Photovoice as a methodology with people suffering the consequences of alcohol-related harm

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Although the terminology ARBD (alcohol-related brain damage) is widely used, Holloway explained, participants who had come from CARDS often did not recognise themselves as having such a condition. Only men had agreed to participate in the project, and several women who had been invited, cited reasons such as having strong feelings of shame for not wanting to be involved. Holloway reported that participants often described the experience of being admitted to hospital, where they stayed for some time in an acute state, but that then, afterwards, although they remained in hospital, not much seemed to happen. Some participants were still consuming alcohol, although they had been trying to abstain.

Three workshops had been held in the National Portrait Gallery. The first consisted of an introduction to the project and explanations about how to use the digital cameras. Participants then had gone away to take pictures of their environment. They returned to another meeting, bringing the cameras back in order to have the photos viewed and selected with the help of a photographer, while a creative-writing expert helped the participants to explore the meanings of the images. In the final meeting, participants selected the ‘photovoices’, which would be used in their individual photobooks.

The project team had worked to enable participants to record and reflect on their personal strengths and concerns, as well as on their neighbourhood, encouraging them to record these in photos. Through group discussions about the photographs, the researchers had intended to facilitate dialogue and information sharing, with a view to pass some findings on to policy makers. However, as Holloway explained, project participants underwent very individual experiences of recovery. Despite the project team’s efforts, the participants from CARDS chose to work predominantly in isolation, not interacting with each other, engaged with their own individual stories.

Despite this, Holloway argued, the researchers ended up acquiring quite good data, because the participants had come to the sessions with lots of ideas about what they would be photographing (e.g. pets, scenes for a particular reason), and some had specifically intended to use their photos to generate a positive impact on others.

The following are some of the comments provided by the participants describing their experiences in the project:

I thought that it was going to go on for 6 months or something, I really really liked that place, you know, the folk, all of them, they were all really nice. I wish we could go back, you know, together, they were all so relaxed. It relaxed me.
I enjoyed it. If I can make one person look at my pictures and think twice about drinking then that’s a good thing. It’s made me think about how I can help others, like maybe mentoring or something.

It has made me think about asking that social worker about getting access to my money to buy a camera, I’m allowed the money for things like that. They keep it to stop me buying booze, but I’m sure they’d agree to this.

Following Holloway’s talk, her conversation with the audience started with a discussion on the possible reasons as to why project participants from CARDS had not interacted very much with each other in the workshops, despite the project team’s efforts. It was suggested that this might relate to the stage of recovery of individuals. It was also suggested that at an earlier stage at CARDS, clients might interact mainly with professionals. However, in settings like Edinburgh’s Serenity Café, founded and managed by people in recovery, a safer, more peaceful environment can be experienced with peers working to create a community atmosphere.

Talking about how the participants carried on drinking while in recovery, discussants commented that while stopping drinking might be easy, especially when a crisis point has been reached, it is far more difficult to maintain abstinence, because alcohol is widely available and advertised in many settings. It was also noted that while on social media, for example, on Facebook, depictions of alcohol contexts are often imbued with images of sociability, where people are having loads of friends and fun, the photovoice pieces were mostly about bleak and depressing experiences. It was suggested that this could have been influenced, to some extent, by the participants’ assumptions about what the researchers would be expecting them to present.

An audience member, talking about his own alcohol problem, commented that he had stayed in hospital for a while to receive treatment, but that, when released, he had had to return to his usual accommodation, surrounded by the places and the people linked with his problem drinking. There was broad agreement that alcohol recovery processes need not to focus only on individuals, but also on neighbourhoods. While it might not be possible to support people to move house, social services ought to be able to support people to engage in pursuits that do not involve alcohol drinking.

Finally, Holloway explained that the photovices had been exhibited and mentioned in a debate in the Scottish Parliament. She also explained that while a permanent project display had been set up in an ARBD unit, volunteers at the Serenity Café had also set up their own exhibition. The researchers would be interested in developing a toolkit to support other organisations willing to undertake a similar project.