ATOL: Art Therapy OnLine

The effect of photo-therapy in the treatment of depression in an inpatient setting: Research findings from a study conducted at the clinic for Psychiatry and Psychotherapy at the University Hospital in Bonn

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I would like to start with the development of a photo-therapeutic approach for patients. The photo-therapeutic approach was implemented in the context of a multimodal treatment setting at the clinic for Psychiatry and Psychotherapy, using medication as well as cognitive behavioural therapy. The approach was developed, tested and then evaluated with a randomised study, that is, with a therapy group and a control group.

In the following, I will first talk about the development and the theoretical foundations of a photo-therapeutic approach to the treatment of depression. Later, I will discuss the empirical research methods that were used to determine the therapeutic effect of treating a group of patients with depression. I will then illustrate some aspects of the photo-therapeutic approach and its assessment with a clinical example.

In this study, as well as in the clinic, photo-therapy was used as an art-therapeutic measure. This means that the medium of photography with its technical and documentary functions is seen as relevant for therapeutic purposes. An emphasis is

also placed on the potential artistic or aesthetic experiences a patient has with the world around them and with the Self. Keeping therapeutic effects in mind, I first researched important findings about photography and later tried to apply those findings to the therapy. Very briefly, this research showed that photography is a medium used primarily to engage with what is referred to as ‘primary reality’ - basically the real world that surrounds us.

Photography can fulfill different functions in different aspects of life, for example in science, culture and socialisation. Reasons for the importance of photography in almost all societies are: it can intensify perception processes in everyday life - in an aesthetic as well as in a scientific sense; it can affect emotional, cognitive and communicative processes; it promotes the process of learning and, as a semiotic fact, it highlights ontological differences between the real and the ‘pictured’ world - hence its relevance to the field of philosophy. This can be seen for example in the writings of the semiotician Charles Sanders Peirce (1893), the structuralist Roland Barthes (1980), and the philosopher Vilem Flusser (1983). Of course, I would also like to mention Susan Sontag (1977) who refers to the ‘aestheticization of the world’ through the medium of photography.

Photography is complex and multifunctional. For these reasons photography has become of interest as an educational and therapeutic instrument in educational theory as well as education, art and medicine. Its therapeutic relevance was mainly discovered in the 1980’s and is often associated with Fryrear (1980), a professor for Psychotherapy at the University of Houston in the USA. He was the first person who would structure and organize photo-therapy studies and publications systematically.

Further important evidence for the argument that photography can be used as a therapeutic treatment can be found in the works of psychologist and art therapist Weiser (1993) and ethnologist Spitzing (1985). They, for example, see photography as a way to deal or work with a patient’s own biography. That means helping patients to become aware of their own life story and evaluating it in a positive way. Another example would

be Heine (2009) who addresses problems in the life story of people with addictions with the help of photographs.

Today, the possibilities for using photography as a therapeutic method are quite diverse. Numerous publications report on this form of therapy being used with different age groups as well as different disorders. The therapeutic focus here is mostly set on encouraging creativity, activating patients' own personal resources and on coping with crises in their lives. I have been working in a clinic for 16 years and, therefore, am familiar with art-therapeutic approaches used for patients with depression. For me, it seemed only logical to also include photo-therapy in the treatment for depression.

In addition to photography as a therapeutic treatment I would like to say a few words about the etiology or the cause and the symptoms of depressive disorders:
According to renowned scientists Ebert and Loew (1995) depression is characterised as an affective disorder and symptoms are mainly mood changes and a change in the level of activity. Haerter (2007), another researcher of depression, also mentions the following symptoms:

- Low mood
- Anhedonia i.e. the loss of pleasure
- Loss of energy or fatigue.

Additional cognitive aspects include decreased concentration and a negative self-image. Many people with depression may also show physical problems such as physical pain, changes in appetite and weight. Often sufferers withdraw from society and people. All of these symptoms could manifest themselves in a mild, moderate or severe form. They can be temporary or recurring.

The clinic, where I conducted my research, regards and classifies depression within the so-called 'gene-environment-interaction model' developed in 2005 by Maier, a medical professor, and Wagner, a psychology professor (Maier 2005). According to this model, genetic predispositions can influence the behavioural and processing patterns of the

disorder. However those predispositions can be influenced and modified by environmental factors.

With regards to this model of the disorder and its development, photo-therapy is particularly interested in the neurobiological processing of stimulus perception. For this reason, my research is based on the approach of psychologist Schurian (1986), concerning aesthetic perception and processing of visual stimuli. Related to this are findings suggestive of photography as a relieving and relaxing medium as well as an instrument that activates all senses and motivates. The process of taking photographs can often be combined with some minor but pleasant physical activities such as going for a walk. Schuster (2005) says that looking at photographs involves focused attention, but also that a person can actually choose how long they want to look at it. This can often ease a patient's perception. It usually constitutes a low stimulus.

For my study, I developed a 3-phase photo-therapeutic model of treatment. My approach was project-oriented. That is, there were no strict rules concerning the choice of media, motifs and objects to photograph, or how long the whole project would last. It was also important to offer the possibility for the patients to take pictures outside of the therapy sessions. The therapeutic goals were mainly based on Schurian's approach to perception-improvement, perception-differentiation and perception-alteration (1986). According to Wichelhaus (2002), all of these can be connected to cognition, emotion, motivation, self-reflection and memory. This means the approach is suitable for the treatment of patients diagnosed with depression. This is based on the hypothesis that perception has an important effect on the mood, on happiness or sadness as well as on the energy level of a person.

The study was introduced to the participants as a project with the rather general title 'Perspectives – insights – prospects'. A more general title meant that there was enough space for the patients to be proactive, to freely express individual interests and to work at their own pace. As is usual in project-oriented techniques, the therapeutic supervision was more indirect and subtle. It was important to create a positive and supportive

atmosphere without overwhelming the patients emotionally or mentally, as well as keeping in mind that patients may have different levels of technical knowledge about the medium. Help and support was given either when patients asked for it or when it was clear that patients had problems, such as a mental block for example.

The 3-phase photo-therapeutic model for treatment that I developed for the study can be divided into:

- Stabilisation phase
- Exposure phase
- Integration phase

1.Stabilisation phase
Stimulating activity (Hautzinger 1984), Aestheticisation (Stark 1982, Feininger 2001, Schurian 1986), Perception of objects (OPD 1996, Wichelhaus 2000): Learning and testing the technical as well as the artistic possibilities of photography - experiment, play, reflection, sensual and aesthetic experience, relaxation and relief

2. Exposure Phase
Activating own resources and symbolic confrontation, coding of intrapsychic states with the help of visual media (iconic, indexical, symbolic): Finding and creating one or more personal motifs, choosing something from the real world (photographing), or by rearranging and distorting the photographed reality (Photoshop, collages)

3.Integration Phase
Acceptance and acknowledgement of the creative results as part of the patient's own mental state: Reflecting on and communicating aspects of the pictures in form and content, for example by possibly combining it with additional artistic elements (language, painting etc. collages).

During the stabilisation phase the technical and artistic possibilities of photography are taught and then experimentally put to the test to generate positive reinforcement and to

get patients active. After engaging with this medium and its potentials in a more playful and experimental way the second phase is introduced: exposure. This is characterised by an increased orientation towards the visual content and techniques that can be connected to the disorder and a patient's own mental constitution. These could be unpleasant and painful experiences but also positive memories or even utopian ideas about the future. The thematic confrontation during this exposure requires an assessment or examination and an interpretation of the photographs. During the third phase, the integration phase, reflection and communication play an important part. Patients should connect their experiences and findings with other experiences. This leads
to an activation of mental processes, which in turn can trigger new creative impulses. Of course, the therapist knows the patient's case history and has knowledge about the medical and psycho-therapeutic status of the therapy. In addition they know how levels of depression might manifest themselves in artistic expression and are able to give support if necessary.

The photo-therapeutic model for treating patients with depression was implemented in the context of an empirical study. It was evaluated with a random sample of 38 people. 20 patients were part of a therapy group, the remaining 18 made up the control group. All subjects were categorised according to age, sex and education to find out whether those factors would have any influence on the results. To evaluate the therapeutic effects on a quantitative and qualitative basis a medical consultant first determined the level of depression by using the 'Hamilton Rating Scale for Depression', an instrument used for rating depression in clinical research. This method was also employed once the therapy was completed. The patients were asked to describe a picture before and after the treatment.

The following results were found:

- Symptoms of depression decreased in all patients.
- A significant improvement in perception during the reception of artistic images. This was particularly visible in younger women.

- A significant positive change in the emotional experience of the factors relaxation, curiosity and positive expectations.

To determine perception performance a more informal method using pictures with similar,though not identical,colours and forms was employed. The descriptions of those pictures by the patients - on the basis of certain guidelines-
showed differences in the perception-performance and thus an improvement in cognition and emotions.

This evaluation mostly used quantitative methods - often used in Psychology. However the choice of motifs, and related to that the creative arrangements and rearrangements, were analysed qualitatively and interpreted in a hermeneutic way. The positive results are relevant for the random sample. However, to generalize the thesis that photography has a therapeutic effect on patients with depression, the therapy programme should not only be multi-centric but also suitable for a larger number of patients.

I would like to end this talk with a clinical example of a 29 year old male patient. This patient suffers from a recurrent depressive disorder and during the time of the study was experiencing a major depressive episode. This had also been diagnosed at the initial medical test. This patient took part in 12 therapy sessions.

When choosing a motif for his photographs he took inspiration from the forest next to the clinic, the textures of fabrics, wood or paper (see figures 1, 2). He mainly worked during the therapy sessions and seldom took the opportunity to photograph at other times. It also took him quite a long time to find a personal motif for his path of life - be it retrospective or more positively looking into the future. Many other patients had already found their motif within the first or second therapy session.

Figure 1

Figure 2

After reviewing, reflecting on and talking about his pictures he finally found his own topic during the 10th therapy session by putting together all his previous motifs in one main theme. This helped him to recognize what he had been dealing with visually on an aesthetic level for quite some time: ‘paths in life’ and connected to that ‘light and

shadow' (see figures 3, 4, 5). These seem to form the central topic for a patient with a migrant background, who had come with his parents from the Lebanon to Germany. Through the medium of photography he was able to find a way to deal with his own situation and to find perspectives for his future situation. After the photo-therapeutic sessions the level of his depression had decreased to a mild depressive episode.

Figure 3

Figure 4

Figure 5

As an example, the pictures of this patient show how he addresses conflicts on a visual level and therefore begins to overcome crises: through an aesthetic presentation made possible by photography. The patient has addressed his situation and questions about his life. He has found a solution to somehow unite the seemingly conflicting and incompatible. A process that might well be used in other areas of his life.

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