



The Photography Use as A Therapeutic Resource

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ABSTRACT

Objective: To report the experience of three students who performed an intervention that used photography as a therapeutic resource with users of a CAPS Disorder. **Methodology:** The intervention was the product of the Workshop on Mental Health of the 6th semester of the psychology course of the Faculdade Pernambucana de Saúde. During the Workshop, the students were able to build knowledge through their experiences and their interactions with the field studied. The experience was divided into three moments. Initially, a photography workshop and a collage activity were held. Afterwards, users went to Engenho Massangana to practice photography. Finally, they organized a photographic exhibition for their families and service staff. **Results and discussion:** During the activities, seventeen users participated voluntarily. Through artistic experimentation, it was realized that the intervention could favor psychosocial rehabilitation through protagonism, leisure and art. Users were able to explore the place and interact with others, developing a new socializing environment beyond the limits of CAPS. In addition, through the photographic gaze, they created narratives and ways of expressing subjectivity. **Conclusion:** The intervention allowed the exercise of autonomy and citizenship of service users. Thus, it is extremely important that mental health services promote recreational and leisure social activities, contributing to the social reintegration of individuals who have long been excluded from their families and communities.

Keywords: art, photography, mental health, CAPS

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How to cite this article:

Maíra Mendes Faria, Moema Nunes Cordeiro Assunção, Mírian Rique de Souza Brito Dias, Michele Gomes Tarquino. The Photography Use as A Therapeutic Resource. International Journal of Psychological Research and Reviews, 2020, 3:33



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Website: <https://escipub.com/>

INTRODUCTION

The stigmatization of crazy prevailed over time and according Foucault¹, capitalism strengthened the vision of madness as illness, because the individual was not able to work or to generate profit would be placed on the margins of society. Thus, there was a process of exclusion of those individuals who were hospitalized in psychiatric institutions. In this sense, psychiatry diagnosed and provided treatment in order to get cured. The madness was seen as a mental illness, and isolation, denial of subjectivity and medicines, were the main components of treatment². With the advent of the Psychiatric Reform, had been validated, scientifically and politically, the use of other resources that go beyond the psychiatric care and medicalization.

In the 1970s, there was an increase of social movements in Brazil which was the scene of actions intended a broad health reform, aimed at democratization of country.² According Freitas³, the Brazilian Psychiatric Reform was articulated with the movement of the Health Reform, emerging as a result of the struggle of mental health professionals and family members of patients in psychiatric hospitals. In 1987, there was the II National Mental Health Congress, organized by the Workers Movement in Mental Health. At that meeting, the predominant idea was "A Society Without Asylums"⁴. From there, the Anti-Asylum Movement appears that aimed to break with the hegemonic psychiatric model as the sole holder of knowledge about the madness. Besides that, the movement denounced the violence and insecurity of asylums and had as proposed to build based service networks in community strategies and territoriais.⁵ The Brazilian Reform, influenced by the Italian Reform, used the concept of deinstitutionalization. According to Melo⁶, the deinstitutionalization process is the dismantling of the elements that sustain the institution of traditional psychiatry, based on the understanding of the individual as a social being who is in pain. Therefore, the purpose of mental

health care would not be a cure, but the promotion of citizenship of the individual, through its autonomy in society and in their disease process. Thus, there is a need to build networks and alternative services to psychiatric hospitals.

In 2001, it approved the Federal Law 10216 - Law Paulo Delgado- that redirects the care model for mental health and provides for the protection and rights of people in psychological pain and on new ways of attend.⁵ in this perspective, the care of health is associated with promotion of dialogic construction of spaces, in which the individuals participate in its active form process. According to Leal and Antoni⁷, in this period stems from the National Mental Health Policy which aims to ensure the care of mental health substitute services to the psychiatric hospitals, overcoming the logic of long-term hospitalization and isolation of family and social life. As a result of these movements, the CAPS (Psychosocial Care Center) were created, being configured as open services and day care, working with a team of health professionals.⁸ They act in a territorial care of logic and calls are given on an individual basis in groups, visits to families, community activities, home visits, therapeutic workshops, among others.⁹ The services carry out actions aimed at psychosocial rehabilitation by the culture, leisure, art and work, thus fostering user autonomy of service.⁸ Therefore, these services seek to reinsert the individual in the world, contributing to deinstitutionalization.

The relationship between art and madness date chronologically, since the nineteenth century, when some artistic nature activities were included in psychiatric hospitals. From this comes a range of therapeutic lines for work with the art within the context of Mental Health. Nise da Silveira, a psychiatrist, was not aimed at the pathology, but of the unconscious processes. One of the greatest contributions of Nise was the foundation of the occupational therapy workshop for the Hospital Pedro II, in Rio de Janeiro. This attitude was a response against

psychiatric treatment at the time, because she used art as a form of treatment, emphasizing the affection that moved their patients.¹⁰ Thus, the emotional point of view, art is the language of the unconscious forces working within individuals. Art transcends the boundaries of sanity and madness. It manifests itself in any individual and the impetus for the creation does not depend on laws structured. According Weinreb¹¹, the ideas of Nise sensitized another look at the individual considered crazy, giving new meaning to concepts about art and madness. Develop artistic nature of activities with people with some mental suffering can be a way for the recreation of the individual and the reinvention of other modes of existence. Thus, the repressive silence and confinement of madness can be broken with artistic expression.

In the context of the Psychiatric Reform in Brazil, there is a new field of practice and experience through artistic and cultural projects and interventions. This happens because of the new possibilities of life and the construction of a new "social place" to madness, breaking with the traditional psychiatric view which comprising "mental illness" as an obstacle to social exchanges and producing. Thus, the art produces breaks the psychiatric paradigm, as it increases the spaces of social movement of individuals in psychological distress. From this, art can be a tool in the construction of collective identities and citizenship rights, functioning as "resistance to power".¹²

According Freitas³, artistic creation can promote health, since it removes the subject of automatic practices, experienced in everyday life, to the promotion of creative and innovative practices. Moreover, the art strengthens the ability to self-regulation and resilience of individuals, depicting a reality. It can express the creative potential, critical and political of the individual, in addition to being a resource for recreating life.¹³ According to Andrade, Lima and Velôso¹⁴, the photographic image is not limited only to the technique because it depends on the perception and feelings of each individual. The

photographic act is intrinsically linked to the subjective. Freitas³ says shooting causes changes, both in the sense of seeing the world, how to see yourself as looking through the camera, materializes. Therefore, this work has as objective reporting experience an intervention that used photography as a therapeutic resource with users of a CAPS disorder.

METHODOLOGY

This is an experience report of an intervention carried out by psychology graduation students in the Center for Psychosocial Care (CAPS) Gregório Bernardo, situated in the municipality of Ipojuca, Pernambuco. The intervention was a product of the Workshop on Mental Health of the 6th semester of the Faculdade Pernambucana de Saúde psychology course and had proposed to use photography as care and social reintegration strategy on mental health.

The intervention was conducted from the ethical principles of voluntary participation of service users, while respecting the principles of respect for human dignity, protection, rights, confidentiality and anonymity. The study was approved by the Research Ethics Committee with Human Beings of the Faculdade Pernambucana de Saúde, according to the 510/16 Resolution of the National Health Council under the CAAE n.19291519.9.0000.5569.

During the Mental Health Workshop, the students had practical experience within a CAPS, from August to December in ten meetings. The workshop has the purpose of developing autonomy, critical thinking and student creativity, in addition to preparing for a political and social action. The students had the opportunity to observe and discuss a reality for thus propose an intervention that aimed at social and political transformation within the mental health. Thus, it was thought in an activity that could promote social reintegration and the role of the subject through photography. The proposal was brought to a discussion with service users. Due to the lack of similar work, users were thrilled with the idea.

Participated voluntarily 17 service users, of both sexes, aged over 18, residents of the territory of Ipojuca. At first, the students presented users with the proposal of the intervention. After an explanation of the objectives and steps, users present were approached for verification of interest in participating in the activity. The intervention was divided into three phases: pre-intervention, proper intervention and post-intervention. The first step consisted in the design and planning of the activity from a careful look at the reality. In the second stage, there was a photography workshop, a collage activity and a therapeutic walk to practice the act of photography. The third step, the students met with the users to analyze and discuss the intervention, and then prepare a photographic exhibition at CAPS and, later, at the Faculdade Pernambucana de Saúde. Each step will be detailed throughout the article.

The Workshop on Mental Health

The Workshop on Mental Health is part of the curriculum of the college. That course uses the Problem-Based Learning (PBL) as a teaching and learning method, based on the active construction of knowledge by students. Thus, it is placed in the position of producer of new knowledge. This model considers the learning process needs to be active, self directed, collaborative and contextual. Thus, the college uses, from the first period, the integration of theory with practice.

The practice learning objectives in Mental Health are to raise a critical discussion of the Psychiatric Reform and the role of the psychologist in the context of mental health, reflect on ways to care and understand the care networks - RAPS, mainly the dynamics of operation of CAPS. Thus, from the practice, the student builds knowledge through their experiences and their interactions with the studied field. During the semester, the student goes to the field and notes the difficulties and potential of each area in order to propose a possible intervention.

RESULTS AND DISCUSSION

Pre-intervention

During the first meetings in CAPS, the students had the opportunity to know the routine and dynamics of the service, observe the profile of users and strengthen ties with them and the team. There were expectations from students due to fear of the unknown. However, they were received warmly by both the staff as by users. First, they observed the dynamics and think of an intervention with users. It can be said that in addition to knowing the institution, CAPS, professionals and service users, participation through a practical activity Workshop on Mental Health allowed demystify the view that the CAPS user needs to be segregated from society. For a long time, individuals considered "insane" were excluded.¹⁵ In this sense, from this reflection was realized that the spaces occupied by the users were limited between home thereof and the CAPS institution. Therefore, in an attempt to promote the social reintegration of these users, it was thought for a device that could create narratives and ways to find a place in the world. According to Souza and Lopes¹⁶, the camera enables ways of perceiving the physical and social environment. In addition, photograph is related to the very act of looking, being a particular look with personal characteristics.¹⁷ Freitas³ says that the photographic act contributes to the reintegration and belonging to a place, promoting the sense of existence. Therefore, it was thought in photography as a therapeutic tool, because it has been used to encourage social reintegration. In an attempt to collaborate in the deconstruction of a social representation of users socially stigmatized, the intervention enables a change in social and cultural exclusion paradigm of this population.¹⁵ In this perspective, the new care model for mental health acts in accordance with democratic practices to include the individual in social environment, thus overcoming the model of care focused on symptom.¹⁹

Intervention itself

At first, it presented the proposal of intervention for users. The students were afraid if they did not

like the idea. However, they were well received and all who were present on the day, interested in participating in the activities. During the explanation of the objectives and stages of the intervention, the students also spoke on the proposal for a therapeutic walk. This tour aimed to provide the practice of photography and especially social reintegration. Therefore, the local for the record of the photographs was chosen through a collective vote among users. The venue was the Engenho Massangana, in Ipojuca, territory in which they live. According to Tavares and Souza²⁰, the territory is the basis for the socialization of the individual, producing social positions, including prejudice and stigma. From this perspective, social identity is related to the way individuals act or not within the territory. Thus, the choice of a location within Ipojuca aimed to contribute to the user experience as social actors belonging to a story, promoting the connection to the space itself.

In a second step, even at this stage, it was held a photography workshop. This workshop aimed to provide a brief explanation of the history of photography and guidelines for the photographic record, as light, focus, exposure, speed, aperture and sensitivity. At this time, from the exhibition of some pictures, there was a moment of discussion where users expressed the feelings, emotions, memories and thoughts that such photographs transmitted. According to Menezes, Teixeira and Yasui¹⁷, photography as a therapeutic tool in mental health provides a rapprochement look on the daily lives of users. In this perspective, the photographic art allows the individual to appropriate the world around. As Freitas³ states, photography "allows unique listening and the establishment of a desiring subject, autonomous, inserted in social." At the time of the workshop, users participated in engaging manner. Moreover, they were curious to know the camera and shoot machine. Even at this stage, there was a collage activity. The students offered magazines so that users could freely assemble new images, contributing to the stimulation of the creative process and social

interaction. Furthermore, there was a space so that they could share with the group the images produced.

On the ride, users had the opportunity to meet the Engenho Massangana and practice the act of photography. Currently, the Engenho functions as a museum and, therefore, a guide has offered to provide space for the group. For the practice of photography, they were released two cameras and two mobile phones. The team left free users to explore the site and photograph. They performed with autonomy, verbalizing things that drew attention and what they would like to photograph. First, some were shy and did not want to pick up the camera. However, at any given time, the group began encouraging for everyone photographed. According Dubois²¹, the photographic process involves the individual in the experience of something. Therefore, photography as seen a therapeutic tool, since the photographic act provides the individual know life and investigate.³ According to Zanelato and Werba¹³, the picture is not a copy of reality, but the perception and feelings of the individual. Therefore, users, from the photographic act, could express their view about the reality of a story.

It was noticed that the activity has provided ways to experience life or even to transform it, favoring communication and interaction between service users and staff. In addition, it facilitated the expression of subjectivity, and the development of autonomy and citizenship. Think of new ways to care implies the notion of social reproduction, being influenced by the prospect of active citizenship and leadership. The developed intervention transforms the emphasis on symptoms to center it on users of the service, thus it was possible to practice, according Campos²³, the Clinic of the Subject.

The warm relationship in the social environment, in addition to the CAPS walls, encourages productive forces and spontaneous psyche, enabling the redefinition and new possibilities for expression.¹⁷ In this sense, the activities were

designed to create new ways to engage with users the world, focusing collective clinical practice. Lancetti²⁴, speaks of a clinic that expands beyond enclosed spaces in the production of health and psychosocial rehabilitation, being called peripatetic clinic. The author advocates a clinic held by displacement from the social spaces. From this, there is the possibility of breaking a clinic made in the therapeutic setting between four walls.²⁵ When walking in emotional landscapes, the clinical process happens in the relationship, the otherness and in surprise.

In this sense, art enables the production of citizenship of users and humanizes health practices mental.¹⁴ In addition, users could occupy social spaces that long, were excluded, deconstructing the stigma of madness. Such intervention was developed in order to stimulate social leadership, critical reflection and the exercise of autonomy.

Post-intervention

At that time, the students returned to CAPS in order to organize, with the users, a photographic exhibition. The group observed the pictures taken at Engenho. Before viewing the images, users told us that they were afraid of the result. The students presented the photos on TV service for all to see. Users were surprised by the images, saying they had been beautiful. At that point, each reminisced who photographed what. By exposing the other's gaze was possible to give voice to the subject. According Freitas³ discuss the image allows to assign meanings to it.

After viewing all the images, users have the autonomy to choose which images would be part of the exhibition. To the extent that the photos were selected, they were gaining a name. It was a collective effort. For the title of the exhibition, the group chose "Ride the Engenho Massangana". The photographs were placed inside a CAPS room for everyone to have access. He was perceived as the singular appeared in the images and in the appointment of the same. According Zanelato and Werba¹³,

the creative act requires the subject to be an author, producer. Therefore, users have the possibility to express subjectivity and recreate forms of stocks, involving them in the responsibility of a collective construction. In the end, the exhibition was opened to the public, enabling the recognition of each user as a social and creative subject.

FINAL CONSIDERATIONS

It is understood that, from the Psychiatric Reform, other forms of mental health care have been imposed. These treatment options go beyond the individual character, focused on the medical knowledge and focused on symptoms. Thus, priority is comprehensive care and psychosocial, thinking the individual in all aspects of life, ie, as a biopsychosocial being. Thus, the inclusion of new care practices and mental health care becomes necessary. It is necessary to think about strategies that include socially and enter the subject, able to provide the same autonomy and accountability in the process. In this sense, within the context of deinstitutionalization, it is thought in art, culture and leisure as strategies for psychosocial rehabilitation and reintegration, for the construction of a new "place" to the madness within society. Thus, art expands the spaces of social movement of individuals in psychological distress, in that it works the expression of subjectivity and can be a way for the recreation and reinvention of the subject of new possibilities of existence.

In this context, the photography can be considered a therapeutic option as it provides the expression of feelings that often the individual can not transmit verbalizing. The photograph, within the context of CAPS, was able to provide the trial of life and even transform it. Moreover, in line with the ideology of the Reform and Anti-Asylum, the tour provided the inclusion of users in other areas by walking clinic, the peripatetic clinic. So, there is that with this intervention, it was possible to stimulate the role of users of CAPS Gregório Bernardo, social reintegration, particularly in the territory of which

they are part, increasing also a new look for individuals who are in psychological distress.

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