Chapter 2

Photo stories, Ricoeur, and Experiences from Practice: a Hermeneutic Dialogue

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Abstract

The purpose of this article is to demonstrate how a particular narrative approach in nursing, namely the photo-instrument, can be connected with Ricoeur’s hermeneutic philosophy. Ricoeur’s concept of mimesis, when supplemented with the concept of performance, is shown relevant for understanding how patients construct and reformulate meaning in illness experiences.

A single case study is presented for a tentative exploration of how the key concepts of mimesis and performance can broaden our understanding of practice. More specifically it concerned the use of photos in a group with psychiatric patients.
Introduction

Narratives are considered to be an important way by which we can gain insight in patients' subjective experiences. In nursing research narrative research is an emerging, yet relatively new approach. In nursing practice narrative-based approaches are rare. A nursing approach can be considered to be narrative-based as the subjective experiences of patients communicated to the nurse as stories hold a central place which must be reflected in nurses' actions. It is recognized by an increasing number of authors that narratives can be of ethical significance. One of the problems with narrative-based nursing is the limited interrelation between theory and practice. There are some examples of the development of a narrative theory on the level of nursing praxis, but they have not (yet) found wide acceptance. This is in itself remarkable as virtually all nursing practice is based in narrative dialogue between nurses and patients. Newman and Parse for instance developed nursing theories with strong narrative overtones. Newman and Parse both emphasize health as an evolving process of meaning giving to experiences in life. Newman and Parse have set outlines and gave detailed information for a practice methodology that fits a narrative-based nursing.

In line with the work of Parse and Newman we sought to broaden the narrative basis for a nursing praxis by connecting it with the narrative philosophy of Ricoeur supplemented with theoretical notions on performance. We not only adopted Ricoeur for his interpretation of the so-called hermeneutic circle as a model for directing our research as did other nursing researchers, but we also explored whether Ricoeur can be used as a framework for understanding narrative processes within nursing practice itself in terms of hermeneutics. In the Scandinavian tradition of nursing as a caring science it was especially Eriksson who explored Ricoeur’s work and adopted his work to understand and make sense of suffering in the context of a ‘caring conversation’. We follow this approach, but also add something, in that we focus on the role of images and photographs in mediating meaning. The hermeneutics of Ricoeur revolves round the central meaning of narrative in understanding human action. The connection between narrative and action within Ricoeur’s work has a pendant in nursing practice where nursing interventions aim at helping patients to cope with their health problems in daily life and thus have an action-oriented scope. The question we therefore pose is: does Ricoeur offer a philosophical framework from which we can derive concepts that help us understand the process of meaning giving in the context of the lives of persons with mental health problems?

We have tried to answer this question by reflecting on experiences from practice and relating them to theoretical concepts which then informed again practice. We followed this cycle from practice to interpretation and back again a number of times until this
crystallized into the present state of understanding. This dialogical process between practice and theory finds its reflection in the structure of the article, which is as follows: first we will present the practice from which we departed for reflection. This is the photoinstrument and how it has been performed. Then we will present Ricoeur’s theory. Subsequently we’ll consider some aspects of his theory. This dialogue with Ricoeur is informed by our experiences from practice. Finally we will return to practice to see how our understanding of it has been enriched in this way.

Experiences from practice: photo stories

We (the article’s first author) used to work as a nurse on a ward of a mental health hospital where patients stayed for a long period while recovering from a psychosis or another psychiatric decompensation. We saw how they sometimes wrestled to give meaning to the often traumatic experiences of their illness and how it affected their lives. In working with photographs we found a suitable method to help patients to reflect on their lives in a dialogue with other patients and with the nurse conducting the photo group. We then noticed how complex the stories that patients told were and also that story-telling was a very dynamic process. But the most important experience was that many patients were very eager to tell their story. We assumed that this story-telling contributed to healing and restoration. This experience prompted us to search for theoretical concepts that would help us to understand better how humans tell stories and thereby give meaning to their life and illness experiences. We then found that the concept of mimesis, especially how it was interpreted by Ricoeur, led us to a fuller comprehension of the practice of the photo-instrument.

The photo-instrument was developed as a narrative nursing practice in 2000 and tested in mental health care in the following years. We were inspired by many precursors in the social sciences and nursing scholars who showed how photography can be used as an instrument of eliciting detailed information of persons/patients on their life stories. The intervention’s protocol describes the stages that are needed to have patients or clients make photos of their life world. There are 2x8 group sessions. At the start and again halfway the participating patients get a disposable camera and an assignment that tells them what to photograph. After the participants have taken their pictures they are invited to express their feelings and thoughts relating to the pictures (photo-elicitation). This is done in a very structured way and is extended over a number of sessions. In the end the participants select a small number of photos for an exposition. Photo and text are then combined.
We saw how working with photographs launched many participants in the photo group on a course of story-telling in a bumpy way: participants clearly embarked on developing a story that grew out of a more anecdotally reflecting on photographs. We noticed remarkable shifts and changes of perspectives during the process. This was certainly the case with Ellen, whose story of how she gave meaning to her life we will present here. We selected her because her case poignantly demonstrated that a first understanding can differ from more informed readings after connecting it with theoretical concepts from Ricoeur and others.

The story of Ellen: a first reading
Ellen (a pseudonym) has had several psychoses and at the start of the photo group she was only recently discharged from hospital to live on her own again and take care of her two children. She had taken photographs of her own garden to reflect on her situation and on what she had gone through in her psychoses. In the first sessions of the photo group these photographs illustrated her situation before hospitalisation: living in an apartment in an area with a lot of social problems where she felt harassed by her neighbours. Lacking a feeling of basic security had contributed to her decompensation. One of the photographs showed a view of her garden from her kitchen window. Ellen used this photograph to tell how outraged she was that her neighbours threw their garbage into her garden and that her complaints to local authorities were denied. Instead she was taken into the hospital and her story was seen as a mad (wo)man’s litany. Ellen elaborated her point of view in some detail with other photographs. Photographs of a molested telephone booth demonstrated for Ellen that with all our modern means of communication we fail in getting a message across, as in her case her cry for help was not heard. The first series of sessions of the photo group were finished with a photo-exhibition. Ellen selected the photo of her garden to be shown at the exhibition. Then the second series started with a new chance for making pictures. Ellen set about to make new pictures and returned with a completely different set of photographs. Beside pictures of her mother’s garden there were now pictures of shadowed lanes and open places in the woods nearby. There was a remarkable shift in the focus she adopted. Instead of further lamenting on her condition she turned her gaze inside. She wondered how her life until now had been and why she couldn’t cope with her emotions. Her photographs of the wood and her mother’s garden were interpreted in terms of an all encompassing view of her life. Ellen now told us that she was part of the problem and that she had to work on that in order to live her own life again.

Our first understanding of Ellen was that her story reflected a denial of her psychosis that, seemingly unconnected, was followed up by a new story in which she accepted her vulnerability. We did not grasp that these stories could make part of one and the same process until our understanding was enriched by reading Ricoeur.
Ricoeur’s hermeneutic philosophy: a first reading

Things happen to us or we make things happen. They unfold in events; have a beginning, a middle and an end. According to Ricoeur this temporal dimension of human acting is reflected in stories and is the result of a process of emplotment. With the plot of a story we reformulate our lived experience into a coherent story. Ricoeur claims that the concrete process of emplotment is mediated by mimesis. Mimesis is a philosophical concept that goes back to the writings of Aristotles and Plato. As interpreted by Ricoeur mimesis is a process of imitation or representation of action and the way events are organized. It is not a passive copying and creating an identical replica (the Platonic interpretation) but an active redescribing or reformulating the world and plotting it into a story (the Aristotelian version).

This is the process we go through as narrator of stories but also as we read or hear stories. We actively assimilate stories and integrate them into our life world. The way a reader understands a story and its plot may very well differ from the intentions of the author. We read the text from our own background and apply it to our own situation.

The creative process of (re)formulating meaning is regulated by metaphors. Using metaphors we understand and experience one kind of thing in terms of another, for instance when we say that ‘football is war’. In a sudden glimpse the mind perceives how meaning can be expressed in a different way. A game of contest becomes a war between enemies. The work of imagination is to endow images to emerging meanings. These images are charged with symbolic associations. ‘War’ as an image in the example of ‘football is war’ stands for a complex concept with lots of associations: from the shedding of blood, the sacrifices for a noble cause to the depravities of starvation, exhaustion and terror. According to Ricoeur we derive the image that is evoked by metaphors not from perception but from linguistic processes. There may be a wealth of imagery in narratives but this imagery does not reflect impressions from the senses. The images are sign-images, that is they stand for associated meanings.

According to Ricoeur sensory images have the role of dispersing meaning and suspending the context of reality. This roaming about in images stimulates the imagination and sets someone free from restricting and sometimes oppressive realities, and creates space to formulate new meanings. In this way a diffusion of imagination is followed by a focusing and a concentration in concrete narrative. The suspending of reality in narrative time and a certain cherishing of belonging, a being in this world of fiction, is in itself not enough to realize a critical reflection necessary for a creative reformulation of truths. What is needed is distanciation. We have to distance ourselves from the ‘lived experience’ as something that is self-evident and taken for granted. This distanciation starts from a feeling of not being content to ‘live’ or ‘relive’ our lives. We then interrupt lived experience in order to
signify it, that is to express in symbols what things mean to us. Distanciation is part of the hermeneutic process, the way we comprehend and understand the world we live in. Understanding is the holistic comprehension, like we perceive things as a ‘gestalt’. There is however no understanding without explaining how and why things are the way they are. Explaining things is an objectifying cognitive operation. One has to put the object that is to be observed and explained in front of the observer at a certain distance. Only then we can observe it from different angles and perspectives. Ricoeur acknowledges the importance of a moment of distanciation in the mimetic process when he demands that the narrative will not refer to a local situation only, but to wider contexts as well. These wider contexts can only be observed by distancing ourselves from the immediate experience. According to Ricoeur understanding and explanation are intertwined and cannot be seen in a binary opposition. Explanation is a necessary step in order to reach a better and fuller understanding. While understanding needs the immediate holistic grasping, explanation needs the objectification and the observing of the objectified at a distance. Only then is a critical reflection possible.

In Ricoeur’s theory some core-concepts can be identified to explain the processes of mimetic resonance. First there is the reformulation of our lived experience, triggered by distanciation that comes from being not content with the life as it is lived now. In this reformulation the mind operates on metaphors and imagery. They mediate how new meanings come about. Images contribute to the process where they create a free space for associations from memory and imagination. This is the diffusion of meanings followed by a concentration when new meanings condense in the plot of a narrative. Distanciation also plays a role here where understanding and explaining are interchanging cognitive operations. Explaining requires observation of our point of view from different angles and perspectives, drawing in wider contexts as well.

Dialogue with Ricoeur

Keeping in mind that we strive for broadening our understanding of processes of meaning within the context of nursing praxis we encounter in Ricoeur’s work some aspects that we want to give further attention to.

Life world and literary text

Most photo-stories that were told in the context of the photo-instrument portray the patient’s daily life. The stories don’t focus on grand issues, but on choices and decisions people have to make from day to day. Only through these issues we catch a glimpse of larger questions of life. How is the ordinary life positioned in the mimetic process according to Ricoeur?
Ricoeur describes the circle of mimesis from life to symbolization as “an extension of meaning, progressive meaning, from the inchoate to the fully determined”24. Although there is a cyclical to-and-fro movement between text and action, there is also an emphasis on emplotment and ‘worlds’ of meaning that leads away from life as it is lived here and now, “Ricoeur seems to assert that life cannot be lived without literature”, stated the historian David Carr in a discussion with Ricoeur24. Ricoeur responded with his answer: “It is then asked if life needs to be understood through literature. I would answer in the affirmative—to a very great extent.”. For Ricoeur emplotment is essentially a literary configuration25. According to Ricoeur real life eludes comprehension of man. That’s why we need the help of fiction to find a model of intelligibility with which we can understand our lives. Life histories suffer from ‘narrative’ incompleteness and are entangled in a dialectic of remembrance and anticipation26. They lack the clear cut closures of beginning and ending that human action in fiction has. Ricoeur seems to suggest that only if life histories are put under the custody of literary narratives that teaches us how to articulate our lives they can acquire sense.

Ricoeur is right about the ‘narrative incompleteness’ of life-stories. It is true that most people don’t have their life-stories ready, waiting to be told or read as is the case in literary fiction. When we compared this with the stories patients told us during sessions of the photo group we found that stories were incomplete, because they were still under construction while being told. In thinking about life-story there has however been a turning away from theorizing about life-story as ‘an already available story’27 to ‘life-story narrating’. True, in the everyday practice of life-story narrating we usually don’t see linear complete whole stories, characterized by plots. Stories are not always structured along logical linear connections. They often have an anecdotal character. Participants of the photo group for instance recounted their reflections on their lives as fragments that refer to specific remembered experiences triggered by the photographs. In their stories there are ruptures, changes of perspective; new connections are made in an ongoing process of construction and reconstruction. However, this gives life-story narrating a flexible character and is rather one of its stronger aspects than, as Ricoeur would have it, a weakness. It is in this process of construction and reconstruction that people find a ‘fit’ to cope with life and with life events such as the onset of illness28-29. In doing so they have linguistic resources or repertoires at their disposal of which literary fiction is only one and not the most important. Photo-stories narrated by participants of the photo groups show that there is a treasure-house of cultural notions embedded in sayings, practical wisdoms, popular songs and humour that people spontaneously and naturally have access to. In the photo-stories, for instance, we repeatedly found the notion of destiny mirrored in the idea that every individual has to follow his own path in life. These notions make part of a kind of common shared canon, a kind of ‘folk
psychology’ in the light of which our actions and intentions become comprehensible. But at the same time, as Bruner made clear, to assure individuality we focus upon what is exceptional (and therefore, worthy of telling) in our lives. Therefore the story is just then tellable if the story runs counter to expectancy, although it must do so in a way that is culturally comprehensible.

**Performance and meaning**

Our experiences with photo group sessions made it clear that the setting in which the photo stories were told was of eminent importance. We found for instance that the acclaim that participants met in telling their stories stimulated them to go further where they otherwise, in a one-to-one interview, may have halted. We wondered how to reflect on this aspect from Ricoeur.

Discourse and conversation analysts claim that by telling stories we present an image of ourselves and of the motives for our actions in such a way that our stories are considered to be credible and that we as persons are held trustworthy. This is what Ricoeur calls the self-constancy in our identity (the *ipse*) that must be proven and reaffirmed over and again. Ricoeur focuses on the reflexive and ethical aspects. Stories are embedded however in a social exchange between ‘actors’ who use storytelling in the interaction with others. The expressive and communicative aspects therefore are just as important as the meaning-giving aspects per se. One may even speak of a dramaturgical model, of which the sociologist Goffman is a well-known exponent. He describes how social interaction was regulated by all kinds of rules that governed how individuals enacted or performed their part in conversation. The social arena is compared with the stage where actors perform a part. There is, however, one important difference with the theatre. In real life we usually play our part without pretending as if. We are the roles that we play and we do so as convincing as we can. There is a clear relationship between how someone gives meaning to his experiences, the context within this is expressed (performed, enacted) with identity formation processes. We are our narratives. Narratives are multi-layered and can change, even if it may be subtly, every time when they are being voiced. Most of us have a whole repertory of stories, sometimes at conflict with each other, all of them telling other aspects of what persons we are. This is what we also found in many photo stories. Participants in the photo group sometimes told different stories. On one moment for instance their stories reflected more dreamlike artistic ambitions, only to be ignored or even discarded the next moment when their stories related more practical down-to-earth wishes.

When we focus on the performance of patients we must acknowledge that their suffering can mute their voice. Suffering alienates the patient from those around him, family, friends and nurses. It may be impossible to express bitter experiences and the unfathomable...
depth of despair, because people are frightened away from too much suffering. Their shrinking from the presence of suffering shames the sufferer. It severs the interpersonal bridge between the sufferer and his social environment and causes feelings of isolation and alienation. We saw examples of this in photographs that participants did make, but declined from commenting on. The fear of not being heard, the unspeakable nature of the suffering, the fear of causing others suffering or the newness of the experience can stifle one’s voice. This disconnection is part of suffering, as Frederiksson and Eriksson reported from their study on narrative understanding. The essence of the struggle of suffering is the conflict between shame and dignity. It is a struggle to make yourself heard. Only when someone succeeds at having his true self confirmed by others then shame can be overcome.

The question to what degree humans safeguard ethical values at the core of their identity and how they can be held accountable by them, is one that Ricoeur’s concept of the ipse touches on, but that threatens to be neglected in the narrow context of performance and the necessity to manage the impressions one makes on others. In the context of this article, however, we focused more on the performative aspects and downplayed somewhat (although not altogether) aspects of morality and community. We intend to focus on these aspects in a future article.

Perception and embodiment
Photographs that participants of the photo group made impressed us because of their vividness. They were more often than not related to concrete experiences and to places that actually were the mise-en-scènes of individual lives. Images seemed to link up with strong sensory perceptions. Ricoeur attributes to concrete images a limited role in the process of mimesis, namely that of dispersing imagination. The images become intelligible only through interpretation in language, by which they become imagery. Ricoeur denies the imagery of having strong links with perception. This reduces the image to the role of a vehicle for a linguistic signification. However, we use language to describe images and we use images to grasp meaning of language in a ‘Gestalt’. Perception also precedes understanding and can have a freshness and acuteness that communicates itself in ‘dense impressions’. The relevance of ‘dense impressions’ for nursing is that skilled nurses make use of these impressions when they observe their patients. Before rationally knowing what the matter is they are alert to impressions that flow directly from open and receptive perception. Opposing impression-images to sign-images, as Ricoeur does in ‘Time and Narrative,’ does no justice to the impact (visual) perception has in the process of signification, which is not limited to the mimetic process of written texts alone.
Considering the relevance of Ricoeur’s thinking on narrative for understanding a narrative nursing practice we conclude that the concept of mimesis gives an adequate theoretical explanation of the meaning giving process as such, but also that there are aspects that deserve attention:

1. The theory puts emphasis one-sidedly on and overestimates the role of literary texts. Ordinary stories told in every day life are disregarded.
2. Communicative aspects of performance and representation in a social context remain underexposed.
3. The focus is on linguistic processes, which leads to an underestimation of the role of perception and embodiment in the process of giving meaning.

Therefore Ricoeur’s narrative theory with mimesis as its central key tenet must be supplemented with the concept of performance and representation to bridge the gap between hermeneutics and the communicative setting of nursing.

**Ellen’s process of mimesis and performance**

In the former section we departed from theoretical concepts to see how they informed and enriched our experiences from practice. With this interpretation of Ricoeur we will now again return to Ellen and see how our understanding of her story can be widened and enriched. By doing so we follow the hermeneutic arch of interpretation and understanding.

**Ellen’s process of mimesis**

Ellen set about narrating her life-story. She didn’t do this in a linear way. Her story was fragmented. As we saw she initially focused on the vandalism afflicted on her, with her garden as central point of view, but then she reconstructed this image and via a detour of images of the wood she developed another narrative. In narrating her story she borrowed cultural notions from the stock house of folk-psychological tradition. She, for instance, used the popular notion that every individual has to walk his own way in life, to overcome obstacles, pass through dark and light moments, but in the end will find light and hope. This is what she told about photographs of shadowed lanes in the wood where the sun shines through the trees and where there are sunlit spots on the ground (figure 1). She says:

“There is a clear path where the light shines on. [...] The challenge is to become better and to continue life without fear [and] in a safe place to live. I want to take the fear out of myself by having time pass by and do its job and by acceptation. Medicine helps me to accept myself, but also talking with friends”.
Figure 1: Ellen’s photograph: obstacles on her path

According to Ricoeur images then are no longer confined to a concrete basis in impressions from senses, but have become mental constructs. Lanes in the wood are transformed into a path of life. The image has become imagery. At the same time, however, it becomes clear that Ellen’s story remains firmly grounded in the life she lives here and now. Although she uses the garden as a symbol it still remains an actual place where she felt threatened by her neighbours. The woods she had photographed were the playgrounds of her childhood and a place where she still used to come. Ellen employed the images of the wood for a metaphoric account of her life story. However, the photographs she uses have such strong impact because of their perceptual density. The lanes leading through the wood are interwoven with her history and her actual life. The dark and light, the open and enclosed spaces in the wood are physical sensations for Ellen, not just symbolic imagery. It’s exactly the grounding of the photographs in local contexts and strong sensorial experiences that lend Ellen’s narrative such a powerful appeal.

The way how Ellen constructed her narrative from the images evoked by the photographs, illustrates the process of concentration and diffusion in the context of the photo-group. Out of the whole set Ellen was asked to select three photographs that were the most meaningful to her, thereby inviting her to foreground certain themes, prioritize interpretations and pattern her narrative. From the fragmented interpretations of the photographs we saw above (diffusion of meaning) she emplotted a new narrative in the end (condensation):
“With the three photographs I outline symbolically where I stand in life and what it did to me. How I felt, still feel and how I will feel. What it meant to me and how it resulted in my present views [...] The challenge to face life and go for it notwithstanding obstacles, emotional black holes.”

Ellen’s performance
In the first sessions Ellen told her story as a monologue without allowing others to suggest different perspectives, as if she seized the opportunity now she had the platform and didn’t tolerate interruptions. She made the impression of eagerly wanting to tell her story. She may not have had this opportunity that much before, without caregivers interpreting it in terms of disease symptoms or psychosocial malfunctioning. May-be this is what she referred to when she commented (in an agitated voice):

“My therapist told me that I should not engage myself in thinking about the future but that’s what I actually do in the photo-group”

Earlier experiences with professionals reducing her story to her illness may partly explain how she initially performed her story. The integrity of her story had to be defended against alternative interpretations, especially that of psychiatry. That’s why her story was foreclosed and presented as a monologue. After having experienced that she had been able to tell her story without disqualifications and that it had been heard and ‘received’, by the others in the photo-group, only then Ellen could allow other perspectives and develop a new narrative. This is reflected in her presentation. Initially Ellen was emotionally uptight with rage and indignation; she did not show these feelings and presented her story as if it were an observation by someone else. Later on Ellen opens up. Her story becomes embodied, expressing her feelings and emotions. This way of telling is as much part of her story, as its verbal contents. In the case of Ellen storytelling is not just a matter of telling alone, but also of presentation and enactment. Ellen’s narrative becomes embodied where at first it was literally ‘stifled’ in a pose of constraint and apparent non-commitment. Listeners, including the nurse therapist, could ‘read’ Ellen’s story by interpreting the transitions in her body language. How Ellen develops her narrative touches upon a crucial point, namely that the act of telling the story is set in a performance. By telling her story Ellen legitimized to other persons choices she had made; her story justified her intentions. The initial representation Ellen gives is of a woman claiming her right to be left in peace and enjoy her rest. She presents herself as a victim from vandalism and she demands recognition for that. In the second round of the photo group sessions there is a shift; Ellen starts to search how to make sense of her illness story in the context of her life-story. We can thus discern a dialogue developing on two levels: an external dialogue with an audience (her fellow
photographers in the group but beyond them, her psychologist, nurse-therapist and
maybe in even wider circles: council authorities) and an internal dialogue with herself.
These are the dialogue-settings in which her performance takes place.
Ellen can be seen as a person struggling to find meaning in her life in the midst of suffering.
Her performance takes on the form of a ‘drama’ with three acts: (1) confirmation of
suffering, (2) being in suffering and (3) becoming in suffering. The confirmation is what
she finds when others recognize her story. ‘Being in suffering’ means for Ellen that she
can take her time for working out her fragmented story in a more coherent, meaningful
narrative that in the end becomes integrated in her life history. During the third act of
‘becoming in suffering’ Ellen reconciles herself with life again. She finds a new perspective
and formulates her hope for a better future, based on a realistic estimation that she
herself creates the obstacles that stand in the way. From being a victim of the situation of
suffering she comes to recognize the conditions for recovery. The playing with images of
the wood stimulated Ellen to begin an internal dialogue, to reconstruct her experiences,
to find new meanings, and this contributed to raising her hope. It has been evidenced
that this meaning giving process itself leads to a better mental and physical health, for
example, in research on the relationship between positive thinking and the response of
the immunesystem.37

Re-reading Ellen’s photo stories
We started with a first reading and understanding of Ellen’s story that left unexplained her
change of perspective during the sessions of the photo group. After being informed by
the theoretical concepts of mimesis and performance our comprehension was broadened
and we understood better how, in the context of the photo-instrument, Ellen found sense
in what illness did to her life-story. We saw how Ellen retold her experiences and found a
new perspective. It became clear that she could only distanciate herself from the impact of
the painful confrontation with her social environment after ‘playing around’ with images
of the garden and the wood. We have shown how these images mediate the mimetic
process through a perceptual density that lends her narrative strong appeal. With her
photographic essay Ellen started to review her life story. Ellen addressed not only her
social environment with her photo-story, she also entered a dialogue with herself. These
are aspects of the process of performance. Performance gives her story a sense of acuity
and urgency, because Ellen presents herself as accountable for her own life.
Discussion

What makes the photo-instrument an element of nursing practice? What is its legitimacy as a nursing approach? Nursing has been described as helping patients with problems in daily life caused by and coming from diseases, disorders or the process of dying. The focus of nursing is on helping patients with actual or potential reactions to health problems and/or existential problems related to them. The photo-instrument does help patients to recontextualize their illness in their lives and to integrate illness experiences within their life-stories. Although a patient’s expression is not always understood by the patient or others as suffering it is nevertheless of eminent importance that a person expresses and symbolises her inner reality and doing so put suffering into words before it can be expressed. This can be seen as a prerequisite for overcoming feelings of shame and restoring dignity. Where a person is not yet able to verbally symbolise her inner reality and experiences with suffering, images can mediate to give birth to language. Younger speaks of the midwifery function of nurses to help the suffering person to articulate her story. The photographic images come to the nurse’s assistance in fulfilling this task. Nurses working in lines with Parse’s theory will recognize this when they engage in a dialogue with a person: “Languaging’ is from the first principles of human becoming, and refers to ways of signifying valued images through speaking.” It is the nurse’s ability to be genuinely present, in the deepest sense of connecting with someone as one human being with another human being, that grounds a healing relation. Restoring the interpersonal bridge, that was severed by suffering and feelings of shame it evoked, is a condition for human becoming and photographs mediate this restoration. Being truly present is also the basic art underlying the entire methodology of Parse. As Parse claims “it’s a special way of being with others that recognizes the other’s value priorities as paramount…True presence is an invitation for person or family to explore the depth of ideas, issues, or events as they choose.” The photo-instrument has taken this invitation at heart.

Conclusions

Ricoeur sees meaning making in terms of narrative and emplotment. Although Ricoeur recognizes an intrinsic relation between action, the lived experience and its emplotment in stories, he regards this process primarily as textual, rather than performative. In the

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1. ‘human becoming’: refers to Parse’s assumption that humans are mysteries unfolding in an ever-evolving process of emergence from a human-universe interrelationship. Humans relate with the universe in rhythmically paradoxical patterns in which the human freely chooses meaning in situations and bears responsibility for decisions. ‘Health’ relates to the experience of humans of living patterns of personal value priorities. 

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photo-instrument, the emphasis is on situatedness and corporeality of narratives. Our experiences with patients in the photo group show that the intricacies and actuality of life histories can be seen as motors in the meaning giving process. Ricoeur’s theory can be married with concepts of performance and embodiment to realize an enriched understanding of the photo-instrument and link mimesis even stronger to stories from daily life. To this purpose we found in sociolinguistics the concepts of representation, performance and enactment with which we can describe the social function of narrative in the dialogue of an individual with others. In this way we arrive at a broadened understanding of the process of meaning giving in the context of the lives of persons with mental health problems.
References


42. Parse RR. The Human Becoming Theory: The Was, is, and will be. *Nurs. Sci. Q.* 1997; 10; 32-38.