Autography

Therapeutic Photography as Art Practice

In the Treatment of Autism

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Illustrations are included at the end of the chapter in which they were referenced.

Preface (A Personal Family History)

Autism has been a part of my life for as long as I can remember. My younger brother, Michael, has autism and my memories of him as a child are that he was odd, unpredictable and an endless source of amusement. He was almost like a wild animal when he was very young, experiencing screaming fits when his cuddly toys were interfered with, constantly absconding at every opportunity and causing our parents to have to abandon everything, our two other younger brothers and I included, to sprint after him (having no road sense whatsoever he would not have a seconds hesitation to run into traffic). However, we developed a bond of sorts as we grew older over video games, spending hours together on our Commodore Amiga 500. Michael had a special ability to focus when playing games and I would use him to beat games that I was not able to so I could see how they ended.

As I became a teenager I had less time for my peculiar brother and preferred to spend my time with my school friends discovering music, drink and women, as teenage boys are wont to do, and became increasingly ambivalent to his presence and our relationship. I left school at sixteen and began to work for our father as a decorator's apprentice. Around this time, our parents removed Michael from school due to being the victim of excessive bullying (in the interests of saving money, the local council had placed him in a mainstream comprehensive that was woefully ill-equipped to meet his needs and offer him the protection and support he needed). Dad started bringing Michael to work to give him something to do and we began to reform the bond, my now teenaged, and still odd, brother and I.

Our father died suddenly when I was almost twenty years old, and Michael had just turned eighteen. Whilst our family fell apart each into our own individual grief, Michael sat at home in his bedroom for several years, now without a support structure, and became a very odd adult.

Eventually, Michael was found a place at the Kent Autistic Trust, a charity that provides residential and day services to adults with autism. By now very set in his ways and often completely inflexible in his behaviour, Michael began to live to a structure again. After much debate and conflict with Medway Council, he was provided funding for supported living at an Autistic Trust managed home.

By this time, my raw grief had abated and I was able to begin to rebuild again my relationship with my brother. We found a common ground in our mutual enjoyment of going to the pub and to rock concerts, trips to London to see shows becoming a regular occurrence, fuelled by pub grub and pints of lager. I felt a new responsibility, too, to mentor and guide him and to act as his advocate and found myself taking on the father figure role he had lost in addition to the brotherly role that I already had. I also grew to consider him a very close friend.

The author and his brother, mid-1980s

Four Arbitrary Definitions of Four Different Things

Autism

- *A mental condition, present from early childhood, characterized by great difficulty in communicating and forming relationships with other people and in using language and abstract concepts.*

Photography

- *The art or practice of taking and processing photographs.*

Montage

- *The technique of producing a new composite whole from fragments of pictures, text, or music.*

Art Therapy

- *A form of psychotherapy involving the encouragement of free self-expression through painting, drawing, or modelling, used as a remedial or diagnostic activity.*

Definitions taken from the online Oxford English Dictionary, http://oxforddictionaries.com/, accessed 2010

An Etymology of a New Thing

But first, two old things…

Photography, from the Greek *Photos (light) and Graphos (drawing, writing, painting),* literally meaning "Drawing with Light".

Autism, from the Greek *Autos (the Self) and Ismos (suffix of an action or state),* literally meaning "State of Self".

Consider if you will, a combination of the two, autism and photography working together to form, maybe, **Autography**, literally meaning "*Drawing with The Self*". Shall we call the images made by this combination **Autographs**?

Sure, why not?

Stephen Thomas Cole, 2010

Charlie – "*What I said about being on the road with you I meant. Connecting. I like having you for my brother.***"**

Raymond – "*I'm an excellent driver.***"**

Dialogue from the film "*Rain Man*", 1988, dir. Barry Levinson.

"Autism itself is not the enemy… the barriers to development that are included with autism are the enemy. The retardation that springs from a lack of development is the enemy. The sensory problems that are often themselves the barriers are the enemy. These things are not part of who the child is… they are barriers to who the child is meant to be, according to the developmental blueprint. Work with the child's strengths to overcome the weaknesses, and work within the autism, not against it, to overcome the developmental barriers."

Frank Klein, from the article *"But my Kid is Low-Functioning... You're Not... What You Wrote Does Not Apply!",* http://home.att.net/~ascaris1/lfa.html, accessed 2010

Chapter 1: An Introduction to my Personal Practice and Autism.

Over the last several years I have been exploring the relationship between photography, therapy and autism. In particular, I have developed a strong belief that there is a therapeutic action in the application of photographic practice when said practice is presented so as to directly target the nature of a person's autism.

Autism is "a lifelong developmental disability and is part of the autism spectrum" (nas.org.uk, 2009). Individuals with autism are each affected in different ways. Whilst some towards the higher functioning end of the autism spectrum may be able to live largely untroubled by the condition, others will be profoundly disabled and will require a lifetime of support. In between these two extremes live many tens of thousands of people with autism as a shared condition but with wildly differing experiences.

However, individuals on the autism spectrum do have three common traits, difficulty in three defined areas, namely; social interaction, social communication and flexibility of thought (social imagination) (nas.org.uk, 2009). This is known as the Triad of Impairment (*fig. 1*) and is used as a diagnostic tool when identifying autism. Even within this commonality, the spectrum nature of the condition dictates that individuals will be deficient in differing ways in each area of the triad; for example, an individual may interact well socially but be voluntarily non-verbal whilst another may talk freely but in a socially unacceptable way. It is important to acknowledge this nature of

autism and the nuances of the condition, to recognize that one cannot simply refer to a sufferer as autistic and expect to even begin to describe their condition and personality to a person that does not know them. The acknowledgment of this fact is to acknowledge that each person with autism is an individual in their own right, that they are not strictly defined by their condition.

I have spent almost my entire life in contact with autism, firstly through my autistic younger brother, then through the children that attended his specialist primary school and later when working with adults with autism as a support worker at the Kent Autistic Trust. Whilst the scores of people with autism I have met over the years may share a lot of characteristics and eccentricities, no two of them have been the same. I labour this point simply because the danger for those not as familiar as I am with autism is to generalise the condition. The 1988 movie *Rain Man* (directed by Barry Levinson) portrayed an adult with autism in a wonderfully sympathetic light and provided a great service in raising awareness. However, the film did present a highly stereotyped representation of the condition, from the extreme adherence to a regimented timetable, obsessive interests, rejection of change, self-injurious behaviour and to the depiction of Raymond Babbitt as an autistic savant, capable of prodigious calculations in an instant.

Whilst these behaviours (largely excluding savantism) are often present to one degree or another in autism and whilst a few people with autism have demonstrated savant like abilities, the extreme depiction of these traits in this film have coloured the public perception of autism. Clearly, the purpose of a Hollywood movie is to tell a good story first and foremost, which *Rain Man*

certainly does, but the legacy of that story is a gap in understanding. The negative result of this gap is a de-humanisation of those with autism, that society is only able to see the condition, and when the behaviours of the condition do not match with society's preconceived idea, a greater alienation is felt.

In line with the triad of impairment, people with autism often have a narrow set of interests (inflexibility of thought) that they are very focused upon. Whilst this certainly limits a person's appreciation of the wider world, it does not necessarily limit their enjoyment of their existence. Uta Frith writes in *Autism: A Very Short Introduction* (Frith, U. 2008, p93) that "*repeated practice, even obsessive practice, would not be a chore for an individual who has a restricted repertoire of interests and activities.*" She goes on to cite the case of an individual who was fascinated by the printed word and knew the book *The Cat in the Hat* verbatim. His obsession meant that he had read the book many hundreds of times and continued to re-read it often, memorising it in the process. A strong focus on a very small group of interests (often a singular interest) over a period of years naturally lends itself to an unexpected level of ability.

Take, for example, the case of Temple Grandin, a person with high-functioning autism who is very well known for the contributions she has made to the field of animal husbandry and cattle management, holding a masters and PhD in animal science. Unable to understand and interact with the human world easily[1], she felt a great empathy for animals and was able to focus her

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[1] "*I screamed because it was the only way I could communicate. When adults spoke directly to me, I could understand everything they said. When adults talked among themselves, it*

interest, providing herself with a sense of inner peace and achievement whilst also making a great contribution to society at large.

Similar is the case of Stephen Wiltshire, a young man with autism and a prodigious talent for architectural illustration, able to make accurate drawings of buildings from memory, most famously recreating the Manhattan skyline following a short flight in a helicopter (*fig. 2*). In the foreword to *Cities* (Wiltshire, S. 1989, p4), a collection of Wiltshire's pictures, Oliver Sacks says from the age of four, "*Stephen, though otherwise withdrawn and mute, had been fascinated by pictures. This was his one interest, his one connection with the world. Soon after this he started to draw".* Sacks goes on to talk about the joy that Stephen derived from drawing, in particular making drawings of buildings. Through the pursuit of this interest in pictures and drawings, Wiltshire became a phenomenon of sorts, receiving recognition and admiration from around the world. Also writing in *Cities*, Anthony Clare comments on Wiltshire's experiences and the positive change they have made in him and that "*Stephen has had the thrill of seeing his work widely appreciated and his drawings become sought after by would-be purchasers… His confidence has prospered and he has learned to read and write. In short, the story of Stephen Wiltshire is the story of a talent locked behind a wall of mental impairment which, on being released, has not merely flourished but has enabled the impairments to be tackled and a whole life transformed."* (p10). (figs. 3-4)

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sounded like gibberish. I had the words I wanted to say in my mind, but I just could not get them out; it was like a big stutter." (Grandin, T., autism.com, 2000),

Both Temple Grandin and Stephen Wiltshire have transcended the differentness between themselves and the general population by embracing the very thing that provided the difference in the first place; their autism. Each held a strong interest in a narrow field and through their ability to channel that interest into an activity that they enjoyed they were able to engage with the wider society, winning accolades and respect that otherwise would not have been forthcoming.

To take advantage of this aspect of an individual's autism, then, could be a valid methodology in breaking down the barriers in communication between "us and them". By embracing the individual and engaging with their focused interests, could we provide them with the tools to make the changes that they need to integrate with society and lead a more culturally fulfilled life? Indeed, could this interaction provide us, (the neuro-typical population[2]), with the tools that we need to hold a greater empathy?

At the start of summer 2009 I organised and held a photography workshop at a day-centre run by the Kent Autistic Trust. The broad concept of the session was to introduce digital image making to the candidates, a group of adults with autism, and to use photography to directly target their autism and provide them with the opportunity to express themselves in a new way.

It was with the candidate's autism in mind that the photography session was structured. The candidates were already regularly engaged with art practices as part of their support service at the Trust, and the idea of introducing digital

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[2] This phraseology feels quite awkward to use, but it acts as a useful differentiator and is actually a popular term online amongst the high functioning autistic community, describing those that they perceive as "the other".

art was a natural progression from that. In particular, the easy manipulability of digital photographic images and the immediacy of working within digital photographic workflow readily lends itself to the context of a constructive and enjoyable workshop. To maintain interest and momentum in the task at hand it is incredibly important to reward the candidate's engagement with quick results to reinforce the tangibility of their efforts.

Following a meeting with the behaviour support manager at the Kent Autistic Trust, a shortlist of potentially suitable candidates was drawn up based on a discussion on the content of the workshop. It was agreed that the key aspect of the session would be the manipulation of the digital images captured and that this would directly address the individual's flexibility of thought (or, rather, the supposed deficit in this), an area where people with autism experience difficulty, to some degree or another, as per the Triad. In my personal experience, it is often an area of a person's life that they struggle with a great deal, not only in terms of imagination but also in terms of having to live within a highly ordered and structured existence, unpredictability causing great anxiety. By making images of each other and then digitally superimposing that image into another setting, the candidate is being asked to make a leap of imagination and buy into the creation of a fantasy world, but a world in which they direct and control. With prior knowledge of the candidates it was possible to pre-select a collection of background images that they would individually find stimulating and which would be purposefully targeted at the individual's particular focussed interests; for example, one candidate is known to have a keen interest in the police force, Kent Police especially, so to be able to

introduce the opportunity for him to *become* a police officer *(fig. 5)* was an exciting prospect indeed.

At this point it is prudent, I feel, to fully outline the process that we took into this workshop and identify the anticipated benefits;

- Stage a digital photography and image-making workshop
- Take candidates through process of image-making covering capture, post-production, image manipulation and output
- Take steps to ensure workshop is targeted at autism using an understanding of the Triad of Impairment
- Take steps to ensure workshop is further targeted to the participating individuals

The benefits and outcome of the workshop were hoped to include:

1. An engagement with the individual's autism, targeting specifically at the area of flexible thought and to achieve a heightened sense of imagination, if possible
2. An elevated understanding of image-making, particularly pertaining to digital photographic image-making
3. An engagement with the individual, providing a happy and memorable experience
4. An engagement with the other aspects of the Triad

The event was structured relatively loosely so as to facilitate as enthusiastic an uptake as possible. The candidates on the day formed a broad cross section of autism, being of varying degrees of social ability and motivation, so this "hands off" approach was vital. Working with groups of two or three

individuals, the process was signposted and implemented with the candidates themselves largely directing the flow of the session, requiring only gentle encouragement and support when using the camera equipment. Having already reviewed and agreed on a background, all the candidates greatly enjoyed manipulating, with assistance, images of themselves into fantasy scenes and at the completion of one image, there was broad enthusiasm to begin another. Upon conclusion of the session the group reviewed the work *(figs. 6-7)* completed and the group gave a positive response to the experience.

The workshop was, without question, a success for all concerned. We entered it with a desire to engender in our candidates an interest in digital image making and also to engage with them in a structured and targeted therapeutic manner. We clearly achieved both of these goals. For me personally, there was a new insight and understanding on the creative abilities of a person with autism. During the manipulation stage, one candidate's image was being inserted into a forest scene *(fig. 8).* Asking him for direction on where he would like to be within that scene I jokingly suggested we place him up a tree, to which he instantly responded with "No, don't. I might fall out!". What struck me about that reaction from him is the extraordinarily high level of engagement he was experiencing with the imagination aspect of the image; in his mind he was in that forest and the danger of being placed high up in that tree was no different to being placed in a tree in a real forest. For a person with autism (and in particular that individual person, a young man who is often non-verbal and is generally quite insular) to demonstrate that level of understanding and investment in the created narrative (fantasy space) to me

was a bona-fide "Eureka!" moment. The Triad of Impairments is clear and indisputable regarding flexibility of thought; it is an area that a person with autism experiences difficulty. Not only did we ask that person to use their imagination in a radical and flexible way, we also introduced an incredibly unpredictable event into his day. That he not only coped with this but clearly thrived on it provides validation that our knowledge of and targeting to his autism was effective and allowed for a creative and constructive session. So, by this point I felt able to say that an approach had been identified and validated. The candidates were able to engage with the image making process and to derive pleasure from it. They were thinking "outside the box" and, despite the orthodox wisdom regarding their condition, working in a creative and imaginative way. With refinement of the method and an understanding of the forces at play, I propose that a therapeutic program that encourages personal growth and could potentially lead to positive cognitive change could be devised. Having identified the potential for creative work in this process of photography, performance and digital montage, I began to look to the wider debates surrounding the use of art as therapy to begin to understand the context of the work that I had wandered into, trying to understand how this potential could be most successfully harnessed and delivered to these people in the most beneficial way.

Social and emotional

Difficulties with:

· Friendships
· Managing unstructured parts of the day
· Working co-operatively

Language and communication

Difficulty processing and retaining verbal information

Difficulty understanding:

· Jokes and sarcasm
· Social use of language
· Literal interpretation
· Body language, facial expression and gesture

Flexibility of thought (imagination)

Difficulty with:

· Coping with changes in routine
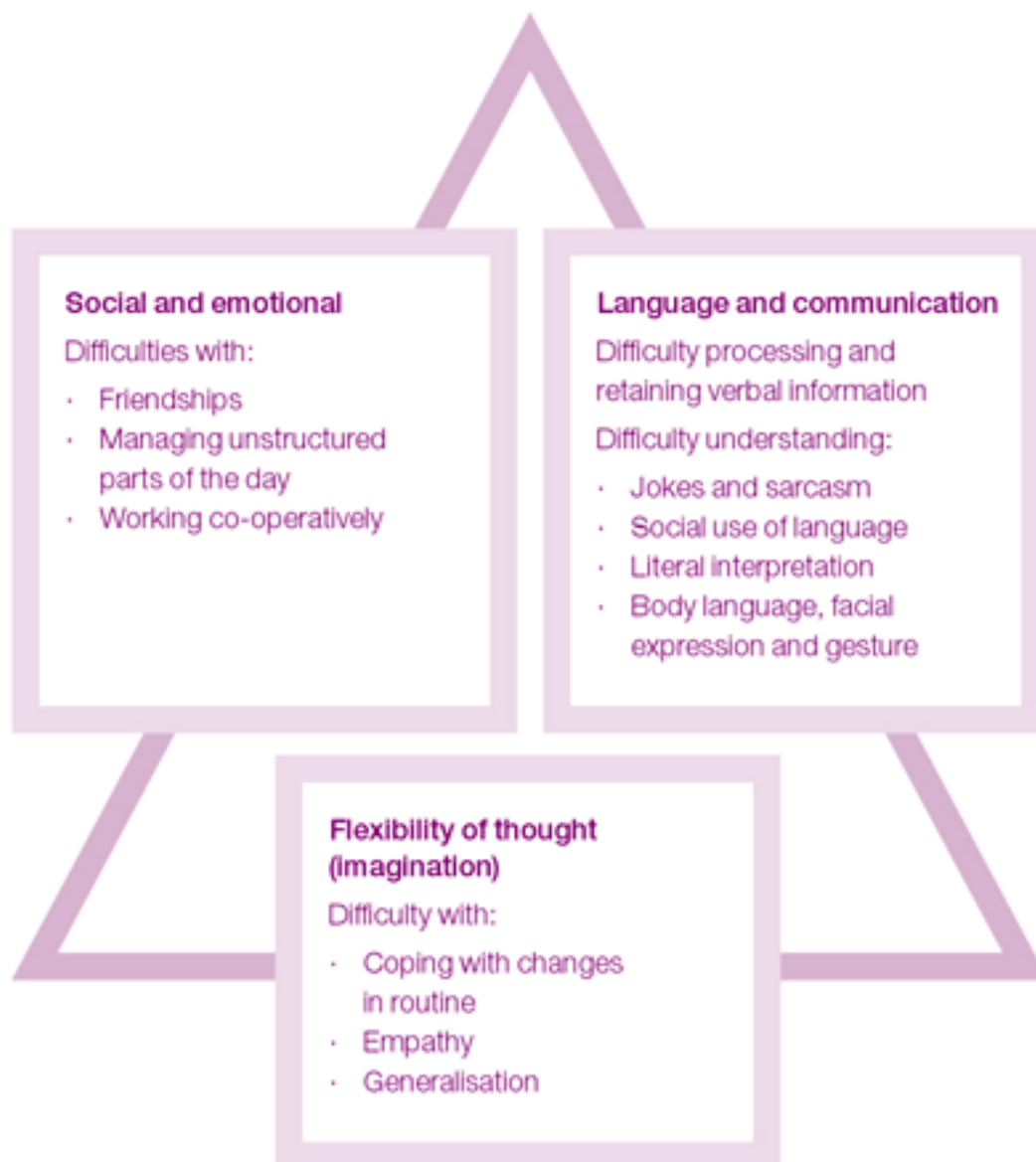· Empathy
· Generalisation

Fig. 1 The Triad of Impairment

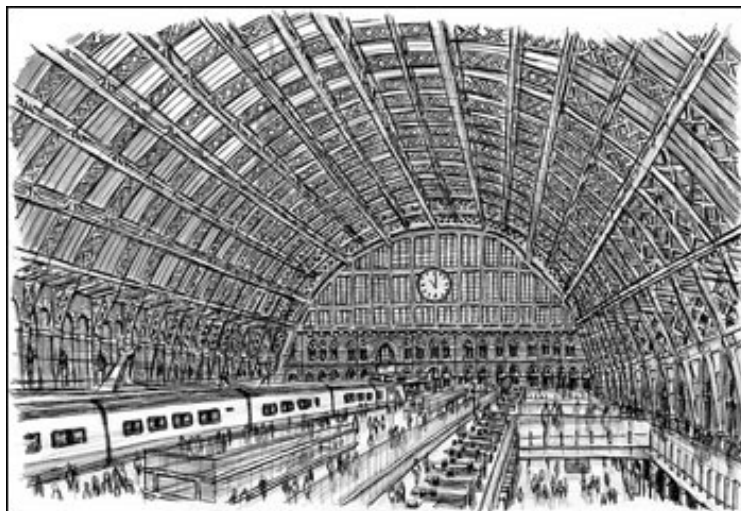Fig. 2 Stephen Wiltshire drawing Manhattan from memory
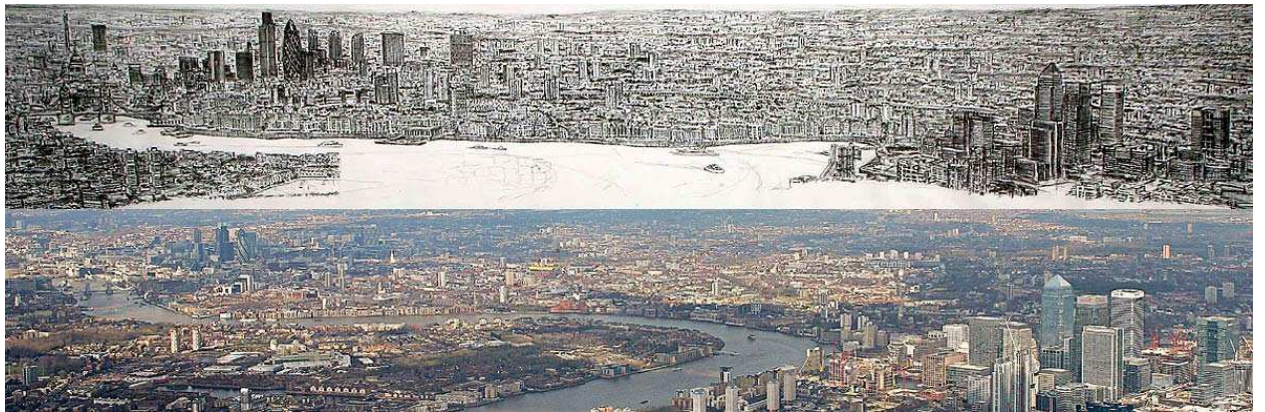

Fig. 3 Stephen Wiltshire

Fig. 4 Stephen Wiltshire drawing from memory, comparison of a drawing of

the London skyline with a photograph.

Fig. 5 Photo-montage from workshop

Fig. 6 Photo-montage from workshop

Fig. 7 Photo-montage from workshop

Fig. 8 Photo-montage from workshop

Chapter 2: Art as Therapy.

The therapeutic use of art and art practice is now recognized as a beneficial

tool in developing cognitive, behavioural and emotional development for a

wide range of conditions and states of mind. This has not long been the case,

however. In the foreword to *Art as Therapy: An introduction to the use of Art*

as a Therapeutic Technique (edited by Dalley, T. 1984) Peter Fuller explains

that art therapy as a term was not used until the 1940's in Britain and that

professional criteria for the practice thereof was not formalised until around

the early 1980's. He goes on to discuss the lack of consensus amongst

practitioners regarding the best approach to using art as a therapeutic device,

which is not in itself surprising considering that he is clearly writing in the

period shortly after art therapy began to be formalised; the formalisation was

by no means complete. Where he is able to confidently assert a consensus is

in the recognition amongst his peers that art therapy is not "*primarily a*

diagnostic tool" or merely a means of gathering evidence and material for

later, separate, psychological evaluation. Rather, he identifies the active role

that art therapists play in the treatment and care of a patient, that through art

therapy in and of itself a beneficial change can be made in said patients

condition.

Fuller was writing in the relatively early days of art therapy but it is clear that

he was able to see and appreciate in the use of art as therapy the possibility

for tremendous growth and benefit for the individuals targeted. He speaks

briefly of modern society's isolation from art, that "*it is becoming harder and*

harder for ordinary men, and ordinary women, to practice it", his inference

being that this is detrimental to society, recognising the "*restorative powers*" of

the creative process. It is interesting to note this point, an early recognition of

the therapeutic influence that art can have on an individuals well-being within society, as, whilst this paper will largely focus on the change and therapy pertaining to the individual, the end result will play out in society at large.

Professional thinking on art therapy has developed over the years since Fuller broached these points, as have notions on the societal benefits of art therapy. In the introduction to *Art Therapy and Social Action* (edited by Kaplan, F.F., 2007) Frances Kaplan discusses the societal implications of art therapy, that by assisting clients with "culture-related problems as well as intra- and interpersonal problems" art therapy has become "*more culturally competent*" and consequently bears "*a responsibility to the larger community from which their clients originate*". Considering this wider responsibility certainly brings sharper focus. If by helping the individual through art therapy we in turn bring changes to bear in wider society, raising the questions of what form should the therapy take in terms of providing learning, where and how strongly should the moral compass point?

Dan Hocoy, a psychotherapist, links social action with art therapy "*through the versatility and power of the image*" (edited by Kaplan, F.F., 2007, p22*)* saying that social action is "*predicated on the relationship between personal and collective suffering*" whilst the image has "*the unique ability to bring to consciousness the reality*" of both the immediate collective predicament and the eternal individual suffering, the combination of these elements generating a political power and feeling of community oneness. Bearing this in mind, art as therapy suddenly acquires strength of purpose that is not necessarily immediately visible. By using the creative process to help an individual through a trauma, illness, state of mind or enduring condition they are

empowered not only as individuals but also within their community, able to feel a greater sense of self-worth whilst also experiencing greater integration with the wider society that they may previously have felt detached from.

Whilst art therapy has been used to treat all manner of people adrift from society, from those in prison, troubled/abused children, the terminally ill or the depressed, a group that may be the most detached from society would arguably be the mentally ill, the mentally handicapped and the learning disabled population. Whilst it would generally be unfair to group the transiently mentally ill with the permanently mentally disabled, it is fair, I suggest, to portray them as historically equally sidelined and prejudiced upon by the general community, perhaps mainly due to a lack of empathy. It is only in relatively recent times that the mentally ill and the learning disabled began to be looked upon by the wider public with a greater sympathy rather than indifference or even hostility, previously being confined to asylums and institutions, misunderstood and not helpfully treated. Still today in society the "differentness" of these groups of people presents a large barrier to understanding and requires a great effort from those "outside" to overcome this. So, through the use of art therapy with these groups, one may argue that the inherent social function is in the fostering of a greater understanding, not only from the outsiders looking in, but also a greater understanding of the outside world for those living within an illness or condition.

Janie Stott and Bruce Males write (edited by Dalley, T., 1984, pp 111 – 125) regarding the use of art therapy for the mentally handicapped and discuss what (indeed *if any)* benefits are achieved. Through identifying the mental and/or physical barriers a person can face (such as a limited ability to learn

and reason, inability to understand and cope with emotional needs, frustrations with limitations caused by physical disability, lack of speech) they demonstrate the "differentness" of these people to their families and the community. The burden of these differences leads to alienation and isolation. One end result of this may be that the person is placed in an institution where professionally trained carers can provide a dispassionate care[3], attending to their needs but not necessarily treating the condition. The larger issue here though is one of communication. A person with a mental disability is generally unable to communicate fully with those around them, for the deficiencies listed above amongst others. Stott and Males argue that the primary aim of art therapy is "*to act as a means of communication and self-expression*". Art therapy, they say, offers an alternative mode of communication for the non-verbal or those unable to understand or express words, thereby increasing the opportunity for self-expression, easing the discussed difficulties and, perhaps, re-establishing a sense of identity.

These latter day ruminations, whilst certainly representing the consolidation of approach, are by no means the genesis of the theory. Psychiatrist and art historian Hans Prinzhorn published *Artistry of the Mentally Ill* (1922*),* a book documenting and discussing both in terms of art criticism and psychiatry a collection of works created by inmates of psychiatric hospitals through Europe. The collection had begun to be assembled at Heidelberg University at some point in the first decade of the twentieth century, probably by the director of the university's psychiatric clinic, Emil Kraepelin. His successor,

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[3] This is not meant as a slight towards care workers (having been one myself for a time) or to question their passion for the job, but rather that the care they can provide is naturally without the passion of familial love.

Karl Wilmanns (director from 1918 – 1933), later decided that a scientific study of the nascent collection was to be undertaken and Prinzhorn, who joined the staff shortly thereafter in 1919, began to work on the project, with the priority of enlarging the collection *(Brand-Claussen, B., Beyond Reason, 1996)*.

Prinzhorn and Wilmanns together strove to broaden the scope and volume of the works, contacting clinics and institutions far and wide, taking advantage of professional contacts and following up on submissions with requests for further work. In a relatively short span, the collection had swelled to around 5000 individual pieces, consisting of paintings, drawings, text, embroidery and other creative outbursts from the mentally ill population[4] *(figs. 9-12).*

Prinzhorn's intentions were that the work be displayed in an art context as opposed to medical, in a gallery or museum and be treated as items with aesthetic significance rather than just curious by-products of diseased minds. Through this treatment the work of this community received a positive re-evaluation, the imagery being relocated from the diagnostic and taxonomic to the level of trained artistry, a democratization and outreach rarely afforded to these marginalized people, an ethos echoed in the previously mentioned practice and theory of Stott and Males some sixty years later.

Whilst it is possible to look back today and recognise with ease the nobility in Prinzhorn's work, in his time his ideas were radical. It is interesting to counterbalance Prinzhorn's actions with the eugenics movement of the

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[4] The works were often anonymous, other than the occasional "diagnosis" of 'idiocy' appended to them by the patient's clinician.

period, an ideology rooted in social Darwinism and concerning the promotion of "desirable" hereditary traits versus "undesirable". Widely followed throughout the early 20th century around the world, eugenics was taken to it's logical, horrifying, apotheosis by the Nazi regime in Germany, through their euthanasia programs of the mentally and physically disabled to the mass exterminations of the racially impure; the Jews, the Roma, the Slavs and many others. Prinzhorn died in 1933, shortly before the Nazis took power in Germany, but the toxic ideas that underpinned the policies that they were to implement had been in circulation for many years previously. The notion of "lebensunwerten lebens" (life unworthy of life) was the descriptor that the Nazis gave to those who they believed had no right to live, and had first been put forward in print in 1920 (Binding K, Hoche. A, *Die Freigabe der Vernichtung Lebensunwerten Lebens, 1920).* Hitler himself drew a massive audience with the publication of *Mein Kampf* in 1926, putting forward his demented ideas on the importance of racial purity in the strength of German society, how the mixing of races would produce offspring "*between the level of the two parents",* and that "*the offspring will probably stand higher than the racially lower parent, but not as high as the higher ones"* (pp258-259). This grotesque language extends later to the physical fitness of the ideal German citizen, saying "*[a] decayed body is not made the least more aesthetic by a brilliant mind"* and dictating that physical training is "*a requirement for the self-preservation of the nationality,"* (pp371-372). Clearly, anybody less than the most pure, most able, most idealized German/Aryan citizen was, in the prevailing political winds of the time, a creature not worthy of consideration.

Yet Prinzhon celebrated the achievements of this segment of the populace and dared to laud it as art, exhibiting the collection throughout the 1920s, participating in academic debate, aligning the works with the school of Expressionism and extolling the discovery of a new mode of engagement between the creative impulse and the culture. These activities were met with high levels of interest and approval, both from the art and medical establishments and from the wider public, but were not without their detractors. The Nazis loudly criticized the collection, denouncing the imagery as degenerate and a pernicious and corrosive influence on German society. As Nazi political power increased through the 1920s, this criticism was able to increasingly stifle debate regarding that which they considered perverse, and Prinzhorn's work slowed and gradually petered out. In 1937, the Nazi government staged the *Entarte Kunst (Degenerate Art)* exhibition, a traveling show composed of seized art deemed dangerous and subversive and including work from the Prinzhorn collection. Imagery that Prinzhorn originally exhibited in celebration was now exhibited in condemnation.

More positively, the Prinzhorn Collection directly inspired in the late 1940s Jean Dubuffet to begin to compile his own archive of art created by the disaffected and mentally ill, contextualising the work as art and further defining it as "*art brut*", (raw art) or what would become referred to as outsider art *(figs. 13-14)*. Dubuffet was interested in the artistic output of the "outsider" as he believed "*it was uncooked by culture and represented art in it's rawest and purest state*" and also that "*culture was the enemy of true creativity*" (*Edwards D., Art Therapy, p22, 2004*). Dubuffet's (and his likeminded peers) contribution to the art therapy debate regarding art brut/outsider art would be

important, influencing many early art therapy practitioners inspired by "*an initial fascination with the paintings of psychiatric patients they had see in the various exhibitions of the late 1950s and early 1960s*" (Edwards D., Art Therapy, p22, 2004).

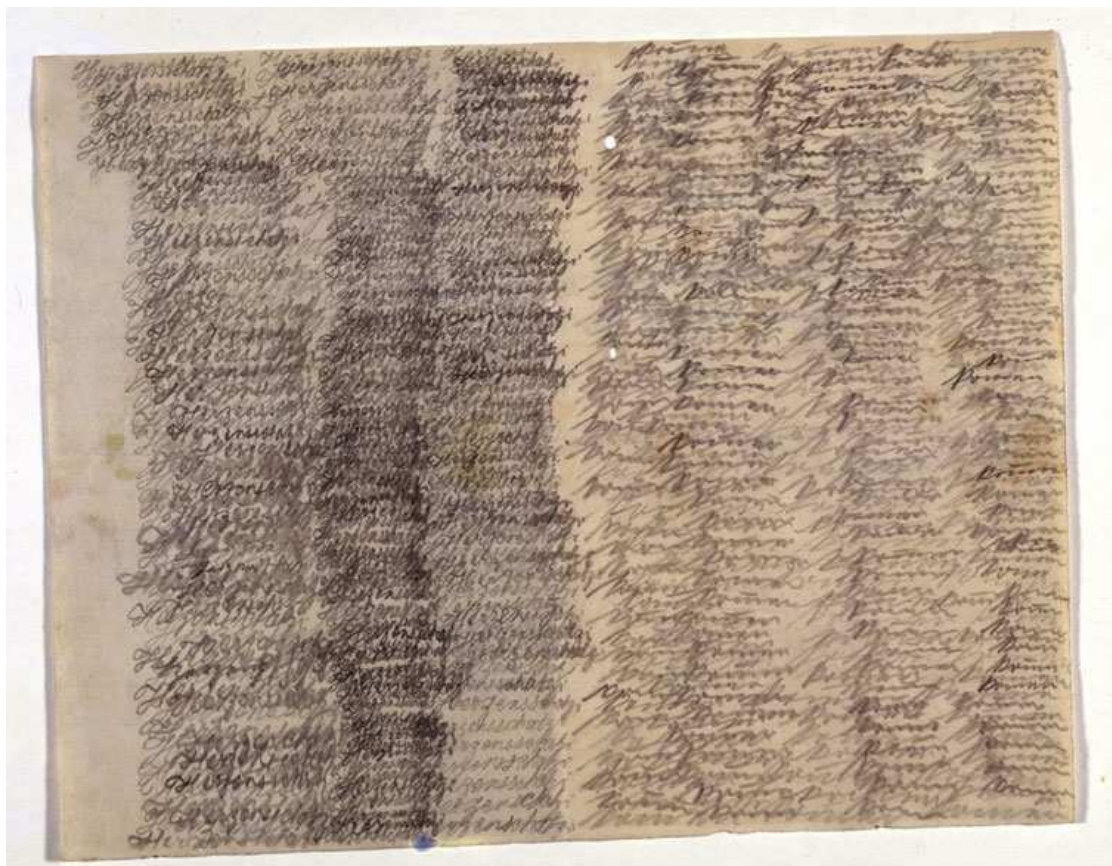Fig. 9 From The Prinzhorn Collection

Fig. 10 From The Prinzhorn Collection

Fig. 11 From The Prinzhorn Collection

Fig. 12 From The Prinzhorn Collection

Fig. 13 Jean DuBuffet

Fig. 14 Jean Dubuffet

Chapter 3: Photography as therapy and therapeutic photography.

Art therapy is today often associated with the traditional arts, such as drawing and painting. Music and drama are also regularly employed in therapy to great success. Increasingly, and concurrently with its rising acceptance as an independent art-form, photography has become recognised as a potential therapeutic platform.

Doug Stewart, an early advocate of photography as therapy, defines phototherapy as *"the use of photography in a therapeutic setting, under the direction of a trained therapist, to reduce or relieve painful psychological symptoms, and as a method of facilitating psychological growth and change"* (Stewart,D. 1979). Clearly, this definition fits closely with the accepted theory regarding art therapy as a whole.

This is expanded upon by David Krauss: *"Phototherapy is especially powerful, beneficial, and to the point with clients who use visual sense accessing cues. Therefore, clients who use verbs and phrases such as "I see your point...focus in on...cloudy...foggy notion...hazy...get the picture...I want to show you...clearly...see what I mean..."etc should find this way of working extremely efficacious. It should be clear that the use of phototherapy might also be especially helpful to clients who are not very verbal or who have language problems"* (Krauss, D. 1984).

Of particular note is the last sentence from that quote, that photography might have special benefits for the verbal/language impaired, more so I would argue than traditional image-making techniques involving paints or crayons. The

very nature of photography is to capture a representation of reality in such a way so as it is indistinguishable from that reality[5]. For a person who is unable to communicate effectively with his carers or therapists, the language of the image is all that remains. If that person is also unable to meaningfully participate in creating a painting or a sketch then the medium of photography and the very real representation of the world that it easily presents performs a great service in pulling down these barriers and opening up a route for the patient to communicate.

Judy Weiser, a psychologist, art therapist and noted leading voice in the field of phototherapy, has over several decades developed and refined a mode of working with photographs in therapy, ultimately defining phototherapy technique as *"therapy practices that use people's personal snapshots, family albums, and pictures taken by others (and the feelings, thoughts, and memories these photos evoke) as catalysts to deepen insight and enhance communication during their therapy or counselling sessions (conducted by trained mental health professionals), in ways not possible using words alone"* (http://www.phototherapy-centre.com, 2009).

Weiser has identified five individual techniques for delivering therapy through the use of photography, namely;

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[5] Speaking strictly in the most face-value way, the act of photography captures and reflects a representation of reality that is, as Fox Talbot intended, true to nature, the film capturing accurately that which is presented to the lens. The interpretation of that representation, however, falls to the viewer, and here a challenge arises when using photography in therapy, that if the photographic representation is only presented as "the real" then the patient may be confronted by the same challenges that they face in life, removing the therapeutic benefit of the exercise.

1. Photos which have been taken or created by the client

2. Photos which have been taken of the client by other people

3. Self-portraits, any kind of photos that clients have made of themselves

4. Family album and other photo-biographical collections

5. Photo-Projectives, based on the fact that the meaning of any photo is primarily created by its viewer *during* their process of viewing it

(http://www.phototherapy-centre.com, 2009)

Weiser states that by using these five techniques individually and in combination in therapy sessions, a trained psychologist is able to *"look for underlying patterns of responses, for repeated themes* and imagery*, for consistencies through time (and often generations), for unusual or symbolic content, and most of all, for emotional reactions indicating inner feelings which the clients may or may not be consciously aware of at the time of encountering the photo-catalyst,"* ultimately both forming a diagnosis and advancing the patient through a therapeutic restorative journey.

In Weiser's formal medical use of photography as a "catalyst" for understanding and learning, both within the patient and by the therapist of the patient (for diagnostic purposes), the notion of art practice is not emphasised. Weiser herself states that "*there is not even any need for special skill or training in photography itself -- because this is about using photos as communication, not as "art"*" (http://www.phototherapy-centre.com, 2009). Instead, we may surmise, the inherent language of the photographic image is the force at play in photo-therapy, rather than any art contextualisation or technical standard.

Linda Berman helps us clarify somewhat this idea about the natural form of the photograph being used somewhat in her book *Beyond the Smile: The Therapeutic use of the Photograph* (pp 2-4, 1993). She discusses the "*psychological significance of photographs*" to establish a baseline understanding of the processes at work when we interact with the photographic image, discussing that *"[f]or children, the image can be a sign of the security of their place within the family and their world, reflecting their self-image and boosting identity and recognition, validating them and their individuality, confirming both their separateness in the world and their relatedness to others".* Berman continues that this photographic language persists into adulthood, as we share our photographs with others "*we tend to watch their faces as they react to our image, checking out our impact on the other people, seeking their reflected acknowledgement and appreciation*". Using this tie that we hold to the photograph and our self-image as a means to access the individual requiring therapy is the crux of the matter.

Berman also concurs, broadly, with Weiser's photo-therapy techniques and also re-states Weiser's assertion that it is important that the therapist has "*the kind of solid and thorough training that will enable her to cope with the patients difficult experiences in therapy*" (pp51-54, 1993).

The clinical approach, according to both Weiser and Berman, can by definition only be delivered by a clinician, a trained professional. For the therapy to be effective and to effect a lasting positive change, the client/patient's emotional responses need to be interpreted and understood correctly and according to psychiatric orthodoxy. Weiser makes this an unequivocal facet of photo-

therapy. She defines the practice as being "*conducted by trained mental health professionals*" (http://www.phototherapy-centre.com, 2009) and then contrasts this with alternative practices using photography as therapy as "*techniques* [that] *are* photographic *practices done by people themselves (or helpers) in situations where the skills of a trained therapist or counsellor are not needed.*" (http://www.phototherapy-centre.com/, 2009). If we accept at face value, then, that which Weiser and Berman state above, do we accept that the only therapeutic use of photography is in the strictly clinical, able only to be utilised by the medical professional?

The photographer Jo Spence provides an interesting alternative argument. Cutting her teeth as a working photographer in the male dominated world of commercial and studio photography (Spence, J. *Putting Myself In The Picture, 1986),* Spence began to step outside the confines of family portraiture, politicising her work and outlook through the 1970s, working towards increasingly feminist goals and challenging the status quo, culminating in 1979 with the work "*Beyond the Family Album" (figs. 15-16)*, made specifically for inclusion in the Hayward Gallery exhibition *Three Perspectives on Photography* (her first such commission). Spence's work was "*an investigation of [her] own family and [her] class background and what it meant to be a woman",* a "*cross fertilization between class and sexuality"* that influenced all of her later work (p82). This work provided the genesis for Spence's self-examining portraiture. Driven by emotions regarding how she had been "*represented by others*", Spence opened the project by "*tentatively examining photographs of [her]self*" and then "*taking control over how [she] wanted to be*

photographed" (p82, 1986), taking an active role as subject (rather than

passive subject) in front of her own camera (rather than somebody else's).

The final body of work is a fiercely political screed against the social order

with Spence rejecting the placement of herself in the typical gender role,

charting her life in images and providing text analysis and commentary (often

scathing) alongside autobiographical information. The recurrent theme of

representation is explored, with early childhood photographs becoming early

adult photographs whilst retaining the same sense of passivity, of lack of

control. Using captions such as "*Offering myself to the camera with a variation

of "The Look""*, "*Playing at being a photographer, in between typing letters",*

"*Twenty-nine years: a last fling at being beautiful",* the sensation of not having

control is apparent *(fig. 17).* In one posed studio portrait *(fig. 18)*, Spence has

been airbrushed without being asked, her nose straightened and the bags

from under her eyes removed. She states that she had already worn make-up

especially for the shoot as well as having her hair blonde-streaked. That the

photographer/printer then makes a further intervention on her representation

without any consultation smacks of gross transgression in the context of this

body of work. Who controls Spence's image, Spence or the photographer, or

even society?

Following on from *Beyond the Family Album,* Spence continued to explore

themes of identity and representation, of class and gender battle. In particular,

she began to attempt to "*represent the unrepresentable*" (p98), railing against

the mythologization of the family structure in imagery and documenting the

less desirable side of family life, such as divorce, separation and conflict *(fig.*

19). From this period Spence began to "*understand that we should use photos*

to ask questions rather than to try to show facts" (p98).

The relevance of this new understanding is highlighted by contrasting Spence's early works of politically charged documentary photography with her continuing (through this period) use of collage/montage techniques and later self-healing therapeutic work. The image becomes a tool to interrogate rather than a device to demonstrate. The interrogation soon fell on Spence herself as she began to use photographs in a therapeutic setting, focussing on two images from her childhood[6] *(fig 20-21).* In a discussion with her tutor and mentor, Peter Clark (who assumed the role of probing therapist in the discussion), (pp 143-148) Spence explores her memories and emotions regarding these two images, working through an often painful range of feeling from her childhood, notions of being "trapped" by her home, her family and indeed the general circumstance of her life, using the images to trigger memories of previously unnoticed details (for example, the drabness of the surroundings or that her mother's dressing table contained "*nasties*" such as sanitary towels, tampons, cami-knickers with button-up gusset and suppository delivery devices) which generate a larger tapestry of memory and allow Spence to confront her feelings of guilt (and jealousy) towards her younger brother and their shared experience of evacuation during the war and how she feels that she wasn't there for him. From this session, the transcript of the discussion was then used as a catalyst in a following photo-therapy session, gaining greater insight and "*whole areas of family life and [her] own*

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[6] Which had previously been used in her *Beyond the Family Album* exhibition and captioned respectively by her as "*Eleven years: looking like a refugee. Another 'face' I still see on me… more often now,*" and *"[f]rom the state's point of view I was another 'problem' which needed solving at various points in this life. But I never got caught stealing"*.

sexuality began to be articulated. Feelings frozen for years began to surface"
(p148).

Spence collaborated heavily through this later period with Rosy Martin, reflecting in many ways the two-way dialogue that is present in formal therapy. The pair worked together to confront Spence's feelings of distrust and detachment during her cancer treatment, using the lens of the camera to retake ownership of her body and, by extension, her sense of identity *(figs. 22-24)*. The outcome of this for Spence was an increased ability to engage in the debates surrounding her cancer and the treatment thereof to a level *"beyond aggression and dogmatism"* which *"delighted [her]"* and demonstrated a move to a healthier mode of thinking (p156).

Spence and Martin continued this collaborative work, considering it *"photo therapy",* which Spence defined as *"using photography to heal ourselves"* (p156). Together they explored notions of representation, both self-representation and the way the individual is represented by society. In particular, through challenging the memory established in the extant family photography archive by restaging the past they sought to find *"new ways of perceiving the past"* in order to change their attitudes and activities, and that *"[t]hrough the medium of visual reframing we can begin to understand that images we hold of ourselves are often the embodiment of particular traumas, fears, losses, hopes and desires"* (p172). Martin reflected on their joint practice of photo therapy in terms of it challenging *"the fixity of the photographic image and the search for an ideal self"*, and that through working with Spence in this way she had *"been able to integrate [her]*

intellectual knowledge at a deeper, unconscious level, to transform it into an inner wisdom" (p174)

Decades earlier, during the interwar period, a similar collaboration to that of Spence and Martin had taken place in France. Claude Cahun with her long-term partner Marcel Moore (Lucie Schwob and Suzanne Malherbe respectively, the purposefully androgynous pseudonyms chosen in a rejection of the socially mandated gender roles) produced a large body of work regarding themes of identity. In particular, Cahun performed many self-portraits, presenting a wide range of representations of herself, often making use of masks (physical and metaphorical), never revealing the definitive or "true" identity *(figs. 25-26)*. Rather, and similar to Spence's later work exploring socially defined roles, Cahun's work served as a *"rejection of fixed identity markers ('female', 'lesbian', 'Jewish')" (Sargent, E.J., Identity and Identification, 2009, p61)* and a challenge to the rising Nazi ideology that sought to define and judge people using those terms. Where Spence's self-potraiture during her cancer treatment served to both act as her reclamation of her own body and persona and also to challenge the medical establishments appropriation of it, so Cahun's work served the same self-growing and socially active motives.

Spence's approach clearly has therapeutic benefits for her but, if we accept that which Weiser and her psychiatry peers state, is outwith the practice of therapy. Weiser herself helps us to reconcile this ideological conflict somewhat in her essay *"Remembering Jo Spence: A Brief Personal and Professional Memoir" (Weiser, J., 2005).* Weiser recalls how she first became

aware of Spence and her work in the mid-eighties and how, in an accident of synchronicity, Spence had become aware of Weiser at the same time, both writing letters to one another on almost the same day. Thus began a friendship and working relationship between the two, each practicing the philosophy of therapy through photography in their own way. Weiser discusses how her *"kind of "PhotoTherapy" was clearly not the same as the "photo therapy" that Jo had been doing and writing about, and in fact, outside the U.K. her work would likely have been called "Autobiographical Photography" or "Therapeutic Photography" instead"* (p4) but concedes that their "*work was informed by the same theoretical foundations and assumptions about the naturally-healing process of confronting oneself (and one's life) photographically.*" (p4).

Whilst detailing where her and Spence's processes and methodologies differed[7], she also takes pains to describe the close working relationship and friendship that the two practitioners had. Weiser states that she and Spence were in agreement that their work *"is about "photography as symbolic emotional communication",* as opposed to *"photography as art",* and that photography provided an outlet for "*spontaneous emotional expression*", acting as an *"active agent in change and self-exploration" (p9)*.

So, one may conclude, then, that whilst there are clearly defined and delineated strands in using photography as therapy, (the clinical professional and the amateur self-administrator), photography itself is able to transcend

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[7] It must be said, Weiser writes here in an unmistakably defensive tone. One gets the impression that she has been challenged and attacked many times over the years regarding her form of photographic therapy versus Spence's.

these constructs and reach a place within the human psyche, able to affect emotional understanding and growth through the reflection of the self.

It is troubling, however, to review this previous discussion and see that the aesthetic aspect of the photography in therapy is downplayed, that the sole object of interest in the practice of photographic therapy is the analysis and that the imagery itself is merely a by-product of the exercise. If we refer back to Hans Prinzhorn and consider again his intentions to treat the asylum inmate's output as artworks, then I fear that we begin to see that a regression is taking place within contemporary practice. The powerful voice that emanates from the Prinzhorn Collection inspired DuBuffet to embrace the outsider in art, the raw emotion unrestrained by culture, training or the establishment, celebrating the creativity of these tortured souls, a celebration that in turn influenced the founders of art practice as therapy and who are now seemingly disregarding this creativity and only considering the madness behind, relegating these artists once again to the asylum.

THE FAMILY ALBUM
1939 to 1979

1 Eight and a half months
(High street photographer –
Woodford)

2 Five hundred and twen-
ty eight months later

Fig. 15 From *Beyond The Family Album*

BOTH parents continued to work in factories after the war. We remained suspended, mid class, our process of social mobility halted in flight. We took on the trappings of the deadly lower middle class, respectably waiting for the next generation to move on.

In spite of my repeated attempts to leave home, we remained together as a family. My father forbade me to go ('Why would you want to leave home when you live in London with your family? You know you can't look after yourself properly.') I agreed to stay. We had a family group taken of our 'happy days' together.

At this time I worked as a shorthand-typist in a commercial photographers in Hampstead. The two years' private schooling as a last minute rescue attempt after exam failures in mid teens, had paid off. Here I had access to both the process of being photographed, and to people taking photographs to earn a living.

This was a time of exploration, of boyfriends, of trying desperately to be pretty, of repressed sexuality. I was expected to 'behave' myself with boys. Sometimes I wore white gloves and stockings. Sometimes I still climbed trees.

This ambivalence of wanting to be loved, yet wanting to break away from my family, caused constant tension. Constant asthma. Constant restraint in the name of love.

As my father had 'failed' to get his old job back, I continued to blame him for not trying hard enough. I was arrogant in my ignorance. I had my own problems: I obviously needed to develop a 'personality' to compensate for my lack of beauty. I needed no compensation for my big tits – but didn't know what to do but to hide them.

I saw work as an escape from home life. It was a place to earn enough money for clothes, meet boys (later men). I felt myself lucky to be working in an atmosphere where, although typing letters and balancing accounts all day, I felt something exciting was happening. I never thought of a career for myself. It seemed natural that I earned less than anyone else there. And besides we were all given nice presents at Christmas.

1 Seventeen years: looking glamorous in the back garden. I never worked on the garden but it makes a good backdrop.
(*brother/snapshot*)

2 Eighteen years: Who owns this room in which we pose? Why was this picture taken and sent to friends and family as a Christmas card? Why not a picture of my parents at work in the Tilley Lamp Company in Hendon? This company produced hurricane lamps. When profits fell the owners took the entire factory and offices to Ireland where the government was offering tax incentives.
(*Peter Urry/apprentice photographer/boyfriend*)

3 Offering myself to the camera with a variation of 'The Look'.
(*Peter Urry*)

4 Self portrait in the front room mirror with my first reflex camera. I hadn't got used to the focussing.

5 Playing at being a photographer, in between typing letters.
(*Michael Balfre/apprentice photographer/friend*)

Fig. 16 From *Beyond The Family Album*

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THE PERIOD of greatest independence. I defied my father at last, and left home. My mother, wringing her hands, crying, wondering where she went wrong. My father telling me never to come back if I was deserting the family.

They said I was in need of care and protection. As it happened, I was.

I was ill for a month, with asthma. Lungs knotted with tension and fear. Later, when I was on a course of new wonder-drugs, the steroid side-effects caused a 14lb tumour on my ovary. After its removal the doctor told me not to worry. My chances of conception had been only cut in half. I worried for years about my 'incompleteness', about my possible lack of 'femininity'.

Working now in various jobs within photography, the time consumed by this growing interest conflicted with my love life. The men I had loved took no interest whatsoever in my work, wrapped up as they were in their own various jobs of policeman, welder, actor, crook. At thirty it was all resolved. I married an ex-sailor who needed a mother. We were both unable to cope with marriage and parted on Guy Fawkes Day two years later. I took the cat with me.

I became a secretary again.

1 Twenty nine years: a last fling at being 'beautiful'. Still recovering from a major operation, this was taken during a tiring walk on Hampstead Heath.

By now I had learnt to tip my head back slightly (saves retouching), and to smile in a way which hid my dreadful teeth.
(*Michael Wynne/actor/ boyfriend/snapshot*)

2 Thirty years: the marriage. My bouquet came off the Hampstead registrar's window sill. The honeymoon was the most boring holiday either of us had ever had. There is no record of it. After the wedding our respective mothers conceded (at last) that we lived together. Now they could visit us. I wonder about my own mother's sex life. Did she still have one? Did she ever have one?

Years later I was to be a regular photographer at this same registry office, posing people into tidy groups, waiting for brides to smile. Asking them to delay throwing the confetti until I had reloaded my camera. I made a lot of money like this. My ex-husband died of cancer in 1986.
(*David Noble/wedding photographer/friend*)

Fig. 17 From *Beyond The Family Album*

Fig. 18 Studio portrait of Jo Spence

Fig. 19 Joke business card reflecting Spence's interests

Figs. 20-21 Images of Spence in childhood, used in photo therapy

Fig. 22 From Spence/Martin photo therapy sessions

Fig. 23 From Spence/Martin photo therapy sessions

Fig. 24 Martin and Spence in a photo therapy session

Chapter 4: Consideration of the Aesthetic in Art Therapy

The danger is in the definition. Weiser defines therapy as a service that can only be offered by a qualified therapist, and that definition is correct in the strictest sense. A more general definition of therapy, however, is an activity or exercise that benefits the person and provides personal growth and this definition can be applied to the work that Spence produced. Both therapeutic actions and both created without regard to the art context or aesthetic.

Yet Spence's legacy now stands as a totem in the field of politically and socially aware art, a recognition of the power in the aesthetic of her stark and confrontational imagery. It is arguable that without Spence blazing the trail, Tracey Emin, for example, may have not been so able to market her confessional and emotionally raw works ten years later. The question "What is art?" is asked often, usually in response to the first vibrations of a paradigm shift at the publication of a new and edgy work (an early example being Marcel Duchamp's *Fountain,* more recently Damien Hirst's *The Physical Impossibility of Death in the Mind of Someone Living)* and Jo Spence may have created those vibrations with her photography, not setting out with art intentions per se with her therapeutic work, but providing the base and context for those that followed her to do so, and then later her being reconsidered as a pioneering photographic artist in the new context provided by those influenced by her.

The aesthetic, then, can and perhaps should be a consideration in art therapy and need not be anchored to that which is accepted as art, for whilst it can be denied as such by the creator (Weiser, Spence) it can equally be lauded as

such by the viewer (Prinzhorn, DuBuffet). An example of this acknowledgement and acceptance of the aesthetic in work created as therapy and the social action that may follow is given in *"The Autist Artist",* a case study by the psychologist Oliver Sacks (*The Man who Mistook his Wife for a Hat,* 1985, pp 204 – 223). Sacks recalls meeting with a young man, described to him as "*hopelessly retarded*", autistic and "*an idiot*". He provides the gentleman, Jose, with his pocket watch and asks him to draw it. Jose sets about the task with great concentration and produces a detailed and faithful reproduction of the watch *(fig. 27)*, an image that makes a striking impression on Sacks who strongly feels that there is more to Jose than being a mere "idiot". Meeting Jose for a second time, Sacks notes the positive change in Jose's mood upon sighting the doctor and asks him to draw again, this time giving him a picture from a nature magazine to copy, followed by another. Each time Sacks is impressed with the fluency of the image-making from this long institutionalised and disregarded individual, and also the small flourishes of creativity that lift the drawings above being mere copies. So it continues, Sacks looking and hoping for an "awakening" from his locked-in artist. It is revealed that as a young boy Jose was taken to the countryside to sketch with his father, an activity much loved but forcibly stopped by the childhood illness that led to Jose's current condition. Sacks realises that it is through the drawing that Jose is able to remember and re-experience those early memories and by using this happy skill as a form of therapy Jose is able to effect changes upon himself in terms of his behaviour and demeanour that were unthinkable previously, and the benefit of the image making is apparent.

Sacks finishes his article on Jose by listing the possibilities for his "autist

artist", the jobs that he could meaningfully perform in society using his skill for drawing and the joy and delight it would bring him and those who he creates for.[8] It is these thoughts and hopes that demonstrate the link between therapeutic art, aesthetic achievement and social action. Encouraged by Sacks to produce accomplished works of art by injecting his emotion, creativity and flair into his drawing, Jose has the potential in his own hands to rise up from his disabling condition and re-engage with society on more humane terms, his art allowing him to be able to be recognized by outsiders as a useful individual. Without Sacks pushing of him to find that inner voice, and project it with flair through his pen, would Jose have been able to have the means to bridge the chasm in communication between himself and society, much as Temple Grandin and Stephen Wiltshire would manage years later? It becomes a question of representation, I feel. Jose was allowed to represent himself through his artwork, an act that humanizes him in the eyes of society, his evident skill proving his worth and breaking down the barriers that exist between him and us, the aesthetic value of his work being the main communicative actor.

David Hevey assaults the accepted representation of disabled people in "*The Creatures Time Forgot"* (1992), a furious polemic that argues that people with disabilities are dehumanized and disempowered by the way that they are represented in imagery in society, that the perceived differences of disabled people (and the barriers that these perceptions erect between the able and disabled populations) are increased by the depiction of disabled people in the

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[8] Sacks laments that "as the stars stand, he will probably do nothing, and spend a useless, fruitless life, as so many other autistic people do, overlooked, unconsidered, in the back ward of a state hospital." (Sacks, O., 1985, p222)

charity/pity frame of reference. Ergo, by seizing control of their representation and the aesthetic thereof, disabled people are able to re-empower themselves.

In that vein, Alison Lapper, born without arms and with shortened legs due to phocomelia, is an artist who uses painting, photography and digital media to explore issues of beauty and disability, often using herself as subject. Most notably, in 2005 a marble sculpture of her naked, heavily pregnant form by the artist Marc Quinn was installed on the fourth plinth at Trafalgar Square, and sat in situ for 2 years *(fig. 28)*. This vivid use of her likeness, an oversized and very public projection of Lapper's self-representation, acts as a confrontation of ignorance, making the invisible visible, and stating that disabled people are living, functioning, sexual human beings, the same as you and I, able to exist at the same level as us and hold the same aspirations in life as us (parenthood, intimacy, to be loved and to love).

Hevey, and then Lapper and Quinn, are acting not in a militant way necessarily, but rather in a passive-aggressive confrontational manner, rejecting the societal cultural standard in the depiction of the disabled as being in need or sub-normal, and rather replying that, in fact, they are just as normal as everybody else. They engage that message with the culture through the aesthetic. Rachel Cooke, reviewing Quinn's installation of *Alison Lapper Pregnant* in The Observer (http://www.guardian.co.uk/artanddesign/2005/sep/18/art, 2005), illuminates that engagement by writing that *"by choosing to portray Lapper naked and pregnant, Quinn has given us an Everywoman. You look at her face, her breasts and her swollen belly, and only afterwards do you*

wonder about her limbs".[9] Cooke acknowledges here the success of the representation of Lapper, that the person, the human is first, the disability an afterthought. Tellingly, she quotes Quinn as stating his inspiration stemming from the fact that there was no "*positive representation of disability in the history of public art"*.

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[9] An interesting diversion here would be to consider the role played by classical art, such as the Venus De Milo, in shaping the cultural aesthetic context of this type of sculpture and art. Have we come to expect and accept missing limbs in marble sculptures?
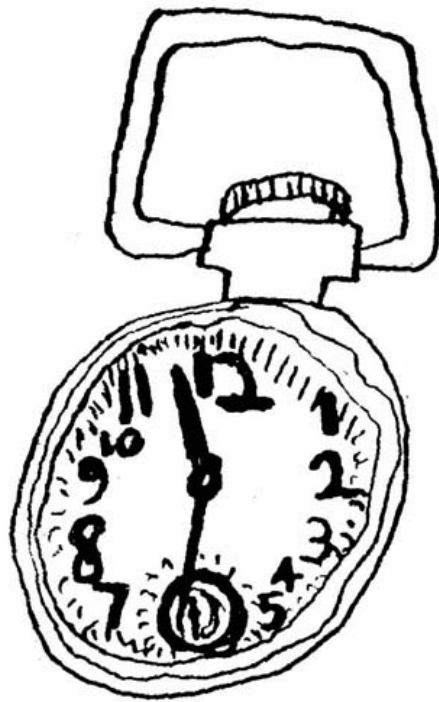
Fig. 27 Pocket watch drawn by Jose

Fig. 28 Alison Lapper Pregnant

Chapter 5: Conclusion of Research Findings

Art as therapy, then, has a broad history and narrative with a sound footing in the modern social consciousness. As has been discussed, the potential positive effect of using art practice on the state of mind and well-being of the individual, as well as the wider social understanding in that individual that is a consequence of this positive local effect, is established in both the taxonomic and diagnostic work of psychiatry through to the self-reflective and self-exploring practice of the artist individual. It provides the tools for communication and understanding, more so, I argue, when pursued and presented in the context of aesthetic achievement and art, creating a feedback loop of positive emotions, and allows cross-cultural exchange. Bearing in mind these facets of art therapy, one recognises the ability to affect an intervention into the closed worlds of those with a different cognitive frame of reference to us, to reach out to them and through collaboration start to understand them on their own terms.

Throughout my studies in this arena, these overarching themes have become apparent, firstly the therapeutic effect on the individual (the personal and positive growth promoted by the study of the self and the application of ownership over the individual's self-image and representation) and then secondly, the social interaction transmitted from the therapeutic, whether that be in the form of an overt political/social statement or as simple and straightforward as the individual's increased societal integration.

Are these two modes of action, then, the only outcomes of the art therapy, the tools to understand the self and to understand the society? I believe that there

is a third action evident, one surely most fundamental to the practice of therapeutic art, that of building understanding of the therapy subject (the individual in particular or a condition/disability in general) in the eyes of the outsider (the wider society). Image making is at its core a communicative act, the externalisation of internalised worlds. All imagery carries an inherent message, coded visually in a way that all can access and begin to interpret. Therapeutic art has the ability to not only communicate this message to the creator in therapy but to transmit it beyond the confines of the therapy program, informing and intriguing as it goes and revealing hidden worlds. Consider again Sacks' case study of Jose, how a personality buried by the twin forces of his mental condition and society's ignorance/ambivalence of it was reached and pulled free by the act of creating and being encouraged to create. Sadly we do not know what became of Jose, but the point remains. The loop of action and reaction between these two, the patient and the doctor, opened the door to a new world for Jose, a door that swung both ways in fact.

This is, I feel, the true meaning of "social action" pertaining to art therapy practice, the tandem understanding gained by the patient looking out and society looking in. If the understanding and learning is only achieved by the party looking out then they shall remain as "the other" in society as without society's understanding of the person and the bridging of the difference between them, the differentness will inevitably remain and the social action of the therapy rendered impotent.

Prinzhorn looked in and *understood*. He saw through the art achievements before him the humanity behind the canvas. He tried to bring that understanding forward, sharing it with his society, and building the bridges of

communication that the art had begun. Sadly, circumstances conspired to snuff out this progression, but Prinzhorn had sown the seeds of what would grow into an acceptance of the outsider and a reconfiguration in what was acceptable in art and the method used to achieve it.

It is part of Prinzhorn's legacy that the therapeutic photography of Jo Spence was able to be exhibited, published and regarded in an art context and that her work was an inspiration for her peers and the many that have followed her. In psychiatry, the analytical handling of photography and the acceptance that a person's image making alongside their interpretation of the images opens a window to within the person, a direct relationship to the attitude that Prinzhorn carried.

These strands must be brought together to create a more cohesive and affecting whole. Using art as therapy, lens based or otherwise, must progress with the combined intention to grow the individual through the reflection on the self and the improvement of the self-esteem, to heighten the individual's sense of engagement with society in preparation for reintegration and finally to communicate and educate the wider society through the celebration of the artistic achievement and the presentation of the work in an aesthetic context.

Chapter 6: Autism, Photography and Art Therapy: A New Approach

Returning to the sphere of autism we meet unique challenges in communication, the inability to easily interpret and interact socially with others being a core component of the make-up of the condition. Held behind a wall of misunderstanding and fundamentally different perceptions of the world around and all external stimuli, the person with autism is a foreigner to us, the neuro-typical.

In chapter 1 of this paper, I discussed my own photographic practice with adults with autism. It was apparent that there was some force, some hook between the act of photography, the process of manipulation and the person's autistic condition. The journey I have made in researching art therapy, photography as therapy and so on, has allowed me to begin to understand better the action taking place here, and also the potential good that could be achieved through this practice.

Temple Grandin, the autistic animal husbandry expert I mentioned earlier, in an interview with New Scientist for an article regarding human's relationship with animals, said that *"[a]nimals don't think in language. As an autistic person, I don't think in language either. I'm a visual thinker," (Animals and Us: Getting inside their heads, New Scientist, June 2005).* Grandin had previously discussed this notion of non-verbal thought in her book *Thinking in Pictures (1996).* Speaking of her own experiences in life, Grandin relates how when she is in conversation with somebody, the words are instantly translated to images in her mind, a kind of spontaneous and ever-changing film playing out

instantaneously within her. Whilst it would not be right or fair to extend this experience to all people with autism, we must treat Grandin's words with some weight as she is relatively unique amongst autism sufferers in being able to articulate the nuances and feelings of her condition to those without autism. The point of this discussion, though, is the demonstration that autism, being a condition that profoundly affects the sufferers ability to communicate socially and interpersonally, can to a large degree be circumvented by removing the abstraction of language, by focusing on the visual and allowing a conversation to build in pictures.

With this in mind the use of photography with people with autism seems a natural choice, and using my own earlier experience in this area as a template, I began to formulate a strategy of engagement. In my first encounter with digital photography, montage and autism (chapter 1) I entered the session with the intention to provoke the candidates to utilize areas of thought that they were expected to be deficient in and was surprised and impressed by the ease with which they worked with the image-making and manipulation. Interacting with these same people at other times, their inflexibility of thought is often incredibly apparent; the observance of a strict timetable and schedule, the rejection of a change in routine, the endless repetition of activities and conversations. This behaviour manifests as a coping strategy for the person with autism, acting as reassurance and comfort. Yet in the photography session, the unpredictable manipulation of the candidate's image was accepted and enjoyed. Bearing this in mind, in September 2009, I arranged and conducted a short program of photography workshops with three adults with autism. The intention here was to further explore this dynamic between

autism and photographic image making to try to understand and identify what is happening and why the candidates are able to engage so readily, seemingly against type. As before, the format of the workshops was relatively simple but the thinking behind the methodology had progressed and led to the plan to discuss with the candidate what kind of subject they would like to make images of, source associated photographs, ask the client to imagine how they are interacting with that scene and make a performance in front of my camera and then combine the elements digitally. The discussion stage would usually revolve around the candidate's core interests, which was expected and desired. The condition of autism and it's restrictions on flexible thought leads to the development of interests that the person holds very dear and knows intimately and, as stated previously, the embracing of these interests drives the individuals engagement with the workshop as they are familiar, predictable, safe and anxiety free. One candidate holds a particular fascination with tall structures (skyscrapers, power station chimneys, bridges, communication masts and so on) and the imagery he produced in the session reflects that. A particular image that we made involves him in giant form standing astride the QE2 bridge at Dartford, looking down at the traffic with a satisfied look on his face *(fig. 29)*. The construction of this image stemmed from a conversation about his favourite tall structures, then narrowed down to talking about the idea of him being as tall as the tall structures[10] and imagining how that would make him feel and interact with the scenario and how best he could portray that in a performance before the camera.

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[10] Playing into issues regarding self-esteem, his physical stature is very important to him and recognition of his size and strength serves to boost his confidence and provide pleasure.

Performance captured, the image was brought together with a photograph of the bridge appropriated from the internet, put together by me on the computer as hastily as possible to maintain the flow of the session. Almost instantly that the images became one, the candidate dissolved into hysterical laughter at this fantastic scene playing out on the computer screen.

Many more success stories followed from the three candidates over the several weeks that the workshops ran, each representing a huge level of engagement with the photographic and digital process *(figs. 30-32)*. Each person greatly enjoyed building the images and seeing themselves interacting with that which they hold dearest in new and previously unbelievable ways. The candidate who holds a particular affection for the police force became, again, a uniformed officer of the law, this time with squad car too. Another danced on stage with Michael Jackson, his favourite musician. I began to consider this process of fantasy image construction as akin to when we daydream. The ability to fantasize comes to us naturally, our minds wandering and imagining the lottery win, say, or the sexual conquest with the weather girl from the TV news. To the person with autism, however, these flights of fancy aren't easily available, their inflexibility of thought hampering the free thinking needed to imagine alternate realities. Through the visual construction of these aspirational moments, the candidates access this dream space and are able to play out their wildest fantasies, to share them with others and to discuss them and be reassured that these fantastical thoughts are fun and good to have.

The success and fluency in the image making through this set of workshops proved the theory, to a point, that there was some innate link between autism,

flexibility of thought, photography and digital montage when approached from the correct angle. The conversations that these people were able to have through the visual were far above that which they could have managed on the same subject matter in the verbal. Their inner personalities were articulated, their hopes and dreams revealed and a new understanding of the motivators behind the individual could begin to be formed.

Looking at this in regards to art practice as therapy, and considering the three terms that I believe art therapy should be predicated upon, I feel very confident to assert that this photographic process is able to work in a therapeutic manner. The individual is exploring, externalizing and confronting that which is within, then through discussion and visualization the individual is able to rationalize his inner motivators and interests in the societal context, and then through the celebration of the image (by taking the time later to more seamlessly combine the photographs completing the montage effect and making high quality prints to be handed to the candidate the following week) a wider audience is able to see the work and interact with this person's personality, providing the opportunity to bring society into the fold of autism.

Continuing this study and development of the practice, I am currently (August 2010 to summer 2011) engaged in a new program of photography/montage workshops with these three gentleman *(figs. 33-40)*. Bolstered by the positive reaction that the candidates had to the image-making process and the excellent visual output, I felt justified in extending the scope of the project to run over many months, seeing each candidate for two hours per week. The format is largely unchanged (the image making is driven by the individual and their personality and interests) but the continuous repetition of this

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methodology over a long period of time will, I hope, begin to affect a cognitive change, an increased capacity to think flexibly[11]. If the candidates can carry over the learning from the workshops into their day-to-day life and find it even slightly easier to cope with difficult and unpredictable situations then I would count that as a ringing endorsement of the efficacy of the photo therapy.

Which brings me to an interesting point. Is this therapy? I am not a psychiatrist or trained art therapist, so cannot call myself a therapist, but I can feel comfortable in aligning my work with that of Spence/Martin, in the realm of therapeutic photography. Where Spence reflected on the self, I am facilitating that same self-reflection in my candidates, looking to help them understand themselves and reconcile their understanding of their role in society with their internal aspirations. I do not have the tools, nor the intention, to psychoanalyze the imagery and reach a diagnostic conclusion but this is not necessary. We know that the candidates all have autism, so there is no need to make that diagnosis again. We understand autism, as far as the term "understanding autism" can be applied to a person without autism, so looking backwards through the imagery for behavioural identifiers serves no gain. Rather, I feel that the therapeutic action is strongly forward facing, that the candidates will move forward in life a little better armed and a little happier, both in themselves and in society. Forward facing too in that the work is anticipating a cultural shift in awareness, that this imagery can fill the gap in

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[11] I strongly suspect that the timescale of the project, even running to ten or eleven months, is too short to be able to definitively make the assertion that the image-making and my methodology have made that change in the individual. Whilst I can anecdotally say now that these gentlemen have learned a great deal already in the program and are able to far more easily engage with the imaginative aspects of the process than they were when starting five months ago, the project would really need to run over four or five years (which I intend to do) to begin to form those conclusions.

societal knowledge and understanding of autism through revealing the people within the condition. To this end, the work produced to date has already been publicly exhibited to a warm response and will continue to be at various points *(figs. 41-46)*. So, if these intentions are realized, even to a minor degree, then yes, as I have come to understand it, this is therapy.

Fig. 29 From Photo-montage workshop

Fig. 30 From Photo-montage workshop

Fig. 31 From Photo-montage workshop

Fig. 32 From Photo-montage workshop

Fig. 33 From Photo-montage workshop

Fig. 34 From Photo-montage workshop

Fig. 35 From Photo-montage workshop

Fig. 36 From Photo-montage workshop

Donna The Klown!

Fig. 37 From Photo-montage workshop

Fig. 38 From Photo-montage workshop

Fig. 39 From Photo-montage workshop

Fig. 40 From Photo-montage workshop

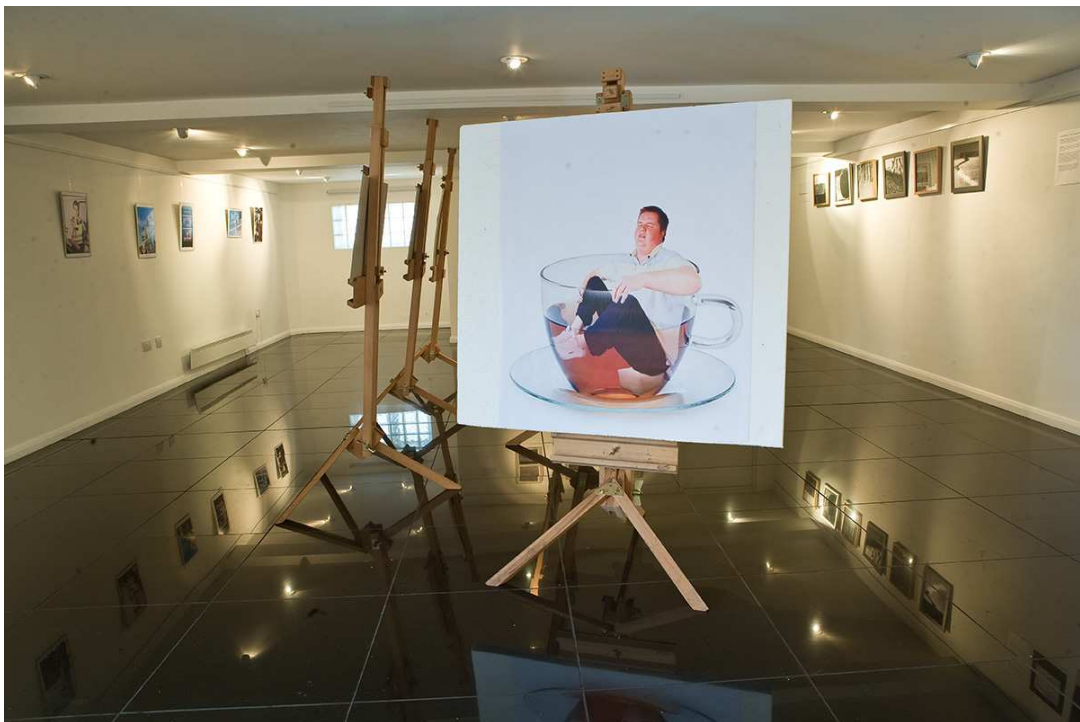Fig. 41 From exhibition at Nucleus Arts Centre, December 2010

Fig. 42 From exhibition at Nucleus Arts Centre, December 2010

Fig. 43 From exhibition at Nucleus Arts Centre, December 2010

Fig. 44 From exhibition at Nucleus Arts Centre, December 2010

Fig. 45 The artist with his work

Fig. 46 The artist with his work

Fig. 48 The artist with his work

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Bibliography

Kaplan, F., 2007, *Art Therapy and Social Action*, Jessica Kingsley, London

Edwards, D., 2004, *Art Therapy*, SAGE, London

Spence, J., 1986, *Putting Myself In The Picture*, Camden, London

Berman, L., 1993, *Beyond The Smile: The therapeutic use of the photograph,* Routledge, London

McNiff, S., 1992, *Art as Medicine: Creating a Therapy of the Imagination,* Shambhala Publications, Boston

Dalley, T., 1984, *Art as Therapy,* Tavistock Publications, London

Evans, K. and Dubowski, J., 2001, *Beyond Words: Art Therapy with Children on the Autistic Spectrum,* Jessica Kingsley, London

Kellman, J., 2001, *Autism, Art and Children: The Stories We Draw,* Bergin and Garvey, Westport

Berger, J., 1973, *Ways of Seeing*, Penguin, London

Mullin, J., 2009, *Drawing Autism,* Mark Batty Publisher, New York

Frith, U., 2008, *Autism: A Very Short Introduction,* Oxford University Press, Oxford

Sacks. O., 1986, *The Man Who Mistook his Wife for a Hat,* Pan Macmillan, London

Grandin, T., 1995, *Thinking in Pictures: and other reports from my life with autism,* Doubleday, New York

Wiltshire, S., 1989, *Cities,* Dent, London

Pachnicke, P and Honnef, K., 1992, *John Heartfield,* Harry N Abrsams Inc., New York

Tupitsyn, M., 2004, *Klutsis and Kulagina: Photography and Montage after Constructivism*, International Center of Photography, New York

Clarke, G., 1997, *The Photograph,* Oxford University Press, Oxford

Cotton, C., 2004, *The Photograph as Contemporary Art,* Thames and Hudson, London

The Hayward Gallery, 1996, *Beyond Reason: Art and Psychosis. Works from The Prinzhorn Collection,* Haywood Gallery, London

Various authors, 2009, *Identity and Identification,* Black Dog Publishing, London

Sontag, S., 1971, *On Photography,* Penguin, London

Barthes, R., 1977, *Music Image Text*, HarperCollins, London

Barthes, R., 1982, *Camera Lucida: Reflections on Photography,* Cape, London

La Grange, A., 2005, *Basic Critical Theory for Photographers,* Focal Press, Oxford

Hitler, A., 1992, *Mein Kampf,* Pimlico, London

Binding, K. and Hoche, A., 1920, *Die Freigabe der Vernichtung lebensunwerten Lebens: ihr Maß und ihre Form,* BWV Berliner-Wissenschaft, Berlin

Rostron, J, 2010, *On amodal perception and language in art therapy,* International Journal of Art Therapy, Routledge, London

Kopytin, A., 2004, *Photography and Art Therapy: An Easy Partnership,* International Journal of Art Therapy, Routledge, London

Weiser, J., http://www.phototherapy-centre.org

Autism Research Institute, http://www.autism.com

National Autistic Society, http://www.autism.org.uk/