

# REPRESENTATION OF GOOD CARE IN (PHOTO-)STORIES

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## Abstract

Humans use metaphors in thinking. Most metaphors are visual. In processing information stimuli the mind depends partly on visual codes. Information is processed and stored through two channels: one for non-verbal information and another for verbal information. The two different areas of information in the brain are interconnected. The information is stored in patterns that form an inner representation of how individuals perceive their reality and their self. The active processing of new information, remembering and the self-image are related phenomena, that influence each other, sometimes leading to biased interpretation or even reconstruction of contents in each of these areas. Imagination, expectations and anticipations of the future and memories are the more active manifestations of this process.

In this process mimesis plays an important role. Mimesis is the imitation of reality in play, story-telling or creating images of how things should look like in the future. Through mimesis people can anticipate on roles in social life, or appropriate experiences from someone else and relate them to one's own life story. When this happens the information is related to the self through processes of association and becomes 'Erfahrung'.

We will illustrate how these processes work, on the basis of our own empirical research with photography and dilemma-stories in mental health care practices. Making a photograph the pictured information is limited to a pinpointed moment in time. The spatial involvement is cropped into the encadrement of a photograph. This invites viewers to interpret the image as standing for hidden meanings and connect these with their own inner representations of reality. This is the punctum function that photographs can have. Something similar happens when someone tells her own story about a situation where she experienced a moral dilemma.

When photographs and stories are exchanged and shared, e.g. by organizing an exhibition or a reflective dialogue in a moral case deliberation session, the photo/story becomes a 'relational narrative'. When applied in care ethics in order to do empiric research on good care, this 'enacted' story can be analyzed in search for the existential and moral dimension. The image of the self that emerges from it shows how persons relate to their social context.

Such phenomenological-hermeneutic research should be based on three elements (reflection-expression-self representation) and must be part of a social interaction and/or a dialogue directed in such a way that these three elements strengthen each other.

Keywords: narrative research, photography, care ethics.

# 1 INTRODUCTION

Qualitative research concerning questions on good care can be done in many ways, but it can never be done without paying attention to the ethical dimension. There are many different theoretical and/or empirical ways to 'catch' this dimension: for example by doing empirical ethics [1,2], via a phenomenological-hermeneutical approach [3,4,5] or by putting normative professionalization into practice [6].

We, as teachers at the Master Advanced Nursing Practice of the University of Applied Sciences in Utrecht (Netherlands), use several of these examples when we show our students how they can learn to do practice oriented research. Because our students are experienced professionals working in the field of health care and social care, their research is aimed at developing innovations in their own organization. The final goal always is: co-creation of good care for – and with – patients [7].

But there is no definition of good care that applies for all patients and caregivers. What is experienced as good care can never be seen loose from a concrete context and it can be different for every person: everyone wishes to receive and provide care in another way [8,9]. This is why standards and protocols are not always sufficient for care providers; and why it is important for them to find out what needs their patients have, how they see themselves and how they relate to their surroundings and how the opinions of other care providers influence the realization of good care. Images and stories play an important role here. In this paper, we will explain this and illustrate how it can have a valuable function in (qualitative) research processes.

# 2 METAPHORS, REPRESENTATION AND IDENTITY

Humans use metaphors in thinking. Most metaphors are visual [10]. In processing information stimuli the mind depends partly on visual codes. Information is processed and stored through two channels: one for non-verbal information and another for verbal information [11]. The two different areas of information in the brain are interconnected. An image calls forth the concurrent verbal coded information and vice versa. The information is stored in patterns that form an inner representation of how the individual perceives his reality: the so-called *imagens* (for images) and *logogens* (verbal). Memories and anticipations of the future are part of this representation. Representations are dynamic and can be manipulated, for instance when influenced by strong emotions. One aspect of the representation is how man looks upon himself. What image does someone have of his/her 'self'? How does someone position this 'self' in a life story? People build their life stories on remembered experiences that are often interpreted in such a way that they point forward to an anticipated and hoped-for future. From research we know that remembered images have a greater evocative and convincing power than verbal memories. The active processing of new information, remembering and the self-image are no isolated phenomena. They are related and influence each other, sometimes leading to biased interpretation or even reconstruction of contents in each of these areas. Imagination, expectations and memories are the more active manifestations of these processes. Keeping the self-image up-to-date in order to face challenges in life, happens in a continuous process of fine-tuning, adaptations and testing of how one relates to relevant variables in one's milieu.

## 2.1 Mimesis

In this process mimesis plays an important role. Mimesis is the imitation of reality in play, in story-telling or in creating images of how things should look like in future. Through mimesis people can anticipate on roles in social life or appropriate experiences from someone else and relate them to their own life story [5]. In the processing of information mimesis contributes to protecting a person from too many perceptive stimuli. It protects a person's psyche against a perceptive shock. We can illustrate how this works with photography. Making a photograph the pictured information is limited

to a pinpointed moment in time. The spatial involvement is cropped into the encadrement of a photograph. This selectiveness of visual information in a photograph invites viewers to interpret the image as standing for hidden meanings and connect these with their own inner representations of reality. This is what Barthes [12] has called the *punctum* function that photographs can have.

## 2.2 'Erfahrung'

So on the one hand we can distinguish the function of protective buffer against perceptual shocks caused by the never stopping stream of information in modern society [13] and on the other hand the facilitation of meaning making from what otherwise would remain mere superficial experiences and sensations. In the first case the protective buffer prevents information to overload someone's system. Information does not get assimilated into an experience that touches on deeper layers of self-consciousness. In the other case the information is related to the self through processes of association and becomes 'Erfahrung'. The philosopher Gadamer [3] reserved this term for a process in which someone not only associates subjective experiences with personal anticipations and memories, but also assimilates meanings from the collective cultural repertory into the constructed meaning. An experience ('Erfahrung') can be traced in memory, but that will not be the case with mere sensations or feelings.

## 2.3 Identity research

By making and interpreting photographs a person can become aware of meanings and thus appropriate experiences into the life story. A photograph fixes time and space in one point. An incident is lifted from the stream of time and transformed in a moment that is made conscious. By making a photograph the photographer detaches herself for just a moment from the lived world. Choosing a subject for photographing and then recounting what the photograph shows us, the photographer projects her orientation in photographs. Photographs are multi-interpretable and in themselves seem banal [14]. Photographs elicit stories when viewed by the photographers or the public and only then they receive meaning [15]. Photographs depict reality but are also always an interpretation. Through their mimetic character photographs mirror not only the physical world but also the representations in the photographer's or viewer's mind. The image in the photograph will be connected with the *images* from the autobiographical memory and will in this way call forth meanings that first lay hidden. Photographs elicit meanings that the photographer or someone else who views the photograph were not aware of or were not able to express before. Photographs can become the vehicle of motivated interest for telling a new story. This is the 'punctum' character of certain photographs. Photographs lower the threshold for expressing what one feels and thinks and at the same time connect us with deeper layers of consciousness [16, 14, 17]. The inner representation of the self-image reveals itself in photo stories. In the same way someone's perceptual orientations on the life world become transparent in photo stories [14]. This richness in data makes photo stories relevant for identity research. We may note here that the expression of individuality is a cultural skill that is determined by social class, education and professional training. On a subconscious level it will also be coloured by ideological traditions. While some persons will use the available cultural repertory and idiom of images in a flexible and self-conscious way, others will imitate the standard pattern and not divert from safe and well-trodden paths [18]. So personal identity never is purely individual: it develops in the relation between the self and the other. In this relation, care – or solicitude ('sollicitude' in French) [19] – is an essential element. Solicitude unfolds a dialogical dimension in identity which becomes apparent in the two sides of self-interpretation (the image that the self has of itself): self-appraisal and self-respect [5].

## 3 EXAMPLES

We will give two examples of how these processes work, on the basis of our own empirical research with photography [20] and dilemma-stories in mental health care practices [7].

### 3.1 Photography and recovery

Making a photograph the pictured information is limited to a pinpointed moment in time. The spatial involvement is cropped into the encadrement of a photograph. This selectiveness of visual information in a photograph invites the photographer to interpret the image as standing for hidden meanings and connect these with his own inner representations of reality. But the same happens with others who view the photograph and make their own interpretation. We organised photo-groups in mental health care settings. This was done for therapeutic reasons: helping persons with severe mental illness (SMI) to give meaning to their life story. We show one of the photographs, made by William (Fig. 1).



Figure 1: an example of a photograph, made by a person in a therapeutic photo-group.

This may look like just another café terrace waiting for people to sit down. But the person who made the photograph had auditory hallucinations and heard voices all the time. He talked back to them, so walking the street he was looked upon as an odd figure. That's why he interpreted this photograph as standing for his loneliness as he could not sit down at the terrace without uneasy looks from bystanders. So, he told us, he had decided to spare others his company as a kind of sacrifice for other people to sit there and drink their coffee in peace. He presented it almost as a kind of heroic act.

As a researcher it makes me realize how persons with severe mental illness can become disconnected from society, and the loneliness this causes, but also how strong the impulse is to maintain self-esteem. The photographer was not a victim, but a hero. Sharing this photograph and receiving recognition for his interpretation, as well as hearing the interpretations of other people who were looking at the photograph, shaped his experience.

### 3.2 Personal stories and topography in ethical reflection

In moral case deliberation (MCD) sessions within (mental) health care institutions, professionals reflect on actual ethical questions in a facilitated dialogue in order to be able to give good care [21,7]. Various conversation methods have been developed to structure these MCD sessions, but the start often is a concrete case about a moral dilemma. When the person who experiences the dilemma is present in the MCD session and tells his/her own story, the effect on participants usually is greater than when a written dilemma is presented. Seeing, hearing and feeling the emotions of someone who faces a moral dilemma and tells about it affects other people. Emotions, mimesis, sympathy and empathy play an important role in moral reasoning [22,23] and this is why the step when participants are asked to identify with the person who experiences the dilemma is a crucial element in most MCD conversation methods. Transforming the narrative of another person into your own narrative, and/or comparing different narratives, enables people to imagine themselves in another position. This opens up new perspectives and possibilities. A concrete method to stimulate this process has been developed on the theoretical basis of the Ethic of Care as developed by Tronto [8,9]. According to this view, care is a process which is crucial for human living and living together, a practice that is 'nested' in other practices. It consists of five phases ('caring about', 'taking care of', 'care-giving', 'care-receiving', 'caring with') and with each phase comes an ethical element of care: attentiveness, responsibility, competence, responsiveness and solidarity. These elements have been integrated in the so-called topographical method [24], which can be used in combination with other methods for MCD. After having listened to the description of a concrete case, participants are invited to draw a 'map'. Here they can depict positions of persons involved in the dilemma-situation as well as the relations they see/feel in the story (see Fig. 2).

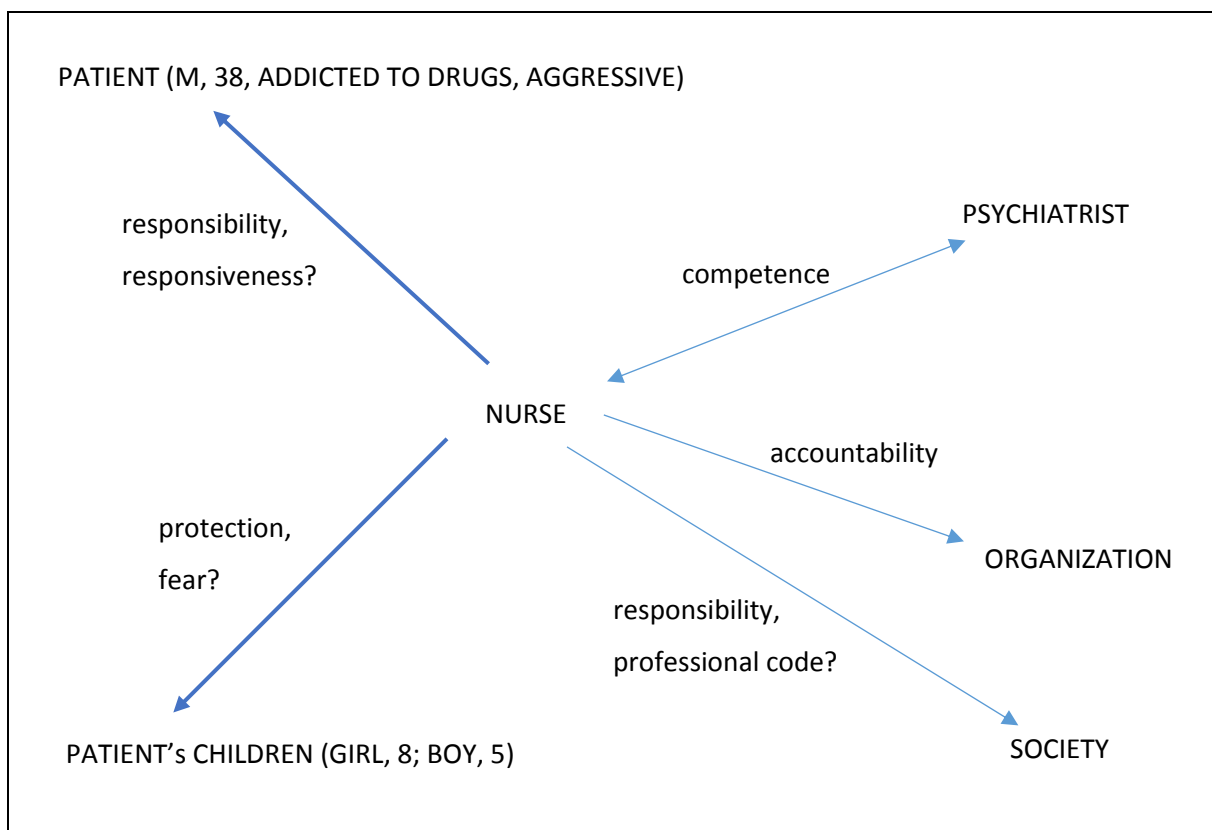


Figure 2: an example of a 'map', drawn after listening to a dilemma-story

In maps like this, participants of a MCD session visualize both sides of a dilemma and their own image of different relevant aspects. They have proven to be a sound and fruitful basis for further dialogue and ethical reflection. The word 'map' may be slightly misleading because everyone present in a MCD session may have another image of the perceived situation. These 'maps' will not guide the persons involved in the case to the one and only 'right' way of conduct; they are not meant as blueprints for actions, but as means to appeal to all participants to be conscious of their own position in a specific situation. In this way, these maps can be considered as a realization of Walkers call for geographies of responsibility [25, 26]. They can be used when we want to (learn to) know what is good care for a specific person in a specific situation, and when we want to (learn to) know how people want to give and receive care; so this method of telling stories and drawing topographies is relevant both in daily care practices as in research projects.

## 4 CONCLUSION

When photographs, topographies and stories are exchanged and shared, for example by organizing an exhibition or a reflective dialogue in a moral case deliberation session, the photo/story becomes a 'relational narrative'. When applied in care ethics in order to do empirical research on good care, this 'enacted' story can be analyzed in search for the existential and moral dimension. The image of the self that emerges from it shows how persons relate to their social context and unveils their ethical position.

Such phenomenological-hermeneutic research should be based on three elements (reflection-expression-self representation) and must be part of a social interaction and/or a dialogue which is directed in such a way that these three elements strengthen each other.

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