery, which can be considered an important contribution to good care in the professional context of nursing. We formulated four sub questions to answer the overall question:

1. How can the process of meaning making be conceptualized based on the work of the hermeneutic phenomenological philosopher Ricoeur?
2. How do patients in mental health care give meaning to their suffering with their photo stories?
3. What is the therapeutic role of the photo-instrument in the context of recovery?
4. What are the methodical implications for the application of the photo-instrument in the context of mental health care?

These four questions reflect a hermeneutic-phenomenological approach. This approach was chosen as our aim was to study how nursing can foster processes of meaning making in patients. Hermeneutics studies the way how people make meaning and phenomenology ties this study to actual phenomena and existential problems. We departed from an exploration of a theoretical framework grounded in hermeneutic philosophy of Ricoeur (first research question). We concentrated on two interrelated phenomena, namely the experience of suffering and caring as an answer to suffering.

The theoretical framework provides the concepts to understand the processes of meaning making in practice. From there we focused on processes of meaning making from a more phenomenological perspective (second research question). We turned to the photo-instrument as a praxis in which photo-stories help patients to make sense of their suffering. Then we focused on the therapeutic implications (third research question) and lastly we studied the methodical implications for nurses and other health professionals (fourth research question).

We will now look into the four questions one by one.

1. How can the process of meaning making be conceptualized based on the work of the hermeneutic phenomenological philosopher Ricoeur?

The French philosopher Ricoeur (1913-2005) devoted his professional life to writing and teaching on answering a number of important questions that play a role in human interaction. The issues that he studied concern the relation between an individual's action and his agency, the role of the free will and how this relates to evil and wrongdoing and also how personhood and identity are connected with continuity through time that is set in an ethical and moral context. Ricoeur did not study these issues as big questions far from the everyday world, but as factors that can be seen at work in the practice of human interaction. The questions he therefore formulated for further study of what happens in communication, were: who is speaking? Who is acting? Who is recounting about himself? Who is the moral subject of imputation? (Ricoeur, 1992). Ricoeur has unravelled these questions, making use of theories from diverse scientific disciplines, varying from philosophy to logical theory, pragmatics, semiotics and linguistics. His search resulted in a series of studies that have become classical works of philosophy in modern time. Especially *'The Rule of Metaphor. The creation of meaning in language'* (1977) and *'Time and Narrative'* (1984) are relevant for us, because these studies focus on processes of meaning making in the context of storytelling or narrative. In these key studies he developed a theory about how people make sense of their experiences in real life and attribute meaning to them by constructing a story. People tell stories or narratives¹ to reorganize disjointed bits of information in a new meaningful structure that has the following elements (Burke, 1945): the action of the story (the sequence of events), the scene (*where* and *when* did things happen), the agent (*who* did the action), agency (*how* did he or she do it) and the purpose (*why* did it happen). In constructing a story someone brings together these elements and relates them to each other in the plot of the

1. The distinction that is sometimes made between 'narrative' and 'story' relates to types and degrees of internal structural organization but are not relevant here.

story. This is called the emplotment of a story. In 'The Rule of Metaphor' and 'Time and Narrative' Ricoeur wondered how this emplotment came about. According to Ricoeur emplotment is the outcome of a transformational process that he identified as 'mimesis'. He distinguishes several steps. First there are lived experiences of which someone feels the urge to get grip on them. However, this is hard when you are still immersed in the situation, for instance when you are a patient and live through the direct aftermath of a psychiatric crisis. That's when someone needs to create some distance between him and an overwhelming experience in order to be able to reflect on what has happened. When someone succeeds in finding the necessary distance then his position does not longer fully coincide with overwhelming events. A meta-position is created from where it is easier to open up to other meanings than seemed dictated by the facts of an experienced event. This is what Ricoeur called a widening of horizons. The process of mimesis is one in which past memories and anticipations (hopes, wishes, fears) of the future join the reflection of experiences in the present, in this way making possible a fuller and may-be more authentic (in terms of someone's history) account of what events mean to someone. What triggers this process is imagination: a creative play in which the mind juggles with associations and images. Ricoeur claimed that metaphors and imagery have a central role in this creative play. Metaphors are a figure of speech which transfers meaning from one domain to another, for instance from perception into cognition in 'I can see what you mean'. Imagery is the more general naming for figures of speech in which an image carries a connotated meaning, as for instance in 'Photographs are a vehicle of messages about oneself'. Metaphors and imagery enable someone to jump from one line of thought to another and in this way reformulate lived experiences. These reformulated experiences then condense in a narrative plot. What is of special interest in the context of our thesis is the role of images in Ricoeur's concept of the mimetic process.

Ricoeur's theory enabled us to recognize phases in the patients' trajectory of meaning making: through distanciation of lived experiences to a condensation in a narrative plot. Pieter for instance (his cases has been described in chapter 3), one of our participants in the study, made a photograph of a mouldered elm ravaged by a storm and used it as a metaphor for what a psychosis had done to his mind. In this way he could reflect on his situation, rethinking where his position was in his contact with caregivers. According to Ricoeur, action, lived experience and its emplotment in stories are strongly interlinked. He focuses on textual aspects, neglecting performative aspects. We found that patients used their photographs not only as imagery, but also to situate their story in reality. Distanciation was often followed by a certain factuality, connecting patients again with concrete palpable reality. Images remained linked up with strong sensory perceptions.

This gave stories a freshness and acuteness in communication, deriving from 'dense impressions', not fully accounted for by Ricoeur. He downplays the role of the image, because he claims that images can only become intelligible through interpretation in language. Our finding that images retain strong links with sensory perceptions enriches Ricoeur's theory, acknowledging that taking photographs is also a distancing act, putting a camera between you and the perceived reality and that images as a result of this act invite further reflection. We described the sensory impact of images in terms of iconic quality. Like religious icons, photographic images can be charged with associations and impressions that make sense of an experience, or in other words represent it.

We conclude that the concept of iconic representation, also embraced by Ricoeur, should not be restricted to verbal icons. The sensible, sensual plenitude that Ricoeur (1977) ascribes to poetry can also be found in sculpture and in photographs. In photographs too, we observed a fusion of sense and *sensa*: sounds, images and feelings, that does not only provide an occasion for an unfolding of the imagery, but also exerts a force in itself upon the world, including language (Goodman, cited with Ricoeur, 1977). This force is based on the principle of psychological association and is realized in the act of expression. In fact, the effort of expression evokes the psychic associations (Ullmann cited with Ricoeur, 1977) of lively impressions from memory and emotions that makes the image 'iconic'. This is the figurative ability of images, the potential of making-seen, the 'setting before the eyes'. In metaphor, the verbal moment and the non-verbal moment cooperate. As Ricoeur says, 'metaphor owes to this liaison its seemingly essential concreteness' (Ricoeur, 1977: 246). Ricoeur recognizes that images alone (apart from their functioning in metaphors), seem closed to themselves and stand for a sort of 'private' mental experience that impedes the mimetic process, the 'seeing as' that makes the sense and image hold together. On the basis of our findings however we think that the 'thingyness', the 'iconic solidity' of images, however self-contained it may be, lends a vividness to it, be it a metaphor or more concrete information about someone's life world, reifying it and making it more compelling and easier to remember. Ellen, for instance (her case has been described in chapter 2), photographed a lane in the wood that she already visited in her youth. The dark lane with light shining through the trees evoked strong emotions and associations with her course through life. In the image memories merged with anticipations and hope, which was mirrored in the alternation of light spots and dark corners. This is related to the domain of psychology and neurology, which we did not address in this thesis. Still, we may conclude that the iconic quality of images is very important in the context of the nurse-patient relationship, because it grounds the communication between nurses and patients in the sensory lived-through experiences of the patient. Photo-stories protect nurses from a too rapid and premature thinking in

actions and things to do. We did not research this specific aspect, but we assume that this effect is brought about by the density of meanings in certain photographs that possibly lends them an urgency that is sometimes lacking in 'ordinary' conversations between patients and nurses. These iconic photographs probably make a strong appeal on the viewer to further explore the condensed meanings with the patients who made them. They seem an entry for learning more about the identity of the patient. This also applies to the needs that flow from this identity. We think that iconic photographs facilitate recognizing someone's identity and his needs. If so, this is of eminent importance for certain basic competences of nurses. According to Tronto (1993), nurses need to be attentive and sensitive to patients' needs, combining a concern for someone with skilled expertise in order to realize good care. Attentiveness, that comes before the diagnostic process of assessing health problems at a later stage, enables responsiveness of care to the unique person and his particular needs. It takes into account the susceptibility of the patient for certain specific nursing interventions. In other words: does the nurse sense how a patient will receive and respond to care that she will give? In the rush of busy routines under time pressures that are always present, nurses tend to forego this process of tuning to the person of the patient and pass on to the pragmatics of daily care. We think that photographs invite the nurse to suspend acting from a problem-oriented way of working and that by sharing the meanings of a photograph they may come to know a patient better.

This connects the photo-instrument with the humanistic focus of psychiatric nursing (Travelbee, 1966), that since the sixties of the twentieth century inspired the emergence of the therapeutic alliance as an important paradigm for interaction between nurses and patients. Therapeutic alliance has been overshadowed for some time by an emphasis on diagnostic rationalism in the wake of a tendency to mould nursing in the image of medicine, but today is back again in the centre of mental health nursing, for instance in the latest developments of psychiatric rehabilitation/recovery (e.g. Wilken, 2010) and theories about person-centred care as for instance the Engagement approach (Bennington-Davies & Murphy, 2005). We may conclude that there is nothing new under the sun, when we realize that as far back as 1952 Peplau already emphasized the importance of interpersonal relations in nursing. In the Netherlands, to mention just a few nursing authors, Van de Brink-Tjebbes (1975) resisted the idea that nurses could detach themselves from the subjectivist perspective in favour of a objective inventory of problems in their patients' life and Van der Bruggen (1992) postulated the necessity of an existential analysis of life problems in his proposal to found an anthropologically-based nursing.

2. How do patients in mental health care give meaning to their suffering through storytelling?

An analysis of photo-stories revealed that in 27 out of the 42 cases patients mentioned their illness experiences explicitly and reflected on them. This leaves us fifteen participants who did not mention their illness experiences explicitly or only very briefly in their photo stories, focusing on other aspects of their lives. Since the assignment for making photographs focused on values and on what one holds dear we cannot conclude that all fifteen patients did not experience their suffering as being part of their lives. Patients often go through stages in line with the phenomenological model on suffering that we derived from Eriksson (2006), and this suits our aim to discern the role of stories in suffering. Eriksson developed this model for broad groups of patients, not specifically for psychiatric patients. He distinguishes three stages in a climbing order. Patients can *have* suffering, *be* in suffering or *become* in suffering (Eriksson, 2006). To *have* suffering implies that the person will not acknowledge his suffering and will flee from it, trying to explain it away. To *be* in suffering implies that a person often experiences restlessness and may try to alleviate his suffering through the satisfaction of direct needs. When someone *becomes* in suffering someone engages in a struggle between good and evil, hope and hopelessness, between life and death. Passing through this struggle the person may continue towards a higher awareness and greater spiritual strength (Eriksson, 2006). In our study we saw examples of how participants, passing through these stages, used their stories to connect past experiences with future anticipations. Some of them focused more on future anticipations than on painful experiences with their illness from the past, yet in most cases their stories developed in such a way that it seemed to contribute to some form of assimilation and integration of suffering. Yet, the model on suffering of Eriksson needs some modification. The development of patients can be positive, without leading to a higher level of awareness, demonstrating greater spiritual strength. The stories showed a drive for finding a new balance, more harmony and an effort of relieving the pain of isolation and alienation caused by feelings of shame. We also recognized the need for restoring or maintaining dignity in the photo-stories. However, a direct confrontation with the sources of suffering as assumed by Eriksson in the struggle of *becoming* in suffering did not always seem feasible or even desirable for patients immersed in a severe, chronic mental illness. Eriksson's stages may reflect too high a standard for the chronic patient population with which we worked. In our study suffering was often approached in a more roundabout way, as for instance in the case of Carl (described in chapter 3) who told he had taken up bicycling again and loved it. The hardships of the psychosis he had gone through was not explicitly mentioned, but it transpired through his feelings of relief that now he could be active again.

Whereas Eriksson emphasizes the need of reaching higher levels of spiritual strength through growing awareness and recognition of one's suffering, we found photo-stories that had all characteristics of façades. In our study we found façades in 15 out of 42 cases. Façades are stories that, according to Fredriksson & Lindström (2002) serve as make-believes that their owners use to hide from the true nature and magnitude of their suffering. Whereas Fredriksson & Eriksson (2001) seem to assume that façades are an obstacle for personal growth, our findings indicated that façades can function as an alternative to common acceptance strategies, such as facing one's losses and reconciliation. Basing ourselves on Charmaz (1991; 1999) we found that façades can create a distance between the person and the suffering that contributes to tackling suffering in an indirect way, not by confronting it but by circumventing it. Façades can fulfil useful, sometimes transitory, roles as was illustrated with three cases. The cases of Pieter, Judith and Tanja (chapter 3) showed us how their façades were functional in tackling their suffering and how it helped them to go on with their lives. Façades protect the storyteller from too direct a confrontation with their suffering. Façades are sometimes an intermediary step in a development in which one learns to face suffering more directly, but they can also offer an alternative to confrontation. We coined this "a being with suffering" and present this as a necessary revision of the theory on suffering.

Our differentiated approach of the complex process of suffering ties in with a narrative-based nursing that does not depart from fixed diagnostic criteria how to understand someone's reality and fault or right it, but tries to see how suffering works for *this* patient in *this* context. We take a phenomenological stand here that does not preclude that nurses at other moments do diagnose the state of a patient's health and well-being from a knowledge base and expertise in nursing. We think that in first hearing a patient's story nurses must bracket their knowledge of taxonomies of suffering to reach a fuller understanding of the phenomenon, and that the direction of this process of learning and understanding must be from *Verstehen* to *Erklären* (interpretation) and back again (hermeneutic circle). We criticize the concept of façade and the taxonomy of suffering for their neo-positivist overtones and their idealist expectations that run the risk of dictating us how to perceive the lived experiences of patients. The concept of façade in combination of the idea of climbing up in stages of suffering departs from two moral assumptions, namely:

1. hiding from truth prevents someone who suffers from personal growth;
2. truth can be determined as a monolithic entity that stands above the context it arises from and can be verified from common knowledge.

These moral assumptions may create unnecessary hindrances in creating a relational narrative (see chapter 4 and 6) as they invite caregivers to formulate a direction that stories should take (away from the façade) which patients may and most likely will

not share. The idea of façades freezes as it were the conception of truth, whereas the therapeutic working of the photo-instrument is based on the assumption that narrative truth is versatile and will always be influenced by the specific conditions and context in which it is expressed. Central to a relational narrative is the dialogue between caregivers and patients. When a shared understanding of a patient's narrative has been established, then there may be room for more than one version of the direction a story may take. So, a taxonomy of suffering and different forms of acceptance (among which façades) may be useful at this stage, but only when nurses resist the temptation to use it for labelling instead of considering it as intermediary non-linear stages in a dynamic process of meaning making.

We think that the photo-instrument in this way can make a contribution to meta-cognitive therapies that aim at changing the way how patients think about how to cope with problems without tackling these problems themselves. The approach lies at the root of a training modulus called "Unravelling thoughts" that was developed in the Netherlands by Mark van der Gaag and Lucia Valmaggia (2005) for treatment of schizophrenia and that aims at looking closely in collaboration with the patients how they conceive and interpret their perception of what goes on in their inner and outer world. Perception and conception are seen as two sides of the same medal determining behaviour in the interpersonal context. Photography is an intermediary between the outer and inner world. That makes it an apt medium for expressing and discussing how patients form cognitions of experiences in their life world.

Another strain of metacognitive therapy can be found in the Acceptance and Commitment Therapy (ACT): a behavioural therapy focused on acceptance with a strong emphasis on directing one's behaviour in line with individual values (Hayes, 2004). ACT and the photo-instrument overlap where both depart from the notion of 'a valued life': patients can live a life based on values; they need not be overwhelmed by their problems, which can be bypassed or accepted for what they are when necessary. The focus of a valued life is important in trauma treatment. Photographs may help survivors of violence and abuse to verbalize difficult experiences and emotions and find again a purpose of living, a personal meaning for life even where the present is painfully filled with despair (Sitvast, 2009b).

The photo-instrument can also be seen as a form of experiential therapy, connecting it with hermeneutic therapies that put play and creative expression in the centre, as for instance is done in the experiential psychotherapy that was developed by Lubbers (2002). Actually, the experiential aspect of the photo-instrument has a potential to integrate it in a wide range of therapies or support programs that aim at re-socialisation. We will only mention one here: the intervention 'Seeking Safety', which was developed in Addiction Care. Seeking Safety is a present-focused therapy to help people attain safety from

trauma/PTSD and substance abuse (www.seekingsafety.org). The attention given to the client's safety in domains of every day life, the integration of ideals and values into treatment and a focus on interpersonal relationships make Seeking Safety an apt therapy to host the photo-instrument as one of its tools.

3. What is the therapeutic role of the photo-instrument?

We found that the therapeutic effects of the photo-instrument are related to the patients' appropriation of their responsibilities. The instrument facilitates moral learning, by fostering a dialogue which enables people to experience themselves as narrators worthy to be seen and heard, without the need to be ashamed and withdraw from contact. Because people are invited to come forward and resist the clinical gaze of professionals, rehabilitation is promoted. While professionals must learn to suspend their diagnostic expertise in order to hear the stories of their patients, patients must learn that their stories can be told without being subjected to clinical appraisal or assessment. By meeting this reciprocity of respect, a person will be reminded of who he really is or can become, even when this entails a far echo from a past that has receded almost into oblivion. This may kindle a spark of hope for recovery. We concluded that this is a first step out of invalidating contexts of self stigmatization and that it may precede further rehabilitation trajectories in which the emphasis is laid on improving skills and finding ways of making best use of residual abilities. The paradox is that nurses who sit still and receive the stories patients tell them, honouring them in this way, may engage the patients into a trajectory of change drawing on own resources of resilience. Then the relational narrative may become a journey of discovery during which the nurse is a travelling companion who sometimes can give you advice how to cope with the challenges on your way.

On a more concrete level, some of the photo stories give clear indications that patients perceived more control, self-efficacy, motivation to control and perceived competence. William (chapter 4), for instance, was motivated by his story to abstain from alcohol. Ellen, in chapter 2, perceived more control over her life when she saw herself not only as a victim of maltreatment by others. When this was not the case, for instance in the case of Judith (chapter 3) who did not experience more control, photo-stories still might contribute to a better understanding of nurses of the patient's needs and to more and better attuned access of the patient to sources and services. The photo-instrument did not contribute, at least not directly, to the participation of patients in decision-making settings. Yet, expressing one's wishes and goals may lead to advocacy. This became clear from a project (not included in our study) in which we used the photo-instrument to organise a photo exhibition about patients' preferences and wishes for new-to-build housing and where we presented the outcome as a consumers' programme of demands.

We conclude that our findings confirm that moral learning facilitated by the photo-instrument is related to empowerment in three ways:

1. Psychologically the opportunity for voicing his story contributes to a patient's belief that his story matters and that his goals make a fair chance to be achieved.
2. Photographing what is important or dear to you heightens awareness of one's values and norms. The focus in the follow-up sessions on photographing a wish and what is necessary to realize it furthers a growing realistic insight in necessary skills, obstacles and sources of support.
3. Sharing one's own story with others in the context of photo group sessions and representing the result to family, caregivers and fellow patients on a photo-exhibition builds on people's identification and bonding with their social networks or place of residence. The recognition that one's story is credible restores the person in his or hers moral agency, thus making restitution of *face*.

The link with empowerment is corroborated by our findings in chapter 5, showing that patients progress in terms of an increasing openness and understanding of their feelings and situation. Openness and understanding also concern abilities to cope with feelings and situations. Patients show signs of hope and motivation to realize new future plans in line with their capacities. Contrary to the literature, we found no evidence of self-stigmatization and demoralization. This finding confirms that participating in photo groups can help patients to get along with their life and make it more bearable.

The photo-instrument can easily be combined with the implementation of the Strengths Model in recovery oriented rehabilitation programs. It shares with the Strengths Model the focus on things that one holds valuable or are dear to someone and which are the basis for photographing a wish or goal to strive for in the near future. As a matter of fact the photo-instrument has already been integrated in the Strengths Model in a parallel instrument that we have called 'Recovery in Pictures'. In this intervention a photographer portrays a patient who steps besides daily routines and undertakes an action that furthers his recovery. One of the intervention's options is: walking on native soil. We literally travel back to places where memories of the past, possibly even of the period before one fell ill, can be remembered. It has become an exploration of patients' roots, but also of dreams and ambitions: who do you want to be as a person; how do you want others to see you and more basically how do you want to look like. These aspects were visualized by making photographs at crucial moments during the trajectory. One other possible combination of integrating the photo-instrument is using it as a tool in peer support groups. Experiential experts in mental health care who come together in self-directed

group meetings may use the photo-instrument as a tool to find out what their sources of strengths are that have helped them in recovering from mental illness. Picturing one's own individual strengths is a very satisfactory thing to do and photographs facilitate sharing this with others. The iconic quality of many photographs used in this way makes it easier for experiential experts to capitalize on these strengths and use them for didactic purposes, for instance educating caregivers about the patient perspective.

4. What are the methodical implications for the application of the photo-instrument in the context of mental health care?

When patients are asked to make photographs, they are placed in another role. As photographer they are no longer the passive receivers of services of caregivers. They now come forward in an active role, expressing themselves with images and words and being admired for the courage to do so (McNamee & Gergen, 1992: 161). The camera that is handed over to them symbolizes an important change in direction: the patient is no longer the object that is being photographed, but becomes a subject taking his own photographs and telling (instead of being told) caregivers what the story is that the pictures show. For once not the caregiver, but the patient is the expert. Acting as a subject, someone becomes his own agent.

Hermeneutic photography contributes to promoting patients to become a subject again in still another way.

With the photo-instrument an appeal is made on patients to take up responsibility for the process of making meaning of difficult and often painful experiences in his life. Patients often find it hard to accept these experiences. Talking about them can be threatening, as it may revive the memory and feelings of chaos and turmoil that happened to them at a time of crisis and psychiatric decompensation. Making photographs is a way to channel diffuse and emotion-laden feelings and thought. The photographs function as intermediaries for meanings to become transparent. Photographs are carriers of meanings that invite reflection and exchange with others. In this way, a person can develop a grip on his situation where otherwise he/she may have the idea of being overwhelmed by it. As the patient may become an agent again in the interaction with others, this getting a grip on one's life stands for more agency in the intrapsychic interaction with one's own suffering. According to Ricoeur (1992), the experienced incapacity of acting is essential to suffering. This entails the feeling that things happen to you and that you cannot influence them. Restoring agency as is done in the photo-instrument relieves suffering and establishes a basis for a new and more reciprocal relation with nurses.

Thus the photo-instrument can be considered a valuable expansion of the repertoire of interventions in health care. Another important contribution of hermeneutic photography

to health care is the furthering of goal finding or goal readiness (discussed in chapter 4 and 5) and the anchoring of important personal issues in mental icons that lend patients a drive for action and that professionals can build on in their support of patient's recovery. In the context of photo-groups, the act of expression encompasses the showing of photographs, the patients' reflecting on their meaning and sharing these pictured meanings with a public. This context facilitates a fusion of the sensual impressions, mimetic processes and social interaction. In this fusion, an image can obtain a therapeutic potential for committing the patient-photographer and his public to a shared understanding that can become the agenda for goal formulation and nursing support. The actions involved in the methodological procedure of the intervention have been shown to be congruent with its hermeneutic principles and with professional and patients' agendas of empowerment and recovery. Empowerment and recovery relate to domains of psychosocial rehabilitation in which psychiatric nurses have professional roles to fulfil. For this purpose the photo-instrument provides a powerful professional medium.

Lessons for theory and practice

1. What lessons can we draw from our study for further development of theory and praxis?

1.1. Implications for theory development

Focusing attention

Hermeneutic photography can help a person to find meaningful fragments in the diffuse totality of lived experiences and incorporate them into a process of truth-finding. This entails a lesson for philosophy, namely that truth-finding is engrafted on to contexts of every day practice and professional praxis, but also that it needs an act of exemplification to bring it to light, because otherwise it remains immersed in the flow of time and the unboundedness of space. Photography has a potential to stop time by freezing floating images in one picture within a spatial frame, thus accommodating reflection, association and negotiation over the layers of meaning hidden in the image. For this reason photography truly is a heuristic aid.

Inviting us to search for essential meanings

This is even working stronger through the illusion that a photograph represents life as it really is. This illusion paradoxically contributes to suspending the denotation of

what is concretely pictured in the photograph in favour of the search for the essence of what life really is. The photograph and the invitation by nurses to tell about it provoke a prolonged oscillation between sense and image, reserved by Ricoeur (1977, p. 265) for poetry, but recognized by us in the way that patients build their photo-stories during sessions of the photo group.

Providing easy access to cultural mainstream

This mirror-play between sense and image reminds us of another interpretation of mimesis, namely the Platonic image of projection on the roof of the cave. Humans visualize, and human thinking is highly metaphoric (Lakoff & Johnson, 1980) and therefore related to imagery, more than to abstract rational concepts, although the visual and the verbal zones in the brain cortex are interconnected (Pavio, 1972). A metaphor is a way to understand an experience in terms of another experience (Lakoff & Johnson, 1980). For instance, the situation did not *feel* ((tactile sense) right. We did not trust (intuition) it. Another metaphor is the concept 'vision'. In our language the word vision is no longer used to denote physical observation by sight but to indicate that people feel a need for a mental image that integrates their understanding in a general impression. The metaphor *vision* is a transfer from the visual to the domain of thinking. It demonstrates how strongly thinking in imagery influences language itself, especially in conceptualizing. According to Lakoff and Johnson (1980) thinking is metaphoric to a large extent and most of the metaphors used in thinking are visual. In our study we found abundant examples of visual metaphors. Pieter for instance used the image of a tree that has become sick and mouldered to describe his own downfall because of schizophrenia (see chapter 3). Ellen used the imagery of light to tell she still hoped for a better life.

Today we live in an era where the visual is a dominant aspect of our culture. Photography is an accessible medium with which most people are familiar. Its playful character appeals to many people. There is no specialist knowledge required to make photographs. As a matter of fact there are more photographs made with cell phones than ever before with photo cameras. Even chronic patients with severe mental health disorders can handle (or learn it) a digital camera.

We conclude that hermeneutic photography may pave the way for the development of a hermeneutic philosophy that incorporates visual texts.

1.2 Implications for health care praxis

Storytelling as a vehicle for recovery

Health care professionals, e.g. nurses, can learn from our findings that narrative is an important medium for patients to maintain themselves in life and keep up self-

esteem. Narratives may be part of patients' strategies in facing losses, accept changed perspectives and find new hopes. Professional knowledge of narratives and underlying plots opens new possibilities for therapeutically influencing and supporting patients in their struggle for recovery. In fact, a narrative is a vehicle for patients to express their struggle of suffering and as we postulated that the patients' suffering is crucial in the patient-nurse communication, we consider nursing to be a narrative praxis that also needs a narrative theory to construct its operations and functionality (see also Sitvast, 2006, 2009).

Articulation of meaning by patients

Helping patients to find and express fragments of experience that stand out from the background is part of the art of nursing, representing a level of expert mastery of a trade that surpasses craftsmanship (Benner, 1984; Goudswaard, 1994). The fragments of lived experiences can be reworked into crystallizations of a process of making meaning from suffering and recovery. The photo-instrument may assist nurses in helping patients to exemplify particular moments and forge a 'real' experience (in the Gadamerian sense of the word) from the flow of often intrusive and diffuse sensations that they incur from the impact of severe mental illness. This highlighting in images by which certain fragments of experience acquire special meaning (Radley, 1999; Benjamin, 1979) is an aesthetic aspect of meaning making.

Opening up to shared understanding

Nurses are sometimes too much focused on acting, and for that matter also on an acting that is based on their own professional estimation of patients' needs. Where wounds must be bandaged, acute crises must be warded off, etc., that may be good, but on other occasions it is more important to listen to patients in a responsive way without assessing how patient's needs fit in the professional jargon of nursing plans. Stimulated by the photo-instrument to bracket their own professional knowledge, nurses may more easily arrive at a shared understanding that can be taken as a point of departure for further actions to engage in (Gadow, 1999; Sakalys, 2000). Honouring a relational narrative (Abma, 2005) does not preclude that nurses may also voice views on the situation and state of health that conflict with the patient's view, but this should be part of a dialogue instead of coming from a position of 'we know what is best for you'.

Representation, performance and meaning construction are intrinsically linked

The praxis of the photo-instrument shows that a mimetic process of meaning making is intrinsically linked up with performance and cannot be seen apart from it. Actually it is a performative act that serves representation of the self. This performative act is set

in a context of interaction between patients, caregivers, and wider circles of relatives and the public at large at the moment of exhibiting photo stories at an exposition. The representational agenda feeds back to the performance itself and to the process of meaning making. The movement to and fro between interaction, representation and content mirrors the hermeneutic circle, describing how experiences from practice inform interpretation and the development of theory, which then again influences praxis. This intersubjectivity can be brought into play for therapeutic reasons more deliberately and with more awareness of its hermeneutic operation than is common in contemporary mental health care, constructing a therapeutic alliance with patients and finding a common ground for collaboration in treatment and support.

Future research

The findings of our study invite further investigations in more than one direction. To begin with there is the need for more research into the ways in which persons with severe mental problems give meaning to their suffering and how this impacts their daily functioning. Whereas stigmatization research focuses on the role that internal and external attribution plays in patients' narratives we think that, although this deserves special attention, it is too narrow to realize a broader understanding of the potential of these stories to reassert meaning to a disrupted life. We plead for a much broader study of patients' narratives. The epistemological role of concepts like *façades* can be further examined in relation to discourse analysis: how do concepts frame our thinking about recovery and empowerment? How do the stages of suffering formulated by Fredriksson and Eriksson (2001) and our suggestions for refining their model fit in here?

A second focus for future research may be the interrelated processes of recovery and empowerment. Based on our findings, the issue of moral learning should get a central place in this research. More research is needed into the possibilities for nurses to integrate moral learning and recovery into their praxis.

A third focus for future research is stigmatization. Although in our study we found no evidence of self-stigmatization and demoralization, more research with larger samples of patients is needed to explore whether other patients have a lowered self-image and if so, what distinguishes them from patients in our study, who seemed to show indifference to the impact of stigma. An interesting question related to stigmatization is whether a photo-exhibition could change stereotyped ideas of the general public about psychiatric patients.

Next, the dialogical aspect of the photo-instrument might be further investigated, for instance by examining the response of close relatives, friends and neighbours to the patient's expression of a life with mental health problems. What did the photo-stories mean for the relation of patients with their relatives? We saw examples of improved relations

between patients and their relatives (William for instance: see chapter 4) because of the potential of photographs to connect people and bridge adverse experiences of relatives with deviant 'psychiatric' behaviour, but we did not investigate this systematically.

Although the afore mentioned aspects need further exploration in qualitative studies, they may also be translated in therapeutic outcomes that match validated instruments to measure them. Then a Randomised Controlled Trial would become possible to test effectiveness. In that case it would be wise to select one specific diagnosis cluster and focus on one target group of patients. When we assume that the photo-instrument contributes to a positive adaptation of patients to their proven vulnerability for a psychotic de-compensation, then the proposed study could be with patients who had a first psychosis which is in remission. The hypothesis might be that the photo-instrument realizes an increasing self-esteem and self-efficacy and a reduced need for care and treatment. It can be argued that it does so by reducing a sense of shame and increasing a feeling of hope and trust in one's future. These effects are related to empowerment. We would focus on the following effects:

1. self-esteem
2. self-efficacy
3. need for care
4. shame
5. hope and trust/control over future

One of the validated outcome measures we could use is the Self-Esteem Rating Scale (Lecomte, Corbière & Laisné, 2006; Dutch translation Mark van der Gaag, 2004) developed for individuals with severe mental illness. Another outcome measure could be the Mental Health Confidence Scale (Carpinello, Knight, Markowitz & Pease, 2000; Dutch translation Castelein & Bruggeman, 2003) for measuring self-efficacy in individuals with severe mental illness. These outcomes measures can be researched in experimental groups and then be compared with control groups that may consist of guided peer support groups for psychosis (Castelein, 2009).

Another focus for future research would be the further exploration of the potential contribution of hermeneutic photography to the praxis of nurses and other healthcare workers. As a therapeutic intervention other applications of hermeneutic photography than the photo-instrument can be developed for use in health care settings (see e.g. Savolainen, 2008; Weiser, 1993). This would necessitate a feasibility study as also maybe the case with the photo-instrument itself.

In a feasibility study the focus would be on how nurses and other health workers consider the practical utility and value of working with the intervention.

Finally photography may be used as a research methodology offering chances to draw patients into the research as collaborators and co-researchers (Abma, Nierse & Widdershoven, 2009). This may give rise to new views on evaluation of health care programs, based on patients' experiences and needs, supplementing so-called routine-outcome monitoring in health care.

Strengths and weaknesses of the study

The photo-instrument was developed by us and further refined in the course of time. This can be seen as an advantage where it offered the opportunity for fine-tuning the instrument, enabling us to remove aspects that contradicted the therapeutic effects.

The ethnographic design of the study enabled us to combine participant observation with interviews and document analyses. The integration of findings from these data into the hermeneutic-phenomenological examination of texts and additional data rendered us a richer and more diverse insight of hermeneutic photography than would have been possible with text analyses only.

Mainly focusing on qualitative research, we were not able to measure therapeutic effects with validated outcomes. We consider this a necessary aim for a follow-up study. In a follow-up study some form of randomized controlled trial could also deal with the risk of unwantedly introducing a selection bias. We adopted a pragmatic sampling strategy based on restricted opportunities to set up photo groups and included as many participants as we could. The broad inclusion of patients however helped us to overcome a restricted focus on age groups and clusters of diagnosis and stimulated us to find what participants had in common in terms of recovery and meaning making.

Although we attributed the therapeutic effects to the operation of the photo-instrument, we are aware that some of the results may have been produced by a so called Hawthorne-effect: the introduction of any new and evocative intervention is likely to effect a positive change, although the effect may last only for as long it is still experienced as new. Yet, it might also be assumed that the therapeutic effects of the intervention would have been greater if the intervention would have had more runs and would have been embedded more in treatment planning. As an isolated phenomenon, the intervention did not stimulate nurses and other professionals to integrate the challenges posed by photo-stories into treatment and nursing plans.

Future challenges

The challenge remains to make hermeneutic and narrative interventions like the photo-instrument more central to psychiatric nursing and rehabilitation. Therefore, a rethinking of the mission and principles of nursing is needed, and care ethical issues should get a more prominent place in the training and education of nurses and other caregivers. Other forms of therapeutic photography will have to be developed for new target groups of patients and consumers of care. This should not be restricted to mental health care, but also applies to somatic care. Initiatives in this direction have already been taken (see Report of the 2011 Turku Conference on Phototherapy). Moreover, outside direct patient care there are multiple possibilities to apply hermeneutic photography for other reasons than its therapeutic effects. It can be applied to organizational development. The photo matrix method for instance is used to find hidden truths in organisations (Hupkes, Nijhuis & Kuiper, 2011).

Epilogue

Jan Arends wrote poems as thin trees, thus strongly communicating his pains on paper. Yet, we know that he often felt that he was not able to make real contact (Keunings, 2002). This pain is shared by many others who experience the same loneliness in their suffering from severe mental illness. Their pain becomes ours as we realize how we as caregivers apparently have failed them, because we did not hear their stories or, where we did hear them, could not communicate that we heard them and that we acknowledge them for the vulnerability and their strengths in the face of life's inequities that connects us on a very deep level of shared humanness. We believe that nurses with the photo-instrument can make a change and reach out to suffering patients that come towards them for help. Jan Arends' poem expresses his loneliness without offering a point of contact for health care professionals or for himself to grow and develop a story that is more open to change. In the photo-instrument the dialogue that is so strikingly absent in Arend's poem is somehow realized. Thus, the photo-instrument can serve not only as a vehicle for expressing suffering, but also as a relational instrument connecting people and helping them to gain a richer life.