

PHOTOTHERAPY: TRAVELING BEYOND CATEGORIES

Article for afterimage

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I decided I was a photographer and not an artist. If sometimes it helps me to get a small grant by calling myself an artist, then of course I will. I finally called myself an educational photographer, whatever people think that means, as a way out of the problem. . . . Someone like me wanders without a category.

—Jo Spence, *Putting Myself in the Picture*

Like the late Jo Spence, my work requires that I travel across borderlines that define the regions we think of as art, therapy, art therapy and photography, yet I do not fully belong to any one of these. As a photographer with a Masters degree in psychology with a focus in phototherapy, I occupy liminal spaces between numerous disciplines. I regularly explain to the curious, the dubious and the sincerely confused exactly what my "work" is and where it fits within different communities. How I define myself often depends on who is asking. Again like Spence, my profession does not fit neatly into predefined categories, and so I variously describe myself as a photographer, an artist and more often, a phototherapist.

My focus lies somewhere within the spheres of what is commonly thought of as art and therapy. If it were an art project, my work would take the form of a collage and would be more about the process of creating the collage versus the end product. However, the end product might be exhibited as art. My work

becomes more like therapy when I create a safe space in which to facilitate for others an exploration of self-image, self-expression and even sometimes healing.

Is this art?

My “Letha Mirrored” series of photographs were taken in an artistic setting, and can be viewed as art within the context of other fine art photography that graphically explores questions of illness and disease. However, this process was “therapeutic” for both of us. The autobiographical work of photographers Hannah Wilke, Matuschka and Spence also fall in this category. The harsh, fierce images that emerged from their shared focus on body image, female identity and cancer were among the first to raise questions about how women’s bodies are represented and what these representations mean personally and culturally.¹

“Letha Mirrored” is representative of my earliest body of work, “Voices of Women,” which was shown via an exhibition, a standard venue for public presentation of what we traditionally think of as art, though the process of creating that body of work was therapeutic in nature. This collection showed a diverse range of women as “beautiful” versus the more narrow view from mainstream media. The photographs were artistic, yet the women photographed described their participation in creating the photos as “healing.” The “Letha Mirrored” series resulted from a session in which Letha explored her body as a way to retrieve and process emotions. This offered her an opportunity to acknowledge and validate her layered identity as an older woman, a lesbian and a breast cancer survivor, and to do so in a visceral, physical and tactile manner. Accessing this identity material through the body can be quite different from approaching it in the more traditional psychoanalytic fashion with the latter’s emphasis on verbal processing that may focus most of the work “in the head.” But the “head” may not offer my clients the most advantageous path on the

journey they wish to make, so we use photography to access the rest of the body and “see” where that might lead.

Since I continue to exhibit these photographs, they become “art” after the fashion of Wilke, Matuschka and Spence. However, if work such as this is considered “art,” new questions arise in the art vs. therapy debate. Whose art is this? Who is the artist? Even though Letha has given me permission to show her photographs, some of my clients take ownership of their photos, seeing them as the end result of their own artistic process. My sessions with M are an example of this.

Although I took the photos, my client was in complete control of what happened in front of the camera during which time she was the director of her own experience. M constructed one of her sessions to honor and ritualize the cutting of her long, thick, red hair as a rite of passage in her life. We set up the studio as a sacred circle with many white candles, white lilies and a large crystal bowl in which to catch her hair as she cut it off. We burned herbs to purify and said prayers to honor the experience. As I moved around snapping shots of her as she cut thick strands of hair, she said aloud what she was releasing in letting go of this hair that weighed her down. The last photos of the session show her with a new shining light in her eyes that she did not have previously and a crystal bowl full of her hair.

This is an example of a photo shoot in which disciplines are crossed. The photo session becomes an artistic co-creation, therapeutic photography and even a sacred ritual. The client always has the right to choose whether or not her images are shown publicly. Most choose to keep this work private, but for some the process of showing their images is very freeing. There is no “right” choice, and it is a highly personal decision for each woman. When this particular client decided to show some of the photos from our sessions in a group art exhibit, I

realized there were complex issues involved. In this case, since M had taken ownership of the work as her own, she chose what images she wanted to show, paid all entrance fees and the framing and matting costs. I was still listed as the photographer, but M was listed as the owner and creator of her artistic and therapeutic expression.

For the sake of discussion, if I were to use with permission any of these photos in my own body of work, new questions would arise such as: Do I get to choose the images to be exhibited? Will her images be shown for educational purposes only or can they be sold? If they can be sold, who gets paid? Co-creation can become extremely complex. There are no easy answers, and it is important to discuss these issues as they arise so that all parties are clear on the guidelines and agreements in place.

Therapeutic art

My approach to phototherapy is interdisciplinary in nature. Although I gained traditional training in counseling, cognitive theory and had two certified art therapists on my graduate degree committee, I do not have certification in art therapy. I see myself as an artist, a photographer and a phototherapist, which means, in other words, that I have adequate training in cognitive therapy to do therapeutic photography, the results of which are sometimes shown as art. Through my multidisciplinary education I learned various ways to support the work that I wanted to do, which do not completely fit within the specific definitions of therapy or of art therapy, per se. In fact, I do not want to make my work fit. I see it as something related yet apart for several key reasons.

Though there are no written rules regarding nudity in therapy, there is a taboo around sexual contact between client and therapist. Even so, some clinicians who are certified mental health practitioners are also licensed massage

therapists. Body workers sometimes work with clients who are naked, although more often they are covered with a sheet. Therapeutic nudity is not inappropriate or unethical but the closest ethical descriptor is the prevention of dual relationships, i.e., friendships, sexual relationships. The theory is that in friendships we lose our objectivity when the relationship involves more personal interactions. Therefore, these unwritten policies regarding touch are thought to help therapists avoid getting into compromising situations, which could possibly lead to dual relationships. However, I take a feminist approach similar to that of Olivea M. Espin in her essay "Feminist Approaches":

Feminist therapy challenges the authoritarian, patriarchal approaches of traditional psychotherapy that tend to reinforce women's sense of dependency and inadequacy, to treat women's unhappiness as pathology and illness, and to make adjustment[s] to traditional roles the goal of treatment for women.²

Most world cultures control women in part by shaming them physically, making the female body unclean, in particular the reproductive organs. When cultures either sexualize or virgin-ize women's bodies, women find no holistically empowering role models for being female. The media continues to use the same old virgin/whore images to depict women. Internalized shame of feminine body images is a lot like internalized homophobia. Since women arguably still tend to absorb and emulate the dominant culture's paradigm for what constitutes beauty and power, they cannot see themselves as beautiful and powerful if their self-images do not match the cultural standard. Standing naked in front of the camera, one cannot help but see oneself. By coming to terms with what is and letting go, or perhaps holding on, women reconstruct images of self. As we work

on issues with the outer self, we are working on these same issues within the inner self. Our outer body mirrors our inner world.

The therapeutic photography that I facilitate is based on authentic movement therapy where there is a “witness” who becomes a non-judgmental “seer” and a “mover.” Because women often feel invisible, this offers a way for them to be seen and to feel heard. When seeing themselves in photographs taken during such an experience, women begin exploring different aspects of “self” as a way to deconstruct old roles and outdated ideas of what “beauty” is, and they begin to see their reconstructed selves in the here-and-now based on a more holistic view of beauty. Dropping masks, as well as clothes, is a way to say that all types, races and ages of bodies are healthy, not shameful. Working within the visual arts, women take a medium that has traditionally shown them in a negative light and recreate the ways in which they are seen.

Therefore, it is imperative that someone working with naked clients be absolutely clear with intentions, methods and a code of ethics. I classify my work as therapeutic art because of the taboo around nakedness in a clinical therapy setting even though my own work with nakedness is purely clinical when done within therapeutic guidelines that maintain, first and foremost, the client’s safety and well being. I follow the guidelines and skills that I learned as a therapist; however, unlike traditional therapy, my client would be able to explore her nakedness if it seemed appropriate to do so.

The "Letha Mirrored" photos were done as an on-going collaborative project. Even though these photo shoots and subsequent reviews of the images were very therapeutic for both of us, we did not look to each other for therapy. Instead we saw one another as co-creators of an artistic process that was deeply meaningful to us. I was also a “mover” while Letha became a “witness” with the

camera during some of the sessions, taking photos of me as I, too, explored issues of body and health from a physical perspective.

This documentation journey began before Letha's bilateral mastectomy four years earlier. The early photographs show her holding her bountiful breasts out toward the camera. The proof sheet goes immediately without a transition to her standing with her hands on her hips looking defiant with no breasts and drainage tubes inserted into raw scars.

In this year's session, Letha explored issues of deep shame that come from being in an aging female body, and from being an aging lesbian; the latter often doubles the shame and silence around cancer as a hidden disease in this culture, since aging lesbians may be more inclined to stay hidden from the culture in general, and from the medical establishment in particular. The journey through cancer has many cycles of walking through the fire and coming out alive. By allowing herself to be seen and photographed, Letha refuses to be discarded by society because she is aging or ill. She refuses to become invisible and is adamant about her right to be seen as beautiful in this moment—not dependent on a social construct of being a certain age, race, sexual orientation or physical state. She also allows her strength to shine through, enabling herself and others to see her vulnerability in being human.

Even though it's a challenge to maintain such a collage-like career, it is also a way to support others in tapping into their own creativity to explore issues of identity. The process of this work is much more important than artistic results, even though it is powerful to also show these photographs as "art." In this way many women have the opportunity to be seen and heard.

Traveling in and out of boundaries between disciplines gives me the tools with which to help others to be in a liminal place, where they are between one defined place and another. Depending on the unique situation of each client, I know

which “hat” I need to wear and what tools might best facilitate their process in a creative way. Mostly it is an opportunity and way for people to revisit the old myths of who they are, to release or modify them as they wish and to recreate their stories for themselves and others to see.

LORI DEMARRE, MA, owner of Inner Essence Photography and Phototherapy in Seattle, WA, is a photographer and therapist who facilitates for women the exploration of body image through photography. Within her field of art and psychology, she has studied and applied various phototherapy techniques such as self-portraiture, the use of photos as metaphor, and analysis of family photo albums. Her photo exhibit “Voices of Women” celebrates as beautiful a wide variety of images representing women and the feminine. Her current project comprises a new body of work entitled “Vision and Voice: Lesbians Journey Through Cancer.”

NOTES

1. Jean Dykstra, "Putting Herself in the Picture: Autobiographical Images of Illness and the Body," in *Afterimage* 23 No. 2, pp 16-20.
2. Olivia M. Espin, "Feminist Approaches," in Lillian Comas-Diaz and Beverly Green eds., *Women of Color Integrating Ethnic and Gender Identities in Psychotherapy* (New York and London: Guilford Press, 1994), p. 269.