A Visual Diary of an Anorexic Woman: Development of a Hopeful Self-Healer Identity

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ABSTRACT

This paper chronicles an anorexic woman's exploration of her experience of hope in recovery. An innovative single-participant design using heuristic case study and photography was used. Content and thematic analyses of photos and journal entries/poems led to the emergence of four metaphors and themes: Opening the Shutter (liberty); Focusing the Lens (security); Framing the Image (reality); and Taking the Picture (vitality). The creation of a visual diary enhanced metaphoric self-understanding and the development of a hopeful self-healer identity. Implications for clinical training, research, and practice regarding the benefits of photographic self-exploration by clients and clinicians are discussed.

RÉSUMÉ

Cet article décrit l'exploration que fait une femme anorexique de son expérience de l'espoir au cours de son rétablissement. Une conception novatrice pour participante unique s'appuyant sur une étude de cas heuristique et la photographie, des analyses du contenu et des thèmes, des photos et des écritures de journal ou des poèmes ont permis de dégager quatre métaphores et thèmes: ouverture de l'obturateur (liberté); mise au point de l'objectif (sécurité); cadrage de l'image (réalité); et prise de photo (vitalité). La création d'un journal visuel a contribué à une meilleure connaissance de soi par la métaphore et au développement d'une identité « d'autoguérisseuse » pleine d'espoir. L'auteure traite des implications pour la formation clinique, la recherche et la pratique en ce qui a trait aux avantages de l'exploration de soi par la photographie, tant pour les client(e)s que pour les clinicien(ne)s.

Freeman Patterson (1996) has insightfully observed the self-reflective nature of photography by saying, "A camera always looks both ways . . . [as a] photographer . . . my images are as much a documentation and interpretation of myself as of the subject matter I choose" (p. 74). As a novice photographer, I am aware that my photos reflect the soul and spirit of my life experiences. As an emerging researcher-practitioner, I recognize the camera can act as innovative method for self-inquiry and a tool for better understanding clients in psychotherapy. As a recovered anorexic, I realize that the camera can promote a changing self-relationship in terms of developing a stronger and healthier self-identity that is separate from my disorder. My personal experience and professional training

Gratitude is expressed to Drs. Ronna F. Jevne, Denise J. Larsen, W. Andrew Harrell, Mary Hampton for their encouragement and feedback on earlier drafts of this article. This research was made possible through a grant from The Hope Foundation of Alberta.

have taught me that anorexia nervosa is an eating disorder characterized by a serious disturbance in self-identity: a woman narrows her self-perception and sees her disorder as herself (DSM-IV; APA, 1994).

The use of unconventional techniques, such as metaphoric understanding, to facilitate recovery from eating disorders is increasingly accepted in the clinical literature. This suggests that innovative tools, such as photography, have relevance for this client group (Cummings, 1998). A bountiful body of literature supports the use of photography as a method of self-inquiry and clinical case study by inviting clients to act as co-researchers in the counselling process (Weiser, 1983). Photography enhances metaphoric self-exploration, self-expression, therapeutic self-integration, and self-transformation (Hagedorn, 1994). The camera provides people with a voice, a sense of vitality, and a future vision (Hattersley, 1980). Photography offers the opportunity to include other creative works, such as journal entries and poems, as sources of self-insight (Van Vliet, 1977). To my knowledge, there exists only one case study highlighting the benefit of viewing photos in psychotherapy to foster psychic healing in the treatment of anorexia nervosa (Wessells, 1985).

My own research complements the research on the therapeutic value of photography and hope for women in recovery from eating disorders. This research has shown that one's sense of hopefulness may promote positive coping strategies and experience of psychic/holistic healing (Boisvert 2001; Boisvert, Jevne, & Nekolaichuk, 1997). Theory supports my research in suggesting that a high sense of hope (hopefulness) may enhance eating disordered women's potential for recovery and healing holistically through favorable self-perceptions (Irving & Cannon, 2000). Hope is a multidimensional, health-enhancing process with the core features of future-orientation, interconnection, realism, and activism (Nekolaichuk & Bruera, 1998). The elusive and subjective nature of hope suggests the need to consider innovative research methods, such as photography, in order to generate insights and understandings reflective of personal "truths" (Nekolaichuk, Jevne, & Maguire, 1999).

Spurring my curiosity about the camera's therapeutic potential is my increasing interest in subjective ways of knowing and the nature of phenomenological inquiry. Theorists, like George Howard (1989), have argued the need to develop psychology as a human science — a science that is informed by qualitative methods in order to tap into the real nature of human beings and their possible selves. As such, people may be regarded as self-explorers of their inner and outer worlds using methods, such as photography, to consider their own possibilities. This person in research perspective suggests that a person's ability to act in the role of both participant and researcher may generate insights and understandings applicable to self and to psychology as a science (Howard, 1989).

I have chosen to use my own voice in this paper — a decision that involves the risks of self-disclosure. Howard (1989) astutely asserts, "It is risky . . . to speak in one's own voice, but it reminds us that the sources of the truest truths are inevitably profoundly personal. Academics . . . very seldom offer themselves publicly

as individuals, as persons" (p. vi). I am aware that those practitioners in the area of eating disorders who risked expressing their own voice within academic and professional worlds have filled the gap between research and practice by sharing their personal and professional learning (Colahan, 1995). I have set aside my concerns about self-disclosure so that I might speak personally and share my intimate knowledge of the personal realities and hopeful possibilities of photographic self-exploration.

PHOTOGRAPHY: A METHOD OF SELF-INQUIRY

This brief report will not provide a comprehensive review of the clinical treatment of anorexia nervosa or case study research — both of which are highly familiar to me. Rather, it will focus on my response to my self-research question: "Who and/or what sparked and/or sustained my hope to help me survive my anorexia?" Ultimately, it was my desire for greater self-understanding and self-healing that led me to risk re-visiting the hopelessness of my disorder. At the outset, I was apprehensive about using the camera but became less so when I considered that aiming the camera at my recovery process might help me feel greater hopefulness and holism. This study was done four years ago when I was 23 years old — a time when I was recovered and working as a research assistant in a supportive environment. At that time, I was encouraged to consider a qualitative study to enhance my personal learning and to learn critical research skills while receiving research supervision.

Generating the Photographs

Acting as both participant and researcher and using an interpretive phenomenological inquiry, I engaged in a photographic self-exploration of my experience of hope in recovery. Single case study research design is considered an innovative form of self-inquiry. It is flexible in its methodology, and is in many ways superior in documenting one's personal development process over time (Stake, 1998). My reasons for using an N = 1 and a heuristic case study methodology included: potential for self-searching, self-discovering, and self-actualizing; use of established qualitative data collection/analysis methods; and inclusion of unique forms of data, including photos and journal entries/poems (Stake, 1998). Using a point-and-shoot Nikon camera (AF 230, 29mm lens) I shot a series of photos (over a period of eighteen months) as an innovative intervention designed to capture metaphorical images of my hope in recovery. I took an introductory course in black-and-white photography and learned developing and printing techniques (TMAX 100, 200, and 400 ASA films and chemicals). Alongside photographing, I engaged in journaling and poetry writing as a means of documenting and interpreting my experience. This writing paralleled the photography process; my words informed the interpretation of my images. I decided to stop photographing and writing when I felt satisfied with the degree to which my self-understanding and self-healing was enhanced.

Understanding the Photographs

My attempts to obtain a more metaphoric and holistic understanding of the photos, journal entries/poems led to content and thematic analyses consistent with the approaches of Moustakas (1994). I identified, coded, categorized, and chronicled patterns of meaning units (that is, objects in photos and words in texts) from 184 photos, 57 journal entries, and 101 poems. This led to the emerging of fifteen categories and four distinct metaphors and themes. Sorting, selecting, and sequencing of eight photos and eight accompanying journal entries/poems culminated in the creation of a visual diary. Using methods as described by Guba and Lincoln (1992), I engaged in a rigorous process of data collection and analysis to enhance trustworthiness and to ensure that documentation and interpretation of the data best reflected my experience of hope in recovery.

CREATING A VISUAL DIARY: INSIGHTS AND UNDERSTANDINGS

Though initially unanticipated, the process of learning photography (and journaling/ poetry writing) led to the creation of a visual diary, a visual chronology of my experience of hope in recovery. This paralleled the development of a hopeful-self-healer identity, a more healthy and whole self-identity emphasizing hope as an inner resource for self-healing. The process of learning photography and developing a stronger and healthier self-identity will be described using the following four metaphors, Opening the Shutter, Focusing the Lens, Framing the Image, and Taking the Picture, and the following four themes: liberty, security, reality, and vitality.

I have entitled the first theme in my photographs *Opening the Shutter*. My journal reflection reads: "Photography permits and encourages freedom . . . The camera . . . is like a second self, a separate pair of eyes that helps me see me in a new way." Using photography, I became more open to trust — to trust others and to eventually trust myself. I self-distrusted and felt imprisoned in my distorted body image at the start of my recovery. Photography gave me a new lens on life and myself. It gave me a reason to hope for a more liberating existence. In my eyes, the photographic image that most aptly captures the opening of possibilities is a head shot of a horse. Facing the camera, the shaggy pinto is a self-symbol of the hopeful and "unbridled and carefree" feeling I experienced in my first psychotherapeutic relationship. A poem excerpt illuminates this theme: "his clicking tongue/small whispers/trusting stance/but/i stamp and snort/not sure of which direction to run/the paddock is safe, yet the gate closes/unexpectedly/the field afar is wide open." Trusting and being open with myself was important to my hope and my ability to experience self-awareness and self-growth.

The second theme of my photographs I entitled *Focusing the Lens*. My journal reflection reads: "I don't take enough risks with my photography. I'm at a point where I really want to get out there . . . I feel I'm playing it too safe." With greater confidence in my camera techniques, I began focusing on my relationship with my disorder. The physical act of photographing outdoors was important to my

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hope. Taking the risk of moving through my outer world to capture hopeful images enabled me to feel more secure about navigating my inner world. I thought if I could take the risk of physically losing my way I would be better prepared should I this occur psychically. The photo that I feel best conveys the challenge of feeling more at home and secure with myself is the front view of a small family home. This old-style home depicts my recollection of hopeful memories of a grandmother when I was hospitalized. A poem excerpt illuminates this theme: "i know i am OK with you because/i know that you are so loving and kind/it almost wants to make me cry/the way your soft heart/warm hands/touch/envelope me/like a child's security blanket/fuzzy and frayed." Focusing on my inner thoughts and feelings in my recovery facilitated a sense of comfort in self-discovering and self-dialoguing.

I entitled the third theme of my photographs Framing the Image. My journal reflection reads: "I no longer see my experience as being isolated, contaminated, sealed tight within me. No, I see parts of me in my surroundings." I began to self-identify as a photographer in the process of re-framing self-perceptions. I became less critical of my photos and myself. I learned to appreciate the uniqueness of my images and my self-reality. Photography helped me develop selfempathy. I no longer saw my disordered self as a bad part of me but rather a part of me that had not fully come into being. It is the bird's eye view of a flower garden that represents my blossoming awareness that photography could foster a sense of hopefulness and self-realness. The blooming flowers reflect the flourishing of my hope through participation in a self-help group for women with eating disorders further along in my recovery. A poem excerpt illuminates this theme: "i'm stuck in this place of nothingness where/invisible flowers grow/ it's like spring thaw/my senses are awakening/my flesh alive/thoughts decay and burn off like fog/days of darkness and despair have faded to a lighter gray." I slowly recognized my photographic potential was rich soil for the burgeoning of self-insight and self-understanding.

The final theme of my photographs I entitled *Taking the Picture*. A journal reflection reads: "My admittance to who I really am continues to construct my path. . . . [I am] more visible as I walk further into this new territory of self, making inroads that were once impossible." I found it awe-inspiring to take a look "in both directions" and see my inner and outer beauty. Photography revitalized my psychic energy and my view of my future. I felt a synthesis in learning the art of photography and self-therapy. For me, the image that captures my heightened sense of self-healing is that of a winding trail seen at a distance. Taken during spring thaw, this trail represents how I experienced photography as an innovative intervention and as a travel companion. A poem excerpt illuminates this theme: "there is a strength that radiates/from my many branches and limbs/I now draw energy/upward and inward/through roots grounded/in fresh, fertile soil." Seeing the complete picture of my experiences of hope in recovery enabled me to feel a greater sense of hopefulness and wholeness and to view my recovery as a process of developing a healthier self-identity and a self-healing journey.

Closing Reflections

The implications of this unique study are multi-faceted and include clinical, training, as well as research dimensions. First, my personal experience with photography has piqued my professional interest in working with clients as coresearchers. A note of caution should be highlighted regarding the appropriateness of introducing photography to anorexic clients. Considerations include client readiness for recovery and the possibility that photography may trigger eating disorder symptoms as with media-portrayed thin-ideal images (Stice, Spangler, & Agras, 2001). Second, counsellors-in-training, like myself, may consider using creative photography and writing as an opportunity for self-exploration. Photography as a methodology appears well suited to self-study and clinical case study. Finally, further investigation of areas such as the therapeutic value of photography in enhancing hopefulness with eating and weight disordered clients (of varied diagnoses and recovery status) is needed to better understand its effect on healing and to promote best possible practice.

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