Photography as a Means to Overcome Health Anxiety and Increase Vitality, A Local Group Intervention in an Ailing City District

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Introduction

This article is about the research into an intervention with people with chronic health complaints and sometimes social problems. They live in a quarter of town of Utrecht (The Netherlands) that is known for its high average health care consumption, low income problems and a high percentage of immigrant population. The intervention applied photography and aimed at providing participants tools that could help them to become aware of their values, wishes and potentials. Awareness of values, wishes and potentials can be a first step towards a more active participation in society and self-empowerment that ultimately may lead to achieving more direction over one’s own health. This idea is an important component in the so called positive psychology, which is a leading theoretical framework for the collaboration between professionals of health and welfare organisations in the neighbourhood. The intervention is a 8 weeks program during which participants came together once a week. The project was called ‘In the Picture’ (InBeeld in Dutch). Photography is used as an instrument. The approach does not focus on illnesses and problems, but on self-management, empowerment and activating people. The project targeted people with chronic afflictions, often a combination of psychic and physical complaints. This target group makes a large appeal on health care services. Persons in this group tend to worry about their health complaints and problems so much that they hardly see possibilities to take their health in own direction [1].

During the project participants receive photography assignments with which they can explore what aspirations and values in life they still have or can reclaim. The photographs resulting from the assignments are used for reflection and dialogue with other participants and project leaders. The story that it generates may be helpful for determining what the follow-up can be for every individual participant after ending the course. Participants can be referred to one of the creative and/or social programmes that are organised by welfare organisations.

The assignments and the whole method of working are structured, but leave enough room for a creative impulse and imagination. Actually the structured way of working facilitates the creative inspiration because it is embedded in delimited and dosed assignments and a safe social group setting. The primacy of language is suspended and makes place for the power and inspiration of the image (in a photograph), which is then followed (in that order) by giving words to what is pictured. The pictures become part of a photo-story, that surprises the participants and makes them proud of the result. These positive feelings are usually reinforced by the response from the other participants and by relatives and family when the photo-stories are exhibited at the end of the course.

The assignments are formulated in such a way that they focus on positive aspects of life; observations that make someone happy or realize what things they value in life or sometimes simply what is thrilling and exciting. Talking about their photographs contributes to a process of reflection and makes participants aware of the things that make life worthwhile and from which they may gain strength. The social context is of great importance here. Every individual story of each participant matters. Participants find recognition in the stories of fellow participants.

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The project has a multi-phase structure of development and implementation stretching out over a number of years. This article is the evaluation of the first phase and the report on a first run of the intervention after having been developed in an earlier pilot. We have focused on determining the therapeutic effects, as well as on the organisational conditions and methodological aspects. We have investigated what it takes to successfully integrate the intervention in the whole of activities that constitutes the social welfare and health program of the larger quarter of town. Questions that we put forward, were: what is feasible, which patterns of collaboration between different professionals are necessary and in what form must this be moulded.

This evaluation is formative and will be used to improve and adapt the intervention with the ultimate aim of realizing an effective method that can be used on a much larger scale to assist people who face a combination of social and health problems. Where health care consumption in the western world is rising and threatens to become a financial burden that society cannot support much longer, it is important to develop interventions that strengthen resilience and empowerment of people.

Theoretical Framework

Many people with problems cannot any longer be open to new experiences and learn from them. They have developed defensive mechanisms with which they control the demands and exigencies from life and the world around them. They often have developed cognitions that help them to hold one’s own in the struggle for life and cope with the problems of everyday life. But these cognitions and thoughts about how things are, are only assumptions and for that matter ‘constructed’ mindsets. They are not reality itself. If you believe them to be reality, then you end up with a reduced and impoverished version of reality, excluding other possible meanings. On an existential level this may be at the cost of realizing innermost values and aspirations. Deeper potential possibilities from the core where you feel whole and where you long for wholeness then will break down in the face of existing coping mechanisms. It will lead to experiential avoidance: you are not open-minded to acquire new experiences [2]. That causes psychological rigidity and a failure to develop new behavior that is more in line with your authentic self and core values. The opposite is psychological flexibility: the capacity to be present, open to experiences and acting upon what you consider worthwhile and valuable. Then you may dare to make contact with physical sensations, feelings, thoughts and memories, even those that you used to avoid and were afraid of. To do so you need ‘awareness’: an accepting attitude, allowing yourself to be mild for yourself and being present in the here-and-now. Awareness also means that you are confronted with uncertainty. ‘Health’ might be defined as the capability to accept and tolerate existential uncertainty, which means facing your death in the future, loneliness, freedom of choice and ultimate meaninglessness of it all. It can be assailing, especially for people who excessively worry about their health [3]. People with a high degree of ‘health anxiety’ tend to ‘catastrophizing’: thinking about health problems in terms of catastrophic consequences. They want to keep in control, even where that is not possible and where it may be counterproductive because it leads to foreclosure of learning new things, for instance how to cope with health complaints in a more satisfactory way and how to lead a life with meaningful activities. They are fixed on being ill and their role as a patient. This fixation and role identification is often reinforced by the sheer attention people get in this way and the functional acknowledgement from society that translates itself in care. We know that everything that receives attention will grow and be strengthened. If, however these people could accept that they are vulnerable, but also have possibilities, then a change for the better may occur. New meanings may arise, based on experiences which people explore for the values, wishes and aspirations they may associate with them. People might become motivated to do something with the experience. Or they might be more tolerant (milder) if they don’t succeed in realizing new goals. It is therefore important to bring to the surface those values, wishes and aspirations because they can be used as a motor for goal oriented actions. It will infuse vitality and resilience into a person’s coping with issues of health and illness because it will mean living to the full of one’s potentiality and will cause a bodily felt thrill.Vitality is the physical sensation that you feel good, energetic and that you are glad or happy [4, 5]. Resilience comes from being aware that there are things that you are good at and you like to do or, in other words: the things that make you happy, get energy from and that make you feel good. When resilience joins self-efficacy, that is self-confidence in one’s capacities, but also the belief in the feasibility of the plans and goals we try to achieve, then we have the ingredients for a greater psychological flexibility. Letting go of defensive coping mechanism and embracing a more flexible stance is
however not something to be easily expected from, people as described above. But they do long for experiences of vitality, to feel alive! Therefore the experience of vitality per se when combined with the invitation to become aware of its meaning in terms of values, wishes, and aspirations, may also trigger a more flexible stance, but then grounded in sensing and feeling. Being aware can be an intuitive knowing and feeling and is not always a full fledged rational understanding that condenses in fine grammatical correct sentences. Beside a cognitive component there is a strong affective component. A person can be touched, emotionally moved by an impression or flash of insight that dawns upon him. This happens sometimes in situations where we enjoy things of beauty and freshness of nature, or when we come across something or someone special, endearing or amazing. People must first learn to see and perceive the world around them. Perception occurs with the senses and openness for impressions from outside is necessary. It becomes more focused when guided by a reflection or a question as for instance: what things in your environment make you happy and can you photograph them? To make such an observation one needs to be present in the here-and-now, which is not always easy for people who are harassed by problems in many domains of their life: health, financial situation (debts), poor living accommodation and loneliness/social isolation. They tend to worry and literally have too much on their mind to stay in the here-and-now. Their stories are sometimes ‘closed narratives’ and they may ‘frame’ the perception of the world around them in terms of that same narrative, so that it becomes repetitive and self-confirming, as expressed in lamentations as for instance: ‘I am always the dupe; I have no luck.’ [6, 7].

Experiencing beauty and moment of happiness
Not being preoccupied by worries and nasty thoughts means that you can get out of your mind and into your life as Hayes [2] put it. The sensory perception detach people for a moment from the distressing burden of their problems and opens the possibility of enjoyment. This can be further increased by an aesthetic joy that goes with the act of expressing. Photographs for instance, although they are charged with meaning (they show for instance what makes me happy), can also be enjoyed as nice pictures per se. Looking for what picture to make will be often mixed with looking for how to do that best. When a photograph turns out to be a fine picture, then that will give extra satisfaction, which will be felt the stronger if others appreciate the photograph in the same way. Recognizing the meaning of what has been pictured is one thing, appreciation for the expressive value in an aesthetic sense is another [8]. The appreciation underlines the meaning and will also enlarge someone’s readiness for a dialogue, which enriches the photographer’s understanding and thus contributes to a growing awareness of what is valuable, beautiful and worthwhile cherishing. Maybe these pieces of insight ultimately shape a kind of compass that can help participants to adapt themselves and take direction over their health problems and lives in the light of physical, emotional and social challenges and adversities [9]. The relation between awareness, revaluation of one’s life and a positive way of coping with health problems has already been demonstrated in various studies [10]. What happens at bottom is not only that images have a metaphoric power to tell a story [11-14], but also re-activate narrative creativity where the photographer (or the viewer for that matter) used to be quite set in patterns of ‘closed’ narratives. Important to note here is that new meanings which may arise are often grounded in a sensed vitality. People may feel full of energy (again), have a mind to do something, feel that they are ‘alive’, etc. This connection makes it more likely that an impulse and motivation is generated to engage in new activities [3, 4, 14, 15].

Methods
The research design is qualitative and explorative. The research methods are the following:
• semi-structured interviews with 2 professionals of the social welfare and health team, the practice nurse mental health care (working in a general physician practice), one social broker (matching demand from inhabitants with available services), the 2 project therapists and with 3 (out of 6) participants. The interviews were post-hoc.
• observations of participants during the weekly sessions
• survey’s (pre-and posttest) with participants of the photo group
• analysis of photostories

The interviews were held by nursing students in their final year of their bachelor study at an University of Applied Sciences; the surveys were drafted by the author and handed out by the photo group
therapists; observations were done by the therapists and
the practice nurse. Analyses of the interviews were done
by students (supervised by the author) and checked with
the photo group therapists. This triangulation of methods
and researchers strengthened methodological rigor of the
research

The central research question are:

- what is the intervention outcome?
- what is essential in the process of the intervention?
- which conditions are there for success?

There are 3 subquestions:

1. which aspect of the interventionbrings about the growth
   or development of vitality/psychological flexibility,
   perception of health and participation in society?

2. How is this brought about by the intervention (what
   adaptations of the method are necessary to capitalize this
   effectiveness?)

3. Which concerted action between professionals is
   necessary to make the intervention successful in the
   neighbourhood (district)?

The pre-posttest survey has been filled out by 6
participants at the outset and at the finish of the project.
The main questions in the survey were: does the project
contribute to changes in mood, perception of health and
pattern of activity? Did the photo group come up to
expectations of the participants?

The main questions answered by the observation
and interviews were: what are the participants’
experiences? How does the photo group affect
the participants? What are facilitating and obstructing
factors? How can these experiences be translated into
recommendations for a further implementation of the
intervention?

Results

The subset of 3 questions deduced from the central
research question is the starting point for the discussion
of the research findings. We will focus on 1) outcome, 2)
process and 3) organisation.

1. Outcomes in terms of vitality/ psychological flexibility,
   perception of health, participation

The answers given by participants in the survey
showed that participants did not perceive any improvement
in their physical health, but some of them felt mentally in
better shape: they felt more positive, have become more
active and more enterprising. Most participants mention
that they can enjoy the fine and beautiful aspects of life
again and that they have an eye for the small things in
life. Everyone has experienced the contact with other
participants and the therapists as positive. This is confirmed
in the interviews. The interviewees tell that found a goal
in life because they had to go out and make photographs.
They started to look at life and the natural environment
from a different angle: they became aware of fine aspects
of life and nature. As one of them stated:

“It is distraction. I suddenly saw things I had not engaged
in before. I became involved in a completely other world. I
was able to forget my worries and problems for a moment.
Making photographs teaches you to look at life with other
eyes”

If someone’s awareness translates itself into a
conscious knowing what his/her personal strengths and
values are, remains the question. In the beginning we
aimed at formulating a so-called values compass for every
participant. This soon turned out to become a directive
form of photography with participants making photographs
guided by precooked values printed on cards instead of
using their own imagination. We let go of this approach
and the result now is a set of photographs and captions
that are a reflection of the process of mindful perception
of one’s environment, emotions and expectations and
memories and not so much of core values in life (though
not completely missing from the photo stories).

The photographs and their captions also
show this (see figure 1 and 2). Themes that recurs were:
detached perceiving of the beauty of nature, love between
parents and children, warm feelings for a pet, being able
to relax, memories of a happy childhood, just being happy,
being able to exceed oneself (“making photographs gives
me the feeling of being in love, it is something outside
me.”), nice encounters, adventure and the mystery of
who you are as a person. These themes stand for a newly
experienced vitality. Something has moved in people, call
it energy or the experience of harmony. It is a subjective
feeling of vitality [15], but also has a rhythm, tempo, an intensity and form that is different for every individual. How participants feel the urge to follow up on this experience we can see when we evaluated the project. One of them wants to continue photography as a hobby, another participant would like to take up sports and several participants would like to keep seeing and meeting other people.

2. How is the outcome brought about by the intervention (Process)?

Participants reported that they experienced the assignments to make photographs as very helpful to learn and see fine things in the world around them. Participants found recognition in each other’s stories and also felt acknowledged for their experiences by the feedback they received. The social element was appreciated as most important. As one of the professionals in the social welfare team said: “Company in distress makes sorrow less”. Participants get involved with each other and taking note of someone else’s photo story widened one’s horizon. From the interviews we learn that confidentiality and a relaxed atmosphere strongly depended on the therapists’ input. It is not something that comes natural. The participants didn’t know each other on beforehand and tended to be pretty reserved by their problems. Feeling safe was very important, especially when it comes to telling private stories or asking questions about sensitive issues raised by someone’s photographs. Personal attention given by the therapists and taking time to pay attention to emotions when participants went through hard moments, contributed to feeling safe. The therapists also inquired with participants whether there was someone in their social environment they could confide in when the sessions called forth too much emotion. At the end of every session there was time for debriefing and a talk with one of the therapists.

The fact that the course was not seen as therapy (and explicitly also not labeled as such) and that participants shared the same condition of misfortune and ill health in life also helped to overcome scruples and reticence in speaking (observation of practice nurse; interviews). Maybe that is the reason that some participants said that they discussed issues in life more extensively with their fellow participants in the sessions than with their social/health worker or their network (interview with therapist).

Another factor that contributed to positive group dynamics was the homogenous group composition: do the participants go through the same phase of recovery?; are the issues comparable in terms of severity? An intake at the beginning of the course made it possible to realize comparable start positions.

What methods and steps are used to facilitate a process of collaboration, exchange of views and experiences, reflection and last but not least, inspiration for making a change for the better in one’s life circumstances?

The build-up of an individual session:
- warming up exercise (for instance showing an artistic photograph triggering imagination)
- exchanging experiences in pairs: retrospective view-how was it to make photographs
- recalling what was discussed last week
- printing photo-assignment results, selection, viewing and looking; giving meaning to photos, reflection and presentation to other group members and receiving their feedback
- exercises (with or without the camera) that match the session theme and which aimed at collaboration
- briefing of new assignment for the week to come and instruction of exercises in the course folder
- conclusion/debriefing: how do you feel now? What do you take home with you?

Examples of Photo-assignments as home-work (input for next week session):
- make some photographs of things that make you happy
- make some photographs of people dear to you
- make some photographs of things of beauty
- make some photographs of anything that gives you a thrill and has a tinge of excitement or adventure about itself
Did it work out as expected? According to the practice nurse who made observation it did. By alternating plenary work with working in subgroups in various composition during a session it became easier for participants to cooperate. Concentration was difficult to keep up for long and that made alternation of methods mandatory. There was flexibility and a focus on short assignments, solution-focused and celebrating what works. Of course participants decided for themselves which photographs they would select for presenting to the group. They had régie and directed their own process. This furthered commitment which could also be read from their faces (observation of praxis nurse).

3. Which secondary organizational conditions and partnerships are necessary to implement the intervention as part of the social welfare and healthcare structure of the neighbourhood?

We will focus here on some findings from the research (for more extensive information see the Evaluation report). The most important finding reported back from interviewed professionals is the wish to participate more in the development of the intervention. For instance when a follow-up is considered for participants who would like to continue making photographs. A follow-up might combine photography, personal development and social interaction (meeting other people). The photographs can be exhibited in public places, which in itself is a social event and will promote the awareness with the larger public of the existence of the photo group (interview with the social broker).

There were professionals who suggested that the participants may not only be referred to the course by them, but also that there could be a continuous feedback loop of information from the therapists about how the participants fare. However this could compromise the ‘free space’ that participants now feel to express themselves.

Discussion and Conclusions

The research questions that were posed, were the following:

1. which aspect of the intervention brings about the growth or development of vitality/psychological flexibility, perception of health and participation in society?

2. How is this brought about by the intervention (what adaptations of the method are necessary to capitalize this effectivity?)

3. Which concerted action between professionals is necessary to make the intervention successful in the neighbourhood?

The first question concerns vitality, psychological flexibility, perceived health and participation. Participants did not feel themselves healthier. They did report that they became more aware of fine and important things in life and that it gave them a more positive feeling. Negative thoughts and worrying about problems (‘health anxiety’) was overcome. Making photographs distracted participants and gave them an aim to work on. Psychological flexibility increased and also the openness to experience new things, e.g. becoming active in sports or continue making photographs. This will probably have a positive impact on the coping with health problems.

The participants reported that the contact with other people may have been the most important (most appreciated) aspect of the course for them. It is not only conviviality and togetherness, but in the first place the opportunity to tell one’s story and hear that of others. Recognizing that other people have problems that resemble one’s own and receiving recognition or a listening empathic audience from other participants helps to overcome psychosocial isolation and strengthens one’s feeling of self-respect. Participation (social inclusiveness) was promoted by the sheer fact that participants went out much more, met people in a pleasant way where they before had often only strictly functional contacts and only when necessary.

Summarizing

The results show that we cannot speak of newly acquired understandings and awareness of core values (anyway not in the first place), but that there is a subjective vitality, the feeling that one is alive and that there is more to life than oppressive problems. But also that one does not stand alone, but can feel connected with other people.

The second research question is about how this has been realized. The photography assignment helped participants to focus on sources of vitality: what makes me happy, what give me energy, what is exciting and what things do I find beautiful in the world around me? Which
people are dear to me? Making photographs heightened the awareness and an openness that participants had not known for a long time because of their anxiety. The reflection on the photographs and the exchange with other participants contributed to narrative creativity and in this way there was again space for other perspectives than in the ‘closed’ narratives they held on to until then. This is still a somewhat hesitant process and still in its first spur, but it is relevant. The assignments have tempted participants to go for a new experience and leave the ‘experiential avoidance’ impulse behind them. The excitement it yielded and the feeling of being alive stimulated them to go on with it, even after the photo course has come to an end.

The third question: what concerted action is necessary? It takes closer collaboration with the social welfare and health team or the general practice nurse to offer participants follow-up activities matching the need for more good feeling (in line with what they have told about themselves). One of the premises is that a shared understanding between photo therapists and the professionals from the social welfare and health team on the photo course aims and range. Referral to the photo course should be done on the basis of a clear profile of candidate participants.

The connection between the mind and the heart: feeling that there is more to life than problems and worries and becoming aware of one’s own vitality, energizes people and helps to overcome their health anxiety that paralyzed them in the past and led to experiential avoidance. This harbours an enormous motivational potential for making first moves towards becoming active again, a better participation in society and self-empowerment. Participants experienced more self-esteem and self-confidence.

Relevance for Clinical Practice
The intervention is relevant for professionals who work with outpatients and vulnerable people in ailing district areas where they want to promote health, well-being and social inclusion.

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Figures

Figure 1: example of photograph taken by one of the participants with her narrative

This photo I took nearby where I live. It was one of the first assignments. I liked the reflection of the trees in the water very much. Making photographs I go out more often and I take notice of everything that can be seen much better now. I don’t need a camera anymore, because I make the photographs in my mind.
In a meadow on the other side of the road I saw a tree that had autumn colours. I zoomed in with my camera and took this photograph. The colours and the peace it had was very special. After that I went to the park a number of times. I even sat down there and watched the pond. I relaxed, which is very difficult for me to do.

**References**


