

*The felt sense and how it can therapeutically be mediated
by photographs*

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In mental health care the focus of diagnosis and treatment is too much on someone's behavior and the cognitive aspects adhering to behavior. The DSM-V classification invites clinical attendants to see behavior and its emotional—cognitive aspects as a complex of symptoms that represents an identifiable type of illness and disorder and thus clinicians run the risk of neglecting their dynamic etiology. Most of what we think, feel and act upon is the outcome of how we perceive ourselves in relation with the world around us. Perception we understand however as much more than the working of our senses sight, hearing and tactile feeling. It comprises also the subtle sensing of signals from the internal (physical) milieu and how we sense our interaction with the environment. The circuit of sensory perception is directly controlled by a need for action and in this way connected with the motoric response to environment variables. It is therefore a synaesthetic system as external sensory perception is combined in the mind with the input of internal (mental) images and anticipatory representations of actions that must be performed in order to cope with stimuli from the environment. The need for responding to environment variables (“affordances” in neurocognitive literature) translates itself in *enacting* what we feel or know what must be done in order to survive or make the best of internal and external conditions (Ellis, 2005). Enaction is ultimately experienced as subjectivity, that is our consciousness of the here and now of how we relate to the world. We become conscious of the signals from our senses as *sensations*, which are translated into certain emotions or moods (for instance joy, excitement, despair and depressed feelings). Feeling “tense” or “down” or “cheerful” or “enthusiastic” can have a pendant in background feelings of tension or relaxation, of fatigue or energy, of well-being or malaise, of anticipation or dread (Damasio, 1999, p. 52), that are ‘guts’ feelings and are sensed physically. These background emotions are, as it were, “seismic registers of the ongoing physiological-biochemical processes of the body, or

the internal state.” (Sundararajan, 2000), but ultimately they are the sediments of how a person physically, socially and mentally responds to and acts upon the physical and social milieu he lives in. In phenomenological-hermeneutic terms this may be referred to as the “existential reality”. Psychoanalyst Daniel Stern (2000) called the background feelings associated with how a person relates to his existential reality “vitality affects.” More generally one may call it “felt sense”, as the term indicates exactly what is meant: sensing is something that we feel in our guts as it were and precedes the cognitive reflection. The felt sense therefore need not be something that one is rationally aware of. In the article that we published recently (Sitvast, 2020) we plead for therapeutically influencing the felt sense and thus may-be change patterns of interacting with the existential reality. We proposed not to start with the felt sense directly but to use an intermediary “tool” to approach the felt sense that lies as it were “behind the images”.

We posed the question: why not develop exercises in perceiving reality and model in this way the process of sensing the world as one that is inviting, vibrant and warm? Thus facilitating the appropriation of what until now for many persons with mental illness may have been a hostile world? We think that the creation of a positive felt sense or “guts” feeling, may be mediated by an aesthetic shock that makes your heart beat faster, gives you a boost of energy and that in the end (when it is reflected on and given words) may create the motivation to follow it up with action. Music therapy (Dingle et al, 2018) and poetry-writing may be apt ways to infuse the felt sense with new ‘sensations’ which in their turn can be reflected on and which can lead to more openness in an otherwise ‘framed’ narrative that a person with severe mental illness has about him/herself and the world around them. Also photography has this potential. In the same way that you can be moved by music or a poem, an image or images can have an impact and change something in how you relate to your (existential) world. You feel or experience that you are alive and that you are lifted out of the limited perspective of being a person with mental health problems. Your horizon may widen.

“People must first learn to see and perceive the world around them. Perception occurs with the senses and openness for impressions from outside is necessary. It becomes more focused when guided by a reflection or a question as for instance: what things in your environment make you happy and can you photograph them? To make such an observation one needs to be present in the here-and-now, which is not always easy for people who are harassed by problems in many domains of their life: health, financial situation (debts), poor living accommodation and loneliness/ social isolation. They tend to worry and literally have too much on their mind to stay in the here-and-now. Their stories are sometimes ‘closed narratives’ and they may ‘frame’ the perception of the world around them

in terms of that same narrative, so that it becomes repetitive and self-confirming, as expressed in lamentations as for instance: “I am always the dupe; I have no luck.”[quoted from Sitvast, 2017].

The assignment of making photographs of things of beauty or making photographs of anything that gives you a thrill and has a tinge of excitement or adventure to it, may contribute to a growing awareness in the photographer of what is valuable, beautiful and worthwhile cherishing. The assignments help the photographer to see the world as it were from a fresh perspective that may resonate with deeper intuitions, memories and values in a person than those associated with the overwhelming experience of mental illness and framing oneself/being framed as a patient. Making the photographs implicates going out into the world and see/learn what is out there worthy to be photographed. The photographs then become “icons” of a new awareness. It is through iconization (projecting and associating meaning into photographs) that we arrive at meaningful words (a new narrative) to denote what we bodily feel/sense when we see the photographs. In concrete terms this means that the photographers, participating in a photo group, are being invited to reflect on what the photographic image means to them and share this with other group members. If this results in a new vitality that is being experienced then it is probably also a product of the mere involvement in an activity. Engaging with an attractive activity gives a thrill and the sharing (shared admiration) of photographs with other participants and therapists give participants a feeling of connection and recognition for their efforts (Sitvast, 2020). Of course the experience of positive things and sensing it must be further reflected on to take root and hold on for a long time. This is the narrative processing and part of the dialogue between patient and his therapist/nurse/psychologist/psychiatrist. As far as nurse practitioners are involved in this work I expanded on it in my book ‘How Nurses Can Facilitate Meaning-making and Dialogue: Reflections on Narrative and Photo Stories’ (Sitvast, 2021).

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