

**Experiences of Taking and Sharing Photographs as Homework for
an Emotional Coping Skills Group**

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Submitted in accordance with the requirements for the degree of

Doctor of Clinical Psychology (D. Clin. Psychol.)

The University of Leeds

School of Medicine

Division of Psychological and Social Medicine

June 2020

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Acknowledgements

Firstly, I would like to thank my participants for your involvement in the research and for sharing your photographs with me; to 'Dr Claire' for your support throughout the research process and for allowing me to be a part of your group.

To my research supervisors, Dr Ciara Masterson and Dr Rachel Lee, thank you both for your encouragement, guidance and wisdom throughout. Your enthusiasm toward the subject was always appreciated.

Thank you to the supervisors and colleagues who have taught me along the wider training journey for inspiring me to remain curious, ask questions, and be thoughtful.

Thank you to my cohort for being such a wonderful group to go through this process with.

I would like to say a huge thank you to my family. You always believed I could do this and I know how proud you all are. To Charlie and Luna for encouraging me to take much-needed walking breaks when my head was feeling full. Lastly, to Rob. I am not sure I will ever find the right words – thank you for being my biggest supporter.

Abstract

Introduction: This thesis explores the use of photographs in homework tasks within a psychological intervention. The research was influenced by photo-elicitation research and methods such as Photovoice that use photographs as a tool to explore participant experiences. Visual images convey information in a manner that is processed differently to verbal or written accounts and photographs are observed to be a useful communicative tool, yet there is little empirical research investigating photograph use within therapy. This is a novel project exploring participant experiences of taking and sharing photographs within an emotional coping skills group intervention.

Method: Using purposeful sampling, six participants were recruited from an emotional coping skills group in an NHS service in West Yorkshire. Photographs were used in the group to augment the homework tasks and feedback. The participants consisted of five service-users and one group-facilitator. Semi-structured interviews were conducted using the photographs taken for the group as prompts. The interviews were analysed using Interpretive Phenomenological Analysis (IPA). The photographs and information from group evaluation forms were used to support the interpretation of the data.

Results: Six superordinate themes were identified from the data: (i) *Expectations and assumptions*, (ii) *What is in an image?* (iii) *Emotions and images*, (iv) *Therapeutic impact*, (v) *Power and control*, and (vi) *Barriers*. These were informed by 15 subordinate themes.

Discussion: The taking and sharing of photographs had a number of therapeutic benefits, including supporting understanding and connection within the group. Participants tended to use photographs to capture positive rather than negative experiences and reported challenges to sharing such as feeling vulnerable. The study suggests that using photographs in therapy could support communication and exploration of experiences that may be difficult to express using words. The strengths and limitations of the study are discussed, and areas for future research are identified.

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Chapter One: Introduction and Literature Review

The present research investigated service users' experience of using photographs within a psychological group-based therapy intervention. Participants were recruited from a group of service-users who were attendees of an emotional coping skills group, in which client-generated photographs had been implemented as feature of homework recording and feedback.

The emotional coping skills group was a new intervention within a secondary care mental health service for people with complex mental health difficulties and was based on the manual developed by Isabel Clarke (Clarke, 2012). The group facilitators made a novel addition of including a photographic element to homework tasks as a feature of recording and providing feedback of skills practice. This study was influenced by ideas from Photovoice research and photo-elicitation interview techniques, where participants use photographs to convey their experiences relating to a specific area of investigation.

This is an exploratory piece of research into an area which has received little empirical investigation, using interviews to elicit information regarding how people related to and experienced the use of photographs within the intervention. Permission was also sought to include group evaluation information to inform the data analysis. Additional consent was requested to use some of the photographs shared in the group to support the write-up of this research. This research will be used to expand the current literature base regarding the use of photographs within therapeutic settings and how such techniques could be used within future research and practice.

The following literature review considers how images are currently used in therapeutic settings and how photographs have been used in research, both individually and within groups. The literature search strategy used the APA PsychInfo

database. As this is a relatively new area of exploration the search terms were kept rather broad, using variants of, for example: Photograph* therapy, Photo* therapy, Photovoice, Photo* IPA; to identify relevant literature. It has been acknowledged by Weiser (2004) that it can be easy to miss relevant research due to the different terminologies used to describe this type of intervention including; Phototherapy, Photography Therapy and Therapeutic photography (Lal et al., 2012).

This section will begin by describing the theoretical models of visual information processing in order to begin to explore the power of visual images, before outlining the unique link between images and emotions, including mental imagery and rescripting techniques. This will be followed by a description of how photographs and images have been used in research methods, with specific consideration of how photographs have been used in combination with Interpretive Phenomenological Analysis (IPA) research methodologies. Finally, I will outline how photographs have been reportedly used within therapeutic settings.

Processing visual information

Weiser (2004) observed that photographs are intrinsically linked with emotions and personal connections that other people would not necessarily understand or have the same reaction to. One model of information processing which may help us make sense of this is the “Interacting Cognitive Subsystem” (ICS), as described by Barnard and Teasdale (1991), which suggests that verbal and visual information is processed at different levels of entry.

In their ICS model Barnard and Teasdale (1991) hypothesise that visual images activate a processing pathway unique to an individual, based upon their previous experiences of that type of information. Visual image processing is closely connected

to the ‘implicational’ processing system, which relates to implicit meanings and quick emotional and somatic responses. As images are processed differently to verbal and written information, this can also support clients to access and recall memories more easily and vividly (Clarke, 1999), which can be discussed and used in therapy. Holmes (2008) reported that images elicit a stronger emotional reaction than verbally presented information, suggesting that the way in which images are processed evokes episodic memories that connect more vividly to the self than verbally presented information.

Visual information is processed at rapid rates in humans, including faces and other more complex visual information (Thorpe et al., 1996). It has been suggested that due to the way images are processed they are able to bypass cognitive filters and defence systems (Ginicola et al., 2012; Prins, 2013); therefore images may support engagement with difficult emotions in therapy that clients might try to avoid or protect themselves from. Photographs may be an important addition to therapy as they could support a deeper level of connection with the topic of discussion and the ability to ‘share’ this with the therapist. The possible ways in which photographs could be used within psychological therapy is discussed further in the following section, *The link between images and emotion*.

In his bio-informational theory of emotional imagery, Lang (1979) proposed that mental imagery is processed at a neural level in such a way that the response from the imager is similar to that occurring when viewing an external stimulus in reality. Experiments found that when imagining a phobic stimulus, such as a spider, the physiological response was comparable to that when the stimulus was present (Ji et al., 2016). Lang (1979) reported a variability in individual capabilities of imagining;

the ability to generate mental images was easier for some participants than others and within those who were able to generate images the vividness and intensity varied.

The next section will explore the link between images and emotions, outlining how visual and mental imagery can impact on memory and emotional responses; followed by a description of Imagery Rescripting, a technique that acknowledges the power of mental imagery as a cause of psychological distress and rescripting as an intervention.

The link between images and emotion

It has been suggested by Holmes and colleagues (Holmes, Arntz, et al., 2007) that highly emotional memories are likely to be held in the form of a mental image, suggesting that images are likely to be a useful target in psychological therapy. Mental imagery refers to pictures held in the 'mind's eye' as representations of perceptual information (Rademaker & Pearson, 2012) which can be recalled from memory even without the presence of an external stimuli (Pearson et al., 2015).

Pearson et al. (2015) propose that mental imagery can create a re-experiencing of an event by activating the senses, even in the absence of the external stimulus, which is not always a voluntary process and can be distressing when unpleasant images are triggered, or past experiences are 're-lived'. Mental images draw upon vivid sensory memories, allowing people to imagine their futures or re-live their past (Holmes et al 2016). Holding this type of mental image can lead to larger increases in emotional arousal than when focusing on verbal information alone (Holmes & Matthews, 2005). Holmes and Matthews (2005) proposed an evolutionary benefit to the ability to perceive and process images quickly, which would allow humans to

respond to danger. This response developed prior to language acquisition. In support, Öhman and Mineka (2001) reported fear stimuli as being automatically processed in humans and that this creates an emotional response and learning that is independent from cognitive learning processes. They also considered that images are processed in a similar way to encountering the stimulus in real life, which activates autobiographical memories of the stimulus and produces an emotional response; which is consistent with Lang's (1979) bio-informational theory of emotional processing.

Stopa and Jenkins (2007) reported from their experiments that holding a negative mental image prior to an autobiographical memory task led to faster recollection of negative memories; whereas participants holding a positive mental image recalled positive memories. This suggests that emotional mental images have an impact on cognitions and memory. For those experiencing intrusive mental images, memories of past unpleasant events may be recalled more often, which could reinforce any associated negative core beliefs.

Holmes et al. (2016) observed that in those experiencing depression, mental imagery can become disruptive and distressing as the ability to generate and experience positive imagery is impaired, yet the experience of intrusive, negative images increases. They emphasised the importance of targeting mental imagery with depressed clients, as the experience of intrusive negative images can reinforce unhelpful core beliefs and contribute to the maintenance of depression.

Holmes, Crane, et al. (2007) investigated mental imagery in relation to thoughts of suicide, suggesting that holding mental imagery evokes stronger emotions than when the same thoughts are held verbally. They reported that mental imagery

served as a 'flash forward' to their suicidal plans and predicted events following death. All participants reported the mental images as distressing, but 12 out of 15 (80%) also acknowledged that these could be comforting to them, for example one participant reported that they provided an image of an opportunity in which they could escape from distress. The authors recommend that mental images should be enquired about during assessment of risk as when people are asked about thoughts, they tend to describe only their verbal cognitions. They noted that the presence of mental images reportedly increased emotion, perceived likelihood, goals, and actions in relation to suicide. Their research emphasises the connection between images and emotions, demonstrating that mental imagery creates a stronger emotional response than verbal cognitions.

As discussed, distressing images occur in a multitude of mental health difficulties, including post-traumatic stress disorder, depression, social anxiety, and obsessive-compulsive disorder (Stopa, 2011) and therefore can be an important area to focus on in therapy. Ji et al. (2016) support the use of imagery within therapy as this can support clients to maintain a 'hot' affect (thoughts connected with emotions) during therapy, which will facilitate exploration of factors that contribute to the maintenance of unpleasant thoughts, feelings or behaviours. Imagery rescripting is a treatment in which disturbing images are restructured to reduce the distress that accompanies them. It has been incorporated into Cognitive Behaviour Therapy (CBT) interventions and has supported clients to modify unhelpful core beliefs (Cooper, 2011; Wheatley & Hackman, 2011). Imagery rescripting was considered in the development of the present research to support and inform thinking relating to the importance of images and imagery in mental health interventions and is described in the following section.

Imagery Rescripting and images in therapy

Imagery rescripting (IR) is an intervention that aims to update distressing images (Wild & Clark, 2011). The treatment was developed by Smucker et al. (1995) to help adult survivors of childhood sexual abuse to overcome symptoms of post-traumatic stress disorder (PTSD). Imagery rescripting involves imaginal exposure followed by detailed imaginal restructuring of the event, such as imagining their compassionate adult-self entering the scene to offer protection to their childhood-self. Smucker et al. (1995) reported this had a significant impact on PTSD symptom reduction including the frequency of the intrusive trauma memory.

Imagery rescripting has been indicated to be a useful treatment component in a number of interventions to help relieve the distress caused by images in depression (Wheatley et al., 2007); Obsessive Compulsive Disorder (Speckens et al., 2007); and phobia (Hunt & Fenton, 2007) and can be helpful in challenging negative self-beliefs in social phobia (Wild et al., 2008).

Wild and Clark (2011) described a protocol where distressing images related to a previous experience are discussed and cognitive strategies are used to begin to address distorted beliefs. The memory is 'updated' by imagining the event from the perspective of their current self; offering compassion, intervention, or information to their younger self to rescript the experience. A similar technique has also been reportedly beneficial with Personality Disorder interventions, using mental images to explore emotions, contextualise negative experiences and reevaluate the beliefs underpinning reported difficulties (Arntz, 2011).

Holmes, Arntz, et al. (2007) conducted a review of the literature surrounding IR within CBT. They concluded that manipulating unhelpful images can have a

powerful impact on beliefs and emotions and this can be more effective than using verbal strategies alone. Rescripting distressing images can support clients to develop adaptive cognitions and can be used across a range of mental health diagnoses, including post-traumatic stress disorder, bulimia-nervosa, and personality disorders (Arntz, 2012).

In addition to rescripting distressing images, developing positive imagery has also been found to be beneficial in other areas of mental health interventions. Ji et al. (2017) observed that the ability to generate positive mental images was associated with increased optimism in depressed adults. Wilson et al. (2017) reported that the ability to generate positive mental images was predictive of a positive emotional response to viewing positively-valenced photographs taken from Project Soothe (University of Edinburgh, 2014 - 2020). They found that participants who experienced more negative emotions were more likely to report an anxious response to viewing the images, which were typically described as soothing. This highlights the important links between images and emotions and suggests that the relationship may be reciprocal, rather than linear. It seems that improving the ability to generate positive images can increase positive cognitions and therefore the introduction of photographs within therapy, which could help improve the generation of positive emotion, would be a useful area of further exploration.

Mental images are the focus of IR techniques to support clients to adapt, update, and restructure images that are causing them distress. The literature regarding the therapeutic benefits of restructuring and reprocessing distressing mental images is more comprehensive than the use of recorded images in therapeutic settings, which this research seeks to investigate. It is considered that if mental images can support

clients to connect with emotions and memories in therapy, then images might also be useful in therapeutic and research settings in a physical method, such as a photograph representing or showing an experience, emotion, or thought, to enhance understanding and communication between participants and researchers. The use of photographs in research is explored in the next section.

The use of photographs in research

Photographs have been identified as a useful prompt to facilitate communication and expression between photographers and viewers. Laurent (2017) asked photographers to describe why they take photographs. The respondents described varying motivations, but there was a common description of photographs as a ‘universal language’ that everybody can connect to and understand without the barrier of spoken or written language. The photographers described using photographs as a method through which they could communicate their experiences and are able to convey ideas and perspectives through these images. The respondents described using photographs to stir emotions in the viewer, including moments of joy and moments of sadness, and their ability to develop understanding - in some circumstances motivating people to take revolutionary action to promote change.

Photographs have been included in research projects as a method through which to generate data and facilitate discussions. The following review will begin by outlining the use of photographs within Photovoice research (Wang & Burris, 1997), before describing how photographs have been included in research using photo-elicitation methods. There will then be a consideration of how photographs can be used in conjunction with IPA research methods.

Photovoice research

Photovoice is a body of research which seeks to empower groups and communities to share their experiences through photographs to instigate positive change (Wang & Burris, 1997). The Photovoice method has been described as including the following steps: recruiting participants from a particular population; putting forward a specific theme for exploration; then establishing a timeframe within which participants take photographs representing that theme. The participants then choose the most relevant or meaningful photographs to discuss at a group level to identify emerging themes and issues, which are then shared with the wider public and policy makers with an aim to bring about positive change (Sutton-Brown, 2014; Wang & Burris, 1997). Photovoice techniques have been applied to research a multitude of contexts including physical health (Baker & Wang, 2006); mental health (Thompson et al., 2008); with veterans (True et al., 2015); within schools (Harkness & Stallworth, 2013); and with homeless populations (Bukowski & Buetow, 2011). Wang and Burris (1997, p. 370) describe the technique as “highly flexible and can be adapted to specific participatory goals, different groups and communities, and distinct public health issues”. They discuss the importance of allowing participants to make their own interpretations and narratives relating to the photographs, in order to avoid researcher bias in the development of themes.

The use of Photovoice techniques within mental health research has been successfully reported. In their review of the literature, Han and Oliffe (2015) concluded that the Photovoice method was robust and well suited to mental health research, as it affords detailed description of experience whilst also providing a source of therapeutic value itself. Of the nine papers included in their review, they identified two main themes: those which described the “experiences of living with a mental

illness” and “narratives and images depicting recovery from mental illness”. They described the use of participant-produced photographs as being valuable to the creation of deeper understanding of a person’s experiences of mental health difficulties whilst maintaining an ability to focus on recovery.

Christensen (2018) supported the idea that the process of sharing and discussing photographs can be beneficial for participants experiencing trauma symptoms. They conducted a systematic review of 17 publications exploring gender-based violence through Photovoice research methods and suggest that the process of engaging in a Photovoice group task itself could be beneficial in the reduction of trauma symptoms by encouraging compassion, respect and positive regard toward themselves and their fellow participants. Producing and sharing images and their individual stories with other people who have shared experiences was reportedly empowering for participants and encouraged them to develop solutions to the difficulties they faced as a result of the trauma, whilst allowing them to process their trauma.

Budig et al. (2018) supported the idea that involvement in a Photovoice project can in itself facilitate positive outcomes for the participants. They interviewed individuals about their experiences of previous participation in a Photovoice project and reported positive outcomes having resulted from involvement in the research including; feeling empowered by having a space in which to share their opinions, to have these heard and respected by others; as well as valuing the opportunity to learn from the perspectives of other group members. Budig et al. (2018) suggested that the benefits of involvement in photograph production research should be explored further.

In Photovoice research, participants take photographs themselves and bring these to share with the group. Another method of using participant-produced

photographs in research is through photo-elicitation techniques, which is described in the following section.

Photo-elicitation

“Photo elicitation evokes information, feelings, and memories that are due to the photograph’s particular form of representation.” - Harper (2002, p. 13)

Photo-elicitation is a research methodology combining verbal interviews with the use of photographs as a discussion point. Within this type of research, participants are typically given a research topic and a camera with which to capture relevant images. These photographs are brought to the research interview and used to facilitate discussions. The use of photographs appears to be flexible in terms of how they can be applied during the different stages of research, as a method of eliciting data, as data themselves, or as a technique through which to demonstrate findings (Lal et al., 2012).

Harper (2002) suggested that by combining images with words within an interview, as opposed to using words alone, a different type of information is produced. He observed participants as having better memory within interviews that included photographs and that this also facilitated greater clarity, reducing the amount of misunderstandings between the researcher and interviewee. Visual images have been associated with more specific recall during interviews as opposed to other forms of media (Carter & Mankoff, 2005). This type of technique has been praised for enabling understanding between the researcher and participant. Harper (2002) described the technique as facilitating collaboration between the researcher and the participant in trying to “figure out something together” within the research. A literature review exploring reasons for implementation of visual techniques within

research design reported two main influences; researchers proposed that the use of visual methods would enrich data collection, and improve the relationship between themselves and participants (Pain, 2012). If photographs are able to enrich data collection in interviews, it is a reasonable assumption that these could support more detailed account of client experience in therapy too. Pain's (2012) finding that photographs improved relationships may also be beneficial within a group therapy setting if this were replicated between attendees and their peer relationships, as well as the facilitator; to promote sharing and understanding within the group.

Edmondson et al. (2018) used photo-elicitation in a research study exploring reasons for self-harm. They used the participant-generated photographs to facilitate conversations about self-harm and found these helped participants discuss triggers to self-harm, methods, the functions of self-harm, as well as their relationships with others. Their participants described using the photographs as a representation of their thoughts in a method that others could relate to; for example, a photograph of glass that had been shattered but had not broken was used to represent vulnerability and being hurt but remaining intact. Edmondson et al. (2018) observed that photographs helped participants to express difficult experiences that they were unable to put into words. The authors describe that the photographs supported participants to communicate elements of their experience that were often hidden away, but in a controlled manner via their photographs.

Photo-elicitation techniques have been used to investigate a number of issues within mental health research including identity (Croghan et al., 2008), self-harm (Edmondson et al., 2018), and depression as a result of first episode psychosis (Sandhu et al., 2013). Participants in these studies have reported feeling that the use of photographs enabled them to express their experiences in a way which others could

understand (Edmondson et al., 2018). Researchers have proposed that this form of data collection may result in richer data due to the participant-driven nature of the method (Bates et al., 2017). These findings support the use of photographs as a method through which participants can better connect with the topic.

Photographs and Interpretive Phenomenological Analysis

The present research investigates participants' experience of using photographs in the emotional coping skills group via a research interview analysed using IPA. The following section will outline how photographs have previously been used within IPA research studies.

Burton et al. (2017) combined photo-elicitation techniques with IPA processes by asking participants to take photographs exploring factors that enhance or reduce quality of life in participants living with paraplegia and chronic pain, which were then used in the interviews. The authors observed that including photographs helped by; maintaining focus on participant-led information, capturing experiences 'in-the-moment', supporting reflective conversations and making sense of experiences, as well as helping the interviewer to understand their accounts. Based on the identified benefits within the research process, the authors recommended further evaluation and exploration of how photographs can be used within therapeutic work.

Shinebourne and Smith (2011) combined IPA and visual methods to explore client's perspectives on their recovery from substance addiction. They used this technique with a number of participants but report their findings from an individual case study. Their participants were asked to bring artwork they had made in their recovery journey so far, and in the interview to draw 'how you see your recovery at present'. The images were used in the in the research interview to reflect on and

discuss how they related to their thoughts and feelings about their recovery. The drawings were used to support the analysis of the interview data and development of the emerging themes.

Shinebourne and Smith (2011) reported that the images were beneficial in the research as they supported the development of understanding between the researcher and participant. They suggested that the drawings helped participants to engage in 'retrospective remembering', which can elicit more detail in their descriptions of experiences. Some participants described the use of images as a method to contribute meanings and details they would not be able to express with words. Generating the pictures helped in explaining their thoughts, and the images provided an element of safety by allowing the expression of painful emotions via a representation as opposed trying to describe this verbally. Shinebourne and Smith (2011) described visual methods and IPA as complementary to each other, as the verbal accounts and images help to build a picture that would not be possible using each method alone. However, the authors acknowledged that not all participants engaged in this process as well as the reported case study and that some people may be more inclined to work in this way than others.

Boden et al. (2019) also support the use of drawings within IPA research as complementary techniques. They acknowledged that for research participants it can be difficult to verbalise some aspects of their experiences in an interview. They suggested that using drawing methods in IPA studies can elicit rich verbal descriptions, but that the images themselves are also important data. In this study participants used their drawings to represent themselves in a metaphorical sense and the exploration of their meaning can 'illuminate' participant experiences. Boden et al. (2019) described the use of drawings as allowing participants to guide the interview,

which ensures that the data remains close to the participant experience. The authors conclude that combining participant generated images with IPA interviews supports the exploration of complex experiences that may have been difficult to convey using only verbal descriptions.

In summary, the inclusion of visual methods in IPA research has identified benefits such as supporting participants to: reflect on their experiences (Burton et al., 2017), provide a connection with memories that support rich, detailed accounts (Shinebourne & Smith, 2011), and allowing the participants to guide the interview (Boden et al., 2019).

The identified benefits of using photographs within research include: sharing, feeling heard, and learning from the experiences and perspectives of others. These benefits are likely to also be helpful in therapeutic settings and could support clients to illustrate and expand on their experiences in a creative manner, rather than relying on verbal descriptions alone. Perhaps the addition of photographs could support clients to reconnect with their experiences during the sessions, bringing an additional reflective element to support exploration of what had been difficult or had gone well for them, and what could be done differently in future. In group-based interventions, photographs may support attendees to develop relationships and understanding with their therapists and peers.

The use of photographs in therapy

This project was developed in part due to anecdotal reports of clients showing therapists photographs in their sessions. This was noted in an article by Prins (2013) where the author had observed a trend of clients bringing photographs into sessions, despite having received no prompting to do so. This suggests that for some people

there is value in the use of photographs as a method to share their experience. Clients appear to experience a personal connection to the photographs, which could be via a symbolic or direct representation of something of importance. Prins (2013) reflected on her experience of having felt a stronger connection with her therapy clients when photographs are brought and that the use of photographs can trigger memories and details of a client's experiences, which can be used to support the development of positive components of the client's self.

Halkola (2009) reviewed literature relating to visual processing and considers the therapeutic use of photographs. She postulated that processing images is a skill we have from infancy, as infants develop in a largely visual world prior to language acquisition, and noted how visual information can be used as a vehicle to express emotions in a non-verbal way. Halkola (2009) suggested that photographs can help people to talk about difficult life experiences and can act as a representation of their reality, which can then be discussed and explored together. In considering the early and rapid ability to perceive and interpret visual information it seems that photographs may be particularly helpful for people who struggle to express themselves, and particularly their emotional experiences, verbally.

Research by Loewenthal investigates the use of 'photocards' within therapy in a child population (Loewenthal, 2013) as well as with prisoners across Europe (Loewenthal et al., 2017). This technique involves a set of 52 printed photographs depicting "everyday objects and places, without people in them" (Loewenthal et al., 2017, p. 68) which are brought to therapeutic sessions. Clients are asked to choose one photocard they feel connects with them as a starting point of discussion. The photocards are present throughout the intervention so they can be used to describe and reflect on experiences.

Loewenthal (2013) reported using photocards in two cases with young people aged 12 and 13 years and described the use of these as facilitating clients' articulation of their current feelings. He suggested that these photographic representations allow clinicians to quickly understand and connect with a young person's emotional experience. Loewenthal observed that by allowing the young people to choose the photocards they talked about, they felt more involved in the therapy process.

Loewenthal et al. (2017) also investigated the use of photocards within a six-session therapeutic intervention facilitated within a group or on an individual basis in European prisons. Following the intervention, he collected an evaluative questionnaire from inmates who experienced this and conducted a thematic analysis on the data. He reported that 92% (N = 36) of participants found the therapeutic use of photographs very helpful or helpful; the remaining 8% (N = 3) rated this as average. No participants reported their use as unhelpful. Loewenthal et al. (2017) reported the use of photocards as helpful within the therapy as they enabled participants to connect with their memories and to express, share and reflect on their emotional experiences. One particular benefit identified by 49% (N = 19) of the 39 participants was that the photocards helped participants to 'show' the therapist what they were feeling, rather than trying to make themselves understood in other ways. However, not all participants reported this benefit: some felt they were able to express themselves adequately without the use of the photocards and some queried the purpose of using them. This research shows that for some people photographs offer a useful way of expressing their feelings, which may be particularly advantageous for those who struggle to use verbal descriptions of their experiences.

Phototherapy

One method of utilising photographs within therapy was described by Judy Weiser, an important figure in the development of Phototherapy as a counselling technique (Weiser, 2004). In Phototherapy clients are asked to bring their personal and meaningful photographs to sessions, rather than generating new photographs specifically as part of the therapy. Weiser described photographs as providing a record of something important and emotionally connected to the client. In contrast to conversation alone, she observed that clients provided fuller descriptions that were also more emotional when discussing their photographs.

Weiser (2004, p. 24) described photographs as “catalysts for therapeutic communication” as therapists and clients communicate about the meaning behind the photograph. She proposed using questions to explore emotional connections and memories, client values, beliefs and judgements. She discussed flexibility within Phototherapy, in that clients could bring photographs taken by themselves; of themselves taken by others; self-portraits; family albums; or any image that captured their interest. However, she emphasised the importance of interpretation being generated by the client themselves. It has been proposed that photographs are able to act as a communicative tool to develop insight into the client’s experiences and ways of thinking (Stevens & Spears, 2009; Weiser, 2004). This would be useful in both individual and group therapy interventions to support clients to begin opening up about their difficult cognitions or emotions.

Ginicola et al. (2012) reviewed the literature regarding the use of Phototherapy in psychological counselling. They outline how photographs can be used at each stage of therapy; from rapport building - where the use of images can be used to facilitate initial discussion; to assessment and intervention - where photographs’ content and

meaning can be explored with the client; and endings - as a representation of current experience. The authors discuss how such techniques can be beneficial for those who struggle to express themselves through verbal means. They observed that clients who found engaging in conversation to be difficult could use photographs to communicate experiences and emotions. The paper describes how therapists can explore meaning with their client through discussions of their photographs, in much the same way as therapists would make use of questions within a therapy session, and have reported positive outcomes with an adolescent population (Ginicola et al., 2012).

The identified benefits of using photographs in therapy, such as therapeutic connection (Prins, 2013), expression (Halkola, 2009) and communication (Weiser, 2004) may be particularly relevant in a group setting where clients might have anxieties about sharing their experiences with others. The following section will describe the use of photographs in group-based programmes.

Photographs in groups

Glover-Graf and Miller (2006) used photographs within a community group-based intervention to support adults overcoming alcohol and drug addictions to abstain from using substances. Participants were instructed to take four to five photographs each week relating to a preselected theme which included: trust and relationships, self-worth, honesty, power, healing, and a self-portrait. From these they chose two images to print and bring to the group for discussion. Transcripts from a final group meeting were analysed to assess client feedback of the group experience and it was reported that participants found the use of photographs helped with early engagement with the group. The researchers identified photographs as a method through which participants could begin to speak, as they described their images and generated discussion. They

observed that a number of topics other than addiction were discussed. This study measured participant experiences of abuse, trauma and self-esteem. They indicated small positive improvements in self-esteem after the group intervention. However, due to the lack of a control group, the improvements in self-esteem could not be attributed as a direct consequence of the group treatment, nor the use of photographs within this.

Ishihara et al. (2018) developed a 'positive photograph appreciation' group-based programme which was implemented with an older adult population. This group involved asking participants to attend a group on a weekly basis where they would take photographs of their choosing and create a collage. They hypothesised that the use of photographs within the group would improve positive emotions, enhance group engagement, and decrease the reported levels of depression for group members. They reported a significant improvement in symptoms of depression and experience of positive emotions for the group attendees when compared to control participants who instead completed a 'photograph education task', involving individual reading and the option to take photographs of their choosing. Participants reported strong levels of satisfaction with the group programme, with the majority of participants rating it as very enjoyable (82%), or enjoyable (7%). Their findings indicated that implementing photographs into a therapy group setting seems to facilitate engagement and enjoyment for service-users and can improve wellbeing. It should be considered that Ishihara et al. (2018) did not isolate the individual elements of the group therapy in order to explore which components were involved in the observed improvements and positive evaluation. Although there were significant improvements in the wellbeing of the intervention group in comparison to control participants, it is difficult to know how much of this was due to valuing the involvement in a group task, or how much was due to the photograph task itself.

Although there are some methodological limitations within the studies described, there are a number of positive findings which suggest that photographs may be a useful adjunct in group therapy in terms of enhancing engagement and communication. The taking of photographs has also been shown to be an enjoyable task with a positive impact on mood and wellbeing (Ishihara et al., 2018).

Risk considerations and potential limitations

Although using photographs in clinical settings has been observed to have benefits such as improvements in insight, communication and self-concept (DeCoster & Dickerson, 2014), the risks involved in this type of interventions must also be considered. The limited number of empirical research studies investigating the outcomes of the inclusion of photographs in therapeutic settings can make this somewhat difficult to assess.

DeCoster and Dickerson (2014) conducted a systematic review of studies using photographs within mental health interventions. They reported that of the 23 studies they included, only three identified a clinically significant improvement (significance level of $p < 0.10$). The authors described the protocols of the research studies to mostly be client-led and flexible in approach, which can be problematic when replicating outcomes and determining efficacy. When incorporating photographs into mental health interventions it is therefore important to consider the therapeutic aims. Further research is required to assess the impact of the inclusion of photographs on therapeutic outcomes.

Chan et al. (2012) discussed the inclusion of photographs within a narrative therapy approach to a substance abuse intervention. They aimed to support clients to externalise and distance the 'problem' from the person. They reported that whilst the

photographs were beneficial to some tasks, for example by providing a metaphoric representation, they were less suited to complex and exploratory conversations, which were difficult to capture in an image. The authors issued caution as they postulated how photographs could be used to present a “preferred narrative”, circumventing exploration of important meanings of the clients internal worlds (Chan et al., 2012, p. 17).

An article by Jacobs (1994) considered how to use photographs in therapy with children and adolescents in a hospital ward setting whilst respecting confidentiality. She discussed the need to obtain consent and ensure that photographs are not displayed or used in communal areas if they were identifiable as the client, and suggested alternative ways to convey the message of an image without reproducing it.

When using photographs in therapy we are asking clients to generate and share something that is potentially personal or exposing. It is therefore our duty as clinicians to consider and maintain confidentiality when using or sharing this data. In the present research this is important in both the context of sharing images in the group, as well as replication of images in the thesis report. This is further considered in the methods section.

Summary

It is noted that the ability to take and share photographs has become increasingly accessible as people can now capture, carry and share photographs via mobile phone devices; “everyone has hundreds, maybe thousands [of photographs] in their pocket” (Laurent, 2017, para. 4). Prins (2013) observed that people are willing to share photographs within therapy as illustrative information, and so there is a

potential function and a purpose to their use in therapy that would be valuable to explore further.

The reviewed research suggests that photographs may offer a new way of working with people during therapy. There is a close link between images and emotions (Lang, 1979; Öhman & Mineka, 2001), and memory (Holmes et al., 2016; Stopa & Jenkins, 2007), which can support clients to communicate their experiences (Loewenthal et al., 2017; Weiser, 2004) and explore these within therapy. They are reported to be an enjoyable task (Ishihara et al., 2018) that has benefits on participant self-esteem (Budig et al., 2018). Photographs have also been observed to complement verbal accounts to enhance shared understanding of the client's experiences (Shinebourne & Smith, 2011), which is particularly beneficial for those who may struggle to express themselves verbally.

Boden et al. (2019) described that in research interviews, participants can encounter difficulties verbalising their experiences; this can also be problematic in therapy settings. Pennebaker (1997) reported that writing about experiences and emotions in therapy can support clients to disclose information, and that combining writing and talking methods had a greater therapeutic impact than talking alone.

In CBT, therapists can use thought records with clients to help them recall and connect with the experience of symptoms (Kennerly et al., 2017) to facilitate discussions and exploration of the 'problem'. If mental images can support clients to connect with their experiences in therapy, perhaps visual images in the form of photographs can also support this response. Using photographs in therapy could serve a purpose similar to thought records in supporting the client and therapist to recall, reflect on and explore their experiences, by facilitating a more vivid (Clarke, 1999) and detailed (Prins, 2013) account of memories associated with the distress.

However, the use of photographs as a component of therapy appears to be a relatively under-researched area (Ginicola et al., 2012). Further, there has been little exploration of how clients engage with and experience their use. The addition of visual methods can provide a sense of safety (Shinebourne & Smith, 2011) that would be beneficial in a group setting where attendees may feel anxious about sharing with others (Nitsun, 1989); however, it is important to acknowledge variations in how much people engage with the use of photographs (Shinebourne & Smith, 2011), or how useful they found them (Loewenthal et al., 2017).

There is very little research exploring the use of photographs within therapy, particularly within group-based interventions, and this is an area that requires further exploration. The present research seeks to investigate service users' and group facilitator's experience of using photographs within an emotional coping skills group, where photographs have been added as a method of homework recording and feedback. In considering my expectations regarding how the photographs might be used by the research participants, I hypothesise that they will largely serve as a communicative tool to support the expression of thoughts, feelings and personal experiences within the group sessions.

To the author's knowledge, this is a novel exploration of how participants experienced the use of photographs within a group-based intervention, drawing on literature from Photovoice and photo-elicitation research. The research aim was:

- To explore the experience of service-users who had attended an emotional coping skills group regarding the taking and sharing of photographs as part of the home practice recording and feedback.

The next chapter will describe the methodological approaches considered in the research design, followed by the method through which this was explored.

Chapter Two: Research Design

The present research seeks to develop an understanding of the experience of participants in an emotional coping skills group who took and shared photographs as part of the homework tasks. In this section I will identify the different qualitative approaches that were considered in designing the research and provide the rationale as to why Interpretive Phenomenological Analysis (IPA) was chosen as the most suited to explore the research aim.

Qualitative approaches

Interpretive Phenomenological Analysis

Interpretive Phenomenological Analysis (IPA) is a qualitative research method that seeks to explore participant experiences of an event, an experience, or a situation. Researchers using IPA are interested in the details of a participant's experience, and what sense they are making of that experience; not only for the individual but to also identify themes and meanings across the population group under investigation (Smith et al., 2009). The framework of analysis as proposed by Smith et al. (2009) requires the researcher to explore the data in great depth considering what is said, or not said, and use of tone to conceptualise meaning. The researcher explores connections between these meanings in order to develop wider themes that summarise the experience of each participant. The themes derived from individual participants are examined across the group to consider how they might sit together. Keeping a small, homogenous sample size can be beneficial to this type of research as it reduces the influence of other external factors on the results, keeping these close to the phenomenon under investigation. IPA is underpinned by the theory of hermeneutics,

relating to how we interpret information and the idea that people bring their own knowledge and experiences which influence how we perceive and interpret events. The hermeneutic approach encourages the researcher to engage in self-reflection throughout and to consider their own experiences, which are acknowledged and incorporated into the data analysis and interpretation (Laverty, 2003).

IPA is specifically concerned with observing the double hermeneutic; the notion that there is a two-way influence in social science research (Giddens, 1984), that the researcher's own interpretations and experiences influence the way they give meaning to the participants experiences and their narratives.

Alternative Qualitative Approaches

Holloway and Todres (2003) discuss that although there is an overlap in the methods employed in conducting qualitative research, the researcher should consider their intentions and research aims when choosing between epistemological approaches. The authors identify that whilst similarities exist in terms of data collection, via interviews and generating themes within the analysis, the goals and research questions can influence decisions over which approach is most suited. Holloway and Todres (2003) discuss the differences in goals and research questions in qualitative research, suggesting that a phenomenological approach seeks to interpret and understand meaning of experiences of a particular situation on both an individual and a group level. For example, they highlight that Grounded Theory aims to develop a wider level of group understanding and use this to develop theories in understanding and explaining societal phenomena.

The present research seeks to develop an understanding of the experiences of participants within a particular situation. The goal is to explore the meanings of this

experience and focus on the narratives held by each participant, making sense of this for individual participants, but also to identify and explore similarities across the group level. The aim of this research was not to make generalised conclusions to inform a model of practice, nor to develop theories about photograph use within therapy, which might be the outcome if a Grounded Theory approach had been taken. Instead the research aimed to develop an understanding of how people *experienced* the use of photographs in a therapeutic setting and it was concluded that IPA was the approach most suited to achieving this understanding.

Thematic Analysis as described by Braun and Clarke (2006) was considered as an analytic method, however, in this research I hoped to achieve a level of data analysis very closely connected with individual experiences as well as overall themes. It also seemed important to acknowledge the double hermeneutic, described in the following section. This in conjunction with a relatively limited sample size (determined by attendance of the emotional coping skills group), meant that IPA was the most suitable approach.

Reflexivity: Considering the double hermeneutic

As discussed by Elliot et al. (1999) it is important to consider the researcher in qualitative research as their own stance, values and expectations can influence their position as they progress with the research. They discuss that researchers should not deny this but instead acknowledge and use this to understand their participants. As a way to continually connect with my own perspectives, ideas, and experiences I will use reflexive boxes at various points within the write up of the thesis. This will serve as a method to re-examine my stance and to consider how my position may have

influenced my thinking at different steps and stages in the research process, as well as allowing the reader to observe the influence of my own perspective.

It is also important to consider the role of photographs within the research process and how these were used to develop understanding and reflect at each stage of the research (i.e. interviews, analysis, and write-up).

Boden and Eatough (2014) suggested that to develop a full understanding of lived experiences, people are not only informed by language, but by a perceived 'felt-sense' and visual imagery. In an explorative case study, they gathered data through combining an IPA research interview with participant generated drawings. They described the hermeneutic process of moving between the participant's verbal accounts and their drawings to inform one-another in the research and analysis process, and that visual imagery supported information to be conveyed without relying on language.

In the present research, participant-generated photographs were used within the interviews as a prompt from which participants could describe their experiences, using these to expand on their experiences and support their verbal accounts. As the group co-facilitator I had already seen the photographs and had my own perspective and understanding of how they had been shared within the group and what they had been used to represent or convey. It was important to acknowledge this, particularly during the interviews, to fully explore the participant experience and my understanding of this. In the analysis stage the photographs were referred back to whilst reading the verbal accounts. These were used as illustrative data to reflect on and the participant experience; as well as to show how the photographs supported theme development.

Reflective Box One:

I was drawn to this topic as I have my own experiences of using photographs to share and communicate with others. The accessibility of taking photographs has changed since my childhood. I remember using cameras with film on family holidays which were taken to a shop for the photographs to be developed and collected a few days later. More recently, we used digital cameras where images could be viewed on the camera prior to printing, or on the computer or television screen.

The digital use of photographs seemed to change the way we can share images and social media was then used to upload images for friends and family to view. This seemed to become even easier with the developing technology of smart phones. Cameras were getting smaller, the quality was improving, and then the incorporation into mobile phones meant your camera and photographs were with you much of the time. I regularly share images with my friends and family that I have taken on my mobile phone, either in the moment or afterwards, via a message, or shown during conversation. In considering this, my position must be that there is additional value in communicating via images to express something differently to using words alone.

Within my experience as a psychologist in clinical training, and prior to training, I have not used photographs within my therapeutic work with others. On occasion people have taken their mobile phone out to show me a photograph to illustrate what they are telling me about or to share something with me. This has, however, been rare. In beginning the research, I am curious about how photographs can be used in therapy, whether they would bring an extra dimension to therapy, or if they could enhance our interventions in some way.

Chapter Three: Method

This section will outline in detail the method and processes in designing and conducting the research project, and the approach used for data analysis. I will describe the recruitment process and sample population; ethical considerations and approvals; and the collection of data, storage and analysis.

Design

This study was designed to explore participant experiences of taking and sharing photographs in an emotional coping skills group as a feature of the homework practice feedback. This involved gathering data from three sources:

- i) Group evaluation measures
- ii) Semi-structured interviews with service-users and the group-facilitator
- iii) The photographs taken for and shared in the group (used to support the interviews and data analysis).

Consent for the interview and group evaluation data were collected at the interview session prior to the interview taking place. The photograph consent form was completed immediately following the interview.

The interview data was then analysed using Interpretive Phenomenological Analysis (Smith et al., 2009) to generate themes. The photographs were used during the analysis to make sense of meanings and will be used in the write up to provide context and illustrative data. There are considerations of quantitative information where participants consented to provide access to the group evaluation questionnaires (presented in Results, Table 2).

Participants were able to opt into each of the three data collection methods. As these were not contingent on each other participants could, for example, participate in an interview without agreeing to the use of the photographs or group evaluation measures. No participants opted out of any component of the research. Participants were able to choose on an individual basis how they wanted their photographs to be used and reproduced in the write up of the research via a separate Photograph Consent Form (Appendix Three). Three photographs have not been reproduced in the thesis at the request of the participants.

Sampling

The research was conducted with support from an Adult Mental Health Service within West Yorkshire. The field supervisor of this research has an interest in photography use within therapy and a number of ideas were discussed as to how to best research this area. Firstly, using photographs to support individual therapy was considered, however implementing this would have required collaborating with a number of clinicians who would be expected to work within a specified model or approach and to use the photographs in a similar context in order to provide a homogenous sample. Due to these practical concerns and being unable to predict how long a course of therapy might continue, it was agreed it may not have been possible to achieve an adequate sample size within the timescales of a DClinPsy research project. It was suggested that implementing the photographs in a group format was a suitable way to manage:

- i) The length of the intervention
- ii) Consistent implementation of the photographs in the therapy
- iii) Sample size

The field supervisor was aware of an emotional coping skills group being proposed within an adult secondary care service and the group facilitator agreed to include photograph use within homework tasks for the group. It was agreed that I would support the facilitation of the group, which would thereby provide a pool of potential research participants to recruit from. The potential benefits of this were considered, such as being able to experience how the photographs were used in the group and to develop a connection with the participants that would support their comfort in the more formal research setting. The potential disadvantages related to how well participants might have been able to express dissatisfaction with the photograph use. This is considered further in the Strengths and Limitations section.

The study used a purposive sample, inviting service-users to be involved in the research following the completion of the emotional coping skills group within which photographs had been featured. The group ran twice between April and September 2019. The group consisted of eight sessions which were two hours long including breaks. Each group had a minimum of three and maximum of eight attendees per group.

Within IPA research there is no fixed number of required participants. Smith et al. (2009) suggest between three and six participants would be sufficient to generate an amount of data that can be interpreted in depth without becoming overwhelmed by vast amount of generated data that would become problematic to interpret in the IPA method.

It was initially hoped there would be a pool of eight – sixteen group completers who would be eligible for the research and I aimed to recruit approximately half of

those. The total number of people who agreed to attend the group programme was ten, seven finished the course, and six attended at least half of the sessions.

Exclusion Criteria

The research required that participants had attended the group programme in which photographs had been implemented as a feature of homework feedback. The only exclusion criteria was that potential participants would be excluded if fewer than 50% of the group sessions had been attended. This was to ensure that research participants would have had sufficient experience of taking, sharing, and using photographs in the therapy context to be able to engage fully with the interview. The group programme itself specified some exclusion criteria, as stated below.

- i) Those unable to engage within a group format as assessed using clinical judgement. Factors considered in this were
 - a. Those with a diagnosis of anti-social personality disorder
 - b. Current substance or alcohol dependencies
 - c. A primary diagnosis of a psychotic disorder.

Recruitment

The recruitment process began in August 2019 following ethical approval and approval from the Research and Development (R&D) department of the participating NHS trust. The group attendees were aware prior group commencing that there was a proposed research project linked to the group and that they would be offered the opportunity to participate. Group attendance was not contingent on participation in the research and contact was made in accordance with the ethics procedure, where at the penultimate group session I spoke with the attendees about the opportunity to be

involved in the research. At this point the participant information sheets and consent forms were distributed for consideration over the following week. At the final session I provided the opportunity to ask any questions about the research and for attendees to express interest in involvement. For those where it was not possible to recruit following the final group session, care co-ordinators distributed the PIS and consent forms and sought verbal permission for me to contact them over the phone to discuss participation and recruit to the research.

Across the two group programmes 10 participants were invited to attend. Seven clients completed the group, however, one person was not eligible for the research due to attending fewer than 50% of sessions. Of the six potential participants eligible to take part in the research, five were successfully recruited. The interviews took place between June – November 2019. Due to the changes to the recruitment procedure, Group A had a longer interval between group completion and interview (average 23 weeks) than Group B (average 4 weeks).

The research sought to explore not only the perspectives of service-users, but also of the group facilitator. The group facilitator was provided with an adapted version of the PIS, inviting her to participate in the interview and informed consent was taken. This took place 15 weeks after the final group session.

Participants

Five group attendees and one group facilitator were recruited to participate in the study. All participants were white, female, working age adults.

Group Participants

The participants were involved with the enhanced psychological therapy pathway for severe and complex mental health difficulties; further diagnostic labels were not sought however, low-mood and anxiety were common across the group. None of the participants reported having previous experience of using photographs specifically as a feature of therapy. Two participants were in part-time employment or education, three were not in employment at the time. Only one participant attended all eight sessions, most missed one, but all attended at least half of the scheduled sessions.

Facilitator Participant

We hoped to gain an understanding of the slightly different experience of using photographs within the therapy group from perspective of the group facilitator. The group facilitator was a Senior Clinical Psychologist with experience of facilitation of group-programmes and interventions informed by Dialectical Behaviour Therapy (DBT).

Ethical approval

The project was subject to full ethical review and was submitted via the Integrated Research Application System (IRAS). The submission was reviewed and agreed by The University of Leeds, who acted as research sponsor, by the South-West Frenchay Research Ethics Committee, and the Health Research Authority. Approval was granted on 6th August 2019 (Appendix Four).

A substantial amendment was submitted via IRAS to request a change in the recruitment procedure. This was to allow participants who had not been recruited in penultimate and final sessions, as initially proposed, to be approached via their care

coordinators to seek permission to be contacted by the researcher. This amendment was approved on 16th September 2019.

The Research and Development department at the South West Yorkshire Partnership NHS Foundation Trust (SWYT) also reviewed and approved the research project, issuing a Letter of Access on 13th August 2019 (Appendix Five).

The recruitment procedure ensured that ability to attend the group was not contingent on or influenced by agreement to participate in the research.

Information and Consent

Potential participants were given the PIS and consent forms to consider for a minimum of 48 hours prior to being recruited to the study. I was available to answer any questions; however, no participants made contact to raise any questions or concerns. Participants were also provided with the contact details for the research supervisor and Patient Advice and Liaison service should they wish to raise queries or concerns.

Prior to the interview taking place the aims and purpose of the research were reviewed and the participants were given the opportunity to ask any questions they had about the research. Participants were asked to confirm they had read and understood the information provided and were willing to participate before completing the participant consent form at the interview session. Participants were informed of their right to withdraw at any point with no consequence to their care. No participants opted to withdraw from the study.

All participants agreed to the use of their photographs in the interview and for them to be considered in supporting data analysis. Three participants requested that specific photographs would not be reproduced in the write up of the research, which

was indicated on the Photograph Consent form completed at the interview session (Appendix Three). All participants agreed for their group evaluation data to be used.

Participant distress

It was not anticipated that the research tasks would be particularly distressing for participants, although there was a risk that participants could become upset when discussing their experiences. As a Psychologist in clinical training it was expected that should a participant become distressed, this could be managed using my clinical skills. I also had access to supervision from a senior clinical psychologist within the service to support in the management of distress or risk. Fortunately, no risk concerns were raised during the data collection process.

Anonymity and confidentiality

Participants' identities have been protected in the research through the use of pseudonyms. Participants' names were removed at the point of interview and transcription (labelled as Interview 1, Interview 2, etc. to keep individual participant data together), they were then assigned a pseudonym. Any personally identifiable information during the interviews has also been anonymised (such as names of partners, friends, pets etc.).

Data Storage and Protection

The interview audio recordings were conducted using an encrypted Dictaphone, which were transferred to my secure University of Leeds m:drive account, and deleted from the Dictaphone. The audio files were transcribed and also stored securely on my

University of Leeds drive. Printed copies of the interview transcripts used at the analysis stage contained no personally identifiable information.

Measures

Topic Guide

An interview schedule was developed using the guidelines in Smith et al. (2009) to explore the experience of photograph use in the group. The interview was revised in line with feedback from supervisors and consultation with experienced IPA researchers. The interview followed a 'Topic Guide' format, which aimed to allow the participant to speak generally about their experiences, which is in line with the ethos of IPA research. It included questions about general experiences of photography, to highlight similarities and differences in the current experience of using photographs. The topic guide used with service-user participants can be found in Appendix Six; an adapted version of this was used with the group facilitator to reflect on her experience of using photographs within the group from a clinician perspective (Appendix Seven).

Use of photographs

Given the focus of the research, we considered how best to include the photographs shared in the group as a feature of the research analysis, as it felt important to maintain the connection to these images. One option was to use the method of visual content analysis as described by Kedra (2015), considering the photo-content, captions, photo-techniques, emotions/feelings, function, and symbolic representations. Using this method the photographs would have been analysed in isolation of the interview and it was noted that this would preference my own interpretation of the meaning and

function of the images. Given the dual role of facilitator and researcher in the current project, the analysis of photograph content in isolation of context would not have been possible.

It was unclear how the results of this form of analysis would relate to the findings from the participant interviews. After consideration and consultation with a Research Fellow in the School of Medicine with experience of using photo-elicitation methods, it was decided to bring the photographs into the interview and to prioritise the participants' understanding of the meaning of the photographs. My own knowledge of how the photograph had been used in the group could then form part of the exploration of the participant's experience of both taking and sharing the image. The idea of a separate analysis of photographic content was dropped and the photographs are presented alongside the IPA findings in order to support and illustrate the themes.

The topic guide (Appendix Six) was designed to include the photographs taken for and shared in the group as prompts. The interviews began by exploring the participants' initial reactions to being asked to take photographs to share in the group and exploring whether this varied from how they tended to use photographs in their day-to-day lives. The questions were designed with the aim that participants could look at their photographs to support their responses and memory of what it was like to share them (e.g. "What did the photo mean to you?", "Is there a photo that stands out to you...") as well as to relate to how the use of the photographs was experienced in the group. The photographs are reproduced in the thesis to illustrate the developing themes and to 'show' the reader examples of how the photographs had been used in the group.

Group Evaluation

The emotional coping skills group therapy was an eight-week programme informed by Dialectical Behaviour Therapy (DBT) techniques and the group programme outlined in Clarke (2012). The group aimed to develop attendees understanding and skills in the following areas: Mindfulness, Emotion Regulation, Distress Tolerance, Interpersonal Effectiveness/People Skills. Each week the group attendees were set a homework task where they were asked to practice the skills at home. They had a homework sheet which provided prompts to write about their experience, for example; what happened, how they used the skill, and what effect this had. Alongside the written task attendees were invited to take a photograph which represented this experience, which would be shared in the group. The first half of each session was spent reviewing and discussing the homework tasks. The written and photograph materials were used to support and facilitate the feedback of this.

The group evaluation questionnaires were completed in the final group sessions by all attendees. Permission to use the group evaluation data as supporting information for the research data was requested from the research participants. The group evaluation questionnaire included questions about overall satisfaction with the group, as well as some specifically related to the use of photographs within this. The feedback from the group evaluation questionnaire pertinent to the use of photographs was extracted from the longer evaluation questionnaire and the data from this is presented in Table 2.

Procedure

Interviews

All interviews took place at the service base location. This was where the group was held and participants would attend their appointments with the mental health team. This location was proposed to maintain familiarity and convenience to the participants.

The topic guide was used to structure the interview and provide prompts as the interview progressed. It is hoped that the open format allowed participants to speak freely about their experience, although there are some issues of power to consider when interpreting this data, particularly regarding my dual role as a co-facilitator and a researcher. Interview duration ranged from 46 - 59 minutes.

Reflective Box Two:

I as the interviewer was known to the participants already from my role as a co-facilitator of the group. Initially I thought of this as being rather comforting as opposed to speaking with a stranger, which would allow participants to speak more openly. However, during the process of conducting the interviews I wondered whether participants were holding the perspective that I wanted to hear that the photographs were useful. Perhaps by having been involved in the group and having developed a relationship over the eight sessions, participants were more likely to avoid 'upsetting me' by sharing a different view? This shall be considered further in the data analysis stage and discussion. Participants described difficulties in expressing themselves and so I did notice that the topic guide prompts were used in most interviews.

Transcription

All six interviews were audio-recorded and transcribed. I transcribed three of the interviews myself (two service-user, one facilitator) in order to better engage with the data. All the completed transcripts were read through whilst listening to the audio

recording. This was to ensure accuracy of the text as well as to develop a sense of familiarity with the data, including non-speech cues such as laughter, tone, or hesitancy.

Data Analysis

The procedure outlined in Smith et al. (2009) was used to analyse the interview data beginning on the individual level before moving to a group analysis of the dataset as a whole.

Individual analysis

Analysis began by interpreting data at an individual level. As the interview transcripts were completed, I began by familiarising myself with the data. This involved listening to the audio recording of the interview whilst reading through the transcript, serving to both check for accuracy within the written document and begin the process of immersing myself in the data (Smith et al., 2009). Smith et al. (2009) suggest researchers begin by familiarising oneself with the data through the process of reading and re-reading the data therefore each transcript was read multiple times to get a sense of the participant. Initial thoughts and ideas were written in a notebook following the reading and re-reading stage in order to capture the initial sense of the data prior to an in-depth analysis.

The next stage involved making detailed notes whilst reviewing the transcript. These are exploratory and broken down into categories of:

- “Descriptive” – The researcher notes what is happening in the interview, identifying key words or phrases used by the participant in describing their experience.

- “Linguistic” – The researcher explores the content of what has been communicated both verbally and non-verbal communications, such as pauses or laughter. The researcher considers factors such as; the choice of words used, emphasis, repetition, and tone.
- “Conceptual” – At this step the data is considered at a more interpretive level, where the researcher begins to note their understanding and questioning of what the participant is saying; What might be important to them? What might they mean?

There is flexibility in how this approach is implemented, but I chose to write these in parallel with each other as I observed them rather than moving from one discrete category to the next, using colour coding to identify each category. An example of transcription analysis is presented in Appendix Eight. I read through each transcript at least twice during this stage to avoid missing any information.

The next stage is the development of emergent themes, where the notes made in the previous step are reviewed and reduced to form an overall idea of what was important within the transcript. The statements were summarised to form a succinct statement of my interpretation of the data throughout the transcript. An example of how this was noted can be found in Appendix Eight. The identified emergent themes were then typed into a document and moved around to group themes that were thought to fit together, and to identify where there were overlap or repetitions. This began the development of “Super-Ordinate Themes”, where clusters of emergent themes are grouped together, and the identified concept of similarity can be used to describe a wider theme.

Researchers are encouraged to take each participant case by case, identifying themes at a very individual level without being influenced by other participant experiences. Whilst I strived to do so, I did observe myself remembering other participants and themes during the analysis process. This brings with it a risk of thinking closing down, reducing the ability of new themes to emerge. The process of reading and re-reading helped to manage this risk as the transcripts could be revisited later. Research supervision was used to discuss the transcripts and the emerging themes.

Group Analysis

Once the individual analyses have been completed the next stage is to identify patterns across cases. Smith et al. (2009) recommends taking each individuals' super-ordinate themes and observing them alongside each other, looking for connections or differences in the experiences across the cases. This was done using sticky notes to write out and place the emerging themes on a wall. The concepts could be moved around and grouped together (Appendix Ten), much like in the individual analysis stage, noting the similarities or where concepts seemed to differ. At the end of this process I generated labels for the superordinate themes based on the identified sub-themes. These were revised and refined during the development of Figure One to ensure the theme titles reflected the content.

Data Quality

Within research it is important consider how to implement quality checks to ensure that the data is of an acceptable standard. Although this can be difficult to

define as a standard due to the variations in how a research question can be approached, there are a number of guidelines which propose the characteristics that make up good quality research. Smith et al. (2009) recommend using the criteria set out by Yardley (2000).

Table 1: Characteristics of Good Qualitative Research (Reproduced from Yardley, 2000)

<u>Criteria</u>	<u>Description</u>
1.Sensitivity to context	<i>Awareness of the relevant theoretical bases, literature and empirical data. Understanding the social context within which the research takes place and acknowledgement of participant perspectives. Consideration of ethical issues.</i>
2.Commitment and rigour	<i>Comprehensive engagement with the topic. Thorough data collection, analysis, and reporting. Competence in analytic skill.</i>
3.Transparency and coherence	<i>Recreating a meaningful narrative using consistent and complete description. Clear description of data collection and analysis. Use of excerpts. Reflexivity from the researcher.</i>
4.Impact and importance	<i>The research meets the objectives of the analysis and is useful in enriching understanding of the area of investigation; theoretically and practically.</i>

Throughout the research process I have taken steps to ensure the data quality characteristics are met, these are discussed in more detail in the discussion (Strengths and Limitations). The steps of transcribing interviews, reading and re-reading, served a dual purpose of both following the IPA guidance but also to develop a stronger understanding of context and familiarity with the data. Research supervision was scheduled regularly and increased during the stages of analysis and theme development. The research supervisor read through two analysed scripts in full to check adherence to the IPA process and make comments regarding the identified themes. The research supervisors and I met to discuss the emerging themes and to validate the data from the transcripts. Alongside formal supervision, peer supervision was obtained via attending a study group with other trainees from my cohort using IPA in their thesis projects. We used examples of scripts to practice and discuss the process of IPA, including how each of us had used the information to generate themes. A reflexive log was kept during the research process and reflective boxes are used throughout the write up of this project to inform the reader of my experiences and perspectives, and how these may have influenced the research process.

Chapter Four: Results

This chapter will report the results of the study firstly by providing an outline of the group context and the evaluation data relating to photograph use in the group. I will then present the group facilitator participant experience, which has been analysed separately to service-user data in order to reflect the different perspectives.

A summary of each service-user participant's individual experience will then be reported, followed by a group level analysis of the themes. The superordinate and subordinate themes are presented in Figure 1, followed by a description of each theme in detail using supporting quotes and images from the five service-user participants. Individual contributions to each theme are represented in Table 3.

Group Context

The emotional coping skills group ran in an adult Secondary Care NHS service in a small city in West-Yorkshire. The group programme was available for those involved in the enhanced service pathway and offered a brief intervention designed to support attendees in developing coping skills to manage their emotional experiences.

The group ran twice, using the same facilitators. Of the participants in this research, group one was attended by Shelly and Lauren in April – June 2019. Alex, Liz and Chloe attended group two from June – September 2019. The content was based on Dialectical Behaviour Therapy (DBT) skills and consisted of eight sessions focusing on: Mindfulness, Emotion Regulation (e.g. Letting go of emotional suffering, increasing positive emotions), Distress Tolerance (e.g. Radical Acceptance, Self-Soothing), and People Skills (i.e. Interpersonal Effectiveness).

As described above, the group format included home-practice tasks each week where attendees were asked to try implementing the skills that had been introduced in that week's session. They were asked to complete a written homework sheet, for example to observe and describe emotions, and to also take a photograph that related to the skills practice. The photograph task instruction aimed to be rather vague in order to allow the attendees to think as creatively as they would like, however there were some guidelines to ensure the group remained safe (e.g. to maintain confidentiality by not photographing others). The Group Guidelines can be seen in Appendix Eleven.

The photograph component was explained in the first session and service-user photographs were shared from session two onwards. Initially the group attendees were asked to bring their devices which would be connected to a wireless printer at the beginning of the group and each attendee would receive a printed copy of their photograph. There were difficulties connecting to the printer using various devices and so the format of sharing was discussed with the group attendees. It was agreed that the photographs could be shared with the group facilitator prior to the group via a dedicated group email account and shown on the screen being used to display the group PowerPoint slides.

The group structure was that the homework feedback would take place at the beginning of each session. There were no instructions regarding which component of the homework the participants shared first (written or photograph) however, there was an observed tendency to discuss the photographs first. The attendees would take turns to provide feedback, starting with a volunteer. They were able to explain their photograph and written feedback themselves and this elicited some questions from the facilitators and group discussion about their experience.

Evaluation Data

Group attendees completed an evaluation sheet at the end of the eight sessions. Three questions were specifically related to the use of photographs in the group, these questions and the participant responses are summarised in Table 2. Written comments have been reproduced verbatim.

Table 2: Evaluation Form Feedback on Photograph Use

How useful did you find taking photographs during the tasks?	
Very useful	3/5 (Alex, Liz, Shelly)
Quite useful	2/5 (Chloe, Lauren)
Not at all useful	0/5
Why was this?	<p>Alex: It reminded me what I had done for the homework and made it easier to talk about.</p> <p>Liz: It helped you get up and focus on something that made you happy.</p> <p>Shelly: Finding that photos helped in explaining actions.</p> <p>Lauren: It isn't always possible to get a picture of what was asked but other times made a great visual of what we were saying.</p>
How helpful did you find using the photographs to describe your experiences?	
Very useful	3/5 (Alex, Shelly, Lauren)
Quite useful	2/5 (Chloe, Liz)
Not at all useful	0/5
Why was this?	<p>Liz: It was good to show people my happy pictures because they got to enjoy them too.</p> <p>Shelly: Photos helped in explaining actions.</p> <p>Lauren: Didn't need to triple describe the mental images as it was there to share with the group</p>
Would you recommend using photographs in this way in future groups?	
Yes	5/5
No	0/5
Please explain	Liz: Taking the photos is useful to give other people a little insight to my own personality and see how happy I was taking them.

	<p>Shelly: Might help break the difficulty of explaining situations and problems.</p> <p>Lauren: When you get a good picture it helps with the explanation and helps to get further understanding</p>
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Individual Experiences

This section aims to provide a description of each participant's individual experience and to allow the reader an opportunity to develop a sense of the 'whole' person, rather than glimpses throughout the group analysis (Hollway & Jefferson, p. 65). Each participant's individual attitude toward taking and sharing photographs will be described in general, as well as for the homework tasks. Supporting quotes have been used to demonstrate their personality and wording. Extracts from the interviews are presented in *italics* and quotation marks for ease of identification. I have used a **bold** font to identify ideas that were used to inform the emerging themes from each person.

Facilitator Participant:

Dr Claire

Dr Claire was the facilitator of the emotional coping skills group within which the photographs had been added as a feature. She had approximately six years' experience as a qualified Clinical Psychologist and had been hoping to facilitate a group informed by DBT principles for the enhanced team within the service she worked. Dr Claire had no previous experience of using photographs formally in therapy but recalled that some clients had shown them to her in the past. She had previous experience of facilitating DBT informed groups and was interested "*to see, firstly if people did it, got on board with it, and also what they brought...what kind of photos people would*

bring and how it would impact". Dr Claire took an exploratory stance to using the photographs to *"just kinda see what happened"*. She reported expecting that the photographs *"would be useful and that people would find it helpful to illustrate what they were thinking or what they were doing. Especially for some people who find it quite hard to actually put their emotions into words or explain what they're thinking"*.

A main theme for Dr Claire seemed to relate to a concern about **how to use the photographs** whilst maintaining a connection with the therapeutic model and aims of the group. Her initial thoughts about including the photographs related to *"the practicalities... is that gonna be manageable? ... Is it gonna work as part of the group? ...How's it gonna work with the structure that was already planned?"*. She went on to describe the photographs as potentially distracting away from the skill practice and that *"... people always took photos that fit with the overall theme of the group but not necessarily with the theme of that week's homework"*. She observed that attendees used the photographs *"almost like a **metaphor** of something that was going on"* and that these could be *"more about what the person was feeling that week rather than the homework"*. Dr Claire wondered if this was *"symptomatic of certain topics being quite hard to capture in a photo...perhaps people not feeling that they...could take a photo that would represent that skill"*.

Dr Claire identified an assumption that participants would use the photographs in the emotional coping skills group to demonstrate aspects of their life that they would be *"happy to talk about"*. She spoke about photographs being used as a method to *"share with you about **something positive** in their life"* and that a photograph was *"a way to kind of share that pleasure...with you"*. She described finding this helpful when a photograph *"specifically...links to a memory from the past, or something that they feel is relevant to the therapy"*, however they were not always directly linked to the

therapeutic aims and instead communicated something personal about their life - *“sometimes people show you photos just because it is something they’re pleased about, like ‘here’s my new dog’, or a family member’s wedding, or a baby, or something like that”*.

The photographs could be a way to **connect with the group** both for the attendees and the facilitators. Dr Claire said, *“I think it perhaps helped people to empathise more with each other... aspects of people’s lives outside of the group... I think that it helped with the group getting to know each other and a kind of togetherness of the group”*. She expressed an interest in the photographs and that they were useful in developing *“more insight into people’s lives... I discovered more about people that I probably wouldn’t have otherwise”* and that the photographs *“brought them [the homework feedback] to life more easily than an explanation would have done”*.

Dr Claire worried about the potential for the photographs to be **exposing** for the attendees and that being in a group format there needed to be guidance to protect the confidentiality of the participants or the subjects of their photographs. She acknowledged that there was a level of personal sharing and that service-users would need to think not only about what photograph they could take, but also *“what am I willing to share in front of the whole group?”* and *“...That would maybe be quite different if you’re in a 1:1 situation”*. She wondered if the attendees could use the photographs to take more control over the information they chose to share in the group as there was less ability to deviate - *“there’s a lot of control over what...you can take a photo of”* *“whereas the written homework you’ve been set a specific task”*. Whilst this was helpful in some respects, Dr Claire wondered if this also provided the attendees with *“a potential caveat to it, in that, whether it was **easier to hide behind***

the photo... You could maybe talk about the photo and not talk so much about actually practicing the skill that was the homework”.

She was supportive of the need for some guidelines regarding the content of photographs in order to keep the group safe with regard to confidentiality or the images triggering distress - *“[I had reservations about] whether people might take photos that weren’t appropriate...this sort of a group tends to be appropriate for people who self-harm for example, so I suppose there was potential that we might get some inappropriate photos... and then having to have those conversations and potentially people feeling upset that they weren’t able to express themselves in the way that they wanted to”.*

Dr Claire expressed a need to balance the amount of guidance given as this could influence the photographs attendees decided to take - *“If we gave too many suggestions then people would’ve just taken photos of the things we’d suggested rather than something that was actually meaningful to them”.* She was additionally worried about the content of the photographs due to the research process: *“Maybe I had a concern for them that if they’d taken a photo of themselves, if that could be used in the research...that they’d not be anonymised anymore”.*

Dr Claire agreed that she would consider implementing photographs in future practice and would want to be guided by the evidence about how useful it is to do so, saying *“if you’re getting positive feedback then it’s worth doing...worth kinda getting through the barriers and the niggles if it feels like it’s helpful for people”.* She also suggested that as a facilitator she would *“maybe think about [taking photographs] myself as a facilitator... to have that experience”* of the task to support her understanding of what it was like to do this. The **demands on clinician** time seemed to a concern and Dr Claire described that the addition of an extra element could be “a

bit of a thorn in my side as a facilitator in terms of ...there was extra work involved...getting it all ready". It seemed that there was a lot of thinking required about how best to use the photographs in a setting where there were fixed time scales and amounts of materials to get through to deliver the group successfully.

Reflective Box Three:

Dr Claire's interview was conducted after all the service-user participants interviews had already taken place. I had expected Dr Claire to be rather positive about the use of photographs and was initially disappointed by her expression of concerns, perceiving these as negatives or a criticism of how well the photographs were used in the group. I found it difficult to interpret the interview as I was biased by my own thoughts that Dr Claire saw the photographs only as 'a thorn in her side', which connected with my own fears about having not done 'well enough'. I used the research supervision to discuss this and came back to analysing the interview on a number of occasions in an attempt to take a fresh stance on the interpretations I was making.

From reading through the interview multiple times it is my perception that Dr Claire is passionate about her service-users and wants to provide the best therapy for them, hence her thoughtful expression of concerns about maintaining safety for them and wanting to work within the evidence base to achieve the best therapeutic outcomes.

I wondered if her concern about the photographs being reproduced in the research was also a concern held by the participants, as they were aware of the upcoming project, and whether this impacted on the way the task was engaged with.

Group Attendee Participants:

Participant One: Alex

Alex was a female in her early 30s who attended college part-time. She described herself as someone who finds it difficult to put thoughts and experiences into words and I was apprehensive about how this would affect the interview. As Alex was my first participant, I was also nervous about how to implement the topic guide in a way that would enable me to gather enough detailed experiences without leading the interview, based on my own thoughts, interests or assumptions.

Alex started the interview describing herself as an amateur “*not a photographer like my sister... [she’s] got the proper gear and all that shit... I just take pictures on my phone*”, and that she mostly took photographs of **positive things** “*to show my sister or put on Facebook or Instagram...it’s mainly pictures of stuff that make me smile or laugh and I wanna share them*”. She described the **photographs taken for the group as different** to those she usually took, and they were not for sharing beyond the group. This was partly due to the photographs being **personal**; and partly due to the content being related to the homework task and thinking that the content would be strange or perhaps not interesting to other viewers “*they’re not photos that... you’d share with people are they [laughing] ‘Here do you wanna see a photo I took of some grass?!’*”.

One of the benefits of using the photographs in the group was identified as being able to **move the attentional focus away the self** and onto the photographs whilst speaking “*because you’ve got something to talk about... something for people to focus on so they’re not looking at you! [laughs]*”. Whilst it might not be obvious to a viewer what the photograph represents, it “*reminds you of what you were thinking*

about or feeling or whatever, more than like, written stuff” to be able to explain without having to “*sit down and try and work out... how to put that into words*”. Alex described that reading about an experience helps to understand the context more so than viewing an image, but that “*there’s not as much emotion in it*” as an image can express.

For some tasks Alex found it easy to choose what to take a photograph of, whereas for others there was a difficulty finding something that felt relevant. For Alex the tasks could be rather abstract rather than “*a specific, tangible thing*” they could capture. This made it difficult to know if the task was being done correctly or if she was **getting it “wrong”**. The group setting seemed to be rather anxiety provoking for Alex both in terms of speaking in a group and a **fear of being negatively judged** about how the task was interpreted. Alex was aware that people’s photographs would be different but worried that her own would be seen as “*weird*” or that she would have “*done it wrong*” and this would be a negative experience as people would see that in the group.

I wondered if Alex’s nerves about being negatively judged in the group were also present at the interview and that this took some time to settle into. For example, toward the beginning of the interview Alex describing one photograph as “*just a mandala*” but later went on to describe important **symbolism** within the image that represented herself. Alex identified that her only image representing something “*bad*” was the one that stood out to her most when viewing her images.

Alex appeared to try to keep the tone light or jovial and she would often laugh; perhaps through nerves, as a method to avoid engaging with the emotional content of the photographs, or to reduce the impact of a statement: “*Right now, having to talk about it again [I wish I hadn’t shared the photograph], yeah! [laughs]*”. Her use of

short responses, or non-verbal cues such as clicking her fingers, could also indicate feeling uncomfortable. I was aware of my caution to avoid upsetting Alex and responded to cues that she did not want to say more by moving on in the interview as opposed to exploring the emotions or thoughts present for her at that time.

In her group evaluation feedback Alex had rated the photograph use as “very useful” for the tasks and in helping to describe her experiences. She did not provide written feedback.

Participant Two: Chloe

Chloe was in her early 20s and was the youngest participant. She worked part time in a carer role and was planning to start a course at University soon. Chloe was a rather quiet group member and so I had anticipated that she may find it difficult to talk in the interview. I got the impression she was nervous about what she might be asked, we spoke on the phone twice prior to the interview about the process as she had questions about what it would be like. Chloe was worried about the audio recording and how that would be protected, as she felt apprehensive about speaking publicly and whilst it was only myself and Chloe in the room her awareness of a perceived audience seemed to worry her.

Chloe spoke about liking to be able to prepare for things and feeling uneasy when things were unpredictable, or she did not know what to expect. She spoke about preferring the written element of the homework tasks as she could prepare for these and read out what she had written down. She described feeling less able to prepare for sharing the photographs, as she did not plan what she would say, or she would worry about not knowing how the group/facilitators would react. Chloe spoke about the

photographs being **more personally meaningful** than the image itself shows, and that *“it was kind hard to put into words what it represented”*.

A recurring theme in Chloe’s interview was her **fear of getting things wrong** or *“fear of everyone else judging me”*. She worried about the photograph content and what they should be of as she described feeling **restricted by the “rules”** set for the group and not knowing what she could or should take photographs of.

Chloe spoke about being embarrassed when sharing one of her photographs in the group which represented her *“comfort things”* including a fluffy unicorn print blanket, *“just because of how childish it looks”*. She spoke about the anxiety of sharing this photograph, but that she wanted to show this without her *“little anxieties [taking] over”*. Chloe worried about people reacting badly, or not reacting at all to her photographs which would leave her feeling un-validated.

Chloe was surprised upon realising that she had not taken a photograph of her dog, who she described as her *“best mate”* and could not think why she had not done so. Chloe finds it hard to share things with others and had even decided to stop her 1:1 psychology sessions at the point where she was starting to feel able to share with the therapist. I wondered if sharing a photograph of something she loves would have felt more **vulnerable** to Chloe than anything else and therefore she avoided this.

I felt at times that Chloe would disconnect from the interview and that this was driven by a fear of getting close to speaking about an emotion, or her experiences, which may have felt uncomfortable to her. Additionally, this could have been driven by a fear of getting things wrong. I suspect that Chloe’s fear of getting things wrong or being negatively evaluated by others influenced our interview and Chloe required more prompting than I had anticipated, which at times resulted in a more question-and-answer interview style than Chloe sharing lots of ideas or examples. As Chloe

knew me from the group facilitation, she may have been reluctant to openly share her thoughts about the use of photographs through a fear of upsetting me, or that she might not be giving me the response I ‘wanted’ for my research, therefore it is safer to say nothing. In her group evaluation feedback, Chloe chose not to write any feedback but had rated the use of photographs as “quite useful” and “quite helpful” to describe her experiences.

Participant Three: Liz

Liz was one of the older participants and was not in employment. She reported finding the group setting difficult at times when she did not think others were taking it seriously enough.

Liz was the first participant who told me that she does not usually take or enjoying taking photographs, but that she thought it is “*the norm*” to do so and to have photographs displayed in the home. Liz said that she that she avoids taking too many photographs and that there are some people who “*take pictures of absolutely everything*” to share on social media, whereas she prefers to take photographs **personal** for her, such as her children and grandchildren, and that she does not often share them with others. Liz “*wasn’t very keen*” to take photographs as part of the group but described being willing to do so as she wanted to be fully engaged with the group to gain the most benefit.

Liz was clear that she did not want to take photographs that represented something negative or unhappy and in her group feedback she wrote about the photographs representing her happiness and her enjoyment that she could share this with other people. Liz opted to complete her homework in a way that allowed her to

write about the more negative aspects, then be able to put that away and use the **photographs to show something that had gone well** instead *“I wanted to take a picture because it makes me happy. That writing that I’ve wrote has not made me happy so I’m not taking a picture of it”*.

Liz struggled with the concept of sharing something that would be upsetting in front of other people. She spoke about feeling sad for another group member when they shared something upsetting, acknowledging the **emotional response** for that person. *“I couldn’t have done that. I couldn’t have... and I didn’t... I didn’t really get why you’d take a picture that’d upset you”*. Liz spoke about having had *“a bad week”* and that being the only week she had not completed the photograph homework. It could be that Liz felt too **vulnerable** to share something difficult or emotional in the group in case she became upset. Liz was concerned about the **potential judgement from others** and how they might respond to her photographs. She predicted that if she were to get a negative response to her photographs in the group then she would have disengaged from this component, *“I was waiting for the negative... as soon as the first picture come up... I didn’t look at the picture...I looked at other people’s faces... because if I’d got a negative reaction then I wouldn’t have sent another one”*, and so it was important that Liz felt safe within the group setting to be able to share parts of her life.

Liz spoke of enjoying seeing snippets of other people’s lives via the photographs and feeling **connected** to them via the images however, she worried about how other people might judge her life and the things she enjoyed in a negative way *“I don’t want to show owt [anything] that’s boring or makes me look sad”*. Liz would compare herself to other group members, thinking that their lives were more interesting than her own. She used the photograph task as a **motivator** to use her

identified coping strategies or to do something differently “*It’s having the thing of ‘Come on, get up, go to the kitchen, sit at the table, get your colours out’ ... so it’s almost like talking to mi’sen [myself] into doing stuff*”.

Liz rated the photographs as “very useful” during the tasks and “quite useful” in describing her experiences in the group evaluation feedback. Since the group ended Liz had deleted the photographs from her mobile phone, as she had considered these to be specifically for the group. At the end of the interview she told me she had enjoyed looking at them again and remembering the reasons she had taken them.

Participant Four: Shelly

Shelly was one of the older group members and was not in employment during the group. My impression of Shelly was of a very softly spoken and nervous woman, she described experiencing periods of low mood and intense anger.

Shelly was the only attendee who used a digital camera to take her photographs for the group. This meant that Shelly’s access to a camera was less readily available than those who had used their mobile phones, as she did not “*go everywhere and take my camera with me*”. Shelly would have to remember to take a camera with her or plan her photographs and was apprehensive about what she would be able to take photographs of that would be relevant for the group. She spoke about feeling further **restricted by the group guidance** of what to avoid taking images of (Appendix Eleven). Initially Shelly felt confused about how the photographs would be used and their purpose, assuming that the photographs would be representative of something unpleasant or difficult: “*Why would you want to take photographs of something related to a psychology course?*”. Whereas her experience was that **photographs**

were typically used to capture more pleasant events “like your family gatherings or holidays” or when she had achieved something.

Shelly spoke about the first time the photographs were shared in the group and that she had not realised that they would be shown to the group and that this “*threw [her] into a panic*” and that she was “*winding me-self up*” about her turn to share and speak thinking “*I can’t do this, I can’t do this*”. Shelly went on to describe feeling “*scared...that the picture I’d taken was wrong*” and the **power** dynamics that were present, as she described herself as “*a bit of a perfectionist: things have to be done right or I’m in trouble, type of thing*”. Shelly went on to describe realising that the photographs couldn’t be “*right or wrong ‘cause people think in different ways*” and that they were personal to the photographer. As the photographs were personal, Shelly felt nervous about sharing them in the group as they show something about her life and was fearful of being mocked, or that the group facilitators would ask her lots of questions about the experience that she had not prepared for.

Shelly described some photographs as more meaningful than others and she could remember what some represented whereas she had forgotten the purpose of others. One image was a photograph of a picture that was particularly important for Shelly. In the interview she described the **symbolic** use of colour and how the image related to her experience of distress and self-harm. I noticed that these details she had chosen not to share in the group. Shelly explained that she could show the image but did not want people to know about her **personal** experience. She described that in the group “*we didn’t seem to be going that deep*”, which perhaps put her off sharing further. I wondered if the group ‘rules’ had also discouraged her from sharing, as the image was a representation of self-harm, which was specifically named in the list of unhelpful coping strategies.

In her group evaluation form Shelly indicated that the photograph homework had been “very useful” and “very helpful” to describe her experiences, and that the photographs were “helpful” for explaining her situation, problem or actions to the group.

Participant Five: Lauren

Lauren was in her late 20s and was the final participant I interviewed. I was looking forward to hearing her views as during the group I had thought she had used the photographs well to illustrate her experiences and she had engaged well with the group discussions. Lauren had been delayed getting to the interview which resulted in this being the shortest interview at 46:47 minutes. However, I thought Lauren was able to share her thoughts well and honestly despite having described finding it difficult to express herself.

Lauren spoke about the normality of taking **photographs that represent positive experiences** for the photographer and that we use photographs to capture things we find beautiful or that we want to look back on and remember, to “*see it as I saw it*”. It seemed Lauren had a felt sense of when to take a photograph rather than this being an explicitly cognitive decision “*like I’m in the middle of the woods and something just takes me*”.

I got the impression that Lauren felt **connected to the images** with both a physical and emotional response to viewing them “*I would always take a photo when I see [my cat] doing something cute because it makes me smile and it warms me up*”. She suggested that viewing something negative would also have this impact but that this would elicit unpleasant feelings or thoughts which would not be tolerable to sit with in the context of a group setting and would make her “*vulnerable*”. Lauren

described how we usually try to hide negative experiences from others and acknowledged that she “*wasn't at that stage*” to share these emotions with a group, instead choosing to take photographs to represent the positive things in her life.

Lauren was describing photographs as being quite **powerful** to the viewer, including those taken by other people. These also had the ability to elicit memories of her own and relate to the experiences of other group members. She described a photograph of a wood pigeon taken by a peer as memorable and immersive, triggering your senses and imagination - “*I just found that...something we can all relate to. You can ... practically hear it like “who”, some of ‘em they stick in your head don't they?*”.

In her group evaluation feedback Lauren rated the photograph tasks as being “quite useful” between sessions, and that some tasks were more suited to the photographs than others as “*It isn't always possible to get a picture of what was asked but other times made a great visual of what we were saying*”. I felt that this was the most important theme raised by Lauren. She spoke about the photographs largely capturing positive experiences that were often external; a cat, a lovely view, rather than our internal experiences, which were much harder to represent. Lauren spoke about these needing to be more **symbolic** than she felt able to capture, such as “*a paint splatter*”, but that whilst an image can represent our experiences, they **cannot capture the complexity** of an experience and the emotional impact on an individual.

Reflective Box Four:

Prior to the interviews taking place, I was anxious about gathering a sufficient amount of data for the thesis project due to the limited number of participants were eligible for the study based on group completion. The data

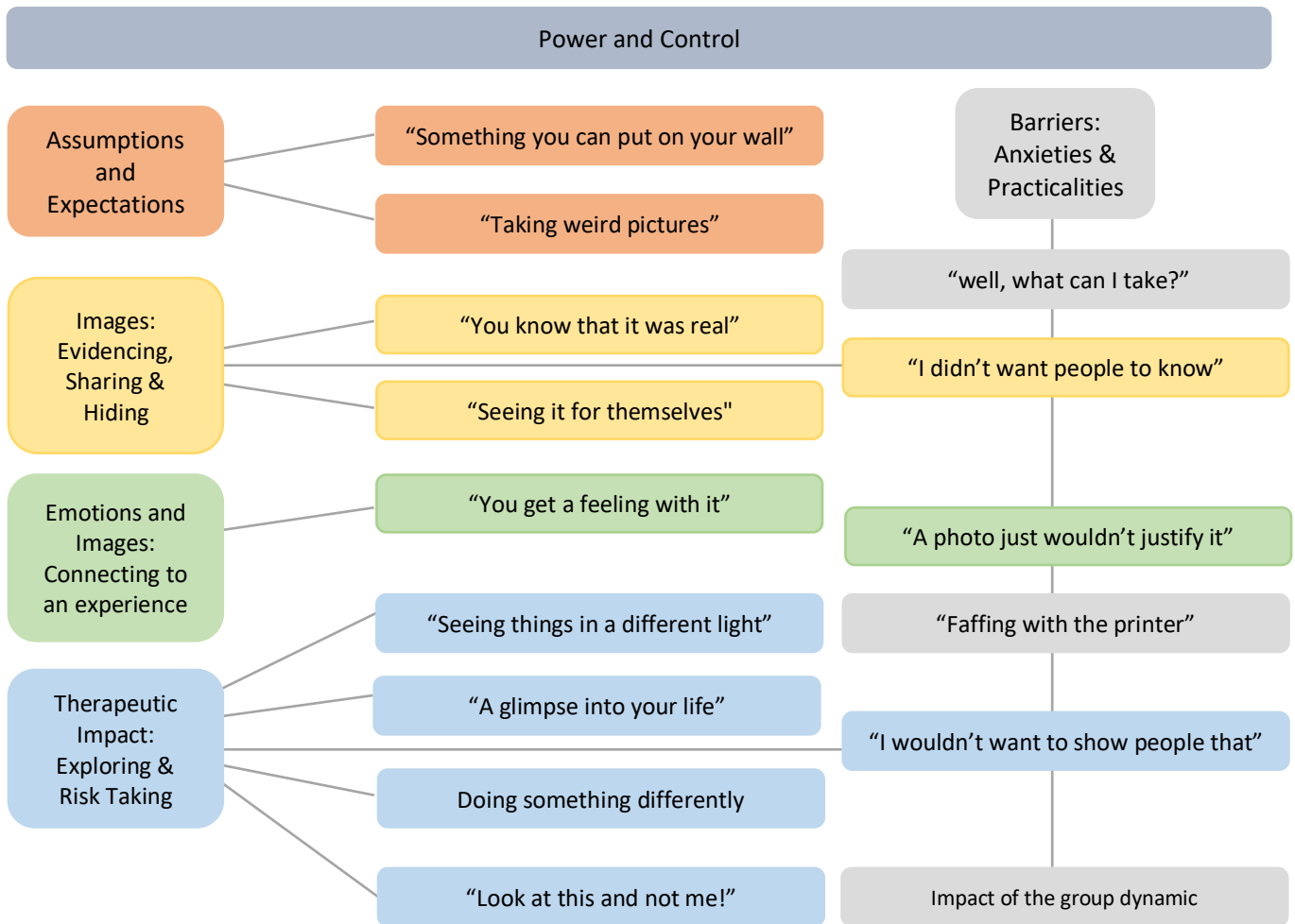
collection period saw several interviews rearranged. There were also difficulties scheduling appointments, due to the procedure of having to make phone calls from the service base, which limited my ability to contact participants. This apprehension added to my concern about conducting the interviews 'well enough' to produce enough useable data.

I was aware of my own dilemma relating to the expectations of conduct in the researcher role: to gather information as it emerges; versus my role as a clinician: wanting to explore the emotion or suspected avoidance. On occasion my judgement was that further pursuit or pressing for information would be detrimental to the research relationship, as this could create a shift from the shared conversational tone I was hoping to achieve, to one where I was in a position of power and questioning. Overall, I think I was able to achieve this balance, although this was more difficult for some participants than others.

Group Themes

Following the individual level of analysis, the next stage of IPA involved looking for connections across the participants for similarities in the emerging themes (Smith et al., 2009). Following the procedure outlined in the method section, the emerging themes were grouped together as patterns and connections between them were identified, which were then used to develop the Subordinate themes. These were further analysed and grouped to develop an understanding of the participant experiences in the form of the Superordinate themes. This section will begin with a map of the themes (Figure 1) and will end with a table to identify individual participant contribution to the development of each theme (Table 3).

Figure 1: Map of superordinate and subordinate themes



Participants' experiences of barriers to engaging with the photographs as part of the homework and feedback changed over time, as did their experience of power and control. In early responses to the task it seemed there were different apprehensions and different levels of ability/agency regarding how to go about the task and implement the photographs.

Given that the themes *Barriers* and *Power and Control* change over time and that they are linked closely with the other themes, these shall be presented first to provide context and additional elements will be discussed within the other themes as they present.

Theme One - Power and Control

It was observed that the participants seemed to describe an expectation that they 'had' to use the photographs. Although some participants described this as being something they had never heard of doing before there was an expectation that this would be helpful to them because we, as professionals, had asked them to do it. Liz said "*when [group facilitator] first mentioned it . . . I didn't say no 'cause I thought well if it's part of group then that's what needs to be done but . . . I wasn't, I wasn't very keen. ...[I didn't say no because it's] part of the group and there's no point coming to a group if you're not gonna . . . take part and not do what's . . . gonna help ya*". I wondered about the role of power and whether group attendees would have felt able to say no if they had not wanted to take or share photographs. Some participants on occasion did not bring a photograph to the group, reporting that this happened when things had felt particularly difficult for them, or when they could not think of a subject to photograph.

Shelly spoke about not feeling as though she had enough knowledge going into the group about how the photographs would be shared, whereas Chloe expected that "*[the facilitator] would show them to everyone*". As this took Shelly by surprise, she described feeling stuck; "*I was terrified that first week... [I was thinking] I can't stand up and talk, but I can't stand up and walk out of the room either... I'm stuck!*".

It seemed that participants were able to take some control over how much or little they chose to share in the group as a method of keeping safe. This links with the idea of using symbolic and hidden representations, where the participants could choose on the day how much, or little, they felt able to share. This is discussed in further detail in **Theme Four – Images: Evidencing, Sharing & Hiding**

Participants described a strong fear of getting it wrong, by taking the wrong kind of photograph, or doing something differently to other attendees. Shelly suggested that the way we used the photographs in the group did not necessarily need to change, but to *“keep doing but maybe on that first session say, ‘You’re gonna have to talk about the photographs . . . for a little bit, and it doesn’t what, there’s no right or wrong. ...I suppose a bit of a perfectionist: things have got to be done right or I’m in trouble, type of thing”*.

Theme Two - Barriers: Anxieties and Practicalities

When discussing their experience of the group, participants mentioned some practical issues which were barriers to taking and sharing the photographs. Alex mentioned how easy it was to take photographs using a smart phone due to taking this with her much of the time, however, Shelly spoke about feeling *“that I’m not up with technology! [Chuckles]”* as she did not have a smart phone from which she could take



Figure 2: Shelly's 'staged' photograph

and sent photographs for the group. This meant that Shelly had chosen to take a lot of her photographs in and around the home rather than taking her camera out with her; *“these are like staged photographs, like . . . you’d*

put something in front of you and you’d taken a photograph of it rather than being ...spontaneous . . . and like if you’re walking round and you suddenly see something

and you take a photograph but I don't . . . go everywhere and take my camera with me” (Figure 2).

Liz also spoke about having to ask for support to show her how to send the photographs to the group facilitators via email for these to be displayed. Both Alex and Lauren described difficulties with the technology. Lauren described *“faffing with the printer”* taking up time at the beginning of a session and that if attendees had emailed their photographs it would have been a more straightforward process. Alex expressed frustration with the technology; *“The one with me walking isn't there! I know why, it's because it didn't send. That was the week when nobody's fucking photos sent. I remember that. ... we failed at sending photos! [laughing].”*

The photograph guidelines (Appendix Eleven) had been perceived as firm rules and restrictions, and participants spoke about feeling limited by the group guidelines and not knowing what they could or should take photographs of. Shelly expressed feeling confused about the task and then further restricted by the rules; *“Why would you want to take photographs of . . . something . . . related to psychology course! ... and then when you started saying what you couldn't, couldn't take and that, and it made it even worse! Cause I'm thinking well, what can I take? [Chuckles a little]”*.

Lauren suggested that it would have been beneficial to share some examples at the beginning of the group to support attendees feeling better able to take the ‘right’ kinds of photographs and feel more guided by the facilitators; *“I'd give like, examples of what you mean like, you know like, instead of [showing] yours at the end I'd do that the week that you set it... And say like this is my example and this is why... just to give a bit more of a guide”*.

All participants mentioned the group setting as an influencing factor on their ability to share openly, which will be described in more detail in **Theme Six - Therapeutic Impact: Exploring and Risk Taking**.

Theme Three - Assumptions and Expectations

Assumptions and expectations relate to the participants' experiences of how photographs are typically used by themselves, within the UK population, and how participants expected photographs would be used within the group. This comprises two sub-ordinate themes: **Something you can put on your wall**, which describes participants' thoughts and observations relating to how photographs are generally used in terms of what people choose to capture and share with one another; and **Taking weird pictures**, which describes how the images taken for the group differed from the participants' other photographs.

"Something you can put on your wall"

All participants talked about using photographs to capture positive experiences. There was some sense of this being the 'normal' way to use photographs and that it would be unusual to deviate from this; Lauren described "*taking photos to portray something that were positive is something we're generally more used to, like, it's more normal*". It seemed that the participants were more inclined to take and look back on photographs of pleasant experiences and that it would be effortful to capture something that was not. Lauren summarised this as "*Well it's probably something that I found... to be a nice thing. I wouldn't have bothered taking my phone out [if it wasn't]*".

Participants spoke about purposefully choosing to take photographs of things that they expect to have this positive reaction to. Chloe described that she would usually take photographs of “...*anything I know will make me smile when I look back on em*”.

Participants discussed the way we display and share photographs with others, that there is an expectation for photographs to capture positivity and important relationships. Liz spoke about it being “*the norm to have pictures of your kids*” displayed in the home and that photographs are “*supposed to be a snapshot of something you can either look back on or something you can put on your wall*” and that we do not do this with upsetting images “*you wouldn’t put a specific horrible picture on your wall and cry every time you looked at it*”.

Lauren described finding the positives to share with other people “*I chose this one because it’s just, a beautiful place... you can see for miles and it’s not something we always get is it? - A view like that*” (Figure 3). Whilst there were negative experiences Lauren could have expressed in a photograph, she avoided doing so: “*my mind went to search for something on the positive side to show you. ...I think I try an’ show you the nicer things rather than...shit. Coulda brought you a whole pile up if you wanted! [laughs]*”.



Figure 3: Lauren - Seeing for miles

The way we take and share photographs has moved beyond displaying them in the home and participants spoke about digitally sharing them via social media platforms. It seemed important that photographs to be shared with others, either in person or on social media, were to express or share an experience with other people. Alex described taking photographs *“To show my sister or put on Facebook or Instagram...it’s mainly pictures of stuff that make me smile or laugh and I wanna share them”*. Liz spoke about a difference in personal meaning and function of taking photographs *“When I’ve taken a picture it’s [pauses] it’s for me. It’s not to . . . you know post on Facebook, ‘Oh I’ve had a big dinner,’ or umm, a cat doing summat silly... they’re personal to me, which is like me kids and so ... just for me to look at”*. It seemed Liz was describing a difference in the content we choose to share online, suggesting that we keep more personal events for ourselves.

All but one participant used their mobile phone to take photographs and suggested relatively easy access to taking good quality photographs in this way. Alex said that *“I could just take a photograph when it occurred to me because I had my phone with me all the time”*. As people have increased access to cameras and stored photographs via their mobile phones, some participants suggested that they can now use these as reminders either of positive events (which is explored further in **Theme Four – Images: Evidencing, Sharing & Hiding**), or as Alex spoke about, as functional reminders that could be taken with you *“I photograph my shopping list off the side of the fridge. It’s easier than writing all that down again!”*.

“Taking weird pictures”

Three participants spoke about taking photographs specifically for the purpose of the group task. They reported that these were different to the kinds of photographs

they would usually take or share. There was some suggestion that they were not the kind of images that people generally would choose to share, or that other people would be interested in viewing. Alex said *“they’re not photos that you’d share with people, are they? ... they were for sharing with the group. They just weren’t for sharing with, like..., I wouldn’t put a picture of a cup of coffee on Facebook. They were specifically for sharing with the group... it’s a bit random”*.

There was also a perception that the content of the photographs was unusual due to trying to make links between them and the homework tasks. Shelly described *“[the photographs were] a bit weird... but I know they were related to the bits of the course that we did”*. As the photographs are representative of the homework skills practice, they would perhaps have less purpose or meaning if they were observed outside of the group context.

Chloe described *“taking weird pictures”*, particularly in relation to feeling restricted by the suggestion to avoid photographs with other people in them.

Participants spoke about photographs typically being taken of or with people and that when the topic of their homework featured relationships, it would have been preferable to take a photograph which captured that person. Chloe’s photograph of the beach (Figure 4) was used to discuss her relationship with the friend she went with, rather than the beach itself, she thought that *“it’d just be a bit easier and have something*



Figure 4: *Chloe's 'weird picture'*

that actually represents what you want to say rather than like having to take a picture of like an object and kind of weirdly link it”.

Shelly also described trying to show something without including a person, “*I was trying to show that I managed to get out and have . . . a meal with somebody... I felt a bit embarrassed [chuckles a little] to, asking him to move!*”

(Figure 5). I suspect that the embarrassment Shelly felt was due to the perceived break in the social norm previously identified relating to the content of photographs, and that it would be unusual to ask a friend to



move out of the frame. **Figure 5: Shelly's meal with a friend**

Theme Four – Images: Evidencing, Sharing & Hiding

This theme describes participants’ use of photographs in the group and the meaning or significance they hold for the photographer, the viewer, and how these may differ. This theme is made up of four subordinate themes relating to what is expressed or hidden when sharing photographs, considering how photographs document or evidence experience by capturing scenes as they are (**You know that it was real**). Participants discussed how the photographs could express something differently to words, providing a richness of information to support the viewers understanding of the photographer (**Seeing it for themselves**); but that this can be exposing or vulnerable for the photographer to share. Participants went on to describe

that whilst the images can convey something rather personal, some of this could be expressed but with hidden meaning or symbolism that protected the photographer from feeling overly exposed (**I didn't want people to know**).

“You know that it was real”

This theme relates to the idea that photographs capture an event or experience that you can look back on, perhaps documenting something as it was at the time of initial viewing. Lauren spoke about being able to “*see it how I saw it*” when she looks back on the photographs she generally chooses to take and that the photographs evidence that the experience happened; “*it's more real. You believe it's real cos it's a true photo... you know that it happened, that it existed. You know...that it was real*”.

The participants spoke about choosing to take photographs that captured their achievements, something that they were proud of and could look back on or show to the group. Shelly used her photograph to demonstrate her achievement in that she “*managed to get out and have a meal with somebody*”, using the image to represent her ability to challenge the social anxieties that would usually prevent her from being able to participate in this kind of activity. Chloe spoke about her image of a completed jigsaw as a representation of a distraction technique that she would use when she “*need[s] something to focus on so I'm not doing anything bad*” (Figure

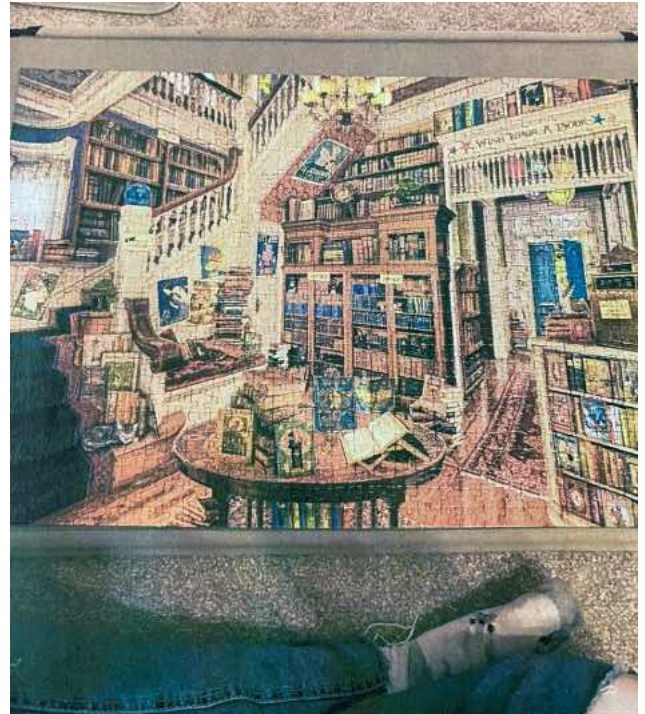


Figure 6: Chloe's jigsaw

6). Chloe said that she would usually take a photograph when she finished a jigsaw as

she would feel happy that she had been able to focus and complete the task. This could also be interpreted as a representation of her ability to utilise alternative coping strategies rather than engaging in self-harm.

Lauren spoke about photographs as a method to capture progress and change over time. One of her photographs represented “*the process of making something ... what each bit felt like, and it changed at each different step*” as she was making her own hair accessories. She spoke about starting off with something big and messy but that over time this can be adapted and worked with to form something different; “*it’s just ... “it’s gone from this big mess to this mess [laughs]”*”. It could be that photographs are useful to notice how things have changed and recall the feelings and thoughts from that time point, as sometimes it can be difficult to see how things have progressed from where they began if this has occurred over a time period.

This type of evidencing seems to relate to the participants being able to look back on and remember their positive accomplishments, but in terms of their use in the group, they also served a function of demonstrating that they had completed their homework tasks. Alex’s photograph of coffee (Figure 7) showed that she had attempted to practice making a drink mindfully, even when she was unsure of how this would be useful to her, “*I didn’t really get the mindfulness, like making a cup of coffee thing... I just like, I just*

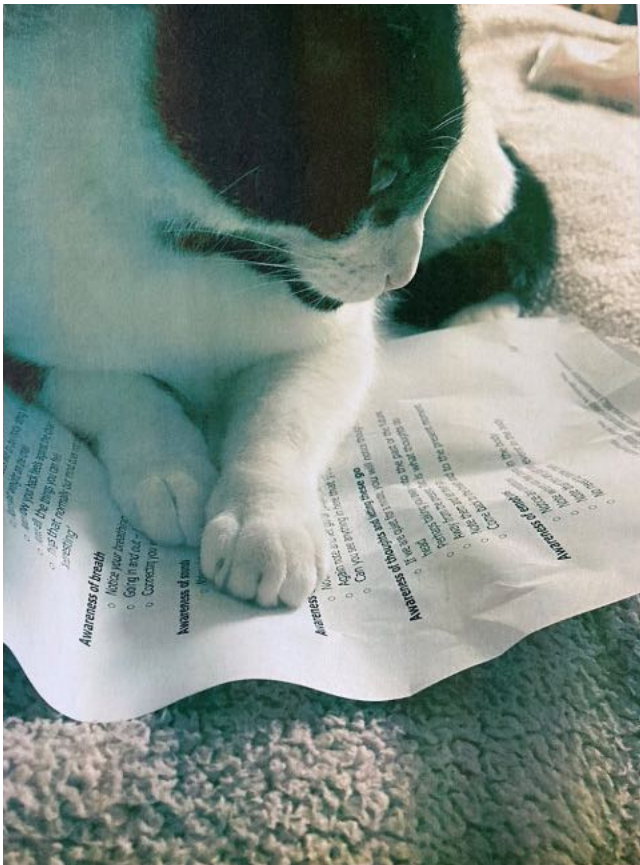


Figure 7: Alex's not so mindful coffee

didn't...get what the point was [laughs]". This is also described in **Theme six - Therapeutic impact: Exploring and Risk Taking.**

"Seeing it for themselves"

Four participants said that they struggle to explain themselves and that it can be difficult to find the right words to express what they want to say. This theme relates to the experience of an ability to convey meaning via photographs in a different way to using words. By using photographs participants described being able to add a



different level of communication and support the development of a shared understanding. Lauren said, *"I guess I don't feel like I can explain things as well as I'd like to"* and spoke about the viewer being able to experience something in a different way to verbal or written explanations. She suggested that the viewer may develop a better understanding by being able to *"see it for*

Figure 8: Lauren's mindful cat

themselves, ... It's not me saying 'oh the cat was erm, sitting on the paper in such a way and'...you can physically see what he's doin', it don't really need for no explanation" (Figure 8); or that seeing the image brings the viewer more closely aligned with the experience, *"when somebody's telling you about something or*

writing about something, you can't always get a clear picture. So, it literally just does that... It's like, seeing something in life".

However, when participants had taken photographs representing something that was hard to put into words, it was also difficult to explain the purpose of them in the group. Chloe and Shelly both spoke about the photographs being hard to explain to others due to finding it difficult to find the words to put to this experience. Chloe described finding it difficult to express herself generally, stating *"I'm just very bad at explaining [my thoughts] so in my head I knew what they were representing but I just couldn't say it... So it's quite hard to explain the pictures"*. Shelly said, *"it's like I am now, struggling to get out the explanation of what I feel about [the photographs] ...it never comes out right"*.

"I didn't want people to know"

Whilst participants described finding it difficult to find images that illustrated their experiences, they also spoke about being able to share images that were very meaningful or powerful to them. Some images seemed to relate to the subordinate theme described above, in that the photograph itself was a representation of something more powerful than could be expressed in words.

Some participants described a sense of safety in sharing photographs with a symbolic or hidden meaning within them, as the other group attendees would not necessarily be aware of the complexity or the story it represents. Alex spoke about using colour and shape in her mandala photograph (Figure 9) to represent the self,



Figure 9: Alex - "*Just a mandala*"

emotions, or thoughts and that "*the different colours mean stuff to me, even if the people don't know what they are*" and that it felt safer to share the photograph in the group knowing that this meaning was hidden.

It could be that the story behind an image and the reason for choosing to share that photograph in the group is more meaningful for the participants than what the

image itself shows. Chloe shared a photograph she had taken on a trip to the beach with her friend and described this as a representation of her "*accepting that not all relationships are perfect*" and being able to challenge her negative beliefs about not being cared for. Chloe described having taken the picture on the day so that she had something to show to represent her day rather than capturing a specific subject within the photograph, it represented her ability to test out and challenge negatively held beliefs "*on that day out ... it was just... we had such a good time and all my stupid thoughts were just like, I don't need to isolate myself; obviously she does care about me*".

Alex identified a photograph of birthday cards as the most memorable that she shared in the group "*'cos it probably ...has more meaning, but like, it's bad*" (Figure 10). Alex found it hard to talk about this photograph in the group and the interview. To an external observer one might view the image as a positive event or a celebration, however for Alex this was used to express her difficult relationships with others and feeling unheard or misunderstood by people close to her.



Figure 10: *Alex's birthday cards*

Shelly described an image that was particularly important to her, which was a photograph of an art poster in her home (Figure 11). The image represented difficult nature of her emotions and her feeling unable to express them or find an outlet for them, but the details of this she chose not to share in the group. *“it’s like a tree on fire. Sometimes I’ll look at that and it’s a way of trying to describe to people how I feel...*



Figure 11: *Shelly's tree on fire*

everything churned up underneath and bits are trying to escape. ... The red is what’s inside me head or inside me body; the mental problems and stuff are all there . . . and they can’t get out, even though they’re trying to get out. ...the tree... it’s on fire ... That was like the pain coming out [following self-harm]; ... the pain that showed in that bit there [where the fire is

coming out] had to make a way to get out. ...But I didn't say that in class...I didn't want people to know [about self-harm]”.

Lauren shared an unusual photograph to express something that felt rather hopeful, relating to being able to grow in difficult circumstances: *“I chose the photo of the damp wall, with life growing out of it because I thought it was very symbolic of our, our minds sometimes. ... I just felt like, where there's water coming down, and it's such a grotty wall...there's nothing really special about it. It's just an old wall. But I found that, even life can grow in the cracks in that wall an' I just found it very like; It doesn't matter what it looks like things can still sprout out from it”.*

The participants seemed to use the photographs in the group to convey something safely, as the hidden meaning or symbolism allows them to take control of how much, or little, they feel able to or want to share about the detail of the image on the day. I wondered if this was a method through which participants were able to readjust the power dynamic in the group by allowing them to show something deeply personal without feeling overly exposed.

Theme Five - Emotions and Images: Connecting to an Experience

This theme considers how participants felt connected to photographs, having emotional responses to taking and viewing these, as well as connecting with their own memories and experiences. This comprises of two sub-themes exploring the emotions that are linked with images (**You get a feeling with it**) and how the complexity of emotions can be difficult to capture or represent (**A photo just wouldn't justify it**).

“You get a feeling with it”

This theme linked with the idea that we take photographs to capture positive experiences and to remember pleasant, rather than upsetting or difficult, experiences and memories. Participants described reconnecting with or experiencing the emotion in a secondary way when viewing photographs. Lauren acknowledged that as well as producing a smile, photographs can elicit the physical sensations that come with emotional experiences too; *“I would always take a photo when I see [my cat] doing something cute because it makes me smile and it warms me up”*.

Alex suggested that the photographs were perhaps more emotionally connected *“for the person that took the picture I think it gives it more [emotion]”*, but that this reaction was not experienced exclusively by the photographer. It was possible that observers viewing a photograph can connect with their own memories and experiences, allowing them to experience an emotional reaction too. Alex described her experience of viewing another participant’s photograph (Figure 12) in the group and how she had responded to seeing the image; *“they’d been for a walk on a canal...well I could see; I’ve walked on that canal... I can understand their point”* ... *“even just looking at the photo...it was relaxing even though you’re not even there”*.

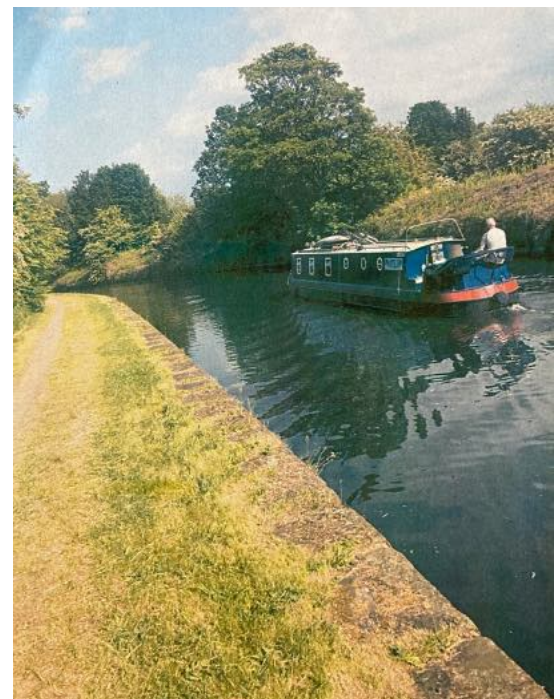


Figure 12: *Chloe's canal*

Lauren described the immersive nature of photographs *“I remember one of the ladies she took a photo of a wood pigeon. An’ I just found that like, it’s just something we can all relate to. You can hear it you can practically hear it like ‘who’*. Some of *‘em they stick in your head don’t they. ... Because you get a, you get a feeling with it.*

Like with some of em you just get a sense of... I can imagine that happening or, ... I can imagine me being there”.

There was an acknowledgement that viewing photographs could bring back positive emotions, but that they could also elicit a negative reaction too. The participants did not always view the subject of their photograph as ‘good’ or ‘bad’, and spoke about the dual meanings that can be expressed in a photograph and that they can be perceived differently at different times which could result in different memories, thoughts, or emotions being experienced on viewing. Liz described that photographs can *“remind me of happy times but then sometimes they can also remind you of bad times...So, it’s a Catch 22”*. Shelly spoke about her photograph of a tree on fire as having a different impact depending on her emotions at the time of viewing, *“I think it’s ... the way that I’m feeling that determines what it means to me... sometimes it stops me from cutting... but then other times it . . . has the opposite effect”*. It seemed that viewing photographs can impact emotions, as well as emotions impacting on how participants view and understand the photograph.

In the interview Alex spoke about her photograph of birthday cards and I wondered if she was experiencing some of the negative emotions as we viewed and discussed it together. Alex’s responses became shorter, and her non-verbal activity suggested she was feeling uncomfortable. Alex described the photograph as *“upsetting”* and when I asked if she wished she had not shared this one, Alex stated *“Right now, having to talk about it again yeah! [laughs]”*.

Just as viewing photographs taken by other people can elicit a positive reaction in the observer, this was also the case for negative reactions. Liz found it difficult to comprehend why someone would share an upsetting photograph and that this elicited an empathetic response of sadness within her too. *“I got upset for them . . . it made me*

feel uncomfortable. I didn't, I didn't like it and . . . like I say, some people like taking photos. I, I don't . . . I don't see a photo as, as a why would you take something . . . that makes you unhappy. I don't, I don't get it".

"A photo just wouldn't justify it"

It seemed that the participants found it easier to capture positive elements of their life through photographs showing external, concrete examples. There was a difficulty in representing the more internal experiences, particularly relating to unpleasant thoughts, feelings or experiences; and perhaps participants were experiencing a difficulty in capturing something that expressed the severity or could convey the impact fully.

Lauren described feeling that her *"negative emotions are heightened, and they don't sit well"* and that she usually attempts to push these away and *"fight negative things"*. Lauren was describing a difficulty tolerating her distressing feelings and perhaps the strength and complexity of these made it more difficult to represent in images. She expressed a concern that the subject of a photograph may seem trivial, as one thing photographed at one time cannot capture the process or pattern of relating over time that can contribute to feeling overwhelming emotions: *"I dunno, it would have to be something symbolic and I couldn't get a good example to show you what I meant...like...the cats waking you up at six in the morning, digging their litter tray. Or just daft things, I couldn't quite...put it...a photo just wouldn't...justify it, because it's just like, a cat digging...that's not the whole, explosion going off in your mind. So I found it difficult to make that come across. ... I didn't feel that I could take a photo of something that justified how I were really feeling"*.

It could be that using the photographs in conjunction with the written homework provided a more in-depth understanding of the client experience than using each of these methods alone. Alex suggested that sharing the written content supports a better understanding of the context of an experience, but there is more emotional expression or impact when viewing an image *“the picture reminds you of what you were thinking about or feeling ... more than, written stuff. But then obviously someone else lookin’ at a picture int gonna understand what you were thinking and feeling at the time, whereas if they read what you’ve written then they’re more likely to understand. But they’re not getting, there’s not as much emotion in it”*.

Theme Six - Therapeutic Impact: Exploring & Risk Taking

All of the participants identified some therapeutic benefit of the use of photographs within the group. They describe the photographs as a method through which they could share elements of their lives with one another, facilitating the development of peer relationships and understanding (**A glimpse into your life**). They discussed the process of choosing a subject for the photographs as somewhat mindful, connecting with their environments and experiences and considering what this meant to them (**Seeing things in a different light**). The photographs could be used as a motivator to practice the homework skills or to try **“doing something differently”** to share; these would support participants to speak in group by providing a prompt, or reducing focus on them (**Look at this and not me!**). Whilst these positive impacts were described, the participants also found the photographs could be exposing and there were some parts of their experiences they did not feel able to share with the group (“I wouldn’t want to show people that”).

“A glimpse into your life”

As discussed in the previous section, photographs can elicit responses in the viewer as well as the photographer. There was something about this process that perhaps allowed participants to feel better connected with others in the group. Participants spoke about feeling as though they were sharing something with other people and that the photographs served as prompts to be able to say more about their experience than they might have without the image.

Three participants described that the photographs would encourage them to say more in the group and that the photographs allowed them to share something more personal than they would have been able to, or chose to, convey through the written methods. Alex suggested that whilst the photograph may require more explanation, it *“makes it easier to sort of start explaining something”*. Chloe also described the photographs as encouraging more personal sharing: *“the photographs were a bit more personal than like the written tasks ... It kinda gives a bit more of a glimpse into your life, dun’t it kind of... ... cause I didn’t really share much on ... the written things ... it just encouraged you to say more and ...[to] explain things that are a bit more personal rather than [the] more general thing which I wrote on the homework”*. It seems that the visual nature of the photographs literally shows something in your life, providing a more personal connection to the photographer.

Liz described showing and viewing photographs as a method through which her own memories and experiences facilitate a connection to the experiences shown by others. She spoke about viewing Chloe’s photograph of the beach and that this brought a different level of connection to that experience: *“it wan’t [wasn’t] just looking at her picture; it give me nice thoughts of when I used to take kids on holiday*

and used to play on beach and things like that . . . so it wan't only sharing their picture, them sharing their picture, I was sharing it as well".

Sharing photographs and noticing their ability to elicit emotions in both the person sharing and those viewing may have influenced what the participants chose to share with other people. Liz spoke about choosing to share her happiness with other people *"So the pictures were about . . . doing an activity and then taking a picture . . . and if that activity made me happy then I'd share that happiness wi-with the others...cause that's what I like to do: I want to make other people happy and stuff like that so . . . that is how I'd choose to take me photos"* (Figure 13).



Figure 13: Liz's colouring activity

"Seeing things in a different light"

Participants described looking for opportunities and examples they could use to share their emotional skills practice with the group. This suggested that they were spending more time thinking about the task than they might have done otherwise. At times the photograph task brought a mindful quality to experiences as they were noticing things in their environment which they could capture. Alex spoke about the photograph task being different to the written task, as she would hold in in mind day-to-day, rather than spending a discrete piece of time completing a written sheet. She described *"the pictures it's like, you're not really thinking about it, but you are thinking about it"* suggesting that when attention is drawn to a reminder of the skills practice, more time is spent observing it due to taking the photograph.

Shelly spoke about noticing the things around her that she would focus on at times when she was feeling agitated or angry and that doing this would help reduce that feeling. Shelly may have used this strategy many times, using her garden to take a break and mindfully focus on one thing in the moment, without necessarily being aware that this was an example of her putting the skill into action. It seemed that the photograph task encouraged participants to consider and bring their attention to the different skills they are able to practice. *“I think maybe the garden’s just a focal point ... where I can do things without feeling anxious. . . even if it’s five or ten minutes ... I can see it from my kitchen window; so, I can just see it, and in some ways it kind of brings me down . . . you know if I’m like agitated and stuff like that. ... I think [the photographs] were helpful in the way they made you see . . . see things in a different light . . . and what they mean to you”* (Figure 14).



Figure 14: *Shelly's garden*

Liz also discussed using the photographs to connect with the moments of happiness she experienced in her life, *“all my pictures are when I’ve been happy... I might only have been happy for that hour, but that hour is like [granddaughters’ birthday] we’d done cakes and everything... one I’d finished take the picture, send, you know, it’s just like in that moment: send it”* (Figure 15). This seems to have a function of noticing evidence that contradicts negative beliefs or thoughts, noticing that there are moments in life where the experience is enjoyable and not overwhelmed by the negatives.



Figure 15: *Liz's birthday party*

Doing something differently

Two participants spoke about the photograph task encouraging them to try doing something differently or motivating them to practice the skills from the group so they had something to photograph and show. It seemed the task within the group also had some benefits, for example functioning as an exposure task when participants who felt very anxious about sharing were encouraged to challenge or tolerate those feelings.

Shelly was able to tolerate her anxiety about sharing photographs in the group and in doing so was able to challenge her thoughts about her ability to share, and develop her self-compassion about needing to get the 'right' photographs; *"when we had to start talking about it that threw me into a panic ...[it was] horrible! I were just like winding me-self up. 'I can't do this. I can't do this.'... Then I kind-kinda calmed down . . . but then I thought next few sessions I'd volunteered to go first!... [so I could] get it over with! ...and if it was wrong, it was wrong. I think I was scared as well that the picture I'd taken was wrong... and then I realised there was really no right or wrong 'cos different people think in different . . . ways"*.

Liz spoke about wanting to use the photographs to show that she had been able to motivate herself to use her skills practice and do something differently in her day; *“It’s having the thing of, ‘Come on [Liz] get up . . . go in kitchen, sit-sit at table, get your colours out.’ ...so it’s almost like talking mi’sen to . . . doing stuff”*. Whilst this was in some ways motivated by not wanting *“to show owt that’s boring or makes me look sad”* in the group, it could be the case that using the photographs is encouraging for participants to try out new things or use skills differently. However, this could also relate to feeling unsure about what it safe enough to share in the group setting.

“Look at this and not me!”

Some participants thought that using the photographs helped them be more vocal within the group, perhaps feeling that there was less of a focus on them when giving the feedback, as people’s attention was drawn to the photograph. Alex described feeling *“a bit anxious about doing the feedback thing, but... .. it want [wasn’t] exactly entirely about the photographs... just the feedback in general I think. Maybe the photos helped because like, you’ve got something to talk about rather than, I don’t know, something for people to focus on so they’re not lookin’ at you! [laughs]”*. Lauren also thought the photographs served as a prompt for her to keep on topic and focused when giving her feedback, which was something she was anxious about; *“It give you something to, speak from. So, getting used to talking in a group .. It was helpful for that because ... your nerves are wracked anyway just by... having to show other people. So, I think it, it does help to just have this, like a “look at this and not me!” And that can be helpful”*.

This could be both a positive and negative feature of photograph use, as whilst it is beneficial in facilitating a safer experience of participant sharing, there is a chance

that important individual experiences could be missed or less explored due to focusing on the detail of the photograph subject, rather than its meaning. As discussed previously, Liz was reluctant to show something quite genuine about herself for fear of being criticised. The photographs could be used to hide, in favour of showing something that participants thought they ‘should’ be doing instead.

“I wouldn’t want to show people that”

The photographs being implemented within a group setting will have influenced how people chose to use and share their images. As discussed previously, participants spoke about it being difficult to speak and share in a group context. Participants describe a personal connection to photographs which could feel rather exposing in a group of people and there was a strong sense of participants fearing that they might be negatively judged in the group.

Alex spoke about worrying whether or not other people will have interpreted the task in the same way, resulting in feeling *“kinda anxious cos I didn’t know... if I’d done it right... if other people have thought the same way as me about how to do it... in case I’d done it wrong... say everyone woudda ... thought about it in a different way or summin, an’ then everyone was like, “why’d you take a picture of grass, that’s weird” [sigh]”*.

As Liz had spoken about, there was a reluctance to share something personal about herself in front of a group of people. Alex explained this reluctance as being influenced by how comfortable or safe people felt with what, and with whom, you are sharing; *“Cos it’s private. I didn’t feel 100% comfortable with it [sharing detail] ... obviously it’s the same people every week but you don’t really know them”*. Liz described worrying about receiving a *“negative reaction”* to her photographs, and

participants feared that if they had done something differently, that it would be perceived as wrong, or that they might be laughed at in the group. Shelly said *“you’re showing people some part of your life through a photograph! That might mean nothing at all to them but has some significance to me... and I suppose [pauses] I, I think that people might laugh at me”*.

As facilitators we ask people to do something rather unusual in a group, which is to share difficult thoughts, feelings and experiences with others. Lauren explained how this differs from how people usually hide this kind of detail from others and that it can be too exposing to do so; *“I think we try to hide [difficult experiences] from a group of people... you make yourself vulnerable by bringing something negative. ...I wasn’t at that stage to be wanting to do that in a group of people”*. Shelly told me that she had not gone into detail about the meaning behind her photograph of the tree as she did not want others in the group to know about how difficult her experiences can be; *“when I had to talk about that that was really hard cause I didn’t want to let on, let on how badly . . . I felt at times”*. Shelly also seemed to be influenced regarding the level of detail she felt able to share, being guided by how much others in the group would share too, as she described *“we didn’t seem to be going that deep”*.

Liz spoke about it being a very difficult task to be open with other people about when she was feeling particularly low or negative and the idea of sharing that level of personal exposure was too much for her to consider; *“when you’re, you’re not doing so good and you don’t do anything, I didn’t, I couldn’t show other people that that’s [pauses] when you’re so far down that’s, I just cannot send a sad picture. I can’t do it”*. Liz discussed a reluctance to even share things about herself that she does enjoy due to a risk of feeling criticised or that her life or interests would be negatively judged; *“I’m sat in a bloody house for 24/7, playing ... computer games on laptop or*

watching Harry Potter; ... I don't wanna . . . show everybody that's all that, you know that's my life ... I wouldn't want to show people that". Perhaps there is also an element of self-judgement here that Liz would not feel able to share with the group.

Both Shelly and Lauren spoke about the dynamic within the group as being important for their comfort, or how much they were able to share. Lauren mentioned liking that it was an all-female group, and Shelly appreciated that there was a limited number of attendees; *"it was only a small group and I think there were more supposed to come . . . I think like four or five would be . . . the limit. I think if there were eight or ten people . . . [pause] it'd been too much"*.

Participant quotes have been used throughout the write up to support each theme. Table 3 shows which items each individual contributed in the development of each theme.

Table 3: Individual Contributions to each Developing Theme

<i>Theme</i>		<i>Participant</i>				
<u>Superordinate</u>	<u>Subordinate</u>	<u>Alex</u>	<u>Chloe</u>	<u>Liz</u>	<u>Shelly</u>	<u>Lauren</u>
Power & Control		X	X	X	X	X
Expectations and Assumptions	"Something you can put on your wall"	X	X	X	X	X
	"Taking weird pictures"	X	X	X	X	X
What is in an image?	"You know that it was real"	X	X		X	X
	"Seeing it for themselves"	X	X		X	X
	"I didn't want people to know"	X	X	X	X	X

Emotions and images	“You get a feeling with it”	X	X	X	X	X
	“A photo just wouldn’t justify it”					X
Therapeutic Impact	“A glimpse into your life”	X	X	X	X	X
	“Seeing things in a different light”			X	X	X
	Doing something differently			X	X	
	“I wouldn’t want to show people that”	X	X	X	X	X
	“Look at this and not me!”	X				X
Barriers	“Well, what can I take?”	X	X		X	X
	“Faffing with the printer”	X		X	X	X
	Impact of the group dynamic	X	X	X	X	X

Chapter Five: Discussion

The aim of this research was to explore how participants experienced the addition of photographs as an element of the home practice task feedback in an emotional coping skills group. It seems that whilst the value of photographs as a resource has been harnessed in research projects such as Photovoice, there is relatively little literature available that explores the use of photographs within a therapeutic setting.

The aim of the present study was:

- To explore the experience of service-users who had attended an emotional coping skills group regarding the taking and sharing of photographs as part of the home practice recording and feedback.

In addition to interviews with service users, the experience of the group facilitator was also investigated. Data from the group evaluation forms allowed consideration of how participants engaged with the task and whether there were benefits or barriers to using photographs in this way.

The data was gathered via semi-structured interviews and analysed using IPA. The group analysis identified six superordinate themes relating to the use of photographs in the group: (i) *Power and control*, (ii) *Barriers*, (iii) *Expectations and assumptions*, (iv) *What is in an image?*, (v) *Emotions and images*, and (vi) *Therapeutic impact*. The themes *Power and control* and *Barriers* were closely linked with and featured within the other themes.

Participants described being used to taking photographs as a means to document and reflect on positive experiences in their lives. Participants described it being very unusual to take photographs of negative experiences and they shared their

feelings of reluctance to do so. Some of this related to their experience of how people in general tend to share and display photographs, both in homes or via social media. The photographs taken for and shared within the group were described as being different to the kinds of photographs participants would usually take, either due to being unusual in terms of the subject of the image or that they were things they would not usually capture or show to other people.

Participants experienced photographs as conveying a richer level of information than using words alone. The participants noted that photographs could elicit emotions and facilitate shared experiences in the group. This also brought about some anxieties for the participants, who reported feeling that the photographs could also be exposing and leave them feeling vulnerable in the group. This meant that at times participants held back information about the personal meanings behind the images, including choosing not to share symbolic meaning that is not evident to the observer, but deeply meaningful to the photographer.

Participants spoke about photographs being meaningful for both the photographer and the observer, and that they evoke memories and emotions relating to personal experiences upon viewing. However, some participants articulated that they experience emotions which felt too intense or complex to be captured by a photograph.

There were perceived benefits to the use of photographs and the therapeutic impacts included participants being able to experience sharing something with and connecting with other people in a different way. The participants described being rather mindful in their thinking when choosing a subject for a photograph and that they were noticing the things around them and making sense or meaning from what they were viewing. Participants spoke about using the task as a motivator to keep

practicing the homework and try doing things differently to implement the skills practice. Participants reported that the photographs could prompt them to speak or say more within the group in comparison with feedback on using the written components of the homework. However, it was also noted that the photographs could be used as a distraction or deflection away from the self in this setting.

This section will discuss the research findings in relation to the existing literature. This has been broken down into four areas which relate to the findings: (i) Participants chose to photograph positive rather than negative experience (ii) Hidden meaning and the importance of safety in the therapy setting, (iii) Photographs as a communication, (iv) Therapeutic uses of photographs.

I will consider the clinical implications of the research findings, evaluate the strengths and limitations of the present research, and make some suggestions of future research directions.

Key Finding 1: Choosing to photograph positive rather than negative experiences

The main finding in this research related to the experience described by all participants that photographs are most typically used to capture positive events and experiences that we wish to look back on with fondness. It seems that there was an avoidance of using photographs to share negative experiences in the group. I will firstly focus on the reasons that we may choose to use personal photography in this way, before moving on to consider how more unpleasant photographs are used in the day to day lives of people living in the United Kingdom.

There appears to be a tendency in amateur photography to take photographs of images that are deemed positive. Edmondson et al. (2018) reported in their study of self-harm that participants found it less familiar to take photographs that represented difficult experiences, and this required more thought about what to take and how to express this. Gibson (2018, pp. 9 - 10) described his surprise when conducting a photography project exploring life on a refugee centre in Belgium. He described his perception of a community in that was rather oppressive and 'bleak', yet instead of these being the focus of the images the participants returned with images of people smiling. His instruction to the group of participants was to "have fun with the camera" and to capture images of what it was like to live in the community centre and that these photographs would be displayed around the centre. The participants chose to photograph the positive experiences of life in the centre rather than the unpleasant parts. It could be that for participants who already experience a lot of difficulty in their lives, photographs can offer a welcome break to take a different perspective and focus on the things they have in their lives that they enjoy and value. The element of the photographs being displayed for others to see may have influenced the kind of photographs they chose to take. It is important to note the instruction of 'having fun' which may have primed the participants to take photographs capturing the happier side of the centre.

In the present research the photograph task instructions used within the group were intentionally vague, such as "Take a photograph of something that represents your homework practice". This was in order to avoid influencing group attendees regarding the photographs they chose to take and share (other than the restrictions outlined in Appendix Eleven).

In Photovoice research and other photo-elicitation studies, this tendency to take positive photographs has not been observed; with participants using photographs to express a variety of difficult experiences. In their discussion of the ethics involved in Photovoice, Creighton et al. (2018) described participants depicting grief and loss. One image was submitted by a father who had lost his son to suicide, this showed a suicide note that the participant used to illustrate how even those appearing happy can be at risk. True et al. (2015), explored barriers to accessing mental-health support with war veterans. Their photographs included a sandstorm as a representation of feeling under constant threat, and of having to put on a brave front whilst in service. Another depicted ‘numbing’ coping strategies of alcohol and sleeping pills. These images contrast to the bias towards positivity reported in the present findings, although the group guidelines (Appendix Eleven) prohibited photographs such as the latter example described here.

As discussed previously, the participants in the present study received relatively little instruction regarding how to use the photographs, yet it was observed that the photographs they shared were mostly representative of ‘positive’ experiences. It could be that research projects seek photographs representing a particular topic of investigation that may itself be considered distressing, such as self-harm (Edmondson et al., 2018), and so participants are more likely to bring a photograph representing that distress; whereas the photographs used to inform the current research were representations of emotion regulation skills practice.

It could be that the task instructions resulted in participants choosing to photograph practice that ‘went well’ or to show they have practiced a skill, rather than choosing to represent the reasons they decided to practice the skill. I wonder if the task

instructions had asked for representations of emotions or distress the photograph content may have differed.

The next sections will consider other factors that may have influenced the participants' decisions to share photographs that represented positive experiences.

Photographs as evidencing or factual

Some participants referred to photographs as providing evidence that something is real and showing that it happened. The participants spoke about taking photographs that represented their achievements and positive aspects of their lives, Liz spoke about often feeling quite low in mood and that she chose to use the photographs to capture her achievements or to show when things had gone well instead.

Beck et al. (1979) describe that when people experience depression and low mood, their ability to connect with their positive emotions becomes impaired, yet they remain able to attend to their more unpleasant feelings and sadness. Beck suggests that whilst empathising with these experiences, a role of therapy is to support clients to look for and attend to evidence of positive experiences and challenge the dominant negative thinking patterns. Padesky (1994) describes these thinking styles as 'cognitive schemas', patterns through which we interpret information and therefore relate to the self, world, and others. She supports the therapeutic value of finding information that contradicts these thinking patterns and can be used to develop new, positive ways of thinking. Padesky describes using a 'Positive Data Log' as a technique through which to do this, by asking clients to notice, attend to, and keep a written record that can evidence positive experiences and support the development of alternative thinking patterns.

In the present research it seems that the photographs were used in this way; to gather evidence of positive beliefs and experiences. This suggests that photographs may be useful within therapy to document when things had gone well, which could support clients to challenge negative thinking patterns and assumptions, and support the development of new positive ways of thinking and relating to themselves, others, and the world.

Participants in the present study were reluctant to take photographs showing or representing their negative experiences, which suggests they felt threatened by this idea. Whilst one goal in therapy may be to reduce the amount clients hold on to and reexperience events of trauma, distress, or anxiety, it is also important to support clients to acknowledge distress and unpleasant thoughts or memories as part of the human experience, and develop skills to move on in more helpful ways (Harris, 2009, pp. 6 - 8). In DBT there is also an emphasis that all emotions serving a function and the aim is not to never experience unpleasant emotions, but to reduce painful emotions through the development of skills such as distress tolerance, and to increase positive emotions and experiences through goal setting (Van Dijk, 2012, pp. 121 - 161).

It seems that the participants in the present study used the photographs primarily as a resource through which they could evidence their more positive experiences, which could support them to identify and challenge negative thinking patterns. However, these were also used at times to acknowledge and validate more painful or negative experiences, such as Alex's photograph of birthday cards.

Photographs elicit emotional responses and memories

The participants in the present study reported that viewing photographs brought with it an emotional response, as discussed in **Theme five – Emotions and**

Images: Connecting to an Experience. The participants were able to reconnect with emotional experiences and memories both when they shared a photograph and when viewing a photograph taken by a peer that reminded them of their own similar experiences.

Harper (2002) observed that participants seemed to form a better connection with their memory during interviews when using photo-elicitation techniques compared to when interviewed without photographs.

In the present research, participants spoke about the photographs bringing back memories in the group, and their emotional and physical reaction to seeing these (“*warms me up*” - Lauren; “*makes me feel good*” - Liz) as well as being apparent in the interviews (e.g. Alex’s discomfort). The present research supports the hypothesis that viewing images in the form of photographs elicits an emotional response, and that this can be for both the photographer and the observer.

Alex’s suggestion that photographs convey more emotion for the photographer upon viewing, in comparison to the same information presented in a written format, fits with the ICS (Barnard & Teasdale, 1991) model of information processing. It could be that upon viewing photographs, neural pathways linked to the memory of the event or the time at which the participant took the photograph are activated and on viewing the photographs in the group an emotional response similar to that felt at the time was elicited (Lang 1979). This would then facilitate a stronger connection with that experience which could be used to support participants to describe that experience within therapy.

As illustrated by Lauren’s description of seeing the photograph of a wood pigeon “*You can hear it you can practically hear it like ‘who’*” and Alex’s memory of walking on the same canal as a peer chose to photograph “*even just looking at the*

photo... it was relaxing even though you're not even there", the connection to memories and emotional reactions were not exclusive to the photographer. By reconnecting with their own experiences when considering the experience of others, this may support group members to relate with their peers and join in discussions about their shared experiences. This could be beneficial in the development of peer relationships and understanding, as Dr Claire suggested this could facilitate empathy between the group members; as Liz stated, they are sharing an experience together in the group rather than individually - *"it wasn't only ... them sharing their picture, I was sharing it as well"*.

Although communicating via words was thought to be more likely to convey context, thoughts and feelings that a photograph might not show, the photographs instead created a different level of connection or understanding in more of a felt sense.

In considering the potential emotional reaction within the group, it could be that participants chose to show photographs of their positive experiences rather than the more difficult experiences, in order to avoid having to sit with that emotion in the group (Farber, 2003). Liz described struggling to understand why one of her peers had shown a photograph in the group that was upsetting to her, and that she *"couldn't have done that"*. It could be the case that not only is there a vulnerability in showing that emotion to other people, but an unpredictability of how this will be contained and managed within a group setting.

Photographs display something personal

Photographs were perceived as an expression of something personal to the photographer, displaying a 'glimpse into their lives' that would not ordinarily be seen in therapy. This fit with the idea that we can use photographs to build relationships

and rapport through photographs (Ginicola et al., 2012). Weiser (2004) described photographs as a communication of the client's thinking and experiences and it seemed that this was the case for the participants. This level of personal representation seemed to facilitate understanding and support the participants during the homework feedback. However, this was also perceived as exposing and placed the participants in a vulnerable position.

Theories of social identity suggest that we present ourselves in different ways depending on the context of self within a group, role, and as a person (Stets & Burke, 2000). In establishing roles within groups social comparisons are made, leading to the formation of an in-group; those who are similar, and an out-group; those who differ. Photographs can be a symbolic representation of the self, our goals and values, and can support relationship building (Byron & Laurence, 2014). However, it seems that sharing photographs representing our personal experiences can leave us feeling vulnerable, fearing criticism or rejection. The participants in this study reported worrying about being mocked, judged, or getting things wrong in the group and were perhaps concerned about being rejected by their peers.

Goffman (1956) suggested that people engage in a process of 'impression management', carefully considering the way in which they present themselves to others and avoiding displays of more personal features, including those which might be considered embarrassing. Lang and Barton (2015) discuss how photographs are a presentation of self that is carefully managed when using social networking sites. They identify photographs as a feature through which people display certain images of themselves, portraying the self they would like others to see, or the self-presentation that fits with their values. Lang and Barton investigated responses to other social media users uploading images which their participants found undesirable (presumably

seen as unflattering or showing a private aspect of themselves). They reported that 84% of their participants had experienced an undesirable photograph being uploaded by another user and tagged to their Facebook account. They had managed this by requesting the other user remove the photograph or by removing the 'tag' linking the image to their account. It is therefore likely that the participants in the current study had thought carefully about which elements of their sense of self they felt able to, or wanted to, share in the group setting. The participants may not have felt able to share their vulnerabilities and personal representations of self, due to fears of being rejected from the group, or this not being in line with their values of how they present themselves to others.

Reflective Box Six:

Whilst writing this section I found that I was getting very caught up in the idea that we do not take photographs of distressing or unpleasant experiences. When I consider the photographs displayed in my home, these are representative of happy occasions and relationships I hold importance to. Yet this does not mean that my camera roll does not contain images of things I would rather had not happened.

This led to a wondering about the functions of images and how they are used in a public and private way. I recall seeing a photograph in the media relatively recently which caused a public outrage; the image was shared by a mother whose child was sleeping on a hospital floor during a bed shortage. This image was very quickly shared online and in the newspapers; there were discussions about the funding and management of the NHS raised. This photograph seemed to me as representation of wrongdoing with the aim of creating a push toward positive change.

This led to a wondering about representation of ‘fault’ and that perhaps it is more acceptable to take photographs of unpleasant events that are considered to be out of our personal control, and that these are therefore demonstrating things that have happened to us, rather than a representation of some kind of personal flaw or failing.

I noticed a reluctance in myself regarding sharing potentially upsetting images. In a supervision session I mentioned a famous photograph depicting a child and a vulture, my supervisors were unable to recall having seen this based on my description. Following supervision, I looked this image up and thought I would share this with them, however I found myself hesitating to send the link in an email, experiencing thoughts of: Was this appropriate to share? Would they be interested? Would they find this unpleasant? Would this lead to a negative judgement of me for showing it to them? I noticed my concern about not knowing how people might respond to a potentially distressing image and their thoughts about me as the person who shared it, and so sharing images opens up a vulnerability to judgement.

Key finding 2: Photographs as a communication

In the current research participants described photographs as an easier way to communicate than using words alone. As group attendees could see the image for themselves the participants did not have to find the right words to convey meaning. Four participants spoke about their struggle to find the right words for what they wanted to say, whereas the photographs allowed the group members to “*see it for themselves*” (Lauren), rather than trying to describe their experience. This was a benefit also identified in Loewenthal et al. (2017), where participants reported using photocard as a method to ‘show’ the therapist what they were feeling. It was

suggested that using the photographs placed less of a burden on the participants to find the 'right' words to describe their experience and that they could use these very literally or in an abstract way in which to represent something else. This function of being able to be alongside one another, developing a shared meaning, fits with the suggestion that in photo-elicitation studies researchers and participants are better able to develop a clarity of understanding by viewing the photographs together (Harper, 2002).

The way in which we communicate using images has changed as the supporting technology has developed. Participants spoke about mostly taking photographs on their mobile phones due to these having "*a good camera*" (Chloe) and high accessibility, "*I had my phone with me all the time*" (Alex). Mobile phones can host a variety of platforms from which photographs can then be shared within messages or on social media. Villi (2006) considered how people can use their mobile phones to send 'photo-messages' to one-another and that use of the word message is indicative of sharing information and communicating something via that photograph. As photographs have become more readily available to take and share Villi (2012, p. 49) describes that they can "become easily disposable, single-use images" that serve to communicate something in the present between people, and can be used as a method of 'visual chit-chat'.

Key Finding 3: Hidden meaning and the importance of safety in the therapy

setting

Due to the vulnerability discussed previously, it is understandable that participants found it difficult to share the more personal aspects of their experiences

within the group. However, an unexpected finding was that participants sometimes used the photographs to hide features of themselves or their experiences from being seen by others. For example, Lauren and Alex described the photographs as being a physical distraction, which aided them in avoiding *being seen* by others, as the group's attention was drawn to the image rather than the person speaking. Alex, Chloe, Shelly and Lauren all acknowledged the use of symbolic representations in their photographs, allowing them to share something meaningful but without this being explicitly spoken or known to the group.

This process of *hiding*, either by using the photograph as a distraction or by deliberately not disclosing its full meaning seems likely to relate to self-disclosure in other therapeutic settings. Nitsun (1989) describes the initial stages of group formation as vulnerable for the individuals as 'strangers' coming together, joined by the commonality of being involved in the group. He discusses joining a therapeutic group as a time when people anticipate opening up and developing their understanding of their lives, but that along with this comes a fear of exposure. All participants in the present study described a fear of being judged or mocked by their peers, which supports the statement that "Exposure means risk and the greatest risk is of being attacked" (Nitsun, 1989, p. 251).

It may be helpful to also consider factors that influence self-disclosure within therapy. Farber (2003) conducted a review of patient self-disclosure research and identified the "strength of the therapeutic alliance" and "time spent in therapy" as features that can facilitate disclosure. Both of these factors seem relevant here, as the participants are not only developing a relationship with the therapists but also their peers in a rather structured and time limited therapy setting. These factors are considered in more detail below.

Strength of the relationship

During the interviews the participants disclosed some of the hidden meanings behind their photographs that they had chosen not to share in the group. This could be a reflection on the differing levels of trust between the group and individual settings, as participants described a reluctance to open up fully as they “*didn’t really know*” (Alex) the other attendees, whereas the relationship with a therapist or interviewer is different. It seems there is a different level of exposure risk in the group, as attendees will have differing levels of connection with their peers.

Although the groups settled into regular attendees, there was some attrition in the early stages of the group and all but one participant missed at least one session. Nitsun (1989) describes the threat in group settings posed by drop-out, as this increases the fear of the group becoming fragmented. It could be that participants in the present study felt unsure about the safety of their connections in the group and with their peers, as they were unsure about who would be there each week and how they might respond to their photographs.

Farber (2003) identified shame as a factor that inhibits disclosure in therapy. He reports that therapy clients are much less likely to share feelings relating to; their negative feelings about themselves, perceived failures, and events from the past they feel shameful of. In the present research all of the participants expressed a difficulty taking and sharing photographs that represented these aspects of their experience, as well as opening up in the group due to a fear of being judged by others. It could be that the participants feared the consequence of disclosing in a group setting, particularly regarding experiences they felt shameful about, due to the fear of being

judged or ‘attacked’ (Nitsun, 1989) by their peers, which would likely increase their negative thoughts and shame.

As Shelly spoke about, the group members were also taking cues from each other about how “*deep*” they were going. This is an aspect of the use of photographs in a group context that the facilitators had not considered. If the group were taking cues from one another about how much they were able to share, it is worth considering whether the group facilitator should take a role in the exploration of these. Behr and Hearst (2005) discuss the concept of ‘Dynamic administration’, and the role of the group conductor to attend to a variety of practicalities within the group that impact on trust and safety, including the group boundaries and the communications within the group and between its members. The authors describe the facilitator’s role in maintaining group safety whilst collaborating with group members during the analytic process. I wonder if there would have been an added benefit of exploring meanings further with the group members and the impact of this on the therapeutic alliance. Perhaps this exploration could demonstrate safety and modelling using the photographs as a method through which to share.

Maintaining Safety

The participants in the present study described feeling vulnerable sharing within the group sessions due to concerns about not knowing their peers well enough and therefore not feeling ready or comfortable enough to share: “*it’s the same people every week but you don’t really know them*” – Alex; “*I wasn’t at that stage to be wanting to do that in a group of people*” - Lauren. The participants described sharing photographs that had more personal meaning than is apparent upon viewing, using

symbolism to represent their experiences, whilst being able to choose how much detail they shared with the group.

Radcliffe (2014) explored client experiences of non-response in therapy. Her participants described an avoidance of sharing too much in therapy in order to keep themselves safe and that by avoiding conversations about the 'real issues' they protected themselves from the potential experience of difficult emotions. In the present research the expectation of sharing was within a group therapy context which could be experienced as threatening (Nitsun, 1989), and attendees not only had the therapist reactions and questions to anticipate and manage, but their peers too.

Radcliffe's (2014) participants described an apprehension about the ability to truly open up in the limited time frame of therapy as the difficult feelings brought up by this may not be resolved within the session, leaving them to carry potentially distressing or unpleasant feelings with them after the session has ended. As my participants attended a structured group therapy this may have limited how much they felt able to open up about their experiences, as the time spent discussing their homework was allocated for the first hour of the group and this time was shared between the attendees.

Reflective Box Seven:

I noticed from the dynamics and conversations observed whilst facilitating the group that some service-users may have met each other previously, in different services or situations, and I wondered what this meant for confidentiality and their ability to share. Despite the agreement around confidentiality in the group, it is possible that attendees were worried about the possible risk other people finding out about what had been shared in the group. Perhaps participants felt unable to explore

as much as they would have liked as the presence of other people felt less safe than individual sessions.

The group was a short-term intervention of eight sessions focussing on emotion regulation skills development, as opposed to a long-term, exploratory group therapy. The photographs are potentially more exposing than we were expecting, and it seems the participants considered how much they wanted to share in the group through their photographs. Considering the participants' fear of judgement from others, and potential concerns around confidentiality in a small community, it is understandable that participants would express caution about how much they opened up in the group. Behr and Hearst (2005) suggest group facilitators play a role in maintaining safety in the group and that issues around communications made outside of the group by the attendees should be explored where possible back in the group setting and that this can have a therapeutic impact.

Wilson et al. (2017) described that depression and low self-compassion impacted on participant's responses to viewing photographs, reporting an atypical anxious response when viewing photographs generally considered soothing.

It could be that in the present study even 'pleasant' images were threatening or anxiety provoking for the participants, which would influence what they choose to share in the group. It could be that negatively-valenced images were particularly threatening and so participants chose positive representations in order to keep themselves emotionally safe.

Key Finding 4: Therapeutic uses of photographs

The participants identified a number of benefits to taking and sharing photographs for the group. This section will outline first how the photographs helped participants develop their understanding of and empathy toward others. Then, how the participants used photographs to regulate their emotions; how they helped prompt new behaviours; and finally, how the task supported them to challenge their assumptions.

Developing understanding

All participants spoke about the sharing of photographs as a method through which they were able to develop their understanding of each other. As discussed previously, the photographs were identified as showing something rather personal. Whilst this has some downsides, it seemed that the group attendees also valued seeing them as a method to connect with each other's experiences and facilitated their empathy toward others. Dr Claire also wondered if the photographs had helped her to develop a different type of understanding the clients - *"I guess I got more insight to people's lives...I discovered things about people I probably wouldn't otherwise have discovered ... It's that kinda small talk, what you did at the weekend stuff, that you wouldn't really talk about in therapy"*.

In seeing a photograph, we can perhaps understand something differently or connect better with the situation being discussed. When thinking about Alex's birthday cards photograph, I wonder if this would have had the same impact if the information were presented only verbally. Alex was describing her sense of being misunderstood and the image allowed her to share that quite clearly with the group. Although she found this difficult at the time and again when discussing it in the

research interview, Alex was using the therapeutic space to clarify her experience and connect with her emotions. These are important features during the initial stage of therapy, defined as “remoralization” by Howard et al. (1993), that support clients to move on to other stages of therapy and begin making positive changes.

Shinebourne and Smith (2011) described the complementary nature of combining images and IPA to support the development of a nuanced understanding of the participant experience, in a richer detail than using either method alone. Hodgetts et al. (2008) report that in using photographs it is important to consider the context within which a photograph was taken and that participants tend to ‘talk experiences into the frame’. They reflect that considering the photographs *not* taken can be as insightful as the subjects that were captured.

The present research is supportive of this suggestion. Alex described that the photographs could convey more emotion, but that the written methods would provide the context of the image that cannot be known from viewing the image alone. It appears that the combination of these two methods can support clients and therapists to develop their understanding in greater detail. Generating the photographs and deciding what to capture, or not capture, can prompt reflections and discussions through which the client and therapist can make meaning together (Hodgetts et al 2008).

Regulating Emotions

Within therapy it may be that clients need support in their ability to regulate their emotions and to support them to develop skills and techniques to manage unpleasant experiences. It was described that viewing the photographs had a positive impact on how participants were feeling. Lauren spoke about feeling motivated to look

back on her homework sheets knowing a pleasant photograph was in her book therefore, it should be considered how these may be used as part of a therapeutic intervention. There is surprisingly little research directly exploring this, although there is an ongoing research project “Project Soothe” (University of Edinburgh, 2014 - 2020) exploring what images help people to feel soothed. Project Soothe builds on the theoretical concepts of Compassion Focussed Therapy (Gilbert, 2009), exploring how people achieve self-soothing in their everyday life (Mok et al., 2019). In the present research participants describe a soothing effect of viewing their photographs, eliciting positive emotions and memories. It is therefore feasible that photographs can be used as a means to self-soothe and self-regulate when experiencing distressing thoughts or feelings.

Reflective Box Eight:

In my experience working in inpatient settings with both adults and young people, we would encourage service-users to create a “self-soothe box” which would consist of items the person had chosen that could help to ground them when distressed and can be used as part of a crisis plan. In a blog written by a Young Minds activist, they suggest including items and activities that activate the senses and focus the mind. They also suggest including photographs that remind them of the positive experiences and elements of their life, people and places, which can help at times they are feeling anxious (Young Minds, 2019).

Doing something differently

The task of taking the photographs and the awareness that these will be seen by others seemed to serve as a prompt to keep participants in this study motivated and engaged in trying out their coping skills.

Pelletier et al. (1997) considered how clients are motivated to make changes within therapy and discuss how motivation can come from different sources. It could be that our participants were influenced by 'external regulation' to complete the homework task and make changes, as their efforts would be seen via sharing the photographs. For example, Liz spoke about using the photographs as motivation to try doing something differently and the influence of wanting to show something 'good enough' in the group. This external motivation could be useful in therapy particularly when working with clients who are perhaps ambivalent about or find it difficult to begin making changes. Pelletier and his colleagues suggest that this motivation later becomes internally regulated as clients strive to achieve their personal goals; and so perhaps the participants in the present research would later feel able to implement their skills practice without the external influence of having to submit a photograph to the group.

The photograph task itself could motivate clients to develop new positive hobbies. In a personal communication resulting from Photovoice research, a participant expressed enjoying the photograph-taking activity and had continued to engage in photography as a hobby, finding new places they could go out to take pictures (Lee , R. personal communication, April 2020).

Liz had deleted the photographs from her phone after the group had ended as she saw the purpose of these as being solely for sharing in the group. However, at the end of the interview she expressed that she had enjoyed re-engaging with the

photographs and would consider putting them back on her phone to help her to remember the reasons she had taken them. It could be that the photograph task itself can be used as a way of doing things differently, by encouraging participants to re-visiting the images and homework at a later date.

Challenging Assumptions

The participants expressed fear of being judged or mocked in the group based on their photographs, resulting in Liz specifically choosing not to take a photograph of something she enjoyed in case she was judged as sad or boring. There was also a concern from all participants about getting it wrong and what that would be like in the group.

It could be that, provided the therapy setting felt safe enough to do so, the photographs have a role in challenging some of these negative assumptions. Some participants were initially reluctant or fearful about sharing their photographs, Shelly described a sense of panic about doing so, but that they were able to tolerate this anxiety which then reduced as the group progressed. Liz had assumed that people would respond negatively to her photographs and was vigilant to this in the first session, however she did not receive the reaction she anticipated.

Perhaps this kind of sharing supported clients to challenge their assumptions in a similar way to behavioural experiments used in CBT interventions. Behavioural experiments are activities planned by the therapist and client with the purpose of testing out negative beliefs and assumptions held by the client, identifying predictions and testing out and observing what happens in the feared situation (Bennett-Levy et al., 2004). For example, in the present study Liz, Shelly and Alex each reported fears of receiving a negative reaction, being mocked, or being judged; yet none reported

this as having happened, thus providing evidence contradictory to their negatively held thoughts or schemas.

Alex and Chloe described having limited expectations of how the photographs would be used in the group, other than to be shown. Lauren had suggested that it would be useful if the group facilitators had shared some examples of photographs each week to support attendees understanding of the task and how the photographs were being used. Dr Claire also said that she would like to spend some time practicing taking photographs to see what this task was like for participants if she were planning to run this type of intervention again. In DBT the therapist is encouraged to also practice the skills they are teaching to improve their understanding of what this is like for the client and to better relate to the clients experiences (Van Dijk, 2012, p. 67). Perhaps this kind of modelling could support the clients by providing examples and reducing the anxiety about how the photographs will be used.

Clinical implications

The results suggest that there are a variety of benefits to using photographs within therapy. They also suggest therapists and clients should consider how to integrate photographs within the therapy to maximise the effectiveness and acceptability of using photographs in this way. By combining visual and verbal accounts can facilitate a richer level of understanding between therapists and clients; elicit an emotional response and connection to memory; facilitate connections between therapist, clients, or group peers; and motivate clients to try new techniques. By using the photographs as visual prompts, therapists and clients could explore thoughts and feelings that are difficult to express fully.

Photographs and Homework

The participants in the present study seemed to use the photographs as a method through which they could capture and share their positive experiences with the group. This could support clients in build new positive experiences and cognitions, similarly to how Positive Data Logs are used in CBT interventions (Padesky, 1994), perhaps supporting a more immediate emotional connection than such written methods.

Kazantzis et al. (2010) engaged in a discussion regarding the use of therapeutic homework. The authors identify the value of homework tasks, as they can be used to help clients to transition some of the work completed in the therapy room to a real-life context, to explore the outcomes, and bring that back for discussion. They suggested that homework is most meaningfully completed when the tasks are developed collaboratively, and that this allows the client to practice responding in new ways to their identified problematic behaviours or thinking patterns. By practicing this outside of sessions, clients can notice the outcomes and how these differ from predicted outcomes, thus strengthening new, positive, patterns of thinking or behaviours.

In the present research the photographs perhaps encouraged the participants to keep up with their homework tasks. Liz described the photographs as a motivating factor to keep up with her skills practice, or to try doing something differently, due to knowing that others were going to see her photographic representations of this. The photographs allowed the participants to bring ‘glimpses’ of their experiences into the therapy room, supporting the exploration of skills-practice and how the participants engaged with the task and outcomes.

Dr Claire observed that the photographs brought by attendees were less explicitly linked with the homework and were instead used to capture a more general sense of what was going on for the participants. Glover-Graf and Miller (2006) also reported in their study that participants brought photographs that were related to a variety of topics and were less focused the subject of addiction.

In the present research, photographs were thought to lend themselves better to capturing some tasks such as mindfulness, whereas others were more difficult, such as relationships. This should be considered when setting up the therapy and agreeing aims, perhaps involving some discussion with clients about their expectations of the use of photographs and their content, acknowledging that they may be taking “weird pictures”.

As the photographs were thought to work less well in capturing and conveying difficult and strong negative emotional experiences, it could be that written methods are used in conjunction to more thoroughly capture clients’ experiences.

Considering use in Group vs. Individual Therapy

Skill-based group interventions are a key feature in DBT informed interventions and can improve self-harm related outcomes in comparison to individual intervention alone (Linehan et al., 2015). This suggests there is something important related to the group experience and sharing involved in this type of intervention.

The strength of the therapeutic alliance has been identified as a factor supporting disclosure within therapy (Farber, 2003), and as discussed in Key Finding Three, achieving a sense of safety is crucial in therapeutic interventions. The present research suggests that although participants felt vulnerable and exposed in the group setting, the use of photographs allowed them to express their feelings and experiences

in a safe manner, by using more direct or symbolic representations they could choose how much they chose to explain to the group. Sharing photographs alongside their verbal descriptions was also observed to facilitate empathy and connections between group attendees. This could be particularly useful in DBT informed interventions, where relationship difficulties can contribute to distress (Van Dijk, 2012, p. 163), as the clients can experience relating with and being accepted by others.

When setting up the therapy, with a group or individual, it would be beneficial to collaborate with clients regarding how the photographs will be used and explored in the therapy – much like the initial meetings described in Photovoice research projects during which the group aims are established.

In the present research, there were times where the photographs were used as a representation of something more meaningful to the participants than they chose to disclose in the group. In the initial stages of therapy it would be useful to agree how these could be used to further explore interpersonal processes involved, thinking with them about why they chose to share or not share a photograph, what it was like to do this, and incorporate this into the procedure to allow sufficient exploration.

Some participants perhaps felt constrained by the photograph guidelines, seeing these as rules and restrictions on what they could take photographs of. When setting up the therapy perhaps these guidelines could instead be developed and agreed together so as not to restrict creativity or expression. This possibly has less influence in individual therapy, as the photographs would be shared only between the therapist and client rather than other group attendees. Perhaps it would be useful to facilitate a discussion and collaborative development of the guidelines with the clients, either individually or within a group. It may also be useful for participants to have a clear

instruction sheet summarising this agreement, as well as giving examples of how other people could be included, such as photographing them in a non-identifiable way, e.g. from behind, just a part of them, their possessions etc.

The participants described feeling fearful about sharing the photographs and perhaps seeking more specific guidance about taking the ‘right pictures’ was related to this fear. It is important to acknowledge the anxiety around how others would respond to their photographs however, the results indicate that by revealing those photographs they were able to experience the acceptance, or evidence contrary to their predictions, that allowed them to feel less anxious. The task is not about getting the photographs ‘right’, but about taking the risk and sharing their experiences with others in a way that is different to what verbal feedback alone allows.

Therapist Considerations

Dr Claire expressed that the practicalities of using the photographs should be thoroughly considered before using them in therapy groups, as technological difficulties took up session time when they were not well-established. As clinicians are often very busy this extra level of preparation could be rather burdensome and could act as a barrier to use.

Dr Claire also expressed that how the photographs are integrated into a therapy model should be carefully considered, as there is a risk that these could influence the therapy plan or move away from model adherence, potentially detrimentally for the client. There is no suggestion of a detrimental impact from the group evaluation data and the outcome measures, however, this should be further investigated through future research. This is discussed further in ‘Future Research’.

As discussed previously, there was a suggestion that therapists planning to use photographs within their interventions should also practice using this technique themselves. This is to develop their understanding of what it is like to do the task which can support their understanding of the client's experience and help problem solve any difficulties or barriers they are experiencing using this method.

Strengths and Limitations

In this section I will consider the research design and how the methods were implemented. I will critique the study, discussion both the strengths and limitations of the research, using this to make suggestions for future progression in this area of investigation.

The study builds on existing knowledge of photograph use within therapy and is the only one within the author's knowledge that investigates client experiences of using photographs within a therapeutic setting. By including photographs within the group therapy, we were able to explore the practicalities of this from both a clinician perspective and from the clients who attended the group. From this study we now have an idea of the ways in which the photographs were used and the barriers to using them.

As considered in the research design section, the use of IPA to analyse the data was thought to be the most suited to this research as this allowed for an in-depth analysis of participant views. Burton et al. (2017) suggested that the use of photographs in IPA research interviews can help maintain a focus on the client experiences and to engage in reflective conversations about their experiences. In the present research the participants could draw on the photographs as much or as little as

they felt necessary during the interviews, as these were supportive of their descriptions rather than taken as a method of answering the research question.

The research aimed to keep in mind the client experience, whilst observing the double-hermeneutic - being aware that the researcher brings their own perspective to the project and thus how they interpret the data. The guidelines for qualitative research as identified by Yardley (2000) were held in mind throughout. Table 4 describes how each component was adhered to.

Table 4: *Data Quality Measures. (Adapted from Yardley, 2000)*

Characteristics of “good” qualitative research	How these were addressed in the research
1. Sensitivity to context	The research was situated within the available literature which informed the research question and design. We considered potential ethical issues of using photographs within the research, which were reviewed and approved (Appendix Four), particularly considering how the participant generated photographs were used and reproduced within the research.
2. Commitment and rigour	The nature of IPA supports in-depth engagement with the topic and detail of the participant experiences. The application of guidelines set out by Flowers (2009) was followed to ensure the method was implemented competently. A study group with two peers was set up where we were able to discuss the IPA process and how to apply the method well. Research supervision was scheduled regularly where we discussed the emerging data and theme development to ensure they reflected the interview data.

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|-------------------------------|---|
| 3. Transparency and coherence | I have provided pen portraits of each participant that describes in more detail the context for each individual and their experience. Participant quotes have been used to support the development of themes and inform the discussion. The presentation of this allows the reader to engage with the data and my interpretation of this whilst also being able to make their own sense of the information. Examples of the data analysis and theme generation process have been included (Appendices 7-9). |
| 4. Impact and importance | The research adds to the available information regarding photographs and how these can be implemented and experienced in a therapy setting. We have considered what the data means to therapists and clients, making suggestions of how the research could be expanded in future to develop this further. |
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By using the photographs within the interview, the participants were able to revisit the images they chose to submit to the group. This supported the participants to re-engage with the photographs and provide more detail and context specific narratives of the images. This gave me as a researcher the opportunity to develop my understanding through seeing.

It has been considered that my involvement in the group itself and my role as a researcher was both a strength and a limitation to the research. Some participants described being nervous about the interview, and by already having developed a relationship with them during the group I hoped this would support them to feel more at ease during the interview process. It meant that I already had knowledge of how

they used their photographs in the group, which allowed me to explore my observations, such as noticing when a participant shared greater level of meaning in the interview than they had in the group.

However, this could also have hindered the opportunity to gather data that may have been perceived as undesirable for me to hear from the participants. I suspect that my involvement in the group may have given participants a sense of the inclusion of photographs being 'my idea' and that I would be looking for favourable opinions. Research has suggested that patients tend to hide their negative reactions from their therapist (Farber, 2003) and it could be that my participants felt limited in how much they could express their more unfavourable opinions to me about the use of photographs.

Further to this, it should be considered that the task instructions (Appendix 10) may well have influenced the type of images that were taken for and shared within the group. The instructions request that participants do not share photographs including other people, and subjects that may be considered offensive or upsetting to others. This may have resulted in participants avoiding photographs that represent negative experiences due to being unsure whether this was 'allowed' or not. In future research or clinical use, it may be useful to agree the guidance in relation to the subject of the images with those involved to best support their use in the least restrictive manner. Perhaps any guidance could encourage representations of positive as well as difficult experiences, whilst being cautious to avoid influencing the content or restricting creativity.

In order to get a more detailed perspective of what it was like to use photographs relating to each task, it may have been useful to have collected sessional

data which rated their perceived usefulness with each particular topic or task. This would have allowed us to make observations about what kinds of tasks the photographs lent themselves more or less to, which could inform any suggestions about how they can be drawn into other therapies. As the participants were recruited from the group rather than the group running as part of the research project, this was not possible at the time. It is worth considering how future research could be designed with specific ideas in mind about how the photographs could be a part of the therapy rather than added to a pre-existing format, supporting further exploration of the therapeutic benefits of photographs.

The participants for the study were recruited from a group of working age, white-British, females who experience difficulties with emotion regulation and who had received a very specific intervention in the context of photograph use and so the results may be reflective of this. This limits the ability to generalise the findings to wider clinical populations and may not be representative of potential differences in cultural, gender, or age group experiences. It is likely to be the case that different groups using photographs in different ways will have experiences which are not captured in this study. The research aimed to explore client experiences of photograph use and given that this has not previously been explored, a qualitative approach was justified. Whilst the group facilitator perspective adds value to this study, this is the experience of just one clinician. It would be useful to explore the use of photographs in future research from both clinician and client perspectives, using different therapeutic models across varied client populations.

Future research

Although this research provides valuable information to develop our understanding of how clients experience the use of photographs within therapy, this could be explored much more widely. The present study recruited participants from a very specific population, and it would be worthwhile to explore the experiences of other client groups across different therapy settings.

The research includes the perspective of the group facilitator who did not have much experience using photographs within therapy previously and expressed her apprehension about this. It could be useful to further explore clinician perspectives and experiences of photographs being brought to therapy on a wider scale, perhaps exploring this via a large-scale survey of therapists. This could be used to gather data regarding how often, and in what context photographs are already been shown or used in therapy.

In future it could also be beneficial to explore the use of photographs using different therapeutic models or formats. A future project could perhaps recruit clinicians who are willing to add photographs to their work with a proportion of their caseload within their individual therapy sessions. They could then be invited to an interview where they can reflect on the benefits and problems they encountered. Alongside this, further service-user research could take place by also providing the clients with the opportunity to reflect on this experience.

The participants in the present study displayed a reluctance to engage with their more negative emotions and experiences through the use of photographs. Perhaps this could be further investigated via their use in individual therapy settings, where clients may potentially feel safer than in a group format. Once we have developed more understanding of the processes and outcomes of using photographs to explore

both negative and positive emotions and experiences, perhaps this could inform the development of using these within a group therapy format.

Future research could explore the use of photographs via a large-scale controlled trial, comparing feedback and outcomes data from a condition where photographs are included in a therapeutic group-intervention with a non-photograph control group. This type of comparative research would rely on large participant numbers in order to generate enough data to identify any differences in efficacy. Given the importance of self-disclosure within group interventions, it would be useful to explore the impact of photographs on relationships and alliance within the groups, as it could be that there are differences in the development of group cohesion across the two conditions. It may be helpful to use sessional measures within future research for participants to rate: how well the photographs fit with the session content; how emotionally engaging the photographs were; and how strong those emotions were. This will inform understanding of how participants engage with the photographs within each session, which can be used to explore if particular tasks or topics differ with regard to how well the photographs 'fit'.

This type of future research could further develop understanding of how photographs impact on therapy and address the concerns raised in the present research about understanding the effectiveness, or potential detrimental impact, of using such techniques.

The scope of this research project was to explore the experience of participants using photographs in an Emotional Coping Skills group therapy setting. The importance of mental imagery and imagery rescripting techniques were considered and used to inform my thinking during the development of the research project

however, the relation of the photographs to any mental images was not explored in the interviews. It could be that future projects seek to develop an understanding of how participant generated photographs may be representative of any mentally held images and how the photograph relates to the emotional experience. It may also be useful to explore if and how photographs can be used to illustrate these distressing images and if these can support the rescripting process through the generation of photographs representing an alternative narrative.

Conclusions

The use of photographs within psychological therapy is an area which has received little empirical investigation. This research has contributed to the literature base regarding use of photographs in therapy settings by exploring with service-users how they experienced the inclusion of a photograph task in an emotional skills group intervention.

The research findings indicate that participants preference photographs depicting positive rather than negative experiences. This suggests that the use of photographs within therapy and the instructions given by the therapist should be carefully considered to meet the therapy aims. Photographs were found to be a method through which the participants could communicate their experiences without relying on verbal descriptions and their ability to 'find the right words'. The participants used symbolic representations as a way through which they could express themselves, or as a method through which they could show something important but without

necessarily disclosing difficult details. The photographs were found to have therapeutic benefits, in that they encouraged participants to try new coping strategies, and to engage with and share things that elicited positive feelings. The sharing of photographs was also experienced as helpful in developing empathy within the group. Future research is required to further investigate the addition of photographs in therapeutic interventions in relation to outcomes and efficacy

List of References

- Arntz, A. (2011). Imagery Rescripting for Personality Disorders. *Cognitive and Behavioral Practice*, 18, 466-481. <https://doi.org/1077-7229/11/466-481>
- Arntz, A. (2012). Imagery Rescripting as a Therapeutic Technique: Review of Clinical Trials, Basic Studies, and Research Agenda. *Journal of Experimental Psychopathology*, 3(2), 189-208. <https://doi.org/10.5127/jep.024211>
- Baker, T. A., & Wang, C. (2006). Photovoice: Use of a Participatory Action Research Method to Explore the Chronic Pain Experience in Older Adults. *Qualitative Health Research*, 16(10), 1405-1413. <https://doi.org/10.1177/1049732306294118>
- Barnard, P. J., & Teasdale, J. D. (1991). Interacting cognitive subsystems: A systematic approach to cognitive-affective interaction and change. *Cognition & Emotion*, 5(1), 1-39. <https://doi.org/10.1080/02699939108411021>
- Bates, E. A., McCann, J. J., Kay, L. K., & Taylor, J. C. (2017). "Beyond words": a researcher's guide to using photo elicitation in psychology. *Qualitative Research in Psychology*, 14(4), 459-481. <https://doi.org/10.1080/14780887.2017.1359352>
- Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). The Role of Emotions in Cognitive Therapy. In A. T. Beck (Ed.), *Cognitive Therapy of Depression* (pp. 34 - 39). Guildford Press.

- Behr, H., & Hearst, L. (2005). Dynamic Administration. In *Group-analytic Psychotherapy: A Meeting of Minds* (pp. 42 - 54).
- Bennett-Levy, J., Westbrook, D., Fennell, M., Cooper, M., Rouf, K., & Hackmann, A. (2004). Behaviour experiments: conceptual and historical underpinnings. In J. Bennett-Levy, G. Butler, M. Fennell, A. Hackman, M. Mueller, & D. Westbrook (Eds.), *Oxford Guide to Behavioural Experiments in Cognitive Therapy*. Oxford University Press.
- Boden, Z., & Eatough, V. (2014). Understanding More Fully: A Multimodal Hermeneutic-Phenomenological Approach. *Qualitative Research in Psychology*, 11(2), 160-177. <https://doi.org/10.1080/14780887.2013.853854>
- Boden, Z., Larkin, M., & Iyer, M. (2019). Picturing ourselves in the world: Drawings, interpretative phenomenological analysis and the relational mapping interview. *Qualitative Research in Psychology*, 16(2), 218-236. <https://doi.org/10.1080/14780887.2018.1540679>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Budig, K., Diez, J., Conde, P., Sastre, M., Hernán, M., & Franco, M. (2018). Photovoice and empowerment: Evaluating the transformative potential of a participatory action research project. *BMC Public Health*, 18. <https://doi.org/10.1186/s12889-018-5335-7>
- Bukowski, K., & Buetow, S. (2011). Making the invisible visible: A Photovoice exploration of homeless women's health and lives in central Auckland. *Social Science & Medicine*, 72(5), 739-746.
- Burton, A., Hughes, M., & Dempset, R. C. (2017). Quality of life research: a case for combining photo-elicitation with interpretative phenomenological analysis. *Qualitative Research in Psychology*, 14(4), 375-393. <https://doi.org/10.1080/14780887.2017.1322650>
- Byron, K., & Laurence, G. A. (2014). Diplomas, Photos, and Tchotchkes as Symbolic Self-Representations: Understanding Employees' Individual Use of Symbols. *Academy of Management Journal*, 58(1). <https://doi.org/10.5465/amj.2012.0932>
- Carter, S., & Mankoff, J. (2005, April 2 - 7, 2005). *When Participants Do the Capturing: The Role of Media in Diary Studies* CHI, Portland, Oregon, USA.
- Chan, C., Ngai, K.-H., & Wong, C.-K. (2012). Using photographs in narrative therapy to externalize the problem: a substance abuse case. *Journal of Systemic Therapies*, 31(2), 1-20.

- Christensen, C. M. (2018). Using photovoice to treat trauma resulting from gender-based violence. *Journal of Community Psychology*, 46, 701-714. <https://doi.org/10.1002/jcop.21967>
- Clarke, I. (1999). Cognitive Therapy and Serious Mental Illness. An Interacting Cognitive Subsystems approach. . *Clinical Psychology and Psychotherapy*, 6(08/08/2018), 375-383. <http://isabelclarke.org/docs/ICScase.htm>
- [Record #216 is using a reference type undefined in this output style.]
- Cooper, M. J. (2011). Working With Imagery to Modify Core Beliefs in People With Eating Disorders: A Clinical Protocol. *Cognitive and Behavioral Practice*, 18(4), 454-465. <https://doi.org/10.1016/j.cbpra.2010.08.003>
- Creighton, G., Oliffe, J. L., Ferlatte, O., Bottorff, J., Broom, A., & Jenkins, E. K. (2018). Photovoice Ethics: Critical Reflections From Men's Mental Health Research. *Qualitative Health Research*, 28(3), 446-455. <https://doi.org/10.1177/1049732317729137>
- Croghan, R., Griffin, C., Hunter, J., & Phoenix, A. (2008). Young People's Constructions of Self: Notes on the Use and Analysis of the Photo-Elicitation Methods. *International Journal of Social Research Methodology*, 11(4), 345-356. <https://doi.org/10.1080/13645570701605707>
- DeCoster, V. A., & Dickerson, J. (2014). The Therapeutic Use of Photography in Clinical Social Work: Evidence-Based Best Practices. *Social Work in Mental Health*, 12(1), 1-19. <https://doi.org/10.1080/15332985.2013.812543>
- Edmondson, A. J., Brennan, C., & House, A. O. (2018). Using photo-elicitation to understand reasons for repeated self-harm: a qualitative study. *BMC Psychiatry*, 18:98. <https://doi.org/10.1186/s12888-018-1681-3>
- Elliot, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38, 215-229.
- Farber, B. A. (2003). Patient Self-Disclosure: A Review of the Research. *Journal of Clinical Psychology*, 59(5), 589 - 600. <https://doi.org/10.1002/jclp.10161>
- Gibson, N. (2018). *Therapeutic Photography: Enhancing Self-Esteem, Self-Efficacy and Resilience*. Jessica Kingsley Publishers.
- Giddens, A. (1984). Structuration Theory, Empirical Research and Social Critique. In *The Constitution of Society: Outline of the Theory of Structuration* (pp. 284). Polity Press.

- Gilbert, P. (2009). Introducing compassion-focused therapy. *Advances in psychiatric treatment* 15(199-208). <https://doi.org/10.1192/apt.bp.107.005264>
- Ginicola, M. M., Smith, C., & Trzaska, J. (2012). Counseling Through Images: Using Photography to Guide the Counseling Process and Achieve Treatment Goals. *Journal of Creativity in Mental Health*, 7, 310-329. <https://doi.org/10.1080/15401383.2012.739955>
- Glover-Graf, N. M., & Miller, E. (2006). The Use of Phototherapy in Group Treatment for Persons Who Are Chemically Dependent. *Rehabilitation Counseling Bulletin*, 49(3), 166-181.
- Goffman, E. (1956). The Arts of Impression Management. In *The Presentation of Self in Everyday Life* (pp. 132 - 151). University of Edinburgh. https://monoskop.org/images/1/19/Goffman_Erving_The_Presentation_of_Self_in_Everyday_Life.pdf
- Halkola, U. (2009). A photograph as a therapeutic experience. *European Journal of Psychotherapy and Counselling*, 11(1), 21-33. <https://doi.org/10.1080/13642530902723116>
- Han, C. S., & Oliffe, J. L. (2015). Photovoice in mental illness research: A review and recommendations. *Health*, 20(2), 110-126. <https://doi.org/10.1177/1363459314567790>
- Harkness, S. S., & Stallworth, J. (2013). Photovoice: understanding high school females' conceptions of mathematics and learning mathematics. *Educational Studies in Mathematics*, 84(3), 329-347.
- Harper, D. (2002). Talking about pictures: a case for photo elicitation. *Visual Studies*, 17(1), 13-26. <https://doi.org/10.1080/14725860220137345>
- Harris, R. (2009). *ACT made simple: An Easy-to-Read Primer on Acceptance and Commitment Therapy*. New Harbinger Publications, Inc.
- Hodgetts, D., Chamberlain, K., & Radley, A. (2008). Considering Photographs Never Taken During Photo-production Projects. *Qualitative Research in Psychology*, 4(4), 263-280. <https://doi.org/10.1080/14780880701583181>
- Holloway, I., & Todres, L. (2003). The status of method: flexibility, consistency and coherence. *Qualitative Research*, 3(3), 345 - 357. <https://doi.org/10.1177/1468794103033004>
- Holmes, E. A., Arntz, A., & Smucker, M. R. (2007). Imagery rescripting in cognitive behaviour therapy: Images, treatment techniques and outcomes. *Journal of Behavior Therapy and Experimental Psychiatry*, 38, 297 - 305. <https://doi.org/10.1016/j.jbtep.2007.10.007>

- Holmes, E. A., Blackwell, S. E., Burnett Hayes, S., Renner, F., & Raes, F. (2016). Mental Imagery in Depression: Phenomenology, Potential Mechanisms, and Treatment Implications. *Annual Review of Clinical Psychology, 12*, 249-280. <https://doi.org/10.1146/annurev-clinpsy-021815-092925>
- Holmes, E. A., Crane, C., Fennell, M. J. V., & Williams, J. M. G. (2007). Imagery about suicide in depression - "Flash-forwards"? *Journal of Behavior Therapy and Experimental Psychiatry, 38*, 423 - 434. <https://doi.org/10.1016/j.jbtep.2007.10.004>
- Holmes, E. A., & Matthews, A. (2005). Mental Imagery and Emotion: A Special Relationship? *Emotion, 5*(4), 489-497. <https://doi.org/10.1037/1528-3542.5.4.489>
- Howard, K. I., Lueger, R. J., Maling, M. L., & Martinovich, Z. (1993). A Phase Model of Psychotherapy Outcome: Causal Mediation of Change. *Journal of Consulting and Clinical Psychology, 61*(4), 678-685.
- Hunt, M., & Fenton, M. (2007). Imagery rescripting versus in vivo exposure in the treatment of snake fear. *Journal of Behavior Therapy and Experimental Psychiatry, 38*, 329-344. <https://doi.org/10.1016/j.jbtep.2007.09.001>
- Ishihara, M., Saito, T., Sakurai, T., Shimada, H., & Arai, H. (2018). Effect of a Positive Photo Appreciation Program on Depressive Mood in Older Adults: A Pilot Randomized Controlled Trial. *International Journal of Environmental Research and Public Health, 15*(7). <https://doi.org/10.3390/ijerph15071472>
- Jacobs, J. L. (1994). Photography and Confidentiality. *Art Therapy, 11*(4), 296-297. <https://doi.org/10.1080/07421656.1994.10759106>
- Ji, J. L., Burnett Hayes, S., MacLeod, C., & Holmes, E. A. (2016). Emotional Mental Imagery as Simulation of Reality: Fear and Beyond - A Tribute to Peter Lang. *Behaviour Therapy, 47*(5), 702-719. <https://doi.org/10.1016/j.beth.2015.11.004>
- Ji, J. L., Holmes, E. A., & Blackwell, S. E. (2017). Seeing light at the end of the tunnel: Positive prospective mental imagery and optimism in depression. *Psychiatry Research, 247*, 155-162. <https://doi.org/10.1016/j.psychres.2016.11.025>
- Kazantzis, N., Arntz, A., Borkovec, T., Holmes, E. A., & Wade, T. (2010). Unresolved Issues Regarding Homework Assignments in Cognitive and Behavioural Therapies: An Expert Panel Discussion at AACBT. *Behavior Change, 27*(3), 119-129. <https://doi.org/10.1375/bech.27.3.119>

- Kennerly, H., Kirk, J., & Westbrook, D. (2017). Assessment and Formulation. In S. Trefgarne (Ed.), *An Introduction to Cognitive Behaviour Therapy: Skills and Applications* (Third ed., pp. 73-77). Sage.
- Lal, S., Jarus, T., & Suto, M. J. (2012). A scoping review of the Photovoice method: Implications for occupational therapy research. *Canadian Journal of Occupational Therapy*, 79(3), 181-190. <https://doi.org/10.2182/cjot.2012.79.3.8>
- Lang, C., & Barton, H. (2015). Just untag it: Exploring the management of undesirable Facebook photos. *Computers in Human Behavior*, 147 - 155. <https://doi.org/10.1016/j.chb.2014.10.051>
- Lang, P. J. (1979). A Bio-Informational Theory of Emotional Imagery. *Psychophysiology*, 16(6), 495-512.
- Laurent, O. (2017). *Why We Do It: Photographers and Photo Editors on the Passion That Drives Their Work*. TIME. Retrieved 14th May from <https://time.com/4839246/photographers-passion/>
- Laverty, S. M. (2003). Hermeneutic Phenomenology and Phenomenology: A Comparison of Historical and Methodological Considerations. *International Journal of Qualitative Methods*, 2(3), 21 - 35. <https://doi.org/10.1177/160940690300200303>
- [Record #179 is using a reference type undefined in this output style.]
- Linehan, M. M., Korslund, K. E., Harned, M. S., Gallop, R. J., Lungu, A., Neacsiu, A. D., Comtois, K. A., & Murray-Gregory, A. M. (2015). Dialectical Behavior Therapy for High Suicide Risk in Individuals With Borderline Personality Disorder A Randomized Clinical Trial and Component Analysis. *JAMA Psychiatry*, 72(5), 475-482. <https://doi.org/10.1001/jamapsychiatry.2014.3039>
- Loewenthal, D. (2013). *Talking Pictures Therapy* as Brief Therapy in a School Setting. *Journal of Creativity in Mental Health*, 8(1), 21-34. <https://doi.org/10.1080/15401383.2013.763679>
- Loewenthal, D., Avdi, E., Chauhan, G., Saita, E., Natri, T., Righi, R., Tompea, A., Giordmaina, J., & Issari, P. (2017). Evaluating the therapeutic use of photocards in European prisons. *Counselling Psychology Quarterly*, 30(1), 67-85. <https://doi.org/10.1080/09515070.2016.1154018>
- Mok, M. C. L., Schwannauer, M., & Chan, S. W. Y. (2019). Soothe ourselves in times of need: A qualitative exploration of how the feeling of 'soothe' is understood and experienced in everyday life. *Psychology and Psychotherapy: Theory, Research and Practice*. <https://doi.org/10.1111/papt.12245>

- Nitsun, M. (1989). Early Development: Linking the Individual and the Group. *Group Analysis*, 22(3), 249 - 260. <https://doi.org/10.1177/0533316489223003>
- Öhman, A., & Mineka, S. (2001). Fears, phobias, and preparedness: Toward an evolved module of fear and fear learning. *Psychological Review*, 108(3), 483 - 522. <https://doi.org/10.1037/0033-295X.108.3.483>
- Padesky, C. A. (1994). Schema Change Processes in Cognitive Therapy. *Clinical Psychology and Psychotherapy*, 1(5), 267 - 278. https://padesky.com/newpad/wp-content/uploads/2012/11/schema_change_article_permissions.pdf
- Pain, H. (2012). A Literature Review to Evaluate the Choice and Use of Visual Methods. *International Journal of Qualitative Methods*, 11(4), 303 - 319.
- Pearson, J., Naselaris, T., Holmes, E. A., & Kosslyn, S. M. (2015). Mental Imagery: Functional Mechanisms and Clinical Applications. *Trends in Cognitive Sciences*, 19(10), 590-602. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4595480/#idm139661707107712title>
- Pelletier, L. G., Tuson, K. M., & Haddad, N. K. (1997). Client Motivation for Therapy Scale: A Measure of Intrinsic Motivation, Extrinsic Motivation, and Amotivation for Therapy, . *Journal of Personality Assessment*, 68(2), 414 - 435. https://doi.org/10.1207/s15327752jpa6802_11
- Pennebaker, J. W. (1997). Writing about Emotional Experiences as a Therapeutic Process. *Psychological Science*, 8(3), 162-166. www.jstor.org/stable/40063169
- Prins, L. (2013). Photographs in Therapy. *Therapy Today*, 24(2).
- Radcliffe, K. S. (2014). *A Qualitative Analysis of Clients' Experience of Non-Response to Psychological Therapy* [The University of Leeds].
- Rademaker, R. L., & Pearson, J. (2012). Training visual imagery: improvements of metacognition, but not imagery strength. *Frontiers in Psychology*, 3, 1-11. <https://doi.org/10.3389/fpsyg.2012.00224>
- Sandhu, A., Ives, J., Birchwood, M., & Upthegrove, R. (2013). The subjective experience and phenomenology of depression following first episode psychosis: A qualitative study using photo-elicitation. *Journal of Affective Disorders*, 149, 166-174. <https://doi.org/10.1016/j.jad.2013.01.018>
- Shinebourne, P., & Smith, J. A. (2011). Images of addiction and recovery: An interpretative phenomenological analysis of the experience of addiction and

recovery as expressed in visual images. *Drugs: Education, Prevention and Policy*, 18(5), 313-322. <https://doi.org/10.3109/09687637.2010.514621>

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. Sage Publications Ltd. .

Smucker, M. R., Dancu, C., Foa, E. B., & Niederee, J. L. (1995). Imagery Rescripting: A New Treatment for Survivors of Childhood Sexual Abuse Suffering From Posttraumatic Stress. *Journal of Cognitive Psychotherapy*, 9(1), 3-17.

Speckens, A. E. M., Hackmann, A., Ehlers, A., & Cuthbert, B. (2007). Imagery special issue: Intrusive images and memories of earlier adverse events in patients with obsessive compulsive disorder. *Journal of Behavior Therapy and Experimental Psychiatry*, 38, 411-422. <https://doi.org/10.1016/j.jbtep.2007.09.004>

Stets, J. E., & Burke, P. J. (2000). Identity Theory and Social Identity Theory. *Social Psychology Quarterly*, 63(3), 224 - 237. <https://www.jstor.org/stable/2695870>

Stevens, R., & Spears, E. H. (2009). Incorporating Photography as a Therapeutic Tool in Counseling. *Journal of Creativity in Mental Health*, 4(1), 3-16. <https://doi.org/10.1080/15401380802708767>

Stopa, L. (2011). Imagery Rescripting Across Disorders: A Practical Guide. *Cognitive and Behavioral Practice*, 18, 421-423. [https://doi.org/10.1077-7229/11/421-423\\$1.00/0](https://doi.org/10.1077-7229/11/421-423$1.00/0)

Stopa, L., & Jenkins, A. (2007). Images of the self in social anxiety: Effects on the retrieval of autobiographical memories. *Journal of Behavior Therapy and Experimental Psychiatry*, 38, 459-473. <https://doi.org/10.1016/j.jbtep.2007.08.006>

Sutton-Brown, C. A. (2014). Photovoice: A Methodological Guide. *Photography and Culture*, 7(2), 169-185. <https://doi.org/10.2752/175145214X13999922103165>

Thompson, N. C., Hunter, E. E., Murray, L., Ninci, L., Rolfs, E. M., & Pallikkathayil, L. (2008). The Experience of Living With Chronic Mental Illness: A Photovoice Study. *Perspectives in Psychiatric Care*, 44(1), 14-24.

Thorpe, S., Fize, D., & Marlot, C. (1996, 1996/06/01). Speed of processing in the human visual system. *Nature*, 381(6582), 520-522. <https://doi.org/10.1038/381520a0>

- True, G., Rigg, K. K., & Butler, A. (2015). Understanding Barriers to Mental Health Care for Recent War Veterans Through Photovoice. *Qualitative Health Research*, 25(10), 1443-1455. <https://doi.org/10.1177/1049732314562894>
- University of Edinburgh. (2014 - 2020). *Project Soothe*. University of Edinburgh. <http://www.projectsoothe.com/home/4589131317>
- Van Dijk, S. (2012). *DBT made simple: A Step-by-Step Guide to Dialectical Behaviour Therapy*. New Harbinger Publications, Inc. .
- Villi, M. (2006, February 3rd). *Photo messages and the ritual view of communication* Mediatutkimuksen päivät (National Conference on Media Research), Helsinki, Finland.
- Villi, M. (2012). Visual chitchat: The use of camera phones in visual interpersonal communication. *Interactions: Studies in Communication & Culture*, 3(1), 39 - 54. https://doi.org/10.1386/iscc.3.1.39_1
- Wang, C., & Burris, M. A. (1997). Photovoice: Concept, Methodology, and Use for Participatory Needs Assessment. *Health Education & Behavior*, 24(3), 369-387.
- Weiser, J. (2004). PhotoTherapy Techniques in Counselling and Therapy -- Using Ordinary Snapshots and Photo-Interactions to Help Clients Heal Their Lives. *Canadian Art Therapy Association Journal*, 17(2), 23-53. <https://doi.org/10.1080/08322473.2004.11432263>
- Wheatley, J., Brewin, C. R., Patel, T., Hackmann, A., Wells, A., Fisher, P., & Myers, S. (2007). "I'll believe it when I can see it": Imagery rescripting of intrusive sensory memories in depression. *Journal of Behavior Therapy and Experimental Psychiatry*, 38, 371-385. <https://doi.org/10.1016/j.jbtep.2007.08.005>
- Wheatley, J., & Hackman, A. (2011). Using Imagery Rescripting to Treat Major Depression: Theory and Practice. *Cognitive and Behavioral Practice*, 18(4), 444-453. <https://doi.org/10.1016/j.cbpra.2010.06.004>
- Wild, J., & Clark, D. M. (2011). Imagery Rescripting of Early Traumatic Memories in Social Phobia. *Cognitive and Behavioral Practice*, 18(4), 433-443. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3267018/#idm139711433120368title>
- Wild, J., Hackman, A., & Clark, D. M. (2008). Rescripting Early Memories Linked to Negative Images in Social Phobia: A Pilot Study. *Behavior Therapy*, 39(1), 47-56. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2270350/>

- Wilson, A. C., Schwannauer, M., McLaughlin, A., Ashworth, F., & Chan, S. W. Y. (2017). Vividness of positive mental imagery predicts positive emotional response to visually presented Project Soothe pictures. *British Journal of Psychology*, *109*, 259 - 276. <https://doi.org/10.1111/bjop.12267>
- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*, *15*(2), 215-228. <https://doi.org/10.1080/08870440008400302>
- Young Minds. (2019, 30th August). How to make a self-soothe box. <https://youngminds.org.uk/blog/how-to-make-a-self-soothe-box/>

Appendices

Appendix One: Participant information sheet (Service user)



Participant Information Sheet

Using photographs in psychological therapy: An exploratory study

My name is Jamie and I am a Trainee Clinical Psychologist at the University of Leeds. This project is being completed as part of my training degree and I am looking for participants to help by sharing their experiences with me. This information sheet describes my project, its aims and what I am asking participants to do.

You are being invited to take part in a project exploring the use of photographs within a psychological group intervention. As you have been part of a group where photographs were used to support between session tasks and feedback, we would like you to consider attending an interview to discuss your experience of this.

Before you decide whether you would like to be involved, it is important to understand why the project is being done and what you will be asked to do.

You can discuss this with others if you wish or contact the researchers using the details at the end if there is anything that you would like to know more about.



What is the project about?

The aim of this project is to explore peoples' experiences of using photographs within a group therapy programme.

What will I be asked to do if I take part?

There are three parts to the research, and you can choose which ones you would like to participate in. Put together the information will help us to think about whether photographs are a useful part of the intervention and if more psychological therapies should include the use of photographs.

1. An interview

SU Participant Information Sheet: Version 2
IBAS Project ID 251680

6th July 2019

As you have taken part in a group where you were asked to share and discuss photographs you took between sessions, we are asking participants to attend a one-off interview about their experience of taking and using these photographs.

This interview will be with me and will ask about your experience of the group. We will look together at some of the photographs you took, and I will ask some questions about what it was like to take them and to share them with the group. I am also interested in what it was like to see and hear about other people's photographs and experiences. This will last around one hour depending on how much you have to say! The interview will take place at Drury Lane health and wellbeing centre.

To make sure we don't miss anything from the conversations, the interviews will be audio recorded using an encrypted Dictaphone and transcribed (written up) by the researcher, or a service approved by the University (who will have signed a confidentiality agreement).

I will then read and analyse the interviews to look for themes.

2. Permission to use your group evaluation questionnaire

At the end of the group you were asked to complete a group evaluation questionnaire, where you were asked some questions about how useful it was. We are asking for permission to use this information in our analysis.

3. Permission to use your photographs

We are asking for permission to use the photographs you have taken for the group within our analysis. This will help us to investigate how people used photographs and what kind of pictures they shared. We hope to include some of these anonymised images in the write up of the research to provide examples and to help illustrate the themes found from the analyses.

Are there benefits or disadvantages of taking part?

Whilst there are no direct benefits to taking part in the research, it is hoped that the findings will be useful to developing psychological interventions in the future. We also hope it will be enjoyable for you to reflect and feedback on your experiences of being a part of the group.

SU Participant Information Sheet: Version 2
IBAS Project ID 251680

6th July 2019

There are no disadvantages, although we are aware we are asking you to dedicate some of your time to the project.

Do I have to take part?

Taking part in the project is entirely voluntary!

If you decide you would like to participate you will be asked to sign a consent form for this process. You can withdraw from the project up to a week after the information has been collected, after which point the information will have been processed for analysis. You do not have to give a reason for withdrawing and it will not affect your ongoing care within the service. Any data we have gathered from you up to the point of withdrawal will be deleted and will not be used in the analysis.

Will my information be kept confidential?

Yes, your personal information will be kept confidential, unless we are worried that you or anyone else is at risk of any harm. In these situations, we might need to tell someone who can help, such as your primary mental health worker, lead clinician or GP. In these situations, we will always talk to you about what we are going to do.

The information we collect within the study will be kept under a pseudonym (false name). This is to protect your privacy whilst allowing us to know which data belongs together. All stored data, other than your consent form, will be kept under your pseudonym.

The analysis will include putting the interview information from all participants together and looking for common themes. The write up of the analysis will use direct quotes from the interviews and some photographs to help illustrate the themes. When we write up what was said this will be using your pseudonym and so any quotes or data used will not be linked directly to you.

Miss Jamie Barrow	Dr Ciara Masterson
Principal Investigator	Research Supervisor
umb@leeds.ac.uk	c.masterson@leeds.ac.uk
0113 343 2732	

If you would like to make a complaint about this research, please contact Dr Ciara Masterson using the contact details as above. Alternatively, you can contact your local Patient Advice and Liaison Service (PALS) on 0800 587 2108.

Data Storage

The audio files from the interviews will be deleted after transcription and the typed information will be stored and analysed on the researchers' University of Leeds secure drive.

If you agree to participate in the research, your consent forms will be stored in a locked cabinet at the University of Leeds. We will keep a digital version of the photographs you agree can be used. We will store a digital copy of the group evaluation questionnaire to be included in the data analysis. This information will all be stored on the University of Leeds secure drive.

This data will be stored for three years and then deleted, in accordance with the University of Leeds guidance. The University of Leeds will act as Sponsor for this research, ensuring that your information is kept in line with GDPR as described in the attached GDPR Statement.

Who is organising the project?

The project is being carried out by a Psychologist in Clinical Training from the University of Leeds with the support of the research and development department, and Clinical Psychologists within the Enhanced Team West at Drury Lane Health and Wellbeing Centre, in Wakefield, part of the South West Yorkshire Partnership NHS Foundation Trust.

What will happen to the results of the project?

The results will be written up as a project which will be submitted to the University of Leeds as part of a Clinical Psychology training requirement. The results will also be presented at the University of Leeds departmental conference and later written up for submission to a professional journal publication so others can be aware of the research findings.

You will be invited to come along to a group where I will share the findings of the research with the participants who were involved. The research findings will also be shared with the Enhanced Psychology team at Drury Lane, so they can use these to develop their service.

Thank you for taking the time to read this information sheet. If you have any questions or concerns, please get in touch using the details below.

GDPR Statement:

The University of Leeds is the sponsor for this study based in the United Kingdom. As we will be collecting information from you in order to undertake this study, the University will act as the data controller for this study. This means that we are responsible for looking after your information and using it properly. The University of Leeds will keep identifiable information about you (consent forms) for 3 years after the study has finished. Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study, the information about you that we have already obtained will be destroyed, to safeguard your rights, we will use the minimum personally identifiable information possible. For more information please see: <http://data-protection.offices.gov.uk/wp-content/uploads/sites/45/2019/04/Research-Privacy-Notice.pdf> or by contacting the University of Leeds data protection officer at dpo@leeds.ac.uk

The University of Leeds will collect information from you for this research study in accordance with our instructions.

South West Yorkshire Partnership Foundation Trust will keep your name and contact details confidential and will not pass this information to the University of Leeds. The researcher and NHS will use this information as needed, to contact you about the research study, and make sure that relevant information about the study is recorded for your care, and to oversee the quality of the study. Certain individuals from the University of Leeds and regulatory organisations may look at your research records to check the accuracy of the research study. The University of Leeds will only receive information without any identifying information. The people who analyse the information will not be able to identify you and will not be able to find out your name, NHS number or contact details. The University of Leeds will keep information gathered from you for this study for 3 years after the study has finished.

Appendix Two: Consent form (service user)



**Participant Consent Form
Using photographs in psychological therapy: An exploratory study**

Please read through this consent form and for the parts you are happy with and agree to, place your initials in the corresponding box.

	Please initial
General information	
I have read and understood the information sheet (<i>Version 2, 06/07/2019</i>). I have been given the opportunity to ask questions and I have had these answered.	
I understand that my participation in the study is voluntary and that I am free to withdraw from it at any time up to data analysis without having to give a reason.	
I understand that if the research team has serious concerns about my health or believes that I or someone else is at risk of serious harm, they may have to pass that information on to my care coordinator or other relevant authorities.	
I understand that the study data will be stored securely by the University of Leeds for a period of three years, after which it shall be destroyed.	
I understand that the research findings will be published in reports and journal articles and that my personal information not be disclosed in these.	
Consent to interview	
I agree to attend an interview to talk about my experience of taking photographs as part of the group. I agree that this interview can be audio recorded and written up (transcribed) for use within data analysis.	
I agree that anonymised quotes from the interview can be used in the write up of the research.	
Supporting data	



I agree to that my group evaluation questionnaire can be pseudonymised (given a false name) and used within the research analysis and write up.	
I give permission for the researcher to take copies of the photographs I shared in the group and use these in the research analysis.	
I agree that my anonymised photographs can be reproduced in the write up of the study, as indicated in the photograph consent form (<i>Version 1 and 28/01/2019</i>).	
Overall consent	
I agree to participate in this study.	

_____	_____	_____
Your name	Date	Signature
_____	_____	_____
Researcher taking consent	Date	Signature

This form will be retained by the researcher at the University of Leeds. You will be provided with a copy for your own records.

Appendix Three: Consent to use photographs



UNIVERSITY OF LEEDS

Photograph Consent Form

We would like to ask permission to use some of the photographs you shared in the group for the thesis report, journal publications or presentations for other professionals. This is because we think sharing some of these photographs will help others to understand the research project, the types of photographs people chose to share and how the photographs were used in the group.

The thesis report and journal publications will be available online for other health professionals to access and read. This is the main way that research findings are shared. Any photographs used will be anonymised and the publications will not contain any personally identifiable information, such as your name or initials. We will also request that any photographs published online will have the "Save image" option disabled.

This form is for you to indicate whether there are some photographs you would be happy for us to use in this way, or some photographs you would prefer not to be shared.

I have numbered each of the photographs you brought. Using the table below, you can consent to the ones you are happy for us to use. These photographs will only be used if we have your agreement.

Photograph Number	I consent for this photograph to be used in the write up of the thesis	I consent for this photograph to be used in publications and presentations

I agree that the photographs can be used in the write up of the research as indicated above.

Participant Signature _____ Date _____

Researcher Signature _____ Date _____

Thank you for completing this form. Please get in touch using the details below if you have any other questions or concerns.

Photograph consent form Version 1
IRAS Project ID 258680

28th January 2019



UNIVERSITY OF LEEDS

Miss Jamie Barrow
Principal Investigator
umjb@leeds.ac.uk

Dr Ciara Masterson
Research Supervisor
c.masterson@leeds.ac.uk

Photograph consent form Version 1
IRAS Project ID 258680

28th January 2019

Appendix Four: Ethical approval letter



Ymchwil Iechyd
a Gofal Cymru
Health and Care
Research Wales



Miss Jamie Barrow
Psychologist in Clinical Training
The Leeds Teaching Hospitals NHS trust
Clinical Psychology Training Programme
Leeds Institute of Health Sciences, University of Leeds,
Level 10 Worsley Building, Clarendon Way
LEEDS
LS2 9NL

Email: hra.approval@nhs.net

06 August 2019

Dear Miss Barrow

**HRA and Health and Care
Research Wales (HCRW)
Approval Letter**

Study title:	Exploring the experience of using photography techniques in a psychological group therapy
IRAS project ID:	258680
Protocol number:	N/A
REC reference:	19/SW/0109
Sponsor	University of Leeds

I am pleased to confirm that [HRA and Health and Care Research Wales \(HCRW\) Approval](#) has been given for the above referenced study, on the basis described in the application form, protocol, supporting documentation and any clarifications received. You should not expect to receive anything further relating to this application.

Please now work with participating NHS organisations to confirm capacity and capability, in line with the instructions provided in the "Information to support study set up" section towards the end of this letter.

How should I work with participating NHS/HSC organisations in Northern Ireland and Scotland?

HRA and HCRW Approval does not apply to NHS/HSC organisations within Northern Ireland and Scotland.

If you indicated in your IRAS form that you do have participating organisations in either of these devolved administrations, the final document set and the study wide governance report

(including this letter) have been sent to the coordinating centre of each participating nation. The relevant national coordinating function/s will contact you as appropriate.

Please see [IRAS Help](#) for information on working with NHS/HSC organisations in Northern Ireland and Scotland.

How should I work with participating non-NHS organisations?

HRA and HCRW Approval does not apply to non-NHS organisations. You should work with your non-NHS organisations to [obtain local agreement](#) in accordance with their procedures.

What are my notification responsibilities during the study?

The document "*After Ethical Review – guidance for sponsors and investigators*", issued with your REC favourable opinion, gives detailed guidance on reporting expectations for studies, including:

- Registration of research
- Notifying amendments
- Notifying the end of the study

The [HRA website](#) also provides guidance on these topics, and is updated in the light of changes in reporting expectations or procedures.

Who should I contact for further information?

Please do not hesitate to contact me for assistance with this application. My contact details are below.

Your IRAS project ID is **258680**. Please quote this on all correspondence.

Yours sincerely,
Aliko Sifostratoudaki

Approvals Specialist

Email: hra.approval@nhs.net

Copy to: Faculty NHS Research Ethics Officer

List of Documents

The final document set assessed and approved by HRA and HCRW Approval is listed below.

<i>Document</i>	<i>Version</i>	<i>Date</i>
Evidence of Sponsor insurance or indemnity (non NHS Sponsors only) [Indemnity]	1	17 September 2019
HRA Schedule of Events [258680_SOE_research sites_assessed by HRA.xls]	1	23 May 2019
Interview schedules or topic guides for participants [Topic Guide for Interview (group attendees)]	1	26 April 2019
Interview schedules or topic guides for participants [Topic Guide for Interview (Facilitator)]	1	26 April 2019
IRAS Application Form [IRAS_Form_23052019]		23 May 2019
Letter from sponsor [Sponsor Liability letter]	1	17 May 2019
Organisation Information Document [258680_Organisation Information Document_V2.docx]	2	06 August 2019
Participant consent form [Participant consent form]	2	06 July 2019
Participant consent form [Participant consent form Facilitator]	2	06 July 2019
Participant consent form [Photograph consent form]	1	28 January 2019
Participant information sheet (PIS) [Participant information sheet]	2	06 July 2019
Participant information sheet (PIS) [Participant information sheet Facilitator]	2	06 July 2019
Research protocol or project proposal [Protocol]	1	26 April 2019
Summary CV for Chief Investigator (CI) [Summary CV]	1	26 April 2019
Summary CV for student [Jamie Barrow CV]	1	25 April 2019
Summary CV for supervisor (student research) [Supervisor CV]		15 February 2019

Appendix Five: Research & Development Letter of Access



13th August 2019

Ms Jamie Barrow
Dept of Clinical & Health Psychology
Fielding House
St James's University Hospital
Beckett Street
Leeds
LS9 7TF

Research & Development
Room 311, Block 9
Fieldhead Hospital
Ouchthorpe Lane
Wakefield
WF1 3SP

Tel: 01924 316289
Email address: research@swyt.nhs.uk

By email: umjb@leeds.ac.uk

Dear Jamie

Letter of Access for Research

Exploring the experience of using photography techniques in a psychological group therapy
IRAS: 258680

This letter should be presented to each participating organisation before you commence your research at that site: South West Yorkshire Partnership NHS Foundation Trust.

In accepting this letter, each participating organisation confirms your right of access to conduct research through their organisation for the purpose and on the terms and conditions set out below. This right of access commences on 13th August 2019 and ends on 30th September 2020 unless terminated earlier in accordance with the clauses below.

As an existing NHS employee you do not require an additional honorary research contract with the participating organisation. The organisation is satisfied that the research activities that you will undertake in the organisation are commensurate with the activities you undertake for your employer. Your employer is fully responsible for ensuring such checks as are necessary have been carried out. Your employer has confirmed in writing to this organisation that the necessary pre-engagement checks are in place in accordance with the role you plan to carry out in the organisation. Evidence of checks should be available on request to South West Yorkshire Partnership NHS Foundation Trust.

You have a right of access to conduct such research as confirmed in writing in the letter of permission for research from this organisation. Please note that you cannot start the research until the Principal Investigator for the research project has received a letter from us giving the organisation permission to conduct the project.

You are considered to be a legal visitor to South West Yorkshire Partnership NHS Foundation Trust premises. You are not entitled to any form of payment or access to other benefits provided by South West Yorkshire Partnership NHS Foundation Trust or this organisation to employees and this letter does

Chair: Angela Monaghan Chief Executive: Rob Webster



not give rise to any other relationship between you and South West Yorkshire Partnership NHS Foundation Trust or this organisation, in particular that of an employee.

While undertaking research through South West Yorkshire Partnership NHS Foundation Trust, you will remain accountable to your employer but you are required to follow the reasonable instructions of your nominated managers in this organisation or those given on their behalf in relation to the terms of this right of access.

Where any third party claim is made, whether or not legal proceedings are issued, arising out of or in connection with your right of access, you are required to co-operate fully with any investigation by South West Yorkshire Partnership NHS Foundation Trust or this organisation in connection with any such claim and to give all such assistance as may reasonably be required regarding the conduct of any legal proceedings.

You must act in accordance with South West Yorkshire Partnership NHS Foundation Trust policies and procedures, which are available to you upon request, and the Research Governance Framework.

You are required to co-operate with South West Yorkshire Partnership NHS Foundation Trust in discharging its duties under the Health and Safety at Work etc Act 1974 and other health and safety legislation and to take reasonable care for the health and safety of yourself and others while on South West Yorkshire Partnership NHS Foundation Trust premises. Although you are not a contract holder, you must observe the same standards of care and propriety in dealing with patients, staff, visitors, equipment and premises as is expected of a contract holder and you must act appropriately, responsibly and professionally at all times.

If you have a physical or mental health condition or disability which may affect your research role and which might require special adjustments to your role, if you have not already done so, you must notify your employer and each participating South West Yorkshire Partnership NHS Foundation Trust prior to commencing your research role at each site.

You are required to ensure that all information regarding patients or staff remains secure and *strictly confidential* at all times. You must ensure that you understand and comply with the requirements of the NHS Confidentiality Code of Practice and the Data Protection Act 1998. Furthermore you should be aware that under the Act, unauthorised disclosure of information is an offence and such disclosures may lead to prosecution.

The organisation will not indemnify you against any liability incurred as a result of any breach of confidentiality or breach of the Data Protection Act 1998. Any breach of the Data Protection Act 1998 may result in legal action against you and/or your substantive employer.

You should ensure that, where you are issued with an identity or security card, a bleep number, email or library account, keys or protective clothing, these are returned upon termination of this arrangement. Please also ensure that while on the premises you wear your ID badge at all times, or are able to prove

Chair: Angela Monaghan Chief Executive: Rob Webster

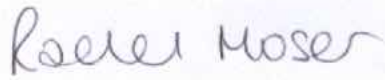
your identity if challenged. Please note that the organisation accept no responsibility for damage to or loss of personal property.

This letter may be revoked and your right to attend the organisation terminated at any time either by giving seven days' written notice to you or immediately without any notice if you are in breach of any of the terms or conditions described in this letter or if you commit any act that we reasonably consider to amount to serious misconduct or to be disruptive and/or prejudicial to the interests and/or business of the organisation or if you are convicted of any criminal offence. You must not undertake regulated activity if you are barred from such work. If you are barred from working with adults or children this letter of access is immediately terminated. Your employer will immediately withdraw you from undertaking this or any other regulated activity and you MUST stop undertaking any regulated activity immediately.

Your substantive employer is responsible for your conduct during this research project and may in the circumstances described above instigate disciplinary action against you.

If your circumstances change in relation to your health, criminal record, professional registration or suitability to work with adults or children, or any other aspect that may impact on your suitability to conduct research, or your role in research changes, you must inform the organisation that employs you through its normal procedures. You must also inform the nominated manager in each participating organisation.

Yours sincerely



Rachel Moser, PhD
Research & Development Manager

Chair: Angela Monaghan Chief Executive: Rob Webster

Appendix Six: Interview topic guide (service user)

Topic Guide: Group Attendees

Reminder of purpose of interview and check-in

Initial reaction

- Do you usually take photos?
 - What do you use to take photos?
 - For what purpose?
- When you first heard about taking photos to share in the group- what was that like?
 - Thoughts and feelings about the task
- What was it like just before you started taking the photos?
 - What did you think and feel at first?
 - What were you hoping to capture?
 - What were you expecting to happen with the photos?
 - What (if anything) did other people say about the task – what was that like?

Engagement with task

- How was it taking photos for the group? (use photographs as prompts)
 - What was it like when you first started?
 - How did you decide what you would take photos of?
 - Were there things you decided not to take photos of (avoided)?
 - How was it when thinking about sharing those photos?
 - What was it like taking some of the later photos?
 - Did you delete or remove any – can you tell me about that?
 - How did you decide when you had got enough/could stop taking the photos?
 - Did anyone else see them before the group? – tell me about that
- How did taking these photos compare with other times you have taken photos before?

Experience of sharing photos:

- Before you were going to share them (day before/on the day) what was that like? (use photographs as prompts)
 - Did you make any changes to what you would share? (add, change or take any away?)
 - How did you want to share them – on screen/print?
- On the day – what was it like sharing them in the group?
 - Tell me about sharing the first ones
 - What did the photo mean to you?
 - What do you make of how others responded?
 - Is there a photo that stands out for you in a good way – what was it like sharing that?
 - Is there one (some) that you wish you hadn't shared – tell me about those
- How did you feel about doing it afterwards?

Experience of the task

- How did using this photo compare with other ways of feeding back to the group? (use photographs as prompts)
 - Were there any which captured something which was not captured by the written component?
 - Did you notice any differences in the amount of time spent thinking about the written vs. homework component?
 - Were there experiences that you found harder to capture in the photos?
- Did the photos help (the group/the therapy) in any way? (or hinder)
 - How so?
 - When thinking about the skills you learned, are there any photographs which particularly stand out for you as helpful? Unhelpful?
 - How did you find the photos in relation to the group tasks?
 - What was it like seeing photos from other people – what did you think of them?
 - Did you think/feel differently about yours having seen theirs?
 - If you had not had the photos could you/would you have talked about the same experiences in the group?
 - Were there things that you couldn't capture in a photograph?
- Do you think we should keep this element of the group? Should we do anything differently?
 - What would you say to other people about this task? – perhaps advice to someone about to join a group like this
 - What would you like to say to people running these sort of groups – what should they keep doing, change, stop doing?
- Anything else you want to say about the photos? How has it been talking about them now?

Closing – any other comments/thoughts about the group?

Appendix Seven: Interview topic guide (group facilitator)

Topic Guide: Group Facilitator interview

Reminder of purpose of interview and check-in

Initial reaction

- Have you used photographs in therapy before? (what and why)
- What did you think when you first heard about the idea?
- What were your expectations around how it would work for the group?
- What was it like getting ready for the groups?

Engagement with task:

- How did you find fitting the photographs in with the homework tasks?
 - How did you find the practicalities of using the photographs?
 - How was the process of receiving the photos from participants and printing them?
- Did you have to exclude any photographs? (why/when)

Experience of using photos:

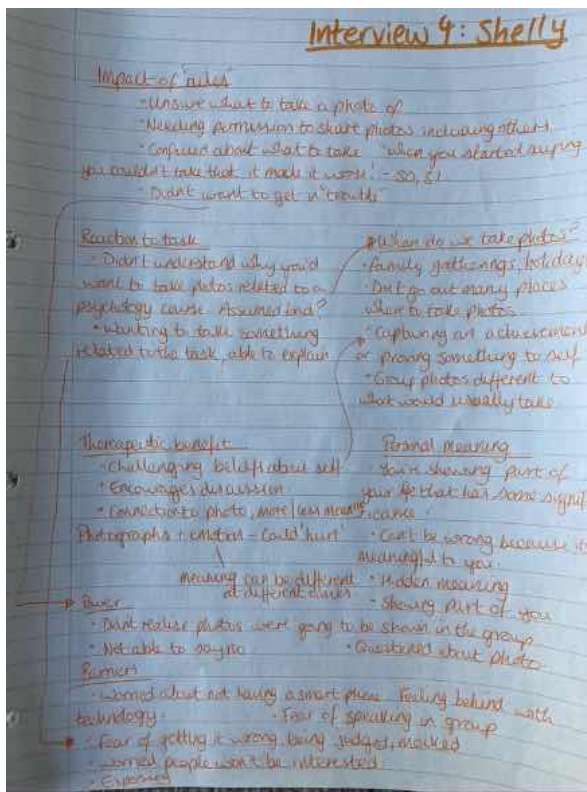
- How did you feel about seeing and using the photographs in the group?
 - If/How do you think they impacted on the discussions?
 - Did the photos help (the group/the therapy) in any way? Were they unhelpful in any way?
 - Did you notice any differences in the amount of time spent thinking about the written vs. homework component?
- Were there experiences that you found harder to capture in the photos?
- Were there any photographs which particularly struck you as meaningful or useful for the group? Any that were unhelpful/problematic?

Value of the photographs

- How did this compare with your experience of other groups you have facilitated?
 - Do you feel it added any value to the group/discussions?
- Did it help you to develop your understanding of the group members/their experiences?
- Would you consider using photographs in a group like this in the future? (or in individual therapy?)
- What do you think now the group has ended?
- What would you say to other people planning groups like these?

Closing – any other comments/thoughts about the photos?

Appendix Nine: Example of individual analysis emerging themes



Appendix Ten: Example of theme development



Appendix Eleven: Photograph guidelines from the group

Skills practice Photograph Guidelines

Welcome to the emotion regulation skills group!

An important part of attending the group is learning new skills and practising them outside of the group. Each week we will be asking you to let the group know how you got on with the practice. As you know, we are asking you to take a photograph of something to do with the practice and to share this when you feedback. This is because we want to be able to get a good sense of what it was like for you to do the exercise.

We encourage you to take as many photographs as you would like for this, but we will only ask you to share one. There is no "right" photo and we want you to be as creative as you like with this.

With this in mind, we would like to implement set out some guidelines for the sharing of the photographs to make sure all group members are comfortable and safe.

We would like to ask that photographs which you are going to share with the group:

- Do **not** include other people
- Do **not** contain images which may be considered upsetting or offensive to other group members. This includes:
 - Photographs of unhelpful coping strategies (e.g. Alcohol use, self-harm)
 - Explicit content (e.g. nudity)
 - Images which could be disrespectful to others

Before the group we will print your photographs for you. To do this, please send them in an email to:



This email address is not regularly monitored and should not be used for any purpose other than sending your chosen photograph. If you need support you can contact the service on [redacted] or you can contact the Samaritans by calling 116 123 from any phone.

If you cannot send the photograph, we would request that you arrive 10 minutes before the group starts and we can print it for you by connecting your device to the printer.

We hope that taking and sharing photographs is an enjoyable and useful part of the group, but do talk to us if you have any worries or concerns about it.

[redacted] & Jamie

