

**PICTURING SELF EMPOWERMENT: A PHENOMENOLOGICAL  
STUDY OF ADOLESCENT GIRLS THAT SELF INJURE INVOLVED IN  
PHOTOTHERAPY GROUP WORK**

by

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B.A., PITTSBURG STATE UNIVERSITY, 2005  
M.S., PITTSBURG STATE UNIVERSITY, 2007

AN ABSTRACT OF A DISSERTATION

submitted in partial fulfillment of the requirements for the degree

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Department of Special Education, Counseling, and Student Affairs  
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Manhattan, Kansas

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## **Abstract**

The purpose of this phenomenological research study was to describe and to understand the experience of being in a PhotoTherapy group for adolescent females in treatment for self-injurious behaviors. The research question was as follows: (1) What was the essence of the experience of a series of PhotoTherapy group sessions for female adolescents with a history of self-injurious behaviors?

After the completion of two semi-structured interviews with 5 participants, the researcher acknowledged the emergence of four themes that expressed the essence of the experience of being a part of a PhotoTherapy group process as an adolescent female in treatment for self-injurious behaviors. The themes were the following: Self, Connection with others, Emotions, Motivations in treatment. These themes developed a description of the interactions, emotions, behaviors and thoughts that occurred throughout the group work process.

Self-injury is a complex issue and the literature states a need for creative interventions. The study collaborated the needs in the field of self-injury treatment with the resources available from PhotoTherapy. The study gained perspective and understanding of how the experience of being in a PhotoTherapy group impacted the individual.

In mental health and education, counselors can use the data and conclusions from this research to understand the use of PhotoTherapy group work with adolescent girls that self injure. The researcher concludes that counseling professionals have an understanding of creative interventions and the personal experiences endure with the use of creative interventions such as, PhotoTherapy to have a holistic perspective on treatment practices.

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Judith Hughey, Ph.D.

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## **Dedication**

To the people I love the most. My husband, our three beautiful and amazing children, and my mother. Each of you have helped me become the person I am. I love you and am forever grateful.

# Chapter 1 - Introduction

## Overview of the Issue

Photographs are footprints of our minds, mirrors of our lives, reflections from our hearts, frozen memories we can hold in silent stillness in our hands—forever, if we wish. They document not only where we may have been but also point the way to where we might perhaps be going, whether we know it yet or not. We should converse with them often and listen well to the secrets their lives can tell. (Weiser, 1999, p 1)

PhotoTherapy is a form of therapy that first gained interest in the 1970s. Stewart (1978) in *Phototherapy in Mental Health* discussed phototherapy as “the use of photography or photographic materials, under the guidance of a trained therapist, to reduce or relieve painful psychological symptoms and to facilitate psychological growth and therapeutic change” (p. 1). The use of photography for therapeutic purposes is widespread and overlaps within the fields of psychiatry, psychology, counseling, social work, education, art therapy, and creative arts therapy. The first documented collaboration between photography and professional mental health was in 1852, when a psychiatrist named Diamond reported using still photography interventions with institutionalized patients (Gilman, 1976). Over the next 100 years, PhotoTherapy interventions began to develop. PhotoTherapy, as we know, it today began when Canadian psychologist Judy Weiser published the first article in 1975 about her work with Deaf Native children. She used the term "PhotoTherapy Techniques." Two years later, in *Psychology Today* a brief notice appeared, asking people who were using photography in their therapy or counseling work to contact the author. The response of over two hundred people prompted the development of the "*PhotoTherapy Quarterly Newsletter*" (Weiser, n.d). PhotoTherapy continued to grow in interest and clinicians developed different techniques. In the 1980s, a richer more scientific focus was the goal of PhotoTherapy research. This goal was driven by the need for a comprehensive system

(Zakem, 1983). A framework was created and clinical applications explored. According to Zakem (1983), the development of new theoretical and methodological frameworks centered on a few key questions: ‘How do PhotoTherapy interventions actually work to affect certain process or outcomes?’; ‘How can PhotoTherapy be incorporated into a comprehensive treatment plan, and to meet which client needs? Through the current day researchers, collaborators and phototherapists are still connecting the dots and creatively using the vast range of techniques that are available in PhotoTherapy.

Weiser (1999), for example, uses personal snapshots and family albums as a therapeutic approach to exploring the self and gaining personal insight. Likewise, Fryrear and Corbit (1992) use PhotoTherapy to create images to promote healing and develop personal insight. The approach used in the research is an extension of each of these two approaches; it integrates creative art techniques and emotes the significance of the experience and process of creating art and understanding self. This idea aligns with Weiser’s (1999) thoughts on the uses of PhotoTherapy, when she says, “I treat photography as a verb as well as a noun, as an active agent of change as well as an object to reflect on, as a direct emotional communication as well as art” (p. XV).

The use of photography as a means of healing can take on many different types of roles. Weiser discussed the range of using photography for personal growth throughout her PhotoTherapy techniques book. She included the concepts of PhotoTherapy, Therapeutic photography and Photo Art Therapy. Each of these techniques has a different implication.

PhotoTherapy includes a range of uses of photographs that include personal and family snapshots, self-portraits and pictures taken by others. These photos are used to elicit feelings, thoughts, and memories within an individual or group. The photos are also used as “catalysts to

deepen insight and enhance communication during their therapy or counseling sessions, in ways not possible using words alone.” (Weiser, n.d). Therapeutic photography is described as the use of photography for personal awareness or insight without the use of a professional counselor or therapist (Weiser, n.d). Photo Art Therapy is an additional form of using photography as a catalyst, but is integrated with Art Therapy theory and techniques and is applied by professionally trained art therapist (Weiser, n.d).

With the growth of PhotoTherapy came the task to gain an understanding of its value. Fryer (1980) divided the literature into eleven broad topics including: the evocation of emotional states, the elicitation of verbal behavior, modeling, mastery of a skill, facilitation of socialization, creativity/expression, diagnostic adjunct to verbal therapies, a form of nonverbal communication between client and therapist, documentation of change, prolongation of certain experiences and self-confrontation. This division was used to understand implications for the use of PhotoTherapy and to gain knowledge on PhotoTherapy’s value and uses.

PhotoTherapy has been used in a variety of settings with a range of populations. Research in regard to specific populations is essential when considering the use of PhotoTherapy techniques. Self-injuring behaviors are a phenomenon that has been explored for many years. According to Scoliers, Portzky, Madge, Hewitt, Hawton, Wilde, Ystgaard, Arensman, Leo, Fekete, and Heeringen (2009) “rates of adolescent deliberate self-harm have increased throughout the world in recent decades” (p. 601). The current standing of the field is still exploring reasons and motives to self-harming behaviors and two overarching themes have gained recognition. The concepts developed from clients’ self report of reasons for behaviors include the idea of a “cry for help” and a “cry of pain.” Scoliers et al. (2009) noted that a “cry for help” is an individual’s intrapersonal reasons, in this study shared as statements like, “I want to

die,” “I want to get relief from a terrible state of mind” “I want to punish myself,” “I want to escape for a while from an impossible situation,” “It seemed that I lost control over myself and I do not know why I did it”, “I wanted to escape from a situation that was so unbearable, that I could not think of any other alternative,” “I am a failure”, and “I wanted to sleep for a while.” The second overarching motive explored is “cry of pain.” This concept “is conceptualized as the response to a situation that has three components: defeat, no escape and no rescue” (Scoliers et al, 2009 p. 602).

Scoliers et al’s study gained much acknowledgement in the field, “Female adolescents reported more reasons in general and on the two dimensions separately for their deliberate self-harm, which could imply that they have a higher need to explain their behavior and communicate their distress or have a greater understanding of the complexity of motives” (p. 606). The study also noted the complex nature of the thought and emotional process of these adolescents by reporting that most individuals reported both “cry of pain” and “cry for help” motives and that many of these adolescents are motivated by struggles that are connected with the desire to express distress and a desire to escape difficult issues and situations (Scoliers et al, 2009, p. 606). Prevention of deliberate self-harm in youth is difficult, because of high levels of emotions and impulsivity of the behaviors. Scoliers et al. (2009) recommended constructive ways of dealing with distress through educational programs, opening up lines of communication, awareness from an individual standpoint and community awareness. Similarly, Hawton and Rodham (2006) noted that a successful intervention for individuals that self injure should focus on addressing and managing the difficulties that youth face and encouraging the development of coping skills. They also noted the need for the individual to gain knowledge of personal motives. This

information is powerful for the client and gives valuable insight to clinical staff for the determination of treatment.

PhotoTherapy concepts and interventions take on additional needs when combining them with group work. Group therapy has a wide range of theoretical perspectives and needs. Yalom (2005) shares 11 therapeutic factors. They include Instillation of Hope, Universality, Imparting Information, Altruism, The corrective recapitulation of the primary family group, Development of socializing techniques, and Imitative Behaviors. Each of these factors relate to group development and the individual's growth within the group therapy process.

### **Statement of the Problem**

PhotoTherapy is a tool used in counseling to better understand a client's life, by giving him/her a voice and allowing growth and insight to develop (Weiser, 1999). In PhotoTherapy an individual creates, views, and shares photographs and communicates in a new format. The use of verbal communication is still a component, but there is the added aspect of communicating through the art, sharing inner thoughts and feelings when words are not capable of being accurately expressed. Weiser (1999) states that photographs "have the power to capture and express feelings and ideas in visual symbolic forms, some of which are intimately personal metaphors" (p.6). The use of PhotoTherapy and creative arts has been explored with populations such as chemically dependent adults (Glover-Glaf, 2006), girls between the ages of 8-18 to create visual narratives (Bach, 2001), and adolescent females who are pregnant (Blinn, 1987). Koretsky's (2001) research focused on elderly populations. She found that elderly persons were better able to express themselves when assisted by the use of a photograph. She noted, "Using photographs in a therapeutic relationship with seniors is a most effective way to bridge life's transitions in a non-threatening way to help provide a clear insight into their pasts" (p. 8). Each

of these studies explored different ways that photography and creative arts can be used in various settings. For instance, Kaufman (1981) used Art Therapy with individuals who were chemically dependent to encourage insight and motivate clients to talk about significant issues. Glover-Glaf and Miller, (2006) had several themes emerge through their qualitative inquiry with individual's in group treatment for chemical dependency that included trust, self-worth/esteem, honesty, power, healing.

No information has been found on the use of the PhotoTherapy technique with individuals who participate in self-injurious behaviors. Because of the lack of information and previous research, little is known on the impact and uses of PhotoTherapy with this population. The literature on the use of PhotoTherapy with individuals in treatment for chemical dependency sheds some light on the implications, but still leaves room for additional understanding and more knowledgeable perspective on how the intervention of PhotoTherapy could be used with individuals who self-injure.

In addition, the literature lacks substantial information about understanding or knowledge about the experiences of being a participant in PhotoTherapy group work. This lack of information makes for a gap in the research literature for PhotoTherapy group work.

### **Purpose of the Study**

The purpose of this research study was to explore participants' experiences in regard to their involvement in a PhotoTherapy group and to develop a description of the essences of this experience. The study was developed to understand these specific individuals' lived experiences within a PhotoTherapy Group. The purpose of this study was to understand the use of PhotoTherapy with adolescent girls who have a history of self-injury. Throughout history different applications, theoretical perspective and techniques have been utilized in PhotoTherapy

interventions. Krauss and Fryer (1983) discussed Walker (1980) who discussed his use of PhotoTherapy by using “ambiguous and abstract” images in direct and indirect ways. Walker’s work concluded, “Both techniques helped effect change by a heightened awareness of how the patient perceives the world. He can potentially learn alternative ways and utilize his adaptive resources to alter his/her perceptions of this world” (p. 6).

PhotoTherapy is a creative, innovative technique that has been explored and researched in a limited nature. The focus of this research was to broaden that research base and add to the field of Counseling and Education. The researcher gained a fuller perspective of the practical uses and implications of using PhotoTherapy with adolescent girls who are in treatment for self-injury. This information can be used to further build effectiveness research, leading to evidenced based research. The information also adds understanding to create a picture of the experiences of these young women and their struggles in this behavior. A better understanding of this phenomenon is necessary in the continued growth of developing evidenced based treatment practices.

### **Research Questions**

The researcher used a qualitative phenomenological method of inquiry to answer the following question:

What was the essence of the experience of a series of PhotoTherapy group sessions for female adolescents with a history of self-injurious behaviors?

### **Significance of the Study**

A phenomenological study is used to gain awareness of and to understand a “lived experience” (Creswell 2007). The goal of this research was to gain knowledge of the experience of adolescent girls in a PhotoTherapy group. This information will add to the field of counseling

and many other mental health fields by sharing new, creative ways of approaching mental health issues. The researcher also hopes to encourage continuous exploration of new and innovative techniques to reach clients beyond the use of verbal communication. The data gathered from the study will add to the field of creative arts Therapy and counseling by opening up more opportunities to explore and acknowledge the uses of photography in counseling and by giving information on how clients perceive and understand the process.

### **Limitations of the Study**

This study consisted of interviewing five adolescents who are currently in residential treatment for behavioral issues and have a history of self-injurious behaviors. The participants in the study were engaged in a multitude of therapeutic interventions and the study is not intending to create an image of PhotoTherapy's effectiveness, instead a holistic picture of perceptions of clients' views of PhotoTherapy. As with any study conducting self-reported data, the information is limited to the willingness and ability of the individual sharing the information. This study is also limited by the researcher's dual role of group facilitator and researcher. This limitation was acknowledged and examined throughout research experience. The study is limited by the parameters that have been set, that include the specific population, including that population's gender and behavioral needs.

### **Personal Background**

As I embark on the journey of developing and creating a dissertation, I am struck with the realization that this project will reflect as much about me as it does the subject matter. To understand the final work, it is necessary to understand the lens in which this researcher creates and views the world. I approached this study with both professional and personal interests. I have enjoyed the power of creative arts and photography for many years. I have been behind the

camera creating images with meaning, using it as a tool to express my inner secrets, and I have also been in front of the camera being captured in time from someone else's perspective. In both cases, I have those images, remembering the thoughts, feelings and memories associated with that moment. As an adolescent I used photography and art as a tool for self-expression and a way to feel connected with the world and those around me. As a therapist, I have seen many of my clients use photography as a means of self-discovery, connectedness with others, and as a vessel to express thoughts and emotions meaningful to them. It was those collective experiences that drew me to the creative arts field and to PhotoTherapy particularly.

PhotoTherapy is an integration of humanistic philosophy, based on the notion that a client is aware of self and can reach maximum potential with an environment of acceptance, congruence and empathy (Silverstone, 1997). My personal perspective on human nature, promoting growth and the role of relationships, greatly influences the techniques that I use in practice. In addition, the environment, outside expectations, and client needs and desires are also affected by my decisions on the use of techniques. My theoretical approach is a collaboration of person-centered approach, cognitive-behavioral, contemplative concepts and creative arts modalities.

My paradigm emphasizes the strengths within a client, while focusing on the whole person and being flexible, open, supportive, aware, and involved in the process rather than leading the process. Person-centered approach (Rogers, 1961, 1989) allows for a range of goals and purposes within the practice of counseling. Person-centered theory shares that self-actualization and purposefulness are components that relate to personal growth and are necessary for a client to heal in therapy. Cognitive- Behavioral techniques are the balancing component. The focus on emotions and feelings can only be impactful if cognitive awareness follows. A

balance is needed for a client to become self-reliant. Humanistic and Cognitive-Behavioral approaches vary in many ways, when one combines them, the focus is on the client's growth of inner power and control. The Person-centered approach encourages the client to explore and take ownership of inner resources (Emunah, 1994). One of those inner resources is cognitive ability. Many cognitive-behavioral techniques are useful to rebalance an individual who may be allowing emotions to control aspects of her life. In Creative Arts Therapy this balance is referred to as creating aesthetic balance, that is, the ability to find a state that allows for emotional release, while also allowing for cognitive awareness. Once this balance is created, then the ability to make changes within an individual occurs; most notably changes in an individual's behaviors can be created.

An additional major contributor to my theoretical collaboration is the use of Creative Arts Therapy concepts. The importance of self-expression and empowerment allows the client to share with her own voice and have freedom to create meaning beyond the use of verbal communication. Hillman in Mitchell (1999) states the idea that Creative Arts Therapy "is the development of a sense of soul, the middle ground of psychic realities, and the method of therapy is the cultivation of imagination" (p.13). Creative Arts Therapy allow for diversity, openness and variety of different ways of expression. I also consider contemplative concepts in regard to their purposefulness of promoting insight, awareness and self-understanding. Both of these approaches encourage a range of different techniques that are changeable, flexible and able to be individualized to each client.

### **Definition of Terms**

Creative Arts Therapy (also known as expressive therapy) - The intentional use of the creative arts as a form of process art therapy. In other words, the process of creation is emphasized rather

than the final aesthetic product. Creative Arts Therapy works under the assumption that through use of imagination and the various forms of creative expression, humans can heal from trauma. Creative Arts Therapy include the fields of art, music, dance, drama, play, writing, photography (Brooke, 2006).

Cognitive Behavioral Therapy (CBT) - A therapeutic approach that addresses dysfunctional emotions, maladaptive behaviors and unhealthy cognitive processes through a number of goal-oriented interventions that include the recognizing of thinking errors and the development of coping skills (Beck, 2011).

Dialectical behavior therapy (DBT) A collection of therapeutic interventions that teaches skills for managing self-injurious and impulsive behaviors (Linehan, 1993).

Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) – Is a manual published by the American Psychiatric Association (APA) that contains all currently recognized mental health disorders. The DSM-IV codes are utilized by mental health professionals to describe the features of a given mental disorders and indicate how the disorder can be distinguished from other diagnosis (<http://www.psychiatry.org>).

Group Therapy - The use of psychotherapy techniques in a group setting for the purpose of developing as a group and gaining skills as an individual. A therapeutic group is like a “social microcosm.” With time, group members will create a group environment that is similar to their outside personal world and they will behave in ways that express their interpersonal behaviors in “real life” (Yalom, 2005 p. 32).

Humanistic Psychology- A paradigm of counseling theory that reflects a holistic view of humans. The belief that “we have within us a nature and potential that we can actualize and through which we can find meaning” (Corey & Corey, 1990 p.101).

Moustaka Approach- A phenomenological approach that utilizes concepts of identifying a phenomenon, bracketing, collecting data, finding significant statements, development of themes (Cresswell, 2006).

Modeling-Behaving in a way that presents a desired behavior for those who are watching to learn from and reenact (Beck, 2011).

Non-verbal Communication –A form of communication without the use of words. This can occur through gesture, body language, posture, facial expression or eye contact. (Knapp and Hall, 2009)

Person-Centered Therapy- (also known as Client-Centered Therapy) A form of psychotherapy developed by psychologist Carl Rogers in the 1940s and 1950s. Based on therapeutic alliance to help the patient reach a state of realization and the belief that they can help themselves (Rogers, 1961, 1989).

Photo Art Therapy- A form of Art Therapy that uses photos and art to express self (Weiser, n.d.).

PhotoTherapy- A therapeutic technique that uses people's personal snapshots, family albums, and pictures taken by others to explore the individual's feelings, thoughts, and memories. The technique used by a trained counselor/therapist works as a catalyst to deepen insight and enhance communication during therapy or counseling sessions in ways not possible using words alone (Weiser, n.d.).

Self-concept- Awareness and ownership of self. An understanding of oneself including one's needs. The mental image one has of self (Merriam-Webster, n.d.).

Self-Esteem- Reflects a person's overall self-appraisal of her own worth. A satisfaction one has with self (Merriam-Webster, n.d.).

Self-injurious behaviors- For this research project, self-injury behaviors are those of deliberate injury inflicted by a person upon her own body without the intention of suicide (Linehan, 1993).

Therapeutic Photography- The use of photography without the use of a therapist or counselor to gain self-awareness (Weiser, n.d.).

## **Summary**

PhotoTherapy techniques encourage clients to avoid conscious verbal controls and language, allow individuals to unveil unconscious emotions and thoughts, and allow non-verbal language to surface (Weiser, 1999, p. 13). The study explored how the PhotoTherapy process was perceived by the client so that the body of literature on this topic can continue to grow. The information will be given through an exploration of the literature of counseling theory that contains the theoretical perspectives of Humanistic psychology, Cognitive-Behavioral, and Creative Arts Theories. The literature on PhotoTherapy techniques and previous research on the use of these techniques with a range of different populations will also be examined. After investigating the connection between counseling theory and the use of PhotoTherapy, the focus was on the use of these techniques with a population of individuals who self-injure. Due to the need for awareness and knowledge, a complete exploration of the current research on individuals who self-injure was necessary. Tying together the worlds of counseling theory, PhotoTherapy techniques and current understanding of individuals who self-injure was the purpose of the literature review.

A discussion and description of the methodology, including research design, research setting and participants will create an image of the study's focus and purpose. Additional elements that will be addressed include the researcher's role and ability to develop and maintain trustworthiness.

A holistic picture of the rationale, purpose and plan is obtained. Information in regard to this phenomenon will be established. The results are expressed in a variety of formats that include narratives, quotes and photography. In connection with all previous discussions the final goal is to create an arena where discussion and implications are reflected upon and where future research ideas are encouraged.

## **Chapter 2 - Literature Review**

PhotoTherapy is a technique that is used by mental health therapists from a variety of different therapeutic approaches. The techniques were created to be used by competent therapists who are already skilled and aware of theoretical counseling perspectives and group therapy work (Weiser, 1999, p. XV). Creating photographs and using photographs in PhotoTherapy is primarily used for personal growth and to build connection within the group. The process is not focused on the end product. Fryrear and Corbit (1992) discussed this concept in relation to creating art by saying that the photos used do not need to be aesthetically pleasing, rather it is more a matter of encouraging clients to value the process of expression. An approach to Creative Arts Therapy and rationale for this research project is closely aligned with these concepts: the value is in the process, not the product.

### **Historical Overview**

Weiser (2010) documented the remarkable history of PhotoTherapy and was able to capture and state the continuous growth and change in which photography has been used as a therapeutic tool. She has compiled a plethora of information about the origins and beginning of the field on her website. The development and history of the use of photographs for therapeutic purpose is documented as far back as 1844 in which photographs were used for entertainment and education of patients in mental hospitals. In 1978, PhotoTherapy was defined by Stewart (1978) as “the use of photographic equipment and materials in the practice of psychotherapy, under the guidance of an appropriately trained therapist, for the purpose of alleviating or removing psychological pain and facilitating psychological growth and change” (p. 1). At the same time Canadian psychologist Judy Weiser was using photos and published an article entitled “PhotoTherapy Techniques.” These individuals and others using the technique began to search

each other out and connect. These connections led to the first International PhotoTherapy Symposium (Weiser, n.d.). In addition to the symposium and conferences a journal was established. In the 1980's PhotoTherapy began to integrate into other Creative Arts and helping field models. PhotoTherapy has grown significantly and continues to find its place within the field of helping and healing (Weiser, n.d.).

Many PhotoTherapy founders have contributed and continue to give to the field of PhotoTherapy. Weiser (1999) explored and developed techniques that are therapeutic, Stewart (1979) categorized different clinical applications and Fryer (1980) divided the literature into eleven broad topics including; the evocation of emotional states, the elicitation of verbal behavior, modeling, mastery of a skill, facilitation of socialization, creativity/expression, diagnostic adjunct to verbal therapies, a form of nonverbal communication between client and therapist, documentation of change, prolongation of certain experiences and self-confrontation (Krauss & Fryrear, 1983). These contributions are explored in the creative arts theory section.

### **Theoretical Perspectives**

The theories presented below are the theories that have influenced the development of *Finding Me*. The PhotoTherapy group's structure belief is that the true core of healing occurs through the therapeutic relationship and the balancing of emotion, thoughts, and behaviors. The PhotoTherapy group utilized each of the theories presented. The focus was on the therapeutic relationship and encouraged a client to become self-aware, creative, spontaneous, playful and expressive. The standards presented in the PhotoTherapy group work are as follows: A safe environment must be created, in which a therapeutic relationship between a therapist and client is present. Through engaging interaction the therapy will help the client instill hope, create new learning experiences, promote catharsis and arousal of emotions, explore cognitions, practice

new behaviors, understand roles, and become aware of social, family, and cultural significance. The creation of a safe and accepting environment can be difficult and limited in many therapeutic settings. The following poem from an unknown author in Silverstone (1997) reflects the struggles for an individual not feeling accepted or able to express self.

He always wanted to say things-

But none understood

He always wanted to explain things-

But no one cared.

So he drew.

Sometimes he would just draw and it wasn't anything. He wanted to carve it into stone or write it in the sky.

He would lie out in the grass and look up in the sky and it would be only him and the sky and the things inside him that needed saying.

And it was after that that he drew the picture.

He kept it under his pillow and would let no one see it.

It was a beautiful picture.

And he would look at it every night and think about it.

And when it was dark and his eyes were closed, he could still see it.

And when it was dark and his eyes were closed, he could still see it.

And it was all of him,

And he loved it.

When he started to school he brought it with him.

Not to show anyone, but just to have it with him, like a friend.

It was funny about school

He sat in a square, brown desk like all the other square brown desk and he thought it should be red, and his room was a square brown room, like all the other square, brown rooms and it was tight and close and stiff.

He hated to hold the pencil and the chalk with his arm stiff and his feet flat on the floor, stiff, with the teacher watching and watching.

And then he had to write numbers.

And they weren't anything.

They were tight and square.

And he hated the whole thing.

The teacher came and spoke to him.

She told him to wear a tie like all the other boys.

He said he didn't like them and she said it didn't matter.

After that he drew.

And he drew all yellow and it was the way he felt about the morning.

And it was beautiful

The teacher came and smiled at him. 'what's this?' she said, 'why don't you draw something like Ken's drawing?'

Isn't that beautiful?

And it was all questions.

After that his mother brought him a tie and he always drew airplanes and rocket ships like everyone else.

And he threw the old picture away.

And when he lay looking at the sky it was big and blue and all of everything, but he wasn't anymore.

He was square inside and brown, and his hands were stiff and he was like everyone else.

And the thing inside that needed saying didn't need saying anymore.

It had stopped pushing.

It was crushed.

Stiff

Like everyone else.

Creativity and acceptance are component Person-Centered Therapy (Rogers, 1968). Alice Miller (1987) shared

We will come to regard our children not as creatures to manipulate or to change, but rather as messengers from a world we once deeply knew, but which we have long since forgotten, who can reveal to us more about the true secrets of life.

Developing creativity, spontaneity, and acceptance of oneself promote personal growth in treatment.

### ***Humanistic Counseling Theory / Person-Centered Approach***

Carl Rogers' (1968) Person-Centered theory focuses on the client as a whole person and requires the therapist to be flexible, open, supportive, aware, and involved in the process, rather than leading the process. Person-Centered approach allows for a range of goals and purposes within the practice of counseling. Self-actualization and purposefulness are components that relate to personal growth. Integrating these concepts Silverstone (1997) stated the basic conditions of empathic listening. This means the ability to offer non-judgmental attention to the client and acceptance, including unconditional positive regard. The therapist must be able to be honest, open, and congruent with her client. The strengths of this theory are found in the ability

for the therapist to work with the client, to gain connection and build a therapeutic relationship. Corey (2002) noted that the role of the therapist in this theory is to promote individual growth and encouragement for the client to become who she is capable of being. This is accomplished through congruence, unconditional positive regard, and accurate empathic understanding. The approach promotes healing because it encourages a client to feel understood, capable, and able to share her personal story. The Person-Centered Counselors Creed (Mearns and Thorne, 1988):

The person-centered counselors believes:

That every individual has the internal resources for growth

That when a counselor offers the core conditions of congruence, unconditional positive regard and empathy, therapeutic movement will take place

That human nature is essentially constructive

That human nature is essentially social

That self-regard is a basic human need

That persons are motivated to seek the truth

That perceptions determine experiences and behavior

That the individual should be the primary reference point in any helping activity

That individuals should be related to as a whole persons who are in the process of becoming

That persons should be treated as doing their best to grow and to preserve themselves given their current internal and external circumstances

That it is important to reject the pursuit of authority or control over others and to seek to share power.

### ***Cognitive-Behavioral Theory***

This leads into an additional theory that promotes healing and is an integral part of many of the Creative Arts Therapies. Cognitive-Behavioral theory is a combination of two approaches Cognitive Theory and Behavioral Theory. The focus on emotions and feelings can be more impactful if cognitive awareness follows. A balance is needed for a client to become self-reliant. Person-centered approach encourages the client to explore and take ownership of inner resources (Emunah, 1994). One of those inner resources is cognitive ability. Cognitive-behavioral techniques are useful to rebalance an individual that may be allowing emotions to control aspects of her life. In Drama Therapy this balance is referred to as creating aesthetic balance that is the

ability to find a state that allows for emotional release, while also allowing for cognitive awareness (Johnson & Emunah, 2009, p. 378). Once this balance is created, then the ability to make changes within an individual occurs most notably, changes in an individual's behaviors can be created.

### ***Yalom's Therapeutic Factors of Group Therapy***

Yalom and Leszcz's (2005) 11 therapeutic factors include Instillation of hope, Universality, Imparting Information, Altruism, The corrective recapitulation of the primary family group, Development of socializing techniques, Imitative behaviors, Catharsis, Existential factors, Group cohesiveness, and Interpersonal learning. These factors have been empirically evaluated using information from the Therapeutic Factors Inventory (TFI) (Lese & MacNair-Semands, 1997). The assessment explored the presence or absence of the 11 therapeutic factors (Lese & MacNair-Semands, 1997). Yalom, Leszcz, and others have evaluated, explored and modified the therapeutic factors since their origin in 1985. The group work approach focuses on the therapeutic factors being "the actual mechanism of effecting change in a patient" (Yalom & Leszcz, 2005 p. xi).

### ***Attachment Theory***

"It has been observed that many young women patients who mutilate themselves have in common 'early developmental difficulties in differentiating from a disturbed/withdrawn mother' (Milia, 2000 p. 59). Milia (2000) reflects upon Galenson's 1988 work that found that children had an inability to cope with aggression due to their caretaker's inability to tolerate the child's aggressive behaviors. "In this case, if the child becomes too angry toward an aggressive caretaker, she may submit passively and become regressed, clingy, anxious, and passive" (Milia, 2000, p. 59). The psychological theory of attachment developed from Bowlby's theory and was

later researched by Ainsworth (Bretherton, 1992). The basic tenets include the importance of an infant developing a relationship with at least one primary caregiver for healthy social and emotional development. The theory and research conclude that there are four types of attachment. They include: secure, avoidant, resistant, and disorganized (Bowlby, 1968) Bowlby (1951) found that for a child to grow up healthy, an “infant and young child should experience a warm, intimate, and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment” (p. 13). Attachment continues throughout the life span and has been explored through adult studies (George, Kaplan, & Main, 1984) on internal working models. Three distinct patterns of responding were identified: Autonomous-secure, preoccupied, and dismissing.

“The development of a cohesive and continuous self depends upon the sufficient provisions of parental empathy” (Kohut, 1977). Secure attachment leads to an understanding and an acceptance of self. According to Milia (2000) the research has shown a connection between self-injurious behavior and traumatic childhood histories involving physical and sexual abuse, and severe neglect. Milia (2000) also shares, “Van der Kolk, Perry and Herman (1991) work that concluded that while childhood traumas predict the initiation of self-destructive behaviors, lack of secure attachment serve to maintain it” (p. 70).

### ***Trauma-Informed Care***

Trauma-informed care is taking into consideration the presence of trauma symptoms and acknowledges the role that trauma has played in a client’s life. Milia (2000) says “much of the trauma literature explains self-injurious behaviors as an unconscious attempt to act out traumatic experiences upon the body” (p. 70). Milia (2000) states that trauma survivors may use dissociation as a way to cope. “With chronic abuse [the survivor has] to split themselves so that a

detach part of the self observes the event from above or a distance. The traumatic event seems unreal and separated from the self” (p.71). Milia (2000) states that this cycle can lead to “feelings of numbness, deadness, or disintegration of self, these episodes are often triggered by feelings of loss or threatened abandonment and may precede acts of cutting” (p. 70). Cutting may bring “relief and calm, as though the administration of physical pain quiets and soothes emotional pain (Herman, 1992 in Milia, 2000).

Milia (2000) shared the concept of hyperarousal as an additional consideration in regard to trauma. An individual who has endured traumatic experiences may often be in a state of hyperarousal. This may lead to “the numbing of bodily sensations that accompanies dissociation” These reactions “frequently occur in people with histories of trauma and may be a defense response to the body’s overreaction to stimuli” (Milia, 2000, p. 71).

### ***Creative Art and PhotoTherapy Theories***

The photos are also used as “catalysts to deepen insight and enhance communication in counseling sessions, in ways not possible using words alone” (Weiser, 1999). Phototherapy has a unique ability to help an individual share her story and create an image to represent herself in meaningful ways. This approach can give words to those who are mute, it can create meaning for those who feel meaningless, and it can capture a thought, feeling, or emotion with a single snap. PhotoTherapy integrated with the other Creative Arts Therapies enables the therapist to explore and work with the whole person and see the entire picture, rather than just one element of the person.

According to Weiser (1999), clients need, “to experience both a cognitive awareness and an emotional experiencing of the role of past events, memories, thoughts, and feelings to fully grasp the effect of the past on the present” (p.8). She also presents the idea that both the mind

and heart build together and develop insight through a cognitive framework (Weiser, 1999). These components are the connecting factors with counseling theory and the use of PhotoTherapy.

Five techniques of PhotoTherapy are also defined by Weiser (1999). They include the projective process, working with self-portraits, working with photos of clients taken by other people, working with photos taken or collect by clients, and working with family albums and other autobiographical photos. These techniques involved different elements of camera use and are based on the relationship between the camera and the individual or the individual and the photo. The five techniques are separate from each other, are also collaborative of each other. The projective technique is a component of the other four, but also separate because of the strength in its reflective use (p.13).

Stewart (1979) identified three categories of photo images that therapists use. They include projective photographs, historical photographs, and self-statement photographs. The following is a brief description of these different types of photographs. Projective techniques are based on the assumption that each of us has a connection, experience, or event that may be part of our subconscious and is able to resurface. This is based on the thought that “when a person is confronted with an ambiguous image, he or she will transform it into something which is personally meaningful” (Stewart, 1979, p. 26). The second category is historical or biographical photos. This includes work done with family images and family albums. The photos often document specific memories or significant memories in time. Often these photos are used to examine relationships and systemic connections. The third category includes self-statements that could be self-portraits and images taken of the person by someone else.

This study explored a group process and the values of using PhotoTherapy within this particular setting with this particular population. The group process used each of these types of photos/images to explore the individuals' experience and therapeutic value. The primary focus and intention was the use of self-portrait photography that falls under the category of Self-Statements.

Weiser (1999) explores in her book *PhotoTherapy Techniques* the use of self-portraits and the powerful impact that a personal image can reflect a person's belief about herself. "Photos of a person, taken by themselves without any outside interference, let them explore who they are when they know no one else is there watching, judging the results, or attempting to control the process" (Weiser, p. 145). So many elements play into self injuring behaviors and much is written about the connection between self injurious behaviors and self-esteem and self – awareness. Weiser (n.d.) also shares "issues connected to self-esteem, self-knowledge, self-confidence, and self-acceptance lie at the core of most clients' problems, being able to see themselves *for* themselves, un-filtered by the input or feedback of others, can be a very powerful and therapeutically beneficial encounter" ( [http://www.phototherapy-centre.com/self\\_portraits.htm](http://www.phototherapy-centre.com/self_portraits.htm)).

In review of the PhotoTherapy literature, Fryrear (1980) noted that PhotoTherapy has been used for the evocation of emotional states, the elicitation of verbal behavior, modeling, mastery of a skill, facilitation of socialization, creativity/expression, diagnostic adjunct to verbal therapies, a form of nonverbal communication between client and therapist, documentation of change, prolongation of certain experiences and self-confrontation. These concepts have become the foundation for the uses of PhotoTherapy. They lay a framework for understanding the uses,

benefits, and barriers for PhotoTherapy work. They are however lacking continuous and recent research to share relevance with current needs in mental health.

## **Conceptual Framework**

The framework for this Phenomenological study includes Group Therapy Theories (Yalom, 2005) and Fryrear's PhotoTherapy work (Krauss & Fryrear, 1983). The framework focuses on Yalom's (2005) eleven therapeutic factors, including Instillation of Hope, Universality, Imparting Information, Altruism, The Corrective Recapitulation of the Primary Family Group, Development of Socializing Techniques, Imitative behaviors, Catharsis, Existential Factors, Group Cohesiveness, Interpersonal Learning . Each of these factors relate to group development and individual growth within the group therapy process. This study will specifically look at the therapeutic factors of:

1. Instillation of hope
2. Universality
3. Interpersonal learning

In addition, the framework for the study focuses on Fryrear's (1980) eleven broad topics, including the evocation of emotional states, the elicitation of verbal behavior, modeling, mastery of a skill, facilitation of socialization, creativity/expression, diagnostic adjunct to verbal therapies, a form of nonverbal communication between client and therapist, documentation of change, prolongation of certain experiences and self-confrontation. This study will specifically look at the topics of:

1. Creativity/Expression
2. Facilitation of socialization
3. Self-Confrontation

## **Finding ME Group Design**

The group is based on Creative Arts Theories and is conscious of current research and understanding of self-injurious clients needs. The group's premise is based on many of the foundational uses of PhotoTherapy techniques. As mentioned earlier, Fryrear (1980) in Krauss and Fryrear (1983) shared eleven different areas. *Finding ME* (Appendix A) addresses many of these areas, emphasizing in particular the substantive areas of the creativity/expression, facilitation of socialization, and self-confrontation. The group also is based on Yalom (2005) therapeutic factors.

### ***Creativity/Expression***

“One cannot deny that photography, in the hands of an individual, is a creative expression of that individual” (Krauss & Fryrear, 1983, p.9). Hattersley (1971) discussed that one can use photography to discover who one is and that the medium is a pathway to awareness. Hattersley (1971) also argued that “creativity as such has long been considered healthful. In creating things we also create ourselves” (p. 9).

### ***Facilitation of Socialization***

“The act of taking a picture is a social experience focusing necessarily from self upon others” (Krauss & Fryrear 1983, p.8). *Finding ME* concentrates not only on the experience of creating photoart, but also on the connections, emotions, and thoughts that are created between group members during this process.

### ***Self-Confrontation***

“A strong case for phototherapy is the use of photographs to provide a confrontation with one's self. The photograph is an excellent test of reality” (Krauss & Fryrear 1983, p.17).

PhotoTherapy allows a client to capture a visual perspective of self, one in which she has herself created and is further able to explore.

*Finding ME* focuses on Yalom's eleven therapeutic factors, including Instillation of hope, Universality, Imparting Information, Altruism, The corrective recapitulation of the primary family group, Development of socializing techniques, and Imitative Behaviors. *Finding ME* is designed to stimulate each of these processes of change, but focuses primarily on the following:

### ***Instillation of Hope***

The concept of hope is essential in group work. The therapist “can capitalize on this factor by doing whatever we can to increase client’s belief and confidence in the efficacy of the group” (Yalom & Leszcz, 2005 p. 5). Hope in the collective group and in themselves as individuals is necessary for a group to grow and for members to address issues. Hope gives individuals strength to inspire, to experience new things, and to increase self-efficacy.

### ***Universality***

Yalom and Leszcz (2005) discussed how large numbers of individuals “enter therapy with the disquieting thought that they are unique in their wretchedness, that they alone have certain frightening or unacceptable problems, thoughts, impulses, and fantasies” (p. 6). These thoughts can make clients unsure of self, have difficulty expressing thoughts, and be weary of processing feelings. *Finding ME* facilitates universality by allowing clients to see the similarity of feelings and connections they have with other members. The group’s purpose is to create an environment that helps members find connection with each other, increases group solidarity, and feelings of universality.

### ***Development of Socializing Techniques***

Individuals working in a group will be experiencing social learning because of the very nature of the group environment. Yalom and Leszcz (2005) state that a therapeutic group is like a “social microcosm” (p. 32). With time group members will create a group environment that is similar to their outside personal world and they will behave in ways that express their interpersonal behaviors in “real life” (p. 32). *Finding Me* is designed as a short-term group, strives to allow members time to recreate their social ways of being. The group facilitator needs to be aware of opportunities to increase and encourage this type of interaction.

In conclusion, the *Finding ME* group design used in the study is a collaboration of several theoretical perspectives and was developed specifically for adolescent girls who have a history of self-esteem struggles and self injurious behaviors.

### **PhotoTherapy in Practice**

Stewart was a founding leader in the field of PhotoTherapy and has influenced the development and creation of the field. In the 1980’s he completed his dissertation work on the use of client photographs as self-statements in photography. This study explored the assumption that photographs that an individual takes, makes or chooses are reflections of herself and, in turn, are self-statements (Weiser, n.d).

Spence was a photographer and artist and used therapeutic photography as means of sharing a story. The foundation of much of her work surrounds the concept that it is possible to use photographs to actively reframe and recreate an experience. She used a process that included photographing individuals with props and having them recreate / restage an image from their childhood. They would explore the re-created image from an adult perspective. And then would

reflect upon the emotions and thoughts that occurred. Spence analyzed her work from a feminist perspective and explored the cultural influences (Weiser, n.d).

There are many individuals currently using PhotoTherapy techniques in a variety of populations. Craig Steinberg uses PhotoTherapy in a residential program for children ages five to thirteen. His program "*Healing Images Through the Eyes of Children*" specializes in working with children and their families in the areas of attachment and abuse. The program includes an eight week group. Several theoretical approaches are integrated to help in the healing process, including narrative therapy, trauma-based therapy, and psychodrama approaches to help the children organize and tell their own story (Weiser, n.d.). Another individual working in the field is Cathy Lander-Goldbern who works as a Social Worker, Photographer and Educator using PhotoTherapy and other Creative Arts Therapies at an outpatient eating disorder program. Her emphasis is working with women's issues. She is also the Director of "*Photo Explorations.*" This is a program that offers workshops for adolescent girls to increase self-awareness through photography, self-portraits, and journaling. In addition, she is the photographer and organizer of "*RESILIENT SOULS: Young Women's Portraits and Words*", a traveling photography and literary exhibition that captures women's struggles in their teens (Weiser, n.d.).

Work has been done on using photographs with different populations and in different settings, but little information is available about its uses in residential setting with adolescent girls who have a history of self injury. As stated earlier, this behavior is continuing to increase and a knowledge base of how PhotoTherapy is experienced through the eyes of these individuals can build upon the field of Creative Arts Therapy and open the door for continued exploration of the applications of PhotoTherapy techniques.

## **Research in PhotoTherapy**

The research conducted in the field of PhotoTherapy has relied significantly on student thesis and dissertation work. Limited amounts of studies have been published. Studies have been conducted exploring family relationships (Grant, 2007), group treatment with individuals who are chemically dependent (Glover-Glaf and Miller, 2006) and women's body images (Ruth, 2011). Krauss and Fryrear (1983) share research conducted by Tyding (1973) that used basic photography with children who were uncommunicative. The results in the study noted that there was a significant improvement with parent and child communication. In addition Krauss and Fryer (1983) shared that Hedges (1972) researched the use of photographs with children and encouraged them to discuss the photographs and found that it was "a method of opening up their perceptions and changing their self-concept" (p. 10). Glover-Graf and Miller (2006) conducted a study exploring PhotoTherapy group work with individuals that are chemically dependent. Their study used a qualitative approach to identify themes related to the topics of trust, honesty, self-worth, power and abuse. They found that PhotoTherapy provided "a means of self-expression and exploration of topics relevant to chemical dependency" (Glover-Graf & Miller, 2006, p. 179).

This researcher found less than desired amounts of research on clinical topics and no research on PhotoTherapy and self-injurious behaviors in adolescent girls. The field at this time seems to be focused primarily on the practical uses of PhotoTherapy. The need for exploration and eventually effectiveness research is needed to establish credibility for PhotoTherapy techniques.

## **Current Understanding of Self-Injurious Behaviors**

Self-mutilation, also called cutting, self-injury, self-harm or self-inflicted violence, is defined as “the deliberate harming of one’s own body without the intent to commit suicide” (Scoliers et. al, p. 602 ). “Non-fatal, intentional self-injurious behavior resulting in actual tissue damage, illness or risk of death; or any ingestion of drugs or other substances not prescribed or in excess of prescription with clear intent to cause bodily harm or death” (Kreitman & Schreiber, n.d.).

According to the S.A.F.E. Alternatives website, five elements have been identified as common to all self-injurious behaviors. These five elements include: the injury is done to self, it is done by the individual, it involves physical violence, the injury is intentional, and there is not a current desire to kill the self with the injury. Self injury can take many forms. The most common is cutting or burning the self. Additional types of self injury include hair pulling, head banging, bruising, scratching, and picking at skin. Many young people’s self injury is a manifestation of a deeper identity crisis, a feeling of being alone, or not understood. Adolescents struggle anyway with knowing who they are, but this is an even more difficult dilemma for teens engaged in cutting. Self-injury for these adolescents is not just a part of them; it comes to be a fundamental aspect of defining their sense of self. Statistics and information about adolescent self harm is difficult to come by due to the nature and secrecy of the topic. It is estimated that one in every 250 girls between the ages of thirteen and nineteen years old cut themselves on a regular basis (Levenkron, 2006, p.20).

The field of mental health is still working to develop a comprehensive theory/model on self injurious behaviors. Lloyd and Richardson (2009) recently proposed a four-function model on self injurious behaviors in which they use the term NSSI (Non-suicidal self injury). The model includes the following:

“Two dichotomous dimensions: (a) negative reinforcement or positive reinforcement; and (b) consequences that are either automatic (i.e., intrapersonal) or social (i.e., interpersonal) in nature.”

The model also states that

“when an individual engages in NSSI it should serve one or more of the following four functions: (a) automatic-negative reinforcement (i.e., to reduce tension or another affective state); (b) automatic-positive reinforcement (i.e., to create a desirable physiological state); (c) social-positive reinforcement (i.e., to provide attention from others); and/or (d) social-negative reinforcement (i.e., to offer escape from interpersonal tasks or demands (Lloyd-Richardson et al., 2009)

There is not a current diagnosis within the DSM-IV for self-injurious/self harming behaviors. Self-harming behaviors are most mentioned with the diagnosis of borderline personality disorder. The American Psychiatric Association’s website on DSM-V Development shares a proposed DSM V diagnosis for non-suicidal self injury that includes the following criteria:

**A.** In the last year, the individual has, on 5 or more days, engaged in intentional self-inflicted damage to the surface of his or her body, of a sort likely to induce bleeding or bruising or pain (e.g., cutting, burning, stabbing, hitting, excessive rubbing), for purposes not socially sanctioned (e.g., body piercing, tattooing, etc.), but performed with the expectation that the injury will lead to only minor or moderate physical harm. The absence of suicidal intent is either reported by the patient or can be inferred by frequent use of methods that the patient knows, by experience, not to have lethal potential. (When uncertain, code with NOS 2.) The behavior is not of a common and trivial nature, such as picking at a wound or nail biting.

**B.** The intentional injury is associated with at least 2 of the following:

1. Negative feelings or thoughts, such as depression, anxiety, tension, anger, generalized distress, or self-criticism, occurring in the period immediately prior to the self-injurious act.
2. Prior to engaging in the act, a period of preoccupation with the intended behavior that is difficult to resist.
3. The urge to engage in self-injury occurs frequently, although it might not be acted upon.

4. The activity is engaged in with a purpose; this might be relief from a negative feeling/cognitive state or interpersonal difficulty or induction of a positive feeling state. The patient anticipates these will occur either during or immediately following the self-injury.

**C.** The behavior and its consequences cause clinically significant distress or impairment in interpersonal, academic, or other important areas of functioning.

**D.** The behavior does not occur exclusively during states of psychosis, delirium, or intoxication. In individuals with a developmental disorder, the behavior is not part of a pattern of repetitive stereotypy. The behavior cannot be accounted for by another mental or medical disorder

(<http://www.dsm5.org/ProposedRevisions/Pages/proposedrevision.aspx?rid=443#>)

This diagnosis is still in the development stage and is not currently being used as mental health diagnosis. According to The American Psychiatric Association there is a need to identify this behavior to increase awareness, to develop appropriate techniques, and to increase appropriate research on the topic.

Levenkron (2006, p. 26) states,

“that in the most severe forms, self mutilation can be classified with the following diagnostic criteria:

Recurrent cutting or burning of one’s skin.

A sense of tension present immediately before the act is committed.

Relaxation, gratification, pleasant feelings, and numbness experienced concomitant with the physical pain.

A sense of shame and fear of social stigma, causing the individual to attempt to hide scars, blood, or other evidence of the acts of self-harm.

He goes on to state,

“subcategories that may emerge, based on certain additional factors:

Other mental health problems;

The frequency and severity of the acts of self-mutilation;

Internal versus external stress factors;

The patient’s state of mind when such acts are executed and

The types of personality disorders that drive someone to commit these acts.

Klonsky (2007) explored the empirical research on the functions of self-injury and compiled a review of the known functions of this behavior. He noted them as:

Affect-regulation – to alleviate acute negative affect  
Anti-dissociation – To end the experience of depersonalization  
Anti-suicide – To replace, compromise, or avoid the impulse to commit suicide  
Interpersonal boundaries – To assert one’s autonomy or a distinction from others  
Interpersonal – influence – To seek help from or manipulate others  
Self-punishment – To express anger toward oneself  
Sensation-seeking – To generate exhilaration or excitement (p. 229)

In regard to adolescent reasoning and rationale, Penn, Esposito, Schaeffer, Fritz, and Spirito (2003) note that in a self-reported study of 23 incarcerated adolescents with a history of self-injury, the most common reason for self-injurious behaviors was to “stop bad feelings.” Emotional regulation is thought to be a significant function among adolescents. Additional phenomenology studies (Coid, 1993) have concluded that many individuals who self injure verbalize information about issues leading up to the behaviors such as feelings of tension, depression, irritability, restlessness, racing thoughts, and anxiety. In addition, a majority of women in this study reported that they felt relief following the self-injury (Coid, 1993).

Levenkron (2006) states that

“self-mutilators have different reasons for their actions and are tormented by a spectrum of different feelings.” Levenkron (2006) notes that he consistently encounter two characteristics in self mutilators:

1. A feeling of mental disintegration, of inability to think.
2. A rage that can not be expressed, or even consciously perceived, toward a powerful figure in their life, usually a parent.

He goes on to share that “these experiences can be overwhelming and unbearable at times. The solution to this has been the development of self-injury as a coping mechanism” (Levenkron, 2006, p. 85).

Individuals who engage in self-injury often use this mechanism for different stressful events in their life. Repetition of non-fatal self-injury is common (Levenkron, 2006).

Approximately 15%-25% of people who self-harm will repeat an episode within one year, and 20–25 % over the next few years (Owens et al, 2002).

Lieberman and Poland (2006) provide a number of myths associated with self-injurious behaviors,” including (a) all youth who self-injure are suicidal; (b) self-decoration (e.g., tattooing) is self-injury; (c) all youth who engage in self-injury have been physically or sexually abused; (d) all youth who engage in self-injury have borderline personality disorder; (e) all youth who self-injure need to be hospitalized; (f) youth who self-injure use this behavior to manipulate other people; (g) youth who self-injure just want attention; and (h) people who engage in self-injury are dangerous and will probably harm others in addition to themselves” (Lieberman & Poland, 2006).

The current theoretical approaches to working with individuals who self injure include Cognitive-behavioral and Dialectical Behavioral Therapy. The cognitive-behavioral approach helps build awareness of triggering situations and builds an individual’s ability to control thought process, and in turn, learn to control the emotional reactions to those thoughts.

DBT is a highly useful approach that teaches skills for coping with intense increases in emotions. Group work with this population has primarily focused on skill building (Holmes, 2000). According to Muehlenkamp (2006), DBT is based on a combination of Zen Buddhism, cognitive-behavioral interventions, problem solving and skills training. “The core dialectical

principle underlying DBT is a balance between encouraging the client to change and accept him or herself simultaneously” (Muenhlenkam, 2006, p. 169).

It is not the researcher’s intention to deny the effectiveness of these perspectives, but instead to build upon them and advance them with the use of photographs and art. Art and photography are mediums that encourage an individual to freely express herself and develop awareness of pain and develop coping skills. Each of these perspectives adds to the abilities that an individual who is struggling with self injury can use to learn new skills, validate and accept past hurt, and move forward. Muehlenkamp (2006) shares that “self-injurious behaviors are complex and encompass a variety of additional comorbid psychological problems, and this poses a number of changes” (p. 176). She goes on to say that “mental health professionals must be ready to respond with creative, innovative, and effective treatments (p. 176).

### **Summary**

PhotoTherapy and Creative Arts Therapy techniques provide that creative, innovative element that seems to be needed in this type of treatment. The use of photographs in therapeutic settings is increasing; however, there is still limited research of the strengths, limitations, and experiences that a client receives throughout this technique. In addition, this information will contribute to the continuous exploration of the effectiveness and appropriate uses of these techniques.

## **Chapter 3 –Methodology**

The purpose of this study was to gain an understanding of the lived experience of being involved in a PhotoTherapy group process. This was conducted through the qualitative approach of a phenomenological inquiry. The study explored the essence of the experience of adolescent females in treatment for self-injurious behaviors in a PhotoTherapy group process. The study employs three different data collection tools to ensure that a holistic view of the phenomenon is understood and explored. The different tools include interviews, research's journal and photo collection. A phenomenological study is well equipped to investigate real life situations and to maintain the integrity and wholeness of the experience (Creswell, 2006).

The researcher's philosophical assumptions focus around the idea that each of us experiences the world in a different view and that those views cannot be limited to short, quick answers, instead they need to be explored thoroughly to fully understand and learn about a person and a phenomenon. The researchers worldview focuses on the importance of involvement and change. Creswell (2007) presents this as "Advocacy/Participatory" and described that this research worldview focuses on marginalized groups and promotes change and growth for the participants involved in the research. The purpose of this research is to gain knowledge for growth within the field. Counseling is a field of helping and growth.

### **Research Design**

Qualitative research "seeks to probe deeply into the research setting to obtain in-depth understanding about the way things are, why they are that way and how the participants in context perceive them" (Gay, Mills, & Airasian, 2009, p. 12). Qualitative research encompasses many approaches including ethnography, grounded theory, phenomenology, and case studies. Merriam (1998) stated "qualitative researchers are interested in understanding the meanings

people have constructed, that is, how they make sense of their world and the experiences they have in the world” (p. 6).

### **Research Methodology – Phenomenology**

The researcher utilized a phenomenological approach to gain an awareness and understanding of the individuals’ experiences while being a part of a PhotoTherapy group process. Creswell (2007) stated “a phenomenological study describes the meaning for several individuals of their lived experiences of a concept or a phenomenon” (p. 57). The purpose of phenomenology is “to reduce individual experiences with a phenomenon to a description of the universal essence” (Cresswell, 2007, p. 58).

Stewart and Mickunas (1990) in Cresswell (2007) shared the four philosophical perspectives in phenomenology as “A return to the traditional task of philosophy” (Cresswell, 2007, p. 58). This terms means that the field needs to decrease the use of “scientism” and focus on the search for understanding and wisdom of a phenomenon.

The second philosophical perspective explores the concept of “a philosophy without presuppositions” (Cresswell, 2007, p. 58). This means that this approach works to suspend all judgments about what is “real.” This process is called “epoche” and an equal playing field is granted to all information. The third philosophical perspective focuses on “the intentionality of consciousness” (Cresswell, 2007, p. 59). This reflects on the idea that the “consciousness is always directed toward an object” and that the “reality of an object is inextricably related to one’s consciousness” (Cresswell, 2007, p. 59). The final philosophical perspective is the “refusal of the subject-object dichotomy” (Cresswell, 2007, p. 59) and reflects upon the concept that there is an intertwining between the object, the subject and the perceived meaning. This is the idea that

“the reality of an object is only perceived within the meaning of the experience of an individual” (Cresswell, p.59).

The phenomenon explored in the present research is the individual’s experience in a PhotoTherapy group setting. The study was designed to facilitate understanding of the group members’ lived experiences, thoughts, and feelings about the use of PhotoTherapy.

### **Data Collection**

All data were gathered through interviews and a photo project and were collected with explicit permission from the participants and the participants’ legal guardians in full compliance with the Kansas State University’s Institutional Review Board (IRB) guidelines. Observation, rating scales, photo work and journals were used as stimuli for the interview process.

The use of observation and interviews are routine in qualitative research (Merriam, 1998; Yin, 2003). They are a way of obtaining an inside view and understanding the perspective of the individual involved in the research. Observations are a key element in understanding from a theoretical and professional perspective the behaviors of individuals involved in the research. The study used observation in the terms of rating scales conducted by the researcher and the participants for the purpose of stimulus during the interviewing process. Each participant was instructed to complete a member rating scale after each group session, documenting her behaviors, emotions, and thoughts during each group session. Please refer to appendix B. The participant was then asked to bring the rating scales to their interview to be utilized when needed to discuss their behaviors, emotions, and thinking patterns from the group process. The researcher conducted an observation rating scale for each participant after each group session. Please refer to Appendix C. The observation rating scales were also used during the interview process as stimulus.

The study used participant journals and photographs also as memory stimulus devices for the participants to use during the interview process. Each participant was encouraged to use photography and journaling as a way of understanding the process. Journals and photographs were a key element in triangulation, because they add deeper and more abstract information from the research participants.

The researcher kept a detailed journal from the beginning of the research project, throughout the group session until completion of analyzing data.

Creswell (2007) stated that “often data collection in phenomenological studies consists of in-depth interviews and multiple interviews with participants” (p. 61). He goes on to note that often “other forms of data may be collected, such as observation, journals, art, poetry, music, and other forms of art” (p. 61). The uses of various data collection were tools to create a more holistic perspective of the participants’ experiences.

This was a phenomenological study of a PhotoTherapy group that consists of five adolescent females in a mental health setting. The girls participated in the research project according to their own free will. The research interviews were conducted in the creative art room or a office at the behavioral health hospital during and at the end of a *Finding Me* PhotoTherapy Group. The *Finding Me* PhotoTherapy group consisted of nine one hour a week group therapeutic sessions over a three month period. Each session was observed from a researcher’s perspective and observations were documented using a behaviors rating scale. Additional information was collected interviews, consisting of a mid-group work interview and a closing interview. The interviews had a semi-structured format and used stimulus text to encourage involvement. The participants were asked to keep a journal and were encouraged to bring it to the interview as a form of stimulus to encourage recollection and reflection of emotions and

thoughts. The journaling was completed after PhotoTherapy group sessions at the convenience of the participant and included a member rating scale ( Appendix B). The participants were also asked to journal during and after taking photographs. After the final PhotoTherapy group session individual participants were asked to create an image that represents the group's process and her personal development in regard to this PhotoTherapy group.

## **Qualitative Interviewing**

“The understanding of the life worlds of respondents and specified social groupings is the *sin qua non* of qualitative interviewing” (Bauer & Gaskell, 2000, p. 39). Qualitative interviewing is used to obtain rich, descriptive data about the phenomenon being studied. Interviews were used to give the participants an individual voice outside of the group setting. The purpose of the interview was to encourage the participant to reflect and share upon her experiences and viewpoints.

### ***Interview Questions***

Interview questions were developed with an awareness of the literature review and consideration of the concepts of Instillation of Hope, Universality, Interpersonal Learning, Creativity/Expression, Facilitation of Socialization, and Self-Confrontation. Please refer to Appendix C.

The following is the interview protocol:

### **Interview Questions for Mid-Group work**

#### **PhotoTherapy Process**

How do you feel about group?

What has stood out the most for you in group work?

#### **Self Confrontation**

What has been the most difficult experience thus far?

What has been the most rewarding experience thus far?

### **Hope**

Tell me about your level of hope at this point in group.

What have been your hopes throughout this process?

### **Universality**

How do you feel about your part in the group?

Have there been times you related to others in the group? Tell me about them.

### **Interpersonal Learning**

What thoughts come up the most often while working with Photographs?

### **Creativity**

What are your feelings about the creative PhotoTherapy process?

What do you think about using creativity in treatment?

### **Socialization**

What is your relationship like with the other group members?

### **Interview Questions for After Group work**

#### **PhotoTherapy Process**

What was this experience like for you?

What stood out the most to you throughout this group work?

If you could change something about this experience what would you change?

What emotions occurred throughout this experience?

What thoughts were most significant throughout this experience?

#### **Self Confrontation**

What did you learn about yourself during this group experience?

What are your thoughts and feelings about the self-portrait work?

### **Hope**

Has your level of hope changed any during this process?

### **Universality**

Were there times that you connected with other group members? Tell me about them.

### **Interpersonal Learning**

Was there anything different about this group work than previous group work?

### **Creativity**

Has your comfort level with creative changed at all through this experience?

### **Socialization**

What would others in the group say about you during this experience?

Interviews were audio taped and transcribed using digital media and were available to each research participant for review and member checking. Member checking is commonly considered an important aspect in qualitative interviews. This important concept helps to improve the method by requesting verification and validation on information that was transcribed and information that was observed (Merriam, 1998). This element in qualitative inquires helps to solidify triangulation and to continuously encourage the research participants to play a vital role in ensuring the information being shared is accurate. All of the participants reviewed their transcripts and no changes were made regarding their comments. The researcher also took hand written notes throughout the interview and kept a journal to reflect thoughts and emotions about the interviews and group process.

## **Use of Stimulus Text in Interviews**

Photographs have been used in research since the early 1960's. In 1967 Collier explored in his book *Visual Anthropology: Photography as a Research Method* the uses and availability of how photographs can be used. "Photographs can be used to make durable visual records of culture and social life and to interview research subjects through a process of photo elicitation" (p. 24). In this study, photographs were used both therapeutically and for the use of stimulus during the interview process.

## **Observation**

Observation is another key element in qualitative research and a researcher must pay careful attention to her conduct and practices of the use of observation. The role of the observer in this research study was one of observer-group facilitator; the researcher is the group facilitator and the observer of the group process. The researcher used an observation rating scale to organize group members' behaviors from multiple sessions. Please refer to appendix B. Observation was also documented in the researcher's journal. This is a needed component to develop triangulation and to capture a holistic view of the phenomenon.

## **Researcher's Journal**

The researcher kept a journal reflecting upon and documenting environment, behaviors, group interactions and researcher's personal thoughts, emotions and reactions to the phenomenon. The journal documents the experience from the researcher's perspective. The researcher started the journal during the beginning phase of literature review and development of research proposal.

## **Artifacts**

The use of photographs and journaling are both beneficial as stimulus text for the interview process and as a tool for participants to share her abstract meanings. Photographs were used in the following ways:

1. Photo work: This refers to the photographs that the participants created throughout the PhotoTherapy group process and were used for the purposes of stimulus within the interview sessions. The participants were encouraged to bring photo work to interview and to use work as a form of encouragement/stimulus to explore experiences.

2. Photo project: This refers to the visual image that the researcher requested that the participants completed after the PhotoTherapy group process was completed. These photos are used as data in the research project. Participants were instructed that no identifying human subjects could be used in the photo project. A photo project was a component of gathering data. The participants created a photo image of their experience within the group setting.

The photo work that was created in the PhotoTherapy sessions was not analyzed. They became the property of the participants and were only used for stimulus within the interview process. No photographs were used within the data without the explicit permission of the participant and her legal guardian.

Journal work was an additional tool used to gather information. Each participant was asked to keep a journal that includes a rating scale that requested each participant to identify her emotions, behaviors, and cognitions during each group session.

## **Research Question**

The research question was developed as a need in the field to understand more about the uses of PhotoTherapy. The uses of this technique are applicable in many situations and with

different populations. The study wanted to research the application of the technique with individual adolescent girls who are in treatment for self-injurious behaviors. The following question was developed to obtain a holistic perspective of each group member's perspective of the uses of PhotoTherapy techniques:

What was the essence of the experience of a series of PhotoTherapy group sessions for female adolescents with a history of self-injurious behaviors?

### **Sampling Strategies**

Due to the specific needs for this research a, criterion sampling technique was used. Each individual participant was selected because of her current placement in residential care and her current treatment plan. Each of the participants had a history of self-injurious behaviors as previously define. She was also currently available for group work in a specific residential care facility. To select participants for this research project, information regarding the research project and PhotoTherapy group were given to the clinical team at a behavioral health residential treatment facility. Clinical staff recommended individuals available to participate in the study. The researcher met with each individual and gave information regarding the study. The research also contacted each possible participant's legal guardian to explain the research study. The criterion for participation in the study was that the individual needed to be an adolescent female in treatment for self-injurious behaviors.

### **Data Analysis**

Data from interviews were collected, transcribed, and analyzed for common themes. The researcher's journal was explored and significant statements were extracted and collaborated within the themes from the interviews. The data from the Photo Projects were also analyzed for significant statements and common themes and integrated with the interview data. This

information is documented in a description of themes and a central meaning of the experience. An exploration and development of an understanding of this group's experience throughout this therapeutic process is in a composite description. To enhance trustworthiness and authenticity, each of the interviews were fully transcribed and returned to each participant for review and verification. All five members reviewed their transcripts, and no changes were made.

The data from the interviews, researcher's journal and photo projects were analyzed by exploring for significant statements, and clustering meanings to develop into themes. The data from the researcher's journal was also analyzed by searching for specific statements regarding physical space, and specific events. The data collected from the researcher's journal was utilized to develop the structural and textural descriptions of the experience.

Qualitative phenomenological research consists of an incredible amount of information. It was essential to organize structure and contain data in an orderly and time focused manner. Phenomenological data analysis tends to follow a specific format. The first addresses the researcher's experiences and influences (Creswell p. 61), exploring the data, in this case exploring the interview transcriptions and highlighting "significant statements" or important quotes or information that shares an understanding of how the participants lived or experienced the phenomenon (Creswell, 2007, p. 61). The next step includes combining these statements, quotes. Creswell (2007) refers to Moustakas (1994) work and shares his terms for this process as "cluster of meanings." A description of what was experienced by the participants called a "textural description" is then developed. The researcher also considered and wrote a description of the setting that may have influenced the participants' perceptions, called "imaginative variation or structural description." With all of this information, a composite description that shares the core or "essence" of the phenomenon is developed and presented (Creswell, 2007).

## **Trustworthiness**

Trustworthiness is used in qualitative research to address validity. Qualitative researchers establish trustworthiness by addressing credibility, transferability, dependability, and confirmability (Cresswell, 2006). The study addressed these concepts through careful attention to the literature, the way in which data were collected, analyzed, and interpreted, and how the findings are presented. One of the assumptions underlying qualitative research is that reality is holistic and ever changing. It is not a single, fixed, objective phenomenon waiting to be discovered, observed, and measured, instead a moving, changing, open phenomenon that is being explored and understood from many perspectives (Gay, Mills & Airasian, 2009).

### ***Transferability***

Creating a “rich, thick description allows the reader to make decisions regarding transferability (Creswell, 1998, p. 203). Information in this study included participants age, history of behaviors, interactions during group work, and reactions to the phenomenon. The researcher presented rich descriptions of the themes by stating direct quotes from the participants.

### ***Credibility***

Credibility is vital in qualitative research. Member checking is a component of developing credibility and occurs when the researcher ask for each participant to give input regarding the study (Creswell, 2006). Member checking occurred in this research study through the process of each participant reviewing and verifying their own transcribed interview. Each participant had the option to change, delete any or all parts of their interview transcript prior to the coding process. Each of the five participants engaged in member checking and accepted the transcriptions with no changes made. In addition to member checking the researcher utilized

multiple tools to promote honesty and awareness in the interview process by participants. These tools include stimulus devices such as participant's journal, rating scale, and photographs. Each participant was encouraged to use the stimulus tools as a means to remember her thoughts, emotions and behaviors from the group session.

### ***Dependability***

Triangulation was a component of this research study by the use of multiple data sources. The sources include interviews, researcher's journal, and the photo projects. The multiple sources were used to develop and confirm consistent themes. Peer debriefing was an additional tool used to develop dependability.

### ***Confirmability***

Audit trails held by the researcher lead to the confirmability of this research. The purpose of confirmability in a qualitative research study is to show that the data and the conclusions drawn from the study are logical. Creswell (2006) states that "dependability and confirmability are established through an auditing of the research process" (p. 207). The researcher kept a detailed journal that serves as an audit trail and record keeping information regarding the steps used throughout the research project.

## **Background and Role of the Researcher**

Many aspects of this research must be considered and reflected upon to ensure that readers are aware of the many roles involved in the process. This researcher had a dual role of both group facilitator and researcher. The dual role of group facilitator and researcher is an important consideration in the collection and use of these data. The researcher was aware of the influence and impact that the therapeutic relationship had on the outcome of the data. However, it was not the researcher's intention to capture personal abilities as a group facilitator, instead to

gain an awareness and understanding of each participant's journey through this experience. The researcher was not a primary therapist for any of the individuals involved in the research project. It is also important to note earlier comments regarding the researcher's personal interest, the research was born from a personal interest and belief in the beauty and power of the arts and photography. The researcher was reflexive about personal experience and was mindful and aware of personal bias.

### **Research Participants**

The individuals involved in this research are adolescent girls who were in inpatient treatment for self-injurious behaviors. The participants are involved in individual, group, and family therapy work that involves a DBT focus. The participants joined the PhotoTherapy group work of their own free will. The group sessions were optional. The participants under their own free will participated in a mid-group interview and an end of group interview. Participants were under no obligation to participate in the study and had opportunities outside of the study to participate in creative arts therapy group work. Participants were also able to withdraw from the study at any time if they so desired without any consequence from the researcher. Each of the participants was involved in additional therapeutic settings and had multiple opportunities to address treatment needs outside of the PhotoTherapy group and interview process. Each of the participants attended PhotoTherapy group work once per week in addition to continuing with their treatment plan interventions.

The participants consisted of adolescent females ranging in age from 14-19 years old. The females involved in the study were from various socioeconomic statuses. The females involved were from various parts of the United States, but most were from the Midwest area.

Legal guardians and/or parents were involved in the process by being made aware of the purpose of the study, the options available, the fact that the study is voluntary and has no impact on client's ability to move through treatment, and that they or the adolescent were able to disengage or leave the study at any time.

## **Interview Process**

Lincoln and Guba (1985) suggested that qualitative interviewing include: a) deciding whom to interview, b) preparing for the interview, c) planning initial moves, d) pacing the interview and keeping it productive, e) and terminating the interview and gaining closure (p. 270). They also reported the importance of being able to flow with wherever the interview goes: "Maintenance of flexibility so the interviewer can follow up promising leads or return to earlier points that seem to require fuller development is essential" (p. 270). The individuals in this research project participated in two interviews that utilized the same interview question protocol. This gave the researcher the opportunity to return to previous thoughts and emotions related to the experience and more fully gather an understanding of interviewee's perspective.

### ***Selection of Participants***

The research consisted of five participants for this study to ensure a sufficient amount of data. Munhall (1994) reported that there was no magic number of participants. Creswell (1998) prescribed a range of 1 to 325 participants in qualitative studies, mentioned that in phenomenology the smaller sample sizes are more manageable. For this study five participants were selected. Each participant was currently in a treatment facility for self-injurious behaviors. Each participant attended a weekly PhotoTherapy group and completed photograph projects related to the group process.

Safety is an important consideration when working with this population. Each of the participants was involved in additional therapeutic interventions that may have included medication management, individual therapy, group therapy, family therapy and additional expressive therapies. Each participant was encouraged to share concerns with primary therapist. In addition participants' behaviors were monitored on the unit, and if concerns arose, treatment team addressed concerns. No individuals involved in the research verbalized concerns about the PhotoTherapy group with their treatment team during the duration of the research project.

### **Procedures for Research**

The time frame for this research was guided by the structure of the Finding Me group process. The beginning stages of exploration, literature review and developing competence in the topic were all components in the preplanning and preparing for the group. The following is a list of steps in which the researcher followed to create a safe and structured research protocol:

1. Reflected upon the researcher's emotions and thoughts about the field of Creative Arts Therapy and establish an awareness of needs and interest in the field.
2. Obtained needed information in regard to working with specific population of adolescent girls in a residential facility for self-injurious behaviors.
3. Conducted an extensive literature review of the field of PhotoTherapy that includes a historical overview and information about current uses of the technique and ethical considerations.
4. Explored and examined the current information on self-injurious behaviors.
5. Examined and determined the best research method to obtain the needed information for the field to encourage growth, awareness and increased knowledge in the field.
6. Presented information to dissertation committee.

7. Presented information to the Kansas State University IRB for review and approval.
8. Met with and selected group members.
9. Obtained required documentation and releases for each group member.
10. Conducted and documented each group session.
11. Conducted Mid-group interview.
12. Conducted Final group interview.
13. Transcribed interviews.
14. Data were analyzed using Moustakas's (1994) approach.
15. Data were used to explore the experiences within the group.
16. A composite description was developed from the Moustakas approach.
17. Information was presented to dissertation committee.

### **Ethical considerations**

Many ethical considerations were addressed within this study. These considerations included the population, the setting, the confidentiality of the group work, and the individuals within the setting and the use of art. The population is a sensitive group due to the nature of the work and the age of the participants. The researcher was aware of the need for a strong level of confidentiality and privacy in regard to the information that the participants stated. To ensure this privacy, photographs that could identify a client became the property of the client. Also, all photographs that were used for visual explanation of the data were approved before being integrated into the visual data.

In addition, confidentiality was discussed and acknowledged on a regular basis in the group setting. The researcher was bound by ethical and legal obligations to maintain confidentiality. The limitations to confidentiality are expressed in the researcher's ethical

guidelines. Because this researcher is a Licensed Professional Counselor, those ethical codes guided the researcher in decisions about all ethical concerns. This information was given to each participant at the beginning of group work and throughout the group sessions.

## **Chapter 4 – Discovering the Essence**

Discovering an understanding and unlocking the means of the experiences of these girls in PhotoTherapy group was the focus of this study. Each individual involved disclosed their story, emotions, needs and experiences to add to the conception of this phenomenon. Using Moustaka (1994) approach to analysis, the girls' stories provide the means for discovering the essence of a PhotoTherapy group experience. This chapter includes information on the research participants, significant statements from interviews, themes, meanings, and a core narrative. The names and identifying information of the individuals involved have been changed for their privacy and confidentiality. In addition some participants' quotes have been edited for clarity.

### **Participants Profiles**

#### ***Nevah***

Nevah is a 14 year old female who has been in residential treatment for over 6 months. She was near completion of her inpatient treatment and was in the process of transition into a community group home. She has a history of cutting and reported starting at age 12. She had several out of home placements and a history of disruptive behaviors. She is full of energy and very talkative. She reported enjoying taking photographs of herself. She was open to the creative process and would focus on the detail of her photographs. She also would take several photographs and struggle with deciding on the ones she wanted to use.

#### ***Maria***

Maria is a 16 year old female who has been in residential treatment for nearly a year. She recently returned from acute care. She reported a history of perfectionist tendencies and difficulties with impulsive behaviors. She reported a history of cutting behaviors. She was

guarded at times with her photography. She was eager to share information during the interview process.

### *Lily*

Lily is a 16 year old female who has been in residential treatment for over 4 months. She was distant from others and reported herself as a loner that did not like others well. She was quiet and distant during the interview process. She reported some hesitation and only completed one interview.

### *Jane*

Jane is a 15 year old female who has been in residential treatment for over 6 months. She reported a history of cutting and head banging. She reported self esteem issues regarding her weight and reported a resistance to photography at the beginning of the process. She was eager and open to share during the interview process.

### *Samantha*

Samantha is an 18 year old female who has been in residential treatment for over 6 months. She was in the custody of legal guardians due to her conditions. She reported a history of cutting and anorexic behaviors. She reported difficulties in group settings at the beginning of the process. She was quiet at times, but able to stay engaged during the interview process.

### *Research Question*

The research question was as follows: What is the essence of the experience of a series of PhotoTherapy group sessions for female adolescents with a history of self-injurious behaviors? To address this question the study used Moustaka's (1994) approach and started with the process of Epoche or bracketing. This is the first step in the phenomenological data reduction process.

The researcher attempted to set aside all preconceived notions about the phenomenon of PhotoTherapy. Epoche helps the researcher to more fully understand the experience from the participant's own point of view. The process occurred through personal reflection of journaling, art, and conversation with other professionals on the topic of bias, preconceived notions, and personal beliefs. My own personal beliefs about Art, Photography and Creative interventions are that they can create a means of exploring and expressing one's self. To set this aside and to be aware that others may have different perspectives, different attitudes, and different expectations. The researcher came to the data with an open mind looking for information that reflected upon these participants' experiences rather than their own.

### ***Extracting Significant Statements***

In the second step of Moustaka's (1994) phenomenological data analysis process, the researcher listed every significant statement that was relevant to the topic of PhotoTherapy. Each statement, sometimes called "horizon of the experience," is given equal value. The process of horizontalization refers to creating equality amongst the different comments, stories and statements from each participant.

The following statements are a selection of statements from group participants, please refer to Appendix G for all statements included:

I am ok.

I feel like listening and helping others and being honest helped the most.

Helped me be able to tell people what I really think.

Helped me get a high self esteem

I want to be in front of the camera, I want to be able to see how I look.

It was pretty fun, sometimes it was sad, like some of the assignments were hard and it made me do a lot of thinking.

I like to be creative and express myself with pictures.

I'm nervous but I'm actually happy at the same time.

You're going to change over time in a positive way.

It lifted my self-esteem...it helped to you know, think like better of myself.  
I didn't know when I saw my body image what I would actually do.  
You don't have to take pictures of yourself in order to make a picture about yourself  
Share with them, about others not judging me and just accepting me.  
I could connect with them... and I feel that way too, and I've been through that too.  
Some girls would say their self-esteem is low. I can connect to that  
When someone would say they were sad or something, I could connect with that and I would say  
I'm sad.  
I am in a lot better place.  
I feel I can be more personal, because of the group members  
They make me feel like I belong  
It helped just seeing that they had a hard time with their self-esteem and stuff.  
The fact that I am a strong girl who has a pretty body, who is caring and she really appreciates  
people that help her, and that she has a higher self-esteem.  
Just don't give up when things seem hard, even when the photos, when you look back at them,  
don't let it feel sad if it changes in a good way, because that means that you're getting better.  
I think the group kept a motivation for me.  
It definitely influences how much you're going to be honest in the rest of your therapy.  
It helped me get more healthier, even though it taught me that a lot of things are gonna make you  
angry, that a lot of things are going to be too sad, a lot of things are going to bring up memories,  
but you can control how you react to it.  
I got irritated because some photos made me angry because I did not want to do it, but if I knew  
that if I didn't do it, I wouldn't get the help I needed.  
Uncomfortable, um, nervous, happy.  
This picture is going to be hard to keep, because it reminds me of those bad feelings.

### **Themes – Cluster of meanings**

As the third step in the phenomenological data analysis process the researcher highlighted each of the significant statements and cut them out and grouped the statements into clusters of similar meaning units/ themes (Creswell, 2007, p. 60). The researcher examined all of the statements within each cluster and explored and considered the different meanings and reasoning.

The statements were grouped to become four themes from the data.

**Table 1-Themes for Research Question**

Theme	Code	Participants mentioning theme
Self	S	Maria I1 and I2, Nevah I2, Lily I1 and I2, Jane I2
Emotional reactions	E	Maria I1 and I2, Nevah I1 and I2
Connection with others	C	Maria I2, Lily I1 and I2, Jane I2, Nevah I1 and I2
Motivation in treatment	M	Maria I2, Lily I2, Samantha I2, Jane I2, Nevah I2

## **Textural Descriptions**

The purpose of a textural description is to define the themes that were gathered from the clustering process and to describe what happened within the experience (Creswell, 2007).

Self – An understanding of one’s self, increase in self-esteem, awareness of self-concept or personal needs.

Connection with others – A desire to connect with others, an impact on relationships within the group setting, a feeling of being understood, accepted and a part of the group.

Motivation for Treatment – A desire to share photos with others in treatment, increased desire to attend group therapy, hopeful and encouraged to express self.

Catharsis/Emotional – Multiple releases of emotions, increase in emotional reactions, increase in awareness of emotions, use of emotions in multiple settings.

The textural description describes what was experienced. The textural description was developed through an analysis of the researcher’s journal and identification of specific statements documenting events and structures during the phenomenon.

The participants engaged in several PhotoTherapy group sessions. The groups occurred on Sunday evening. During each group participants checked-in and shared emotions, thoughts and experiences from the week. After the group checked-in participants explored and then printed photographs from prior week’s assignments. With the printed photographs participants spoke to, asked questions of and process thoughts and feeling related to that photograph. Participants were also able to add to the photograph with a variety of art supplies. After exploring and creating with each photograph participants reflected upon and processed emotions and thoughts related to their work. The group closed with reflecting upon members needs and sharing a statement with a personal photo that was taken at the start of the group.

## **Structural Descriptions**

The purpose of a structural description is to investigate how the phenomenon was experienced. This description is looking for all possible alternate meanings and perspectives (Creswell, 1998). The structural description is sharing how the phenomenon was experienced in terms of conditions, situation, and physical environment. The structural description was developed through an analysis of the researcher's journal and identification of specific statements that reflected upon physical environment. The following is the structural description:

The behavioral health facility is a large building that houses 95 adolescents for a range of treatment needs. The Finding Me group occurred in the Creative Arts room within the facility. The room is a large and colorful room filled with art supplies, toys, books, and posters. The room contains a circle of chairs and a large oval shaped table with several chairs around it. The room is filled with natural sunlight and often has quiet classical music playing. The room is away from the residential units and was quiet.

## **Composite description - Essence**

The fundamental goal of this phenomenological study was to reduce the meanings of the experience to their essential structure. According to Moustaka (1994) the researcher used the textural description to reveal what happened during the experience. The structural description is meant to reveal how the phenomenon was experienced. The combination of these two descriptions creates a more holistic viewpoint and reveals into the essence of the experience. The focus is on the common experiences of the participants, the underlying structure within the group (Creswell, 1994). The four themes that emerged from the data include a sense of self, Connection with others, Emotions, and Motivation for treatment. These themes seem to greatly

overlap and interact with each other. This meaning that that when a participant would refer to an increase in self esteem they might also reflect upon a feeling of connection with a peer as leading to that increase in self esteem.

**Figure 1– Overlap of Themes**



### *A Sense of Self*

This concept incorporates self-esteem, self-concept, and understanding of one's self in the context of others. Each of the participants explored this need in a different way. Lily reflected upon her needs to be self-honest when she stated

“It helped me to be able to tell people what I really think, instead of saying, “Oh yeah, you look just fine, yeah, you don’t look like that.” It’s helped me realize that people are looking for you to give them an honest opinion and you don’t need to be hiding your opinion from people.”

Multiple participants shared that the PhotoTherapy process had an impact on self-esteem. Lily said

This place helped me get a high self-esteem, because I used to not get in front of the camera at all. I was like your wanting me to give..., You’re absolutely crazy. But now I want to be in front of the camera. I want to be able to see how I look

She also reflected that the PhotoTherapy group challenged her self-esteem and her focus in treatment on self when she stated

It’s okay to work on other things, but after working on me, it’s like, I have to show myself. What if I don’t want to? Or I don’t want to show my body because I don’t think I look good...and wondering what is going on with me.

Nevah said

When I started, I really didn’t want to do it, but I tried not to show it, because I had really bad self-esteem, and I always tried to put myself down. I got through it...it lifted my self-esteem, it like, I don’t know, it helped to, you know, think like better of myself.

Each participant verbalized different levels of self-esteem and the changes that occurred throughout the PhotoTherapy group process. Maria stated what the process was like for her and her changes in self-esteem.

Well, it first started with the first two pictures. The one that we took at the first day of group and the one that we took on the last day of group. My first group, I'm wearing my baggy sweatshirt and my baggy sweatpants and my flop flops and my hair is down covering my face, and it's all in my face, and I'm like, and I'm holding the picture, and I am sober, it's sad. I look depressed. I look pale, you know, it's just very sad thing. And in the last picture, you know, I'm wearing nice clothes that are not revealing, that are covering up but I'm not swimming in. That stuff is part of my therapy, is to wear clothes that fit me. And so, that was a big step and I'm smiling, and my hair is out of my face, and I'm not looking at the camera, but you can tell that I'm just like, glowing.

Lily stated that her experience created changes by helping her see herself differently. When the interviewer asked what you might take from this experience she stated,

The fact that I am a strong girl who has a pretty body, who is caring, and she really appreciates people that help her, and that she has a higher self-esteem. When people still say things to her, she is going to ignore it, unless it is positive. If it is negative, she is going to ignore it, still ignore it, and if she needs to talk, she can always talk to her peers.

She later states that her personal growth was a way to connect with others. When Lily states

I learned that I'm a beautiful girl, and just because of my abuse doesn't make me ugly. And of course I'm going to be overweight a little, but I can remove that if I really want to. And I'm actually, like, being really more open with people and made me realize I can be open with some of my peers. And the ones I thought I couldn't trust, I can trust.

### ***Connection with others***

The second theme that emerged was a Connection with others. These participants seemed to focus on engagement, acceptance, and a desire to be with other group members. This

connection was a sense of belonging and being a part of something. A subcategory that arose was the development of trust.

Lily said “They made me feel like I belong” and participant Jane stated that she “shared with them, and liked others not judging me and just being ok with me” This process was slow and started according to participant Maria,

I think we all were a little...I don't know I want to say disoriented, but like unsure of the whole creative process that we were doing with the pictures, because like were all like Oh, we're going to take pictures of ourselves... You were like, not of ourselves and were like oh and so I was exploring like all these ideas, and everyone else looked up to me, and so we all started branching out, and then so we were all like made our own safety net but then they all like connected in a way.

The feeling of connection for each of the participants ranged on a variety of topics.

Nevah noted how she connected on feelings of self-esteem when she stated.

Like some of the things they said and how they felt, I could connect with them. I feel that same way too, and I've been through that too. Like some of the girls said how their self esteem was low. I can connect to that, and how they said talking about the pictures, it's pretty hard, and you know, them not really knowing what to take pictures of. I can connect with that, because it was really hard for me and a lot of girls helped me choose how to like what pictures I should take.

Lily shared her ways of connecting through understanding what a peer was saying and relating to it when she stated,

One of my peers, when she said that she had problems with wanting to hide her body and everything from people, hiding her face, not showing it, and stuff like that. She tried so

hard to make everyone happy. Well, I did the same thing. I try to make everyone happy. I try to make everyone so happy I could give up myself.

She goes on to state that this connection helped her.

She taught me so much about being honest and she told me how I can deal with my feelings. It makes me feel more connected to her, and even more friends than we were.

Samantha reflected that her connection with the other group members helped her keeping going in treatment.

I'm in a lot better place. Then it was like I feel like I was really sad. After discussing with interviewer about the changes she shares reasons that she believes there has been changes I feel like this group can be more personal" when prompt on why this group was different she said Cause of the group members.

Samantha stated her thoughts on reasons the group connected so well by stating,

I think this is a really good group of people because we all have similar issues and similar personalities, and I feel like we are the same, wanting to be perfect, but in different ways, I guess with everything else and wanting to be really thin and stuff, I can only related to them, they are supportive.

The connection with others also included relating to each other's emotional experiences.

Lily stated,

When sometimes when someone would say they were sad or something, I could connect with that and I would say I'm sad.

She goes on to say that she struggled to recognize her own needs and emotions and needed the connection from the group to be aware.

I had to ask my peers a few times for some help, because I was like, what do you think of me, what do I look like most of the time when you guys see me? And some of it was hard to hear, because you didn't express the part of the way you were looking, that you looked so depressed or you looked so angry. I thought I was fine, but from what my peers told me, I've learned that your body will tell others how you feel.

Lily noted how she connected with others through emotions by saying,

It's been a good experience. The photos we had to take are like real, they show your emotions and showed who you don't want to show people, and after you do that, it gets easier to show people who you don't want to show.

### *Emotions*

The release of emotions was a common experience throughout the group sessions. Each participant shared a plethora of emotions experienced. The emotions related to each of the other themes self, motivation for treatment, and connection with others. Maria stated the emotions that arose during PhotoTherapy group.

This picture is going to be hard to keep because it reminds me of those bad feelings, I had, those feelings like, just like feelings I had to be perfect and I had...I couldn't feel anything, but I did, and you know, there was nothing I could do about it. Like, I was about to explode, but the memory of this picture, is it reminds me of my box I made, because I put that rose in my box, and that was a good day, because that was the first time I ever, ever, ever opened up in group and didn't do something that was about my week or

about something superficial. It was about me and my life and my past. And so that picture I like.

Lily discussed the emotions that she experienced,

Yes it helped me get more healthier (this experience), even though it taught me that a lot of things are gonna make you angry, that a lot of things are going to make you sad, a lot of things are going to bring up memories, but you can control how you react to it.

Emotions of joy, happiness, fear, worry and indifferent were expressed in regard to the PhotoTherapy process. The emotion of fear and being judged came up as a source of concern throughout the group process. These emotions were reflected upon by the participants throughout the interview process. The emotions at times intensified from fears to anger, to frustration and more.

Lily said,

taking photos and realizing it was photo therapy and that means photos. I was afraid people were going to judge how I looked in the photos.

Lily said,

I got irritated because there were some photos that made me angry because I didn't want to do it, but I knew that if I didn't do it, I wouldn't get the help I needed, so it made me angry, because I didn't want to take a photo of what people saw, or what people were going to see. It kind of makes me angry to see like, this one right here, where I am going. From this, I feel lost, but hurt, depressed, alone, like I'm not lovable from my past. I was hurt by my past. I'm going on my way to get healthy

And Samantha reflected upon her fears, stressors, and overwhelming emotions that occurred

throughout the group process.

Just so you know, I have felt, in fact like killing myself and I wouldn't want to do that and leave my family behind. You know how I feel about my friend and that time and I realized that I don't really feel that way. I was scared and I haven't felt scared in a while. So, when I went back to look at this (photo), I felt kind of sad, kind of just unhappy because that of that I am glad that I guess I felt that way because I had to change.

When discussing how the group impacted emotions Lily

Oh I had a lot. I had a lot (emotions). Um, sometimes I was angry because I would just come back from being in a crazy unit and sometimes I feel happy. Most of the time I feel happy. Sometimes I would feel sad and scared.

Emotions changed throughout the group process. The DBT concept that emotions are not good or bad, but instead a necessary component of life was a concept that each of the participants explored. When discussing how this experience impacted emotions and behaviors Lily stated what others would say about her.

They would say I've been doing really good. My comfort shell is broke and my attitude has changed about things, and I'm able to control my emotions more.

### ***Motivation in treatment***

Each of the PhotoTherapy group participants was involved in a range of different therapeutic interventions. A theme that arose was an increase in Motivation for Treatment. Maria shared her experiences of self honesty and motivation at the beginning of the process and how the group impacted her views on treatment when she said.

I've just never talked. When I talk, I talk nonsensical, just like what I say doesn't mean anything. Right in therapy I can sit there, use all the right terms, use all the right

everything, you know, make you feel like I'm giving you everything, giving you my all, sharing everything with you, but in all reality, I'm hiding everything and never telling you a single thing.

She later discussed how PhotoTherapy group was different It's not as harsh a reality as words. It's like softer and I pushed myself... this time I pushed myself to, process with others girls and to be like okay, this means a lot to me, and I don't really want to tell them everything, but I am going to tell them a lot, because that means a lot to me, to get it out in the open and have that trust.

The intersection of self honesty, trust, and motivation for treatment are reflecting through her statements.

It definitely influences how much you're going to be honest in the rest of your therapy. If you're not honest in your pictures and you're not honest in your responses, you're not going to be honest with your therapist or your family therapy or anything.

In residential center clients at times become resistant or guarded to treatment and refuse groups and treatment to develop a sense of control. This concept did not seem to impact the PhotoTherapy group instead members expressed motivation and looking forward to attend group session. Nevah said,

I just liked it a lot and it was really fun. I always looked forward to coming to this group. I was like, are we gonna have group. It was something I've always looked forward to, because it was pretty fun.

Maria stated,

I think the group kept a lot of motivation going for me. I looked forward to every Sunday night; I was like, Oh yes, that's group time.

Lily stated,

It was fun, just getting to do stuff hands-on, instead of just reading off a paper

A subcategory of motivation for treatment was an increase in creativity. This was discussed throughout the experience when Nevah stated ,

I guess like my confidence and like staying determined increased. I also like expressing my feelings, being creative and expressing my feelings at the same time

Maria stated,

I think that it just like shown me, you know, like, because I started like the week after I got back from acute, and it showed me, like, the progression of my whole entire times since I've been back from acute, and it just showed me how much I can grow, you know, and just thought pictures and though just you know creatively expression.

And participant Samantha stated,

I think it helps because sometimes it's easier to create it, like, be creative in art or something like that, you can get your feelings out like that instead of talking about it, if something is really hard, it's like you can't talk about it.

### ***Photo Projects***

Each of the participants created a Photo Project to reflect upon her experiences. The following are each participant's creation, a title for the photograph, and a description.

*Lily*



Titled: My Highest Self Esteem I Ever Had

My experience was like a roller-coaster because of emotional experiences came up during group, but at the end I had a higher self-esteem.

*Nevah*



Title: Coming out of the Dark

Is about not hiding my inner self anymore. I'm going to let everyone see me, my talents. My braveness and my creativity



Title: Letting your true colors shine

Is about being who I am and doing the things I want to do while thinking about my future. And not about not letting others stop me or keep me from achieving my goals.

My ending thoughts about group were that I loved it. I had a fun time being in group and I enjoyed hearing from other girls. This group was always something that I looked forward to and now it's come to an end. I guess it's time to say... Goodbye. 😊

*Maria*



Title: The tree of Life

My photo is called the tree of life because it is surrounded by growth; growth within the tree, and growth within the shadows. It shows how what's inside of you grows as well as everything around you. And that's what this group did for me: it helped me grow while everything else was growing forward too.

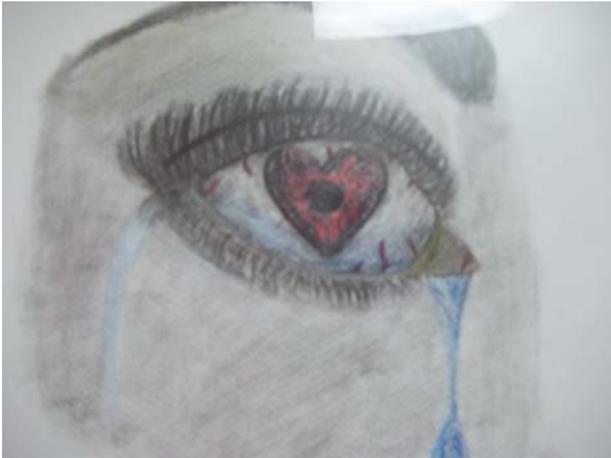
*Samantha*



Title: A new beginning

The messy one and the building one. My mood was fluctuating a lot. My pictures depend on what mood I was in. Or if I was doing good. Also the building one shows that I have come along and I keep building and doing good. My self-esteem has also gotten a lot better. Actually taking pictures of myself and seeing what I really look like. A new beginning because this was a new experience for me. And it was a good thing and helped me.

*Jane*



Title: Awesome

What I was thinking about when I took this picture was that this group meant a lot to me. And I'll really going to miss this group.

The essence of the PhotoTherapy group experience was reflected upon in the four themes, the structural description, and the textural description. The participant's shared many emotions, behaviors, and thoughts related to this experience. Nevah sums it up when she stated,

It's pretty hard because, you know, some people have self-esteem issues and it gets pretty hard, you know with the assignment, but I's really fun, and it's like you know, something others would probably look forward to doing, and you can be creative while you're doing it. It takes up time, and you get to express yourself in a positive way.

### **Summary**

This chapter has given an overview of the participants involved in the research as well as an exploration of the research question proposed. The research questions were addressed through quotes from each participant and the overarching themes of self, connection, motivation and emotions were discussed. The following chapter will examine and explore conclusions on these themes as they relate to the literature and theories discussed in chapter two as well as implications for the use of PhotoTherapy in the field of counseling and mental health.

## **Chapter 5 – Discussion and Conclusions**

“How we think we are seen is usually very different from how others see us.”

(Weiser, 1999, p. 189). In previous chapters the stories and themes emerged, a textural and structural description was defined. The following chapter will discuss and draw conclusions with the research and the literature.

Little has been researched and investigated on the use of PhotoTherapy in the field of mental health. Information is available but is limited and at times dated. The purpose of this study was to create an understanding and essence so as to develop an awareness of the experience of an individual going through a PhotoTherapy group process. This study makes available room for more research in understanding clients’ experiences in PhotoTherapy group work and the role of photography in the healing process. This study is just a beginning of encouragement for mental health professionals to be aware of clients’ perspectives on growth, health, change and needs. In addition this study could be built upon to research additional questions on effectiveness of PhotoTherapy.

### **Restatement of Research Purpose, Methods, and Question**

As discussed throughout this dissertation, the purpose of this study was to gather information and understand the lived experience of being involved in a PhotoTherapy group process. The method of understanding this experience was the utilization of phenomenological methodology. The research question guiding the study was as follows:

What was the essence of the experience of a series of PhotoTherapy group sessions for female adolescents with a history of self-injurious behaviors?

## **Discussion and Implications of the Findings**

The four themes that emerged within data are important and essential components to be aware of when working with PhotoTherapy techniques and the specific population of adolescent girls that have a history of self-injurious behaviors. Levenkron (2006) said “the self mutilator is someone who has found that physical pain can be a cure for emotional pain. It is someone who, for one reason or another, has absolutely no outlet for her emotional pain, and therefore no relief from it” (p. 45). The individuals involved in the PhotoTherapy group were able to engage in an intervention that addressed this issue and they explored throughout their interviews the impact of the experience and their views on themselves, their treatment, their connection with others, and their emotions.

The following table expresses the four themes and the theoretical concepts and framework that coincide with each.

**Table 2– Themes related to Literature**

<u>Themes</u>	<u>Theories/concepts related to theme</u>
Self	Fryer (1980) – Self confrontation, Creativity/Expression  Person Centered (Rogers)
Connection	Fryer (1980) –Socialization  Yalom (2005) Universality  Bowlby Attachment Theory  Trauma Informed Care
Motivation	Yalom (2005) Interpersonal Learning, Instillation of Hope  Cognitive-Behavioral Theories
Emotions	Yalom (2005) Catharsis  DBT – Emotion regulation  Creative Arts Theories

## *Sense of Self*

“The dream (image) is a message of yourself to yourself, to whatever part of you is listening” (Silverstone, 1997 a quote from Perls, 1973). Developing an understanding of one’s self is a long journey. The participants discussed the different experiences that added to their understanding of self and development of self esteem. Samantha stated

My self esteem has gotten a lot better. Actually taking pictures of myself and seeing what I really look like.

Maria reflected upon her creativity and understanding of self and stated,

You don’t have to take pictures of yourself in order to make a picture about yourself.

The concept of acceptance explored in Person Centered and Attachment theories reflect the improvement on self-esteem. Each of the participants reflected upon changes in their reviews on self. The theme of self is a representation of Fryer (1980) topics and uses of PhotoTherapy. Fryer shared the concept of Self-Confrontation. The participants were actively engaged in the activity of self confrontation throughout the group process. Samantha reflected upon this need and struggle of facing self in much of her Photo work. In her final interview she was open to sharing her difficulties with seeing images of herself. She continued on to say that she questioned the reality of the images, but throughout the process she became more and more comfortable with her own image. She shared that she was even joyful about the self portrait project. Maria also faced her views of self and stated “I’m not afraid to get my picture take, I’m facing my fears”.

In the development of self the component of increased creativity was present. Silverstone (1997) shares that we are born creative beings. As children we fantasize, imagine, daydream. For children, this is real. As children grow, society places judgment on creativity, art and imagination. These skills of creativity decrease within many individuals and at times can be lost.

In developing an understanding of self the increase of creativity was a tool utilized. Creativity and expression of self is a topic of Fryer's (1980) study that explored the uses of PhotoTherapy. The use of creativity was highlighted by Maria when she explored what she believed to be benefits of PhotoTherapy group work.

It's really fun, and you can be creative while you're doing it. It takes up time, and you get to express yourself in a positive way.

Sense of Self intertwines with the need to connect with others and to manage emotions. This intertwining are the core to the treatment for individuals who are self-injuring. Often a feeling of being misunderstood and unwanted are core aspects of individual's self injurious behaviors. Levenkron (1998) shares that self injury is "the act of damaging seriously by cutting off, or altering an essential part" (p. 22). Levenkron goes on to share in his book "Cutting" the experiences of self-mutilators. He stated, "Self-mutilators are not acting within the norms of any cultural microcosm; they do not plan their activity, but rather are overtaken by a compulsion to commit these acts, which are not about conscious intent. For the self-mutilator, it is the experience of physical pain—for its calming effect on her more painful psychological state—that is being sought." This sense of emotional pain was explained by the participants by identifying their emotions and the struggles with accepting her trauma and past abuse. Attachment Theory and Trauma Informed Care reflected upon the needs for individuals to feel secure, safe, and understood.

### ***Connection with others***

"Accept me as I am so that I may learn what I can become" (Silverstone, 1997). The need for acceptance and being understood is a core component in person-centered therapy. Individuals connect with a group to engage and develop empathy with others. "Attachment is a vital part of

all human relationships, commonly defined as joining or binding by personal ties” (Levenkron, 2006). Individual’s that self injure often struggle or have deficits in the development of secure and healthy attachments. Attachment and the building of relationships were explored by participants discussing feeling understood, accepted, and okay in the group setting. Nevah stated

Like with some of the things they (other participants) said and how they felt. I could connect with them. I felt that way too, and I’ve been through that too.

Drawing from the literature theories, Fryer (1980) shared the topic of socialization as a component of PhotoTherapy. This group process seemed to reflect that need. Each of the participants socialized and shared and discussed in their interviews the importance of connecting and being a part of a group. In addition Yalom (2005) discussed the concept of Universality. This was a key component in the theme of connecting with others. The interactions that occurred created camaraderie between the participants. The engagement and levels of acceptance of photography and individual stories developed an acceptance of individual needs. The expressed pain and acceptance seemed to develop the understanding that others understood and that the individual was not alone in her pain.

Dialectical Behavioral Therapy also reflects on the needs for acceptance of self and others. In DBT this acceptance is referred to as validation. The participants in the study shared their searches for validation and acceptance of self.

### ***Motivation for Treatment***

Motivation is a skill that is needed to stay actively engaged in treatment. Cognitive-behavioral theories address the need for the development of healthy coping skills. The individuals involved in *Finding Me* group were introduced to the use of photography as a means of expressing emotions and coping with negative thoughts. The theme of motivation in treatment

is interlinked with Yalom (2005)'s Interpersonal Learning concept. Participants reflected upon the increase in motivation while discussing feeling better, more accepted, more understood, and better able to cope with emotions. The increase in interpersonal learning and development in self seems to encourage motivation and movement forward in treatment. Maria shared

And so I started to really focus on all of my therapy, and that's when it all clicked, and that's when my hope raised, and that's when I'm happy.

Yalom (2005) also shared the concept of Instillation of Hope. The need for hope seemed to be a contributing factor in each of the participants treatment needs. The increase of hope was shared throughout the interview process.

### *Catharsis/Emotional*

The use of expressive arts in group work adds to the development of a cohesive group and according to (Wadson, Durkin and Perach, 1989) additional valuable attributes is that expressive arts adds to the group member's ability to identify feelings, because art provides a transitional basis or a safety space for people who are struggling with being in touch with their feelings.

There is a considerable amount of support in the professional literature suggesting that individuals who engage in self-injury have significant problems with emotional regulation (Conterio & Lader, 1998, Yates, 2004). This meaning that individuals who self-injure may have maladaptive coping strategies. Their self injurious behaviors may be used to regulate and control emotions and to relieve tension (Linehan, 1993). The participants shared their experiences with emotions and the ways that they regulated and developed awareness of emotions. Lily stated

My experience was like a rollercoaster because my emotions and experiences came up and down throughout the group.

Nevah shared that she would often have a range of emotions such as happiness, sad, gratefulness, and determined. The participant would state that the photo's brought about mixed emotions. The understanding and acceptance of emotions as neither good nor bad, but just as is a component of DBT work. The skill of emotion regulation and acceptance of all emotions is a struggle for many. During the *Finding Me* group process participants reflected upon the ability to manage their emotions. Lily stated

(The photos) show your emotion and show who you don't want to show to people, and after you do that, it gets easier to show people

Lily also shared

My comfort shell is broke and my attitude has changed about things, and I'm able to control my emotions more

Emotional regulation is a core skill in the Dialectical Behavioral Model of treatment. The importance of developing an understanding and management of personal emotions is a component of healing.

Yalom (2005) also attributes catharsis as a means of development in a group. The release of emotion helps with the development of an understanding of personal emotions (Yalom, 2005). The group created a safe place in which to explore personal stories, needs, and emotional reactions to both created photograph and family photos.

The use of emotions was common in the group work process. The participants reflected upon their discomfort and stress at times due to their own emotional reactions and others emotional needs. Samantha stated that during a photo project about self,

well I thought about killing myself and I definitely don't want to do that anymore. I don't feel healthy and I do feel fat, still, I was trying to be positive and trying to make myself feel better and not, like, be so negative and, like put myself in a bad mood.

Samantha changed her original self injury glorifying project to reflect a more healthy acceptance project and she goes on to say "I felt proud and secure" about the changes.

The expression and release of emotions was a struggle for some in the group. Jane was unable to complete the first interview because she stated she was not ready to talk about her PhotoTherapy experience. She later had a short interview without taping to discuss her struggles with sharing her experiences.

### **Essence of the PhotoTherapy Group Experience**

These four themes develop a framework for the experience of PhotoTherapy group work. Group members attending this process reported finding themselves emotional, and uncertain at times, and then able to develop trust, self-understanding and connection to finally have an increase in motivation and awareness of needs. This journey was experienced in a variety of ways, but through the participants' struggle, interactions and catharsis they were able to share the information that led to the essence of their experience. The following is a narrative synthesized from the interviews, photo projects and researcher's journal data.

In a quiet room the photographs lay before us. Our own personal photograph that share a story of where we come from. They scream to us to tell their story.

Emotions arise and the room stays quiet.

My first group, I'm wearing my baggy sweatshirt and my baggy sweatpants and my flop flops and my hair is down covering my face, and it's all in my face, and I'm like, and I'm holding the picture, and I am sober, it's sad. I look depressed. I look pale, you know, it's just a very sad thing.

We become full of emotion, confused and unsure of ourselves.

when I started, I really didn't want to do it, but I tried not to show it, because I had really bad self-esteem, and I always tried to put myself down.

The process was slow

I think we all were a little...I don't know I want to say disoriented, like unsure of the whole creative process that we were doing with the pictures, because we were all like "Oh, we're going to take pictures of ourselves

The work began and we grew together to accept each picture's story.

I got through it...

We faced our scars, looked into past and future and learned about ourselves.

It's about not hiding my inner self anymore. I'm going to let everyone see me, my talents. My braveness and my creativity

'it's about being who I am and doing the things I want to do while thinking about my future. And about not letting others stop me or keep me from achieving my goals

Emotions arose throughout the process....

I got irritated because there were some photos that made me angry because I didn't want to do it, but I knew that if I didn't do it, I wouldn't get the help I needed, so it made me angry, because I didn't want to take a photo of what people saw, or what people were going to see. It kind of makes me angry to see like, this

one right here, where I am going. From this, I feel lost, but hurt, depressed, alone, like I'm not lovable from my past. I was hurt by my past

It's been a good experience. The photos we had to take are like real, they show your emotions and showed who you don't want to show people, and after you do that, it gets easier to show people who you don't want to show.

We were accepted for who we are, including our past. We bonded together and understood each other.

She taught me so much about being honest and she told me how I can deal with my feelings. It makes me feel more connected to her, and even more friends than we were.

I think this is a really good group of people because we all have similar issues and similar personalities, and I feel like we are the same, wanting to be perfect, but in different ways, I guess with everything else and wanting to be really thin and stuff, I can only related to them, they are supportive.

We continued on our journey and developed motivation.

I'm going on my way to get healthy

They would say I've been doing really good. My comfort shell is broke and my attitude has changed about things, and I'm able to control my emotions more."

my self esteem has gotten a lot better. Actually taking pictures of myself and seeing what I really look like

it helped me get more healthier (this experience), even though it taught me that a lot of things are gonna make you angry, that a lot of things are going to make you

sad, a lot of things are going to bring up memories, but you can control how you react to it.

and it just showed me how much I can grow

The end of the group came near and we found closure.

You're going to change over time in a positive way

I am in a lot better place.

Just don't give up when things seem hard, even when the photos are hard, when you look back at them, don't let it feel sad if it changes you in a good way, because that means that you're getting better.

And in the last picture, you know, I'm wearing nice clothes that are not revealing, that are covering up but I'm not swimming in. That stuff is part of my therapy, is to wear clothes that fit me. And so, that was a big step and I'm smiling, and my hair is out of my face, and I'm not looking at the camera, but you can tell that I'm just like, glowing.

As the photographs lay across the table and the art supplies are scattered, the room is full of chatter. We celebrate our accomplishments, enjoy our memories, and say our goodbyes. We close the door for this group's experience after many stories, tears, and laughs and we leave knowing that we have power in our own lives.

### **Implications for Counselors**

The implication of this research is about sharing the experiences of these PhotoTherapy group members. The research helps lay down an understanding of the perspectives and possible benefits of PhotoTherapy interventions. It tells the story of five young ladies who explored and

expressed self through PhotoTherapy work. For counselors, the information may be of benefit to understand the PhotoTherapy process and possible experiences related to this type of intervention. Additional implications include the level of need that individuals in this treatment modality may need. Counselors can build both intervention skills and empathy skills with understanding the perspective and needs of clients utilizing this technique. The four themes of self, connection with others, motivation in treatment and emotions shares with counselors' important clinical information regarding the use of PhotoTherapy techniques with adolescent girls who self injure.

The American School Counseling Association provides a National Model (ASCA, 2012) for school counselors and lays out the foundation, management, delivery and accountability components of a school counseling program. This national model calls for school counselors to provide responsive services to students. This includes individual and/or small group counseling services. This research provides knowledge and understanding of self injurious behaviors for school counselors. School counselors play an important role in the development and safety of their students. They are often the first to be made aware of self injurious behaviors and therefore a key component in treatment interventions Kress et al., 2004). School counselors can use the information provided in this dissertation to be more able to increase skills sets and to be more knowledgeable about the use of PhotoTherapy and the experiences that individuals encounter. Due to the time restraints that school counselors often have with students the *Finding Me* group structure may need to be modified. In addition school counselors could use the PhotoTherapy techniques in collaboration with educational and academic needs to integrate the self injurious behaviors and its relationship with the student's academics. A school counselor could utilize the data in this research in personal counseling with a student by using the PhotoTherapy techniques

and being aware of the themes. The school counselor could focus on self-esteem, connection with others, and engagement. The school counselor would need to be working in collaboration with the student's mental health treatment team. The personal counseling using PhotoTherapy would be a creative, time conscious intervention that could work on some of the student's needs. The school counselor could also use PhotoTherapy techniques as a means to build rapport, connection and interaction with a student. School counselors must be aware of their scope of practices and should refer individuals to additional mental health services. The PhotoTherapy techniques could be utilized as an additional service.

The ASCA National model also encourages school counselors to advocate and provide leadership. This research provides data regarding the experiences of adolescent girls that self-injure and would be useful in educating and informing administration, school personal, parents and teachers of their experiences and possible needs.

In addition to being useful for school counselors, mental health counselors can utilize the data within this research and the composite description to be aware and knowledgeable of individuals' experiences. Mental health counselors may also use the information within the research to develop group curriculum and techniques to utilize with this population. Mental health counselors can utilize the techniques and data to become a part of a holistic treatment approach that uses many different treatment modalities.

The participants shared an increase in self-esteem, development of coping skills, management of emotions, increase in connection with others, and a feeling of acceptance. An understanding of these events and the importance of these needs for individuals struggling with self-injurious behaviors is beneficial for counselors working with this population and can lead to the development of creative techniques and approaches.

## **Personal Reflections**

This experience was a challenge and a reward for me. I felt as though I had to confront my belief system and open my mind to the needs of the participants. Participants shared struggles and difficulties with accepting photography and creativity, and that gave me additional perspective on the challenges of art and of photography. As a phenomenological researcher I needed to be reflective of my own personal beliefs and reactions to the phenomenon.

## **Recommendation for Further Research**

There is a lack of research and understanding for the implications of PhotoTherapy in the field of counseling and mental health. There is a range of needs in research for this topic, including further understanding, giving meaning and possibly effectiveness research regarding the use of PhotoTherapy.

In addition, future PhotoTherapy research with different populations may help develop a more holistic perspective. This type of research may also develop additional essences to consider regarding the use of PhotoTherapy group work. It will be important in future work to also consider different group environments, including gathering data in a school counseling environment.

Possible research would include gathering quantitative data and developing comparative studies to measure effectiveness. This information could add to the development of PhotoTherapy as an evidenced based technique. Additional qualitative research to explore PhotoTherapy with different population would add to the literature and gather more knowledge on the themes that emerge with different populations.

## **Summary**

“Photographs can gently remind you, safely confront or inform you from the past, and speak, both for you and to you. They can help you find out more about what you want from life and where you may be heading” (Weiser, 1999, p. 345). The journey of PhotoTherapy group took these five participants down many paths, with different and similar experiences. We have explored their experiences, heard their thoughts and emotions and can feel their story. Their experience has added knowledge to the basic understanding of the essence of being an individual in a PhotoTherapy group. Counselors are encouraged to go forward, gathering more wisdom about PhotoTherapy and the experiences that occur within this intervention.

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## **Appendix A - Finding Me Group Curriculum**

# **Finding ME**

**A therapeutic group for developing insight and confidence through photography**



## **Group Design**

**Art washes away from the soul the dust of everyday life.**

**-Pablo Picasso**

*Finding ME* is an integrative approach to group work that includes several therapeutic theories and techniques. The group is based on phototherapy theories and is conscious of current research and understanding of self-injurious clients.

Photo Therapy is an up-and-coming form of therapy that first gained interest in the 1970's. Krauss & Fryrear in *Phototherapy in Mental Health* discuss Stewart's (1978) view of phototherapy as "the use of photography or photographic materials, under the guidance of a trained therapist, to reduce or relieve painful psychological symptoms and to facilitate psychological growth and therapeutic change" (p.1). The literature has been split up into 11 different areas. Fryrear (1980) established these areas, including: the evocation of emotional states, the elicitation of verbal behavior, modeling, mastery of a skill, facilitation of socialization, creativity/expression, diagnostic adjunct to verbal therapies, a form of nonverbal communication between client and therapist, documentation of change, prolongation of a certain experience and self-confrontation.

*Finding ME* addresses many of these areas, emphasizing in particular the substantive areas of the creativity/expression, facilitation of socialization, and self-confrontation.

**Creativity/Expression-** "one cannot deny that photography, in the hands of an individual, is a creative expression of that individual" (Krauss, p.9). Hattersley (1971) discussed that one can use photography to discover who one is and that the medium is a pathway to awareness. Hattersley also argued that "creativity as such has long been considered healthful. In creating things we also create ourselves"(p.9).

### **Facilitation of socialization**

"The act of taking a picture is a social experience focusing necessarily from self upon others" (Krauss & Fryrear 1983, p.8) *Finding ME* focuses not only on the experience of creating

photoart, but also the connections, emotions, and thoughts that are created between group members during this process.

### **Self-confrontation**

“A strong case for phototherapy is the use of photographs to provide a confrontation with one’s self. The photograph is an excellent test of reality” (Krauss & Fryrear 1983, p.17). Phototherapy allows a client to capture a visual perspective of self, one in which they have themselves created and are further able to explore.

*Finding ME* focuses on Yalom 11 therapeutic factors. They include Instillation of hope, Universality, Imparting Information, Altruism, The corrective recapitulation of the primary family group, Development of socializing techniques, and Imitative Behaviors. *Finding ME* is designed to stimulate each of these processes of change, but focuses primarily on the following:

### **Instillation of Hope**

The concept of hope is essential in group work. The therapist “can capitalize on this factor by doing whatever we can to increase client’s belief and confidence in the efficacy of the group” (Yalom, 2005 p. 5). Hope in the collective group and in themselves as individuals is necessary for a group to grow and for members to address issues. Hope gives individuals strength to inspire, to experience new things, and to increase self-efficacy.

### **Universality**

Yalom (2005) discusses how large numbers of individuals “enter therapy with the disquieting thought that they are unique in their wretchedness, that they alone have certain frightening or unacceptable problems, thoughts, impulse.

s, and fantasies” (p.6). These thoughts can make clients unsure of self, have difficulty expressing thoughts, and weary of sharing feelings. *Finding ME* facilitates universality by working to allow clients to see the similarity of feelings (even wretched ones) and connections they have with other members. The group focuses on creating an environment that helps members find connection with each other, increase group solidarity, and feel universality.

### **Development of socializing techniques**

Individuals working in a group will be experiencing social learning because of the very nature of the group environment. Yalom argues that a therapeutic group is like a “social microcosm” (p.32). With time, group members will create a group environment that is similar to their outside personal world and they will behave in ways that express their interpersonal behaviors in “real

life” (p. 32). *Finding ME* is designed as a short-term group, but will strive to allow members time to recreate their social ways of being. The therapist needs to be aware of opportunities to increase and encourage this type of interaction.

### **Group Description**

After considering many aspects of group therapy, I have created this group design to stimulate and encourage members to develop insight and to learn social roles and expectations. The group’s title is *Finding ME*. The group is focused on the use of creative expression to increase positive self-concept and personal insight. Group sizes can range from 5-10 members and should include adolescent girls ages 13-18 years old that are having self-esteem and confidence issues. The group can be beneficial for working with self-injurious clients. The group’s focus will encourage the expression of members’ personal thoughts, as well as creating and maintaining social relationships.

### **Nature of Group**

“Finding ME” is a group that works with adolescent girls dealing with self-injurious behaviors. The group uses phototherapy techniques to explore self esteem, personal conflict, communication, insight, and perceptions that lead to self-injurious behaviors. The group also focuses on developing coping skills to be used when emotionally distressed.

## **Finding Me -Implementing Group**

Implementing a group works hand-in-hand with group design. Issues to consider when implementing a group included the following:

Selection process – This is an important concept to consider when implementing *Finding ME* because the group’s foundation is based on individuals similar in IQ and functioning levels, and especially designed for adolescent girls experiencing self-esteem difficulty.

Multicultural Issues – *Finding ME’s* group activities are based on cultural awareness and appropriate for use with different racial and ethnic groups. Even after paying special attention to the differences in client’s culture, it is important to create a safe comfortable environment where clients can address any cultural issues or concerns.

Risk Management

It is important for the therapist to be aware of the sensitive nature of the group topic and the continuous need for therapy that each member may require. *Finding ME* is a short term group that is appropriate in conjunction with continuous individual therapy.

#### Consent/Confidentiality

Confidentiality is a relevant and important issue because of the nature of *Finding ME*. Consent is required before group work begins. It is the therapist responsibility to ensure that each client understands her rights to confidentiality and her obligations to the other members. In regard to confidentiality, members should be reminded of their responsibilities and rights during the group's progression.

#### Ethical and professional standards

Many aspects are essential to consider and be aware of before conducting *Finding ME*, including the awareness of cultural differences and language barriers. A therapist should be aware of personal bias, expectations, and personal issues. The therapist should be able to work with the group to create a safe, comfortable environment that is free of judgment. Therapists working with self-injurious clients need to be aware of their own bias, misunderstandings, and prejudice against this population.

### **Group Activities**

**A good photograph is one that communicates a fact, touches the heart and leaves the viewer a changed person for having seen it. It is, in a word, effective.**

**- Irving Penn**

### **Pre- Group meetings**

Therapist meets with each member, discusses and obtains consent, discusses nature of group and allows client time for questions or concerns.

Therapist teaches client about camera and discuss first homework assignment to bring a copy of a photo of something or someone that means something to them and a photo to represent their family.

## **Week 1**

Check-in – What is a color that represents you?

Activity - The group discusses the focus, goals, and expectations of *Finding ME*

The group members are then asked to take out their photos. Each member's discuss their thoughts, and ideas regarding the photograph.

### **Snap Shot... Where I am starting from**

The goal is to create an understanding and beginning point for each member. The members are asked to consider their own experiences and relate them to the picture and to each other.

On the table is a variety of art supplies, including paint, glue, stamps, fabric, colored pencils and markers. Each client is instructed to move to the table and add anything they would like to their picture to help it more accurately reflect their current feelings about the image.

The members are then reintroduced to the cameras and discuss the homework assignment for next group. The homework assignment is to create an image that shares something about your expectations and hopes for group.

Closure- Today I take with me....

## **Week 2**

Check-in – Share a sound that represents your current mood

Activity -Each member joins group by discussing the homework assignment and processes what it was like creating their image

### **Where I am coming from....**

On the table is a variety of art supplies, including paint, glue, stamps, fabric, colored pencils and markers. Each client is instructed to move to the table, and add anything she would like to her picture to help it more accurately reflect her view of self.

Group processes what it felt like changing their pictures, what they see in others pictures.

Start self-identify collage work

Closure- Today I take with me....

## **Week 3**

Check-in – Scribble Drawing

Activity – Finish working on collage work and share

### **Where I am going.....**

Homework assignment is given to each client to create a photograph of her goals.

Homework assignment a photograph of one of their soothing skills

Closure – Today I take with me....

## **Week 4**

Check-in – A movement that represents your current thoughts

Group members bring photograph of their goals, or ways she wants to be. Each member discusses the process and what the assignment was like for them.

### **Create what is on my mind**

On the table is a variety of art supplies, including paint, glue, stamps, fabric, colored pencils and markers. Each client is instructed to move to the table and add anything she would like to her picture to help it add to her perception and goals. Clients are also instructed to create a story with their photo on how this goal is achieved.

Group processes what it felt like changing their photographs and what they see in others' photographs.

Homework assignment – Create a photo of how they see the world.

Homework assignment – A photograph of others

Closure- Today I take with me....

## **Week 5**

Check-in – An object that expresses their week

Group members bring photograph of their view of the world, or how she see others. Each member discusses the process and what the assignment was like for her.

### **The Person who Everyone sees**

On the table is a variety of art supplies, including paint, glue, stamps, fabric, colored pencils and markers. Each client is instructed to move to the table, and add anything they would like to their picture to help it add to her perception and goals. Clients are also instructed to create a story with their photo on how this goal is achieved.

Homework Assignment – Self Portrait

Closure- Today I take with me...

## **Week 6**

Check-in – A word that describes her weeks feeling

Activity – Put images into Portfolio, process group’s goals, focuses, and encourage sharing and openness about termination.

### **The Person No one sees**

Closure – I take with me from this experience...

## **Week 7**

Check-in – A word that describes her weeks feeling

Activity – Put images into Portfolio, process group’s goals, focuses, and encourage sharing and openness about termination.

### **The Future Me**

Closure – I take with me from this experience...

## **Week 8**

### **Celebration Session**

#### **Therapist Considerations**

*Finding ME* allows a great deal of free expression, openness, and change. The nature of the group allows members to develop the group in many different ways. There is minimal structure to help with the feelings of openness, allowing each member to creatively express herself without feelings of pressure to fit into a particular model. Each group is to follow the given structure, but the group facilitator should feel free to add or change activities according to groups needs.

Therapist conducting this group should be familiar with photography, and art techniques.

**There is no must in art because art is free.**

**- Wassily Kandinsky**

#### **Materials Needed for Groups**

Digital Cameras / or Camera with Film

Printer

Photo paper

Acrylic paint

Brushes  
Markers  
Colored pencils  
Colored pens  
Glue  
String  
Magazines  
Sand paper  
Scissors  
Construction paper  
Poster board paper  
Rulers  
Water containers  
Mod Podge  
Magazines  
Additional craft materials as needed

### **Photography choice considerations**

The therapist is given the choice to decide between the uses of film, digital or instant photography. Each has different advantages and disadvantages. The therapist's choice should be decided upon only after carefully considering the time and resources corresponding with the selected method/tool, including cost. The following is some basic information regarding each type of photography.

Film photography is especially useful if time is not an issue. With the use of film photography the client could also learn and practice the process of developing film and personally creating the photograph. Basic photography terms include aperture that is used to control the amount of light that reaches the film or image sensor. Depth of field which refers to the distance in front of and behind the subject that appears to be in focus (Cartwright, 2007 p 12). Exposure is amount of light the film is exposed to.

Digital photography is becoming very popular. It is a quicker, easier, and less costly method than film photography. The process of creating and altering during the developing of film is lost with

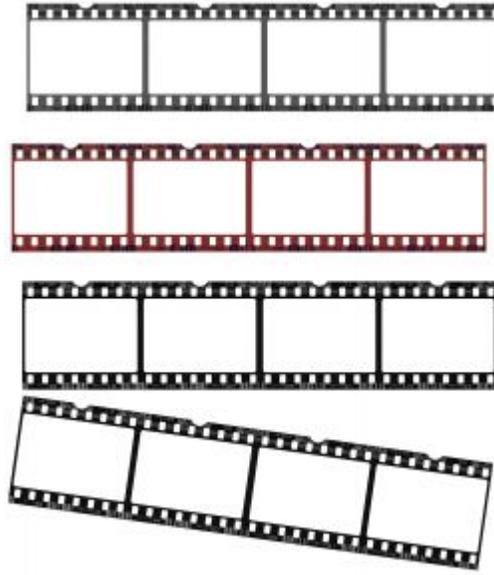
digital photography over film. Since time is of an essence, the current structure of *Finding ME* is based on the use of digital photography.

Instant photography as described by Wolf (1983) is the use of Polaroid cameras to instantly take an image that is developed/processed within the camera and produced after only a few minutes. The process is quick and simple. Since the accessibility of digital photography is increasing, the use of instant Polaroid photography has lessened. Instant photography is an acceptable choice for *Finding ME* if resources and tools are available.

## Resources

- Cartwright, A. (2007). *Mix emulsions altered art techniques for photographic imagery*. Beverly, MA: Quarry Books.
- Fryrear, J. L. & Corbit, I.E. (1992). *Photo art therapy a jungian perspective*. Springfield, IL: Charles Thomas.
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[www.picturesforwalls.com](http://www.picturesforwalls.com) Image retrieved via internet April 27, 2009 4:00pm



Life is like Photography. You  
use the negatives to develop.

-Anonymous

# Appendix B - Member rating scale

## Group Member Session Rating Scale

Name:

Session #:

Date:

Please rate today's PhotoTherapy group session by placing a hash mark on the line nearest to the description that best fits your experience.

### Goals and Topics

|-----|

We did not work on or talk about about what I wanted to work on and talk about in in	We worked on and talked What I wanted to talk about group
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### Approach

|-----|

The group's approach is not a good fit for me	The group's approach is a good fit for me
--	--

### Overall

|-----|

Overall today's group was not right for me	Overall, today's group was right for me
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### Level of Creativity

|-----|

In group I was not creative	In group I was very creative
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## **Appendix D- Interview Questions**

### **Interview Questions for Mid-Group work**

#### **PhotoTherapy Process**

How do you feel about group?

What has stood out the most for you in group work?

#### **Self Confrontation**

What has been the most difficult experience thus far?

What has been the most rewarding experience thus far?

#### **Hope**

Tell me about your level of hope at this point in group.

What have been your hopes throughout this process?

#### **Universality**

How do you feel about your part in the group?

Have there been times you related to others in the group? Tell me about them.

#### **Interpersonal Learning**

What thoughts come up the most often while working with Photographs?

#### **Creativity**

What are your feelings about the creative PhotoTherapy process?

What do you think about using creativity in treatment?

#### **Socialization**

What is your relationship like with the other group members?

### **Interview Questions for After Group work**

### **PhotoTherapy Process**

What was this experience like for you?

What stood out the most to you throughout this group work?

If you could change something about this experience what would you change?

What emotions occurred throughout this experience?

What thoughts were most significant throughout this experience?

### **Self Confrontation**

What did you learn about yourself during this group experience?

What are your thoughts and feelings about the self-portrait work?

### **Hope**

Has your level of hope changed any during this process?

### **Universality**

Were there times that you connected with other group members? Tell me about them.

### **Interpersonal Learning**

Was there anything different about this group work than previous group work?

### **Creativity**

Has your comfort level with creative changed at all through this experience?

### **Socialization**

What would others in the group say about you during this experience?

# Appendix E- Informed Consent Form

## KANSAS STATE UNIVERSITY

### INFORMED CONSENT

**PROJECT TITLE:** PhotoTherapy Group work with adolescent girls in treatment for self-harming behaviors.

**APPROVAL DATE OF PROJECT:**                      **EXPIRATION DATE OF PROJECT:**

**PRINCIPAL INVESTIGATOR:** Dr. Judith Hughey

**CO-INVESTIGATOR(S):** Melissa Briggs

#### **CONTACT NAME AND PHONE FOR ANY PROBLEMS/QUESTIONS**

**Judith Hughey**  
785-532-5527

#### **IRB CHAIR CONTACT/PHONE INFORMATION:**

- Rick Scheidt, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224.
- Jerry Jaax, Associate Vice President for Research Compliance and University Veterinarian, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224.

**PURPOSE OF THE RESEARCH:** The research is exploring the participant's experience of working in a PhotoTherapy group.

**PROCEDURES OR METHODS TO BE USED:** The participants will be asked to be involved in two interviews throughout the PhotoTherapy group process. They will also be asked to keep a journal to be used as a reflective tool in the interview process. The participants will be asked to create a photo image at the end of the PhotoTherapy process to reflect their overall experience.

**ALTERNATIVE PROCEDURES OR TREATMENTS, IF ANY, THAT MIGHT BE ADVANTAGEOUS TO SUBJECT:** **Participants may elect to participant in alternate creative arts groups that are not involved in this research project. The participants also still have available their personal treatment plans that include a variety of process groups, expressive groups, and individual therapy work.**

**LENGTH OF STUDY:** The PhotoTherapy group will be six weeks in length. The study may take up to 9 weeks to complete.

**RISKS OR DISCOMFORTS ANTICIPATED:** Individuals may have emotional reactions throughout the process. Group members are able to leave the group or the study at any time without any form of retaliation.

**BENEFITS ANTICIPATED:** Participants may or may not benefit from the PhotoTherapy group process. They may benefit from the ability to verbalize their experiences. They may learn about photography and how to use a digital camera.

**EXTENT OF CONFIDENTIALITY:** Under no circumstances whatsoever will any participant be identified by name in the course of this research study, or in any publication thereof. Every effort will be made that all information provided by you will be treated as strictly confidential. All data will be coded and securely stored, and will be used for professional purposes only.

**PARENTAL APPROVAL FOR MINORS:** Legal guardians must approve the participation of all minors involved in this study.

**TERMS OF PARTICIPATION:** I understand this project is research, and that my participation is completely voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits, or academic standing to which I may otherwise be entitled.

I verify that my signature below indicates that I have read and understand this consent form, and willingly agree to participate in this study under the terms described, and that my signature acknowledges that I have received a signed and dated copy of this consent form.

Participant's Legal Guardian Name: \_\_\_\_\_

Participant's Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Participant Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(project staff)** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_

## **Appendix F – Letter to Participants**

Dear Participants and Legal Guardians,

Thank you very much for your time and involvement in this research project. As a final contribution I am requesting that you create a photo image that reflects upon and shares your experience in this PhotoTherapy group work. The image may be of anything, but may not have any identifiable humans. This means that you cannot use human subjects that are recognizable. The images will be used directly in the research project and will be visually presented in the research. These images will become the property of the researcher. This is a completely voluntary component and will have no impact on your involvement in the group. You do not have to complete a photo project if you do not wish to. If you have questions or concerns please contact the researcher.

Thank you for your participation.

Take care,

Melissa Briggs  
Researcher

## Appendix G- Statements

Interview Statements extracted and coded

I am ok.

I feel like listening and helping others and being honest helped the most.

Helped me be able to tell people what I really think.

Helped me get a high self esteem

I want to be in front of the camera, I want to be able to see how I look.

It was pretty fun, sometimes it was sad, like some of the assignments were hard and it made me do a lot of thinking.

I like to be creative and express myself with pictures.

I'm nervous but I'm actually happy at the same time.

You're going to change over time in a positive way.

It lifted my self-esteem..it helped to you know, think like better of myself.

I didn't know when I saw my body image what I would actually do.

You don't have to take pictures of yourself in order to make a picture about yourself

Share with them, about others not judging me and just accepting me.

I could connect with them... and I feel that way too, and I've been through that too.

Some girls would say their self-esteem is low. I can connect to that

When someone would say they were sad or something, I could connect with that and I would say I'm sad.

I am in a lot better place.

I feel I can be more personal, because of the group members

They make me feel like I belong

It helped just seeing that they had a hard time with their self-esteem and stuff.

The fact that I am a strong girl who has a pretty body, who is caring and she really appreciates people that help her, and that she has a higher self-esteem.

Just don't give up when things seem hard, even when the photos, when you look back at them, don't let it feel sad if it changes in a good way, because that means that you're getting better.

I think the group kept a motivation for me.

It definitely influences how much you're going to be honest in the rest of your therapy.

It helped me get more healthier, even though it taught me that a lot of things are gonna make you angry, that a lot of things are going to be too sad, a lot of things are going to bring up memories, but you can control how you react to it.

I got irritated because some photos made me angry because I did not want to do it, but if I knew that if I didn't do it, I wouldn't get the help I needed.

Uncomfortable, um, nervous, happy.

This picture is going to be hard to keep, because it reminds me of those bad feelings.

"They made me feel like I belong"

"shared with them, and liked others not judging me and just being ok with me"

"It was fun, just getting to do stuff hands-on, instead of just reading off a paper"

"this place helped me get a high self-esteem, because I used to not get in front of the camera at all. I was like your wanting me to give..., You're absolutely crazy. But now I want to be in front of the camera. I want to be able to see how I look"

“it’s okay to work on other things, but after working on me, it’s like, I have to show myself. What if I don’t want to? Or I don’t want to show my body because I don’t think I look good...and wondering what is going on with me.”

“when I started, I really didn’t want to do it, but I tried not to show it, because I had really bad self-esteem, and I always tried to put myself down. I got through it...it lifted my self-esteem, it like, I don’t know, it helped to, you know, think like better of myself.”

“Well, it first started with the first two pictures. The one that we took at the first day of group and the one that we took on the last day of group. My first group, I’m wearing my baggy sweatshirt and my baggy sweatpants and my flop flops and my hair is down covering my face, and it’s all in my face, and I’m like, and I’m holding the picture, and I am sober, it’s sad. I look depressed. I look pale, you know, it’s just very sad thing. And in the last picture, you know, I’m wearing nice clothes that are not revealing, that are covering up but I’m not swimming in. That stuff is part of my therapy, is to wear clothes that fit me. And so, that was a big step and I’m smiling, and my hair is out of my face, and I’m not looking at the camera, but you can tell that I’m just like, glowing.”

“The fact that I am a strong girl who has a pretty body, who is caring, and she really appreciates people that help her, and that she has a higher self-esteem. When people still say things to her, she is going to ignore it, unless it is positive. If it is negative, she is going to ignore it, still ignore it, and if she needs to talk, she can always talk to her peers.”

“I learned that I’m a beautiful girl, and just because of my abuse doesn’t make me ugly. And of course I’m going to be overweight a little, but I can remove that if I really want to. And I’m actually, like, being really more open with people and made me realize I can be open with some of my peers. And the ones I thought I couldn’t trust, I can trust.”

“I think we all were a little...I don’t know I want to say disoriented, but like unsure of the whole creative process that we were doing with the pictures, because like were all like “Oh, we’re going to take pictures of ourselves...” You were like, not of ourselves and were like oh and so I was exploring like all these ideas, and everyone else looked up to me, and so we all started branching out, and then so we were all like made our own safety net but then they all like connected in a way.”

“like some of the things they said and how they felt, I could connect with them. I feel that same way too, and I’ve been through that too.” “Like some of the girls said how their self esteem was low. I can connect to that, and how they said talking about the pictures, it’s pretty hard, and you know, them not really knowing what to take pictures of. I can connect with that, because it was really hard for me and a lot of girls helped me choose how to like what pictures I should take.”

“one of my peers, when she said that she had problems with wanting to hide her body and everything from people, hiding her face, not showing it, and stuff like that. She tried so hard to make everyone happy. Well, I did the same thing. I try to make everyone happy. I try to make everyone so happy I could give up myself.”

“She taught me so much about being honest and she told me how I can deal with my feelings. It makes me feel more connected to her, and even more friends than we were.”

“I’m in a lot better place. Then it was like I feel like I was really sad.” After discussing with interviewer about the changes she shares reasons that she believes there has been changes “I feel like this group can be more personal” when prompt on why this group was different she said “Cause of the group members”

“I think this is a really good group of people because we all have similar issues and similar personalities, and I feel like we are the same, wanting to be perfect, but in different ways, I guess with everything else and wanting to be really thin and stuff, I can only related to them, they are supportive.”

“When sometimes when someone would say they were sad or something, I could connect with that and I would say I’m sad.”

“I had to ask my peers a few times for some help, because I was like, what do you think of me, what do I look like most of the time when you guys see me? And some of it was hard to hear, because you didn’t express the part of the way you were looking, that you looked so depressed or you looked so angry. I thought I was fine, but from what my peers told me, I’ve learned that your body will tell others how you feel.”

“It’s been a good experience. The photos we had to take are like real, they show your emotions and showed who you don’t want to show people, and after you do that, it gets easier to show people who you don’t want to show.”

“this picture is going to be hard to keep because it reminds me of those bad feelings, I had, those feelings like, just like feelings I had to be perfect and I had...I couldn’t feel anything, but I did, and you know, there was nothing I could do about it. Like, I was about to explode, but the memory of this picture, is it reminds me of my box I made, because I put that rose in my box, and that was a good day, because that was the first time I ever, ever, ever opened up in group and didn’t do something that was about my week or about something superficial. It was about me and my life and my past. And so that picture I like.”

“ Yes it helped me get more healthier (this experience), even though it taught me that a lot of things are gonna make you angry, that a lot of things are going to make you sad, a lot of things are going to bring up memories, but you can control how you react to it.”

“taking photos and realizing it was photo therapy and that means photos. I was afraid people were going to judge how I looked in the photos.”

“I got irritated because there were some photos that made me angry because I didn’t want to do it, but I knew that if I didn’t do it, I wouldn’t get the help I needed, so it made me angry, because I didn’t want to take a photo of what people saw, or what people were going to see. It kind of makes me angry to see like, this one right here, where I am going. From this, I feel lost, but hurt, depressed, alone, like I’m not lovable from my past. I was hurt by my past. I’m going on my way to get healthy”

“Just so you know, I have felt, in fact like killing myself and I wouldn’t want to do that and leave my family behind. You know how I feel about my friend and that time and I realized that I don’t really feel that way. I was scared and I haven’t felt scared in a while. So, when I went back to look at this (photo), I felt kind of sad, kind of just unhappy because that of that I am glad that I guess I felt that way because I had to change.”

“Oh I had a lot. I had a lot (emotions). Um, sometimes I was angry because I would just come back from being in a crazy unit and sometimes I feel happy. Most of the time I feel happy. Sometimes I would feel sad and scared.”

“They would say I’ve been doing really good. My comfort shell is broke and my attitude has changed about things, and I’m able to control my emotions more.”

“I’ve just never talked. When I talk, I talk nonsensical, just like what I say doesn’t mean anything. Right in therapy I can sit there, use all the right terms, use all the right everything, you know, make you feel like I’m giving you everything, giving you my all, sharing everything with you, but in all reality, I’m hiding everything and never telling you a single thing.”

“It definitely influences how much you’re going to be honest in the rest of your therapy. If you’re not honest in your pictures and you’re not honest in your responses, you’re not going to be honest with your therapist or your family therapy or anything.

“I just liked it a lot and it was really fun. I always looked forward to coming to this group. I was like, are we gonna have group. It was something I’ve always looked forward to, because it was pretty fun.”

“I think the group kept a lot of motivation going for me. I looked forward to every Sunday night; I was like, “Oh yes, that’s group time”

“I guess like my confidence and like staying determined increased. I also like expressing my feelings, being creative and expressing my feelings at the same time”

“I think that it just like shown me, you know, like, because I started like the week after I got back from acute, and it showed me, like, the progression of my whole entire times since I’ve been back from acute, and it just showed me how much I can grow, you know, and just thought pictures and though just you know creatively expression.”

“I think it helps because sometimes it’s easier to create it, like, be creative in art or something like that, you can get your feelings out like that instead of talking about it, if something is really hard, it’s like you can’t talk about it.”

“It’s pretty hard because, you know, some people have self-esteem issues and it gets pretty hard, you know with the assignment, but I’s really fun, and it’s like you know, something others would probably look forward to doing, and you can be creative while you’re doing it. It takes up time, and you get to express yourself in a positive way.”

“my self esteem has gotten a lot better. Actually taking pictures of myself and seeing what I really look like”

“it’s really fun, and you can be creative while you’re doing it. It takes up time, and you get to express yourself in a positive way”