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BRIEF REPORT

Recovery Narrative Photovoice: Feasibility of a Writing and Photography Intervention for Serious Mental Illnesses

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Objective: The primary purpose of this article is to describe the development and feasibility of the Recovery Narrative Photovoice intervention. The nature of this intervention will be discussed, including facilitating empowerment and a positive sense of identity among people with serious mental illnesses. We will also describe the integration of Photovoice methodology with psychoeducational components, informed by principles of the recovery movement and narrative therapy. **Methods:** Sixteen participants with serious mental illnesses from a psychosocial rehabilitation and education center in the Northeast participated in a pilot study evaluating this new 10-week intervention with a pre-post test design. To assess feasibility, descriptive statistical analyses were conducted of attendance data and number of works produced. The pilot study was implemented in 2 consecutive waves with 8 participants each. **Results:** High rates of attendance (69%) and production of photovoice works (82%) were demonstrated over the course of the 2 waves of the pilot. **Conclusions and Implications for Practice:** Findings support the feasibility and acceptability of the Recovery Narrative Photovoice for individuals with serious mental illnesses. These results reflect the potential for using this intervention in psychiatric rehabilitation settings to facilitate recovery-related outcomes, including empowerment, positive identity, and community integration. Future research will require a replication of pre-post assessment of this intervention to further establish the efficacy of this program.

Keywords: photovoice, recovery, serious mental illness, narrative, psychiatric rehabilitation

Photography and writing have been identified as valuable means for highlighting the needs and desires of marginalized individuals, and communicating their stories to a wider audience (Wang & Burris, 1994). People with serious mental illnesses are a underserved group that face significant stigma that interferes with recovery—the process of adapting to one’s mental illness and engaging in a meaningful life of self-determination (Anthony, 1993). The present intervention, Recovery Narrative Photovoice, is a 10-week intervention tested over the course of a pilot study with two waves of program delivery. In this brief report, we will describe the development and feasibility of the Recovery Narrative Photovoice intervention.

Photovoice is a community-based participatory action research approach where participants take photographs and write accompanying narratives or are interviewed about the content in the images (Wang & Burris, 1994). The photovoice method has been used to address different problems, including challenges associated with medical illnesses, physical and psychiatric disabilities, unemployment, poverty, homelessness, immigration, and war (Hergenrather, Rhodes, Cowan, Bardhoshi, & Pula, 2009). Participation in photovoice has been linked to various internal outcomes, such as enhanced self-efficacy, self-reflection, self-awareness, and empowerment (Foster-Fishman Nowell, Deacon, Nievar, & McCann, 2005). Photovoice has also been useful for facilitating expression among individuals with a range of literacy and cognitive backgrounds, such as those whose cognition may be impacted by mental illnesses (Hergenrather et al., 2009). In the mental health field, photovoice has been primarily used as a research methodology (see Catalani & Minkler, 2010 for a review). However, photovoice was used in the present study as a mental health intervention by integrating psychoeducational curriculum and exercises.

The present photovoice intervention, Recovery Narrative Photovoice, was developed as a 10-week intervention is designed to facilitate recovery, empowerment, community integration, and positive identity among individuals with serious mental illnesses. In addition to being grounded in the photovoice methodology, Recovery Narrative Photovoice curriculum was informed by the

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principles of narrative therapy, psychiatric rehabilitation, and the recovery movement in mental health. Narrative therapy is a collaborative approach focused on coconstructing empowering stories with clients that enhance empowerment and mental wellness (White & Epston, 1990). Theory from narrative therapy was used in the development of Recovery Narrative Photovoice to support the expression of liberating stories of recovery with an attention to language that is nonpathologizing and experience-near (e.g., too much energy vs. manic episode)—that is, closely linked to the individual's language and experience of the problem (White & Epston, 1990).

Recovery Narrative Photovoice also integrates philosophy from the psychiatric rehabilitation literature and movement in recovery—the process of living a life of hope and satisfaction in the face of mental illness (Anthony, 1993). Principles of psychiatric rehabilitation that are integrated in Recovery Narrative Photovoice include a focus on the person's values and goals, promotes a positive sense of self, and supports meaningful community involvement (Anthony, 1993). Community integration was targeted in this program given that it is a

central component to recovery, a key mental health outcome, and a barrier for people with serious mental illnesses (Pahwa et al., 2014). Moreover, photovoice is a community-based approach that is particularly suited to enhance community action and involvement (Wang & Burris, 1994).

Method

Setting and Participants

Participants in the pilot were attending a psychosocial rehabilitation and education center in the Northeast. Recovery Narrative Photovoice was offered at this center where people with serious mental illnesses from the local community take part in mental health interventions. Participants at the center must have signed documentation from a licensed medical practitioner providing evidence of a major mental health disorder with significant impairment in functioning. To analyze this archival data after the intervention was completed, we requested an exemption from the

Table 1
Recovery Narrative Photovoice Program Content Overview

Treatment session	Treatment elements
Week 1 Introduction to Recovery Narrative Photovoice	<ul style="list-style-type: none"> • Conduct overview of photovoice, recovery philosophy, and schedule • Establish ground rules and individual participant goals • Complete self-assessment on community integration and recovery • Assign homework: "Write a story that is often told about you"
Week 2 Understanding our lives through stories	<ul style="list-style-type: none"> • Complete "How Stories Shape Us" interviews about homework story • Discuss different purposes, impact, and structure of stories • Review handout on Photovoice ethical considerations • Assign homework: Photo Mission 1—"Who I Am"
Week 3 Reframing limiting stories in our lives	<ul style="list-style-type: none"> • Discuss limiting versus liberating stories and "Restorying" narratives • Review handout on SHOWED mnemonic for photovoice writing • Practice writing for sample photo using SHOWED and share
Week 4 Writing and listening to life stories	<ul style="list-style-type: none"> • Discuss reframing mental health problems using different language • Complete worksheet on liberating names for mental health problems • Brainstorm strategies to facilitate writing liberating stories • Review handout on "Writing: How to Get Started" • Complete writing for Photo Mission 1
Week 5 Opening our lives to liberating stories of recovery	<ul style="list-style-type: none"> • Review handout on recovery research, facilitators, and barriers • Discuss recovery stories and personal recovery experiences • Review examples of previous recovery photovoice works • Assign homework: Photo Mission 2—"My Recovery Story"
Week 6 Working together on our recovery stories	<ul style="list-style-type: none"> • Complete writing for Photo Mission 2 • Review guidelines for giving and accepting feedback respectfully • Share photo missions and elicit feedback
Week 7 Making sense of our recovery stories	<ul style="list-style-type: none"> • Revise and finalize photovoice works • Complete handout on themes and life changes from doing photovoice • Share recovery and identity themes in one's photo missions
Week 8 Taking community action	<ul style="list-style-type: none"> • Discuss history of activism in the ex-patient's movement of the 1970s • Review handout on community action in mental health • Identify community action based on group's recovery narratives
Week 9 Planning our Recovery Narrative Photovoice exhibit	<ul style="list-style-type: none"> • Implement community action task identified during last session • Identify audience for photovoice exhibit • Plan and write speeches on personal growth for exhibit
Week 10 Celebrating recovery narrative photovoice work	<ul style="list-style-type: none"> • Display of finished photovoice work • Complete self-assessment on community integration and recovery • Present speeches and discuss personal growth and group process



Figure 1. My Recovery Story: The challenges that I face in life very much remind me of mountain climbing. The higher I get up the mountain, the more I can see. That encourages me to keep moving upward. While I did not get to the top of this mountain, my friend and I continued to make progress on the mountain during our hike. The more I see progress in moving past a hurdle, the more I realize I can overcome mental health challenges in my life. See the online article for the color version of this figure.

institutional review board, which was granted on the basis of the data being anonymous with no clear identifying information included in the works.

Program Overview and Development

Recovery Narrative Photovoice was conducted for 10 weeks, meeting once per week for 2 hr each meeting. The class was led by Lauren Mizock and a peer co-facilitator in 2 waves, with 8 participants in each wave. Attendance was encouraged but not mandatory. Participants were not penalized for missed classes. The

Recovery Narrative Photovoice program curriculum was manualized (see Table 1), including psychoeducational content, handouts, writing exercises, and activities to assist participants with constructing empowering narratives of recovery and identity given the stigma associated with serious mental illnesses. Three “photo missions” were assigned to participants over the course of the 10 sessions to elicit photography and narratives focused on recovery and identity: “Who I Am,” “My Story,” and “My Recovery” (see Figure 1 for an example).

Measures

Prepost measures were administered during both pilot waves. The Ryff Scale of Psychological Well-Being (Ryff, 1989; 54 items; 6-point Likert scale) was used in the first wave of the pilot to assess measures of identity and empowerment. Different measures were selected for the second wave of the pilot to better target outcome variables: the Empowerment Scale (25 items; 4-point Likert scale) (Rogers, Chamberlin, Ellison, & Crean, 1997) and the Community Integration Measure (10 items, 5-point Likert scale) (McColl, Davies, Carlson, Johnston, & Minnes, 2001).

Results

Data related to attendance and number of photovoice works produced is presented in Table 2. The overall attendance average was high with a mean of 69% for the 10 sessions (6.9 sessions). The average attendance in Wave 1 was 73% (7.3 sessions) and 65% (6.5 sessions) in Wave 2. Production of photovoice works was also high. The total number photovoice works produced across the two pilot waves was 37. Combining the two pilots ($n = 16$), 82% completed 1 or more photovoice works, and 69% completed 3 or more works.

The pre–post assessments were well tolerated by participants in the first wave, although fewer participants completed post measures in the second wave. No significant differences were identi-

Table 2
Recovery Narrative Photovoice Attendance and Works Produced Data

Participant	Pilot wave	Sessions attended (out of 10)	Sessions attended %	Number of works produced
1	1	4	40%	0
2	1	10	100%	3
3	1	9	90%	3
4	1	9	90%	3
5	1	8	80%	3
6	1	9	90%	3
7	1	2	20%	0
8	1	7	70%	3
		<i>M</i> = 7.3	<i>M</i> = 73%	Total = 18 works
1	2	3	30%	1
2	2	9	90%	3
3	2	9	90%	3
4	2	3	30%	1
5	2	9	90%	5
6	2	3	30%	0
7	2	8	80%	3
8	2	8	80%	3
		<i>M</i> = 6.5	<i>M</i> = 65%	Total = 19
		Overall <i>M</i> = 6.88	Overall <i>M</i> = 69%	Overall total = 37

fied on any of the measures likely due to the small n size and missing data at posttest measurement.

A previous qualitative analysis of the works produced by participants of the present Recovery Narrative Photovoice pilots generated a number of themes with findings presented elsewhere (Mizock, Russinova, & Shani, 2014). Iconographic and thematic analysis revealed recovery-related the following themes: metaphors for mental illness, losses resulting from experiencing a mental illness, recovery strategies, recovery outcomes, and lessons learned from the recovery process.

The work from participants in both classes was displayed in a community exhibit. Participants identified several speakers from each pilot group to develop and deliver speeches at the exhibit based on key messages they wanted to communicate to the community about their mental health experiences. The final speeches focused on their mental health challenges, recovery, and benefits gained from participating in this intervention. Their work was also included in two additional photovoice exhibits from the psychosocial rehabilitation center at a government building and local university, further disseminating their stories of recovery to the community. Participant feedback described the benefits of Recovery Narrative Photovoice to include increased empowerment, positive sense of self, and community integration.

Discussion

These findings support the feasibility of the Recovery Narrative Photovoice as a program targeting the recovery of individuals with serious mental illnesses. The program engaged participants to actively reflect about the ways their identities had been affected by their mental illnesses and to develop empowering recovery narratives. High rates of attendance and production of photovoice works were also found. In addition, the photovoice works revealed key elements of the identity transformation process along the illness-recovery continuum (Mizock, Russinova, & DeCastro, 2014). Limitations included a low n size and completion of pre-post measures, posing barriers to gathering this outcome data.

Results of this feasibility evaluation of the Recovery Narrative Photovoice highlight the value of giving voice and capturing an image to affirm the transformative outcomes associated with recovery, including empowerment, positive identity, and community integration. This intervention shows promise for the use in psy-

chiatric rehabilitation settings to foster these recovery-related variables. Future replications are needed to further establish the efficacy of this program with regard to targeted recovery outcomes.

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