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# Using Therapeutic Photography Techniques to Increase the Wellbeing of College Students

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**Author Note.**

We have no conflict of interests to disclose.

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Abstract

In this study the benefits of therapeutic photography techniques were analyzed for people with varying degrees of depression and anxiety. In study 1, participants were placed in groups after taking the Beck's Depression Inventory. After they were placed in groups, they also took Beck's Anxiety Inventory and the Life Satisfaction Scale. For four weeks, participants were asked to take pictures of what makes them happy and share and discuss them with their groups. After four weeks, they took all three inventories a second time. We found significant results between the pretest and posttest scores of the depression and anxiety inventories; for the low depressive groups there was a significant difference for the anxiety inventory, and in the high depressive group there were significant results for the depression and anxiety inventories. These results showed that therapeutic photography techniques can have a large impact on those suffering with depressive symptoms and anxiety. Study 2 was a qualitative study interviewing many different experts in the field to learn how this technique is used daily.

*Keywords*: therapeutic photography techniques, depression, anxiety, life satisfaction

**Using Therapeutic Photography Techniques to**

**Increase the Well-being of College Students**

It has been said that "a picture is worth a thousand words." The truth of this statement is undeniable, and in recent years has been proven through the use of photographs in counseling, for social change or for one's personal growth. The technique of using photographs for personal growth outside of counseling is called therapeutic photography. Because of the ease of access to new camera technology, therapeutic photography techniques have become a tool that can now be used to help people experiencing depression and anxiety and help increase their overall well-being. This study's purpose is to enhance our understanding of the relationship between therapeutic photography and positive psychology. The present study demonstrates that therapeutic photography techniques can be used as a positive psychology exercise in mindfulness and can help significantly diminish anxiety and depressive ideations in college students.

**The History of Mental Illness**

As of 2010, one in four people have a mental illness (Han & Oliffe, 2016). For a long time, those who had a mental illness were faced with stigma and discrimination. The stigma that exists is deeply woven into the culture of the United States. While there has been an incredible improvement and progress over the past century on the mindset regarding mental illness, there is still room for more change (Link et al., 2004, p. 512).

*Depression*

Life is full of happy times, but everyone experiences sadness and disappointment at times in their lives. These feelings are inevitable in life, so the question has been posed throughout history: When does this feeling of sadness become a mental illness versus the

normal ebb and flow of life (Malhi & Mann, 2018)? Through years of debate and many ideas

and theories, psychologists have determined criteria for when normal sadness becomes a

mental illness and they have called this depression. According to the American Psychiatric

Association (APA), "Symptoms must last at least two weeks for a diagnosis of depression"

(Parekh, 2017, para. 4). Some examples of these symptoms include losing a desire to

continue normal activities, sleeping either too much or too little, lack of appetite, and mood

swings (Jongsma, Berghuis, & Bruce, 2014; "Mental Health Information: Mental Health

America," n.d.; Parekh, 2017). In many cases, depression is something that usually shows up

for people between their teens through their 40s. While scientists are not certain why,

depression appears to occur more often in women than men. Around 40% of people have

been diagnosed with some level of depression before they turn 20 (Malhi & Mann, 2018).

Depression is something that has overtaken society today and as of 2018 has been considered

the "leading cause of disability worldwide" ("Depression: Let's Talk," n.d., para. 2).

       While many are diagnosed with depression, many are not able to afford treatment

which means that a substantial portion of the depressed population go untreated. Since 2018,

less than 10% of the population has received any treatments to help with depression

("Depression: Let's Talk," n.d.). This is because treatments are expensive and until recent

years, there was very little offered for people who could not afford a doctor or therapist.

There is also the issue of patient cooperation and potential resistance to treatment because of

the stigma associated with mental illness ("Mental Health Information: Mental Health

America," n.d.).

       For those who do receive treatment, it can look a little different for everyone. While

medication is a type of treatment, it is usually not the first option that doctors use

("Depression: Let's Talk," n.d.). One common option that is usually suggested first is psychological therapy. The two common types of therapy for depression are cognitive-behavioral therapy - which attempts to change the patient's thoughts and actions - and interpersonal therapy - which attempts to work on different relationships in that person's life (Layous et al., 2011; Malhi & Mann, 2018). If therapy is tried and does not work, then many times doctors will try medications, trying to reduce depressive symptoms (Parekh, 2017). In many cases, doctors will suggest both therapy and medication, allowing the person to learn how to change behaviors in conjunction with the medications (Malhi & Mann, 2018).

*Anxiety*

Another common type of mental illness is anxiety. Anxiety comes in different forms and in many cases occurs in concordance with depression (Craske & Stein, 2016). Like depression, anxiety tends to affect more women than men (Austin et al., 2018; Craske & Stein, 2016). As of 2013, one out of every nine people had some type of anxiety disorder, most developing in their youth and continuing into adulthood (Craske & Stein, 2016). People who are diagnosed with an anxiety disorder often have trouble sleeping, are always worrying about things that may not happen, and have a hard time concentrating on daily tasks (Jongsma et al., 2014).

Anxiety has often been found to run in families and have a hereditary component (Nunn, 2015). In addition, anxiety can develop while one is going through a large life change, like the loss of a job or experiencing a traumatic event (Craske & Stein, 2016; Nunn, 2015).

The first line of treatment is therapy, aiming to change the behaviors and thoughts that the patient has. In therapy the idea is to learn how to catch the negative and worrisome

thoughts before they turn irrational and change them into positive thoughts (Craske & Stein, 2016). If therapy does not work, a physician might give the patient medication, which many times are antidepressants. Researchers are unsure why, but the chemistry of the brain in both anxiety and depression are so similar that antidepressants can help those with an anxiety disorder (Craske & Stein, 2016; Garner 2019). A third type of treatment for anxiety disorders is changing lifestyle patterns that are causing the anxiety. If a person or a situation is causing anxiety attacks for the patient, then changing the situation might help reduce the stress and anxiety symptoms ("Mental Health Information: Mental Health America," n.d.). If the person does not want to go to therapy or cannot afford it, group therapy or a support group has also been found to be helpful for the person and with the right group can be much less expensive. Finding a group of people to help them through a difficult time and to understand what they are experiencing can be just what they need to begin changing. Many times, people will choose to do multiple different treatments at once. An example of this would be going to therapy and taking medications at the same time.

**Positive Psychology**

For many decades, psychologists were primarily focused on the abnormal and how to fix people. Psychologists have worked to understand mental illnesses and how they can either cure them or reduce the symptoms in patients. In a *TED Talk* with Martin Seligman, he explained how the focus on mental illness has been beneficial because scientists and psychologists now have a better understanding of multiple disorders with some even being treatable (Seligman, 2008). When Seligman first became the president of the American Psychological Association in the late 1990s, he realized what had been lacking in psychology for the past 50 years (Watkins, 2016). He decided to turn his attention from looking at what

was wrong with humanity to what was good and right with it (Layous et al., 2011). He called

this field of psychology "positive psychology," and in the past 20 years it has flourished and

grown as a field. One definition of positive psychology is "the study of the good life"

(Watkins, 2016, p.4). Positive psychology looks at people's strengths and seeks to understand

how they can improve and become the best version of themselves (Seligman &

Csikszentmihalyi, 2000). In psychopathology (the study of mental illnesses), the focus

remains on the disorder and trying to fix what is abnormal. Psychologists are becoming

increasingly aware that they can utilize positive psychology techniques and exercises to treat

or even possibly prevent different disorders (Seligman, 2008; Seligman & Csikszentmihalyi,

2000).

In the past twenty years, there have been new research studies done concerning

positive psychology. Some topics of research have included gratitude, overall well-being,

mindfulness, happiness, and life satisfaction (Lin, 2015; Schutz et al., 2013; Seligman &

Csikszentmihalyi, 2000). Through research, psychologists have found that different exercises

and changes in thought processes have helped those with depressive symptoms and other

similar disorders. Some exercises that have been found to help patients include the following:

writing down three good things that happen each day; learning their strengths and then

aiming to work on improving one of their strengths each day; going out of their way to do

something kind for another person; and picking important people in their life and writing

them a letter of gratitude (Chen et al., 2016; Layous et al., 2011; Proyer et al., 2015).The aim

of these differing exercises is meant to either help people overcome symptoms of a disorder

or benefit people who simply want to better their lives.

**The History of Photography**

No matter what time period one studies, there have always been attempts by people to leave their mark on the world. Once the camera was invented, people used photographs and pictures as a means of doing this. The beginning of photography goes all the way back to the Chinese, using what was called a camera obscura (Bhavana, 2018). When the camera was first invented, only those who understood science could participate in this activity. As technology has transformed over the years and has progressively gotten better, it has become more readily available and accessible to the everyday person.

The first type of camera was the camera obscura, or pinhole camera. This camera did not actually capture pictures that were printed.  It consisted of a pinhole that when looked through displayed the object or person against a surface, in most cases a wall (Bhavana, 2018). The next big step for photography were the two inventions of the daguerreotype and the calotype in the 1830s. These two ways kept the photograph on paper as a type of print and were invented in the same time period. Both methods worked, but people disagreed about which way worked best (Lewis, 2017; "The History of Photography," n.d.). Eventually, people wanted to see color in their photographs, and in 1861 James Clark Maxwell took the very first colored photograph, changing the course that photography would take (Brabant, 2016). About 20 years later in 1888, the company Kodak was created by a man named George Eastman ("The History of Photography," n.d.). This company would later make crucial breakthroughs in the history of the camera and photography. The 1800s saw huge changes in the world of photography that would continue to grow into the 1900s.

At the beginning of the 1900s, Kodak introduced the Brownie, one of the first cameras that was affordable for the everyday person (Lewis, 2017). Then in 1917, the company known as Nikon introduced its first camera and became new competition for Kodak

("Nikon," n.d.). This competition helped to further photography as both companies began

trying to reach the masses. Soon this was even more achievable through the invention of the

film camera, which was first invented and used in the 1920s (Bhavana, 2018). As the years

passed Nikon and Kodak were given even more competition when Canon was established in

1937, and then about a decade later Sony was formed in 1946 ("Corporate Info," n.d.; "The

History of Canon," n.d.). With these four large companies formed and created, cameras

began taking on different shapes and sizes. As technology improved, more people could

easily learn how to use a camera and wanted one for themselves. In 1948 the Polaroid

camera, a camera that prints a person's pictures instantaneously, was created for the average

person (Brabant, 2016). For the next 25 years cameras would improve and continue to get

smaller and easier to use. Then, there was a monumental shift in photography when the

digital camera was first invented in 1975 (Bhavana, 2018; Brabant, 2016). This invention

shifted the way cameras could be used and started photography on a new path.

By the beginning of the 2000s, most people owned some form of a camera. The next

big invention was created in 2000, and this was the phone camera (Hill, 2013). This

invention shifted how pictures were taken and increased the number of pictures that were

taken daily. While these cameras were not of the highest quality at first, through the past 20

years phone companies have learned how to install high tech cameras into cell phones. Once

Apple started selling iPhones in 2007, phone companies have continued to compete and

improve on their phone cameras (Brabant, 2016). Now, many people do not own a camera

but simply use their phones to take pictures and capture daily moments. The phone camera

and digital camera are two extraordinary inventions that have helped shape photography into

what it is today.

Aside from the type of cameras used and invented, photography itself has been shaped into something entirely different from where it started back in the 1800s. When it was first invented, the focus was more on the science of taking the picture. Unless one understood how chemistry worked, photography was not an option (Lewis, 2017). The camera was considered more of a science than an art form at that point. Equipment was heavy and bulky, and few understood how to take or develop the picture. It was products like the Brownie that allowed the average household to own and use a camera. As the size and price of the camera decreased and the process of taking the picture changed, so did the idea of photography itself. It went from a concept of science to a type of art and creativity. The more people became interested in the idea of photography, the more creative the field became. By the late 1900s many people owned a camera and enjoyed taking pictures on special occasions and on a daily basis. Through the invention of the digital camera and the phone camera, people could have instant access to their pictures, and now the average person could learn to use photography to show one's personal perspective. Photography can be used in countless different ways today. Some examples of ways that photography can be used today include teaching through visuals, advertisements, weddings, portraits, newspapers and magazines, and for enjoyment with family and friends to name a few. This industry is continuing to grow and be used by many as a hobby.

**Phototherapy, Photovoice and Therapeutic Photography Techniques**

As the technology of the camera has changed over the years and it has become easier for everyone to have access to one, photographs are easier to obtain and use in one's daily life. In fact, the *New York Times* "...estimated that in 2010, people took 0.3 trillion photos worldwide, and this number will reach 1.3 trillion by 2017" (Diehl et al., 2016, p. 119).

These statistics show the extent that photographs are used on a daily basis. When people look at a photograph, they see it through the lens of the life and experiences they have, the culture they grew up in, and the people that have affected their life. Therefore, one picture can have an infinite number of interpretations based on the viewer (J. Weiser, personal communications, September 5th, 2019; Weiser, 1999). Since the nature of photographs is up to the person interpreting what they see and then verbalizing it, psychologists have found that photographs can be used during counseling or can be used as a means of a therapeutic tool outside of counseling (Gibson, 2018; Stevens & Spears, 2009). The way photographs can be used in and out of therapy is endless, both helping an individual and the community as a whole. Some of these concepts and tools are photovoice, phototherapy techniques, and therapeutic photography techniques.

In all three of these techniques (photovoice, phototherapy, and therapeutic photography) the first thing to examine and ask is whether using a camera or picture is helpful or is there a different technique to try first (Erdner & Magnusson, 2010). These methods are good tools but are not generally the first thing that is tried. These techniques are specifically helpful if the person or client is having a hard time opening up and sharing. Using photography can give the person a sense of control and empowerment (A. Turchetti, personal communications, July 25th, 2019). This sense of control allows the person to feel comfortable enough to start explaining the pictures, which can eventually lead to deeper and more meaningful conversations.

In photovoice, photographs are used less as therapy and more as a means of social change. In this technique, a facilitator who has been trained to practice this technique finds a minority group or a group of people who wish to see change occur. They hand the camera

over to the participants and allow them to take the pictures, documenting the problems that

they see in their day-to-day lives (Han & Oliffe, 2016). This allows the participants to have

their voice heard and shows the problems from their personal perspective. Then once the

pictures are taken, the facilitator guides discussions based on the pictures and emphasizes the

"why" and the context of the pictures (Gibson, 2018). One method to do this is called the

SHOWED method, which asks questions and pushes the participants to explain their pictures

and stories (Gibson, 2018; L. Lorenz, personal communications, July 19th, 2019). Once the

project is coming to a close, the facilitator helps to create themes and problems that need to

be addressed, and they create a way to put change in action (Gibson, 2018). Photovoice can

be used for personal growth but is mostly used in groups that have problems that need to be

addressed and fixed (L. Lorenz, personal communications, July 19th, 2019).

       Photovoice is targeted more for the social agenda of the population in general. An

example of this is the company PhotoVoice out of the UK that works with non-profit

organizations to promote social change. They simultaneously organize workshops that help

train more facilitators and work on projects around the world. A few of the problems they

have addressed in the past include mental health services, human trafficking, poverty,

refugees, and gang violence (Photovoice, n.d.). Photovoice is a concept that many nonprofit

organizations can learn to use with their members as they see fit. There are some workshops

and handbooks that can be used. One example of this was written by Laura Lorenz who has

worked with individuals with differing brain injuries (L. Lorenz, personal communications,

July 19th, 2019). Another example of photovoice in action is by Trupti Magecha. She uses

photovoice to help women who have found themselves as refugees. Through the photovoice

technique and a camera, Magecha was able to give these women their voices back and helped

them feel empowered (T. Magecha, personal communications, August 1st, 2019). All of these examples show how photovoice is aimed more at social change rather than personal change.

In contrast to photovoice, phototherapy techniques are used for personal growth in individuals. It is used when a client is in therapy with a licensed counselor, and the photographs are used to stimulate and start more meaningful conversations. When counselors choose to use phototherapy techniques, they are trying to give the client a starting place for talking. In an interview with Judy Weiser, one of the leading experts on phototherapy techniques, Weiser explained that when the client is able to hold onto the picture and both the therapist and client are looking at the same object, it takes away the pressure from the client of being the main focus. When the picture is brought in during therapy, it gives the client a safe place to start talking and can be considered a transitional object (J. Weiser, personal communications, September 5th, 2019). Since the emphasis of photos in therapy is discussing them rather than the actual quality of the image, the concept of photography techniques, experience and equipment are not of utmost importance (Stevens & Spears, 2009). These techniques can be accomplished through using a camera or just focusing on pictures already taken by the client or another person (D. Krauss, personal communications, September 12th, 2019).  Some examples of how photographs can be used in counseling are by bringing in photos already taken of the client or pictures of the client with family or friends, taking pictures and bringing them in, or finding pictures that the client is not in and sharing them (Weiser, 1999). All these techniques are important but are used depending on the situation and each individual client. In each case the therapist decides which technique would best fit the client.

Two therapists who use phototherapy techniques and are considered experts in this technique are Judy Weiser and David Krauss. Both Weiser and Krauss use phototherapy techniques in their counseling to help start conversations with clients. Weiser is the author of the book *Phototherapy Techniques* and many other articles on the topic. She helped to start and run the PhotoTherapy Centre and created the website, https://phototherapy-centre.com. Along with the website Weiser also teaches workshops all around the world. In an Interview with Weiser, she explained that she uses these techniques when the client finds it difficult to talk and start conversations. The pictures allow the clients to feel more in control and gives them the confidence to start opening up. (J. Weiser, personal communications, September 5th, 2019; Weiser, 2019). Back in the 1970s, Krauss found that many therapists did not know how to use the photographs that were being shown to them by clients. This unknown is what sparked his dissertation in which he helped to form a training model for using photographs in therapy. Through the years he has helped to form techniques on how to utilize photography in therapy (D. Krauss, personal communications, September 12th, 2019). A third example of one who uses phototherapy techniques is Antonello Turchetti. Turchetti is specifically an art therapist but uses the techniques that Weiser helped to create. He uses photographs and photography as a way to help better his clients, specifically in relationships. While he is an art therapist, he also uses therapeutic photography during certain festivals, like the Perugia Social Photo Fest (A. Turchetti, personal communications, July 25th, 2019).

A third way photographs are used for change is called therapeutic photography techniques. This is similar to phototherapy techniques except in this case, the photography is done without a licensed counselor (Saita & Tramontano, 2018). These techniques can be done alone (simply taking pictures for the enjoyment of it) or it can be done in groups but

without a trained counselor present (Gibson, 2018). Often people will participate in

therapeutic photography without realizing they are doing so. They enjoy the activity and do it

to feel better and have a good time. By taking pictures, a person can start to see what they

value in life, and this can be helpful in understanding their priorities (Han & Oliffe, 2016).

Therapeutic photography can also be used to increase one's overall understanding of the

world and has also been called mindful photography (Kurtz, 2015).

Therapeutic photography techniques can be used in different capacities. Neil Gibson

explored therapeutic photography in his book *Therapeutic Photography*. Gibson has studied

therapeutic photography techniques and now teaches and uses these techniques as often as

possible. One example of how he used this technique was in helping a group of men dealing

with the emotions of having cancer. Using photographs in a group helped the men understand

their emotions and start conversations about how they were feeling (N. Gibson, personal

communications, July 10th, 2019). One company called The One Project, uses photography

to spread awareness about different mental illnesses and creates a sense of unity for those

experiencing various difficulties ("The One Project," 2019).  Felipe Alonso uses therapeutic

photography techniques to emphasize inclusion with those with varying disabilities. He

teaches people with disabilities how to use a camera so they can learn how to support

themselves. In this case, therapeutic photography techniques are used as a tool to help give

control and empowerment to each individual (F. Alonso, personal communications, July 2nd,

2019). The company ConnectAbility also works with people having different disabilities.

One of the projects they run is called "The Thousand Words Photography Project." This pairs

up photographers with those with disabilities and emphasizes the social aspect of

photography. It uses the camera as a way to create community and gives the person a sense

of belonging and accomplishment (Connectability, 2019). While all of these techniques and examples are so different, the one idea that they all have in common is the idea of using photography and photos as a means and catalyst for change, whether that be personal or community based.

**The Present Study**

Therapeutic photography techniques have already been used as a means of spreading awareness of mental illness and addressing differing problems that many have experienced. The present research is comprised of two distinctive studies. Study 1 was a quantitative study designed to show that therapeutic photography techniques can be used as a positive psychology exercise that can significantly lower levels of depression and anxiety, while simultaneously increasing one's overall well-being and life satisfaction. Study 1 had three hypotheses that were tested:

1. Hypothesis 1: There would be a significant decrease in participants' depression scores from the pretest to the posttest.

2. Hypothesis 2: There would be a significant decrease in participants' anxiety scores from the pretest to the posttest.

3. Hypothesis 3: There would be a significant increase in participants' life satisfaction scores from the pretest to the posttest.

Study 2 was a qualitative study that discussed the interviews of major experts in the field and focused on the main themes that emerged as a result of those interviews.

**Method**

**Participants**

For Study 1, thirty college students (sixteen female and fourteen male) attending a small, private university in the South were recruited by word of mouth. Participants ranged from sophomores to seniors (ages from 19-36). The participants varied in their majors and minors. Participants were placed into five separate groups based on their pretest depression scores. Group 1 consisted of five students: two females and three males (two juniors and three seniors) majoring in youth discipleship, chemistry, photography, and accounting. Group 2 consisted of five students: two females and three males (one sophomore, one junior and three seniors) majoring in accounting, nursing, American Sign Language, computer science, and physical education. Group three consisted of seven students: three females and four males (two juniors and five seniors) majoring in nursing, American Sign Language, psychology, political science, and missiology. Group four consisted of seven students: five females and two males (two sophomores, three juniors and two seniors) majoring in discipleship, photojournalism, graphic design, biology, philosophy, computer science, and American Sign Language. Group 5 consisted of six students: four females and two males (two juniors and four seniors) majoring in psychology, photography, elementary education, and missiology.

For Study 2, seven different experts in the subject area of photography were interviewed (see Acknowledgement page). These interviewees ranged from people who used phototherapy, therapeutic photography, photovoice, or a mix of all three. These people varied in their background, education, perspectives on psychology, location, and gender. There were three females and four males interviewed. Some of the locations that the interviewees lived were Scotland, Canada, the United States, Italy, and Spain.

**Materials**

Study 1 used three separate scales: Beck's Depression Inventory (Beck et al., 1996), Beck's Anxiety Inventory (Beck & Steer, 1993), and the Life Satisfaction Scale (Diener et al, 1985). Along with the three scales, a camera (either a regular camera or a phone camera) was used as well as the phone app GroupMe for discussions to take place.

Beck's Depression Inventory used a three-point scale to screen people for levels of depression. The scale originally consisted of twenty-one questions, but for the purpose of this study question number nine was removed because Gardner-Webb's Institutional Review Board was concerned that that question dealt with thoughts of suicide, which the researchers were not adequately prepared to handle. An example of a question on this inventory was 0 representing "I do not feel sad," 1 representing "I feel sad," 2 representing "I am sad all the time," and 3 representing "I can't snap out of it, I am so sad and unhappy that I can't stand it." For the purpose of this study, the overall scoring was adjusted to be 1-7: "These ups and downs are considered normal," 8-13: "Mild mood disturbance," 14-17: "Borderline clinical depression," 18-27: "Moderate depression," 28-37: "Severe depression," and over 38: "Extreme depression" (see appendix).

Beck's Anxiety Inventory was a twenty-one question, three-point scale to see how anxious a person felt on an average basis. These scores ranged from 0 being "not at all" to 3 being "severely - it bothered me a lot." Some examples of questions that it asked was "numbness or tingling," "unsteady," "fear of dying," and "scared." The scoring that it used was 0-21 which was "low anxiety," 22-35 which was "moderate anxiety," and 36 and above representing "potentially concerning levels of anxiety".

The last scale used was the Life Satisfaction Scale which comprised five questions on a seven-point Likert scale designed to measure overall subjective well-being. A sample item

is "in most ways my life is close to my ideal." The possible distribution of scores for this inventory was as follows: 31 - 35 was "Extremely satisfied" 26 - 30 was "Satisfied," 21 - 25 was "Slightly satisfied, " 20 was "Neutral," 15 - 19 was "Slightly dissatisfied," 10 - 14 was "Dissatisfied," and 5 - 9 was "Extremely dissatisfied" .

For Study 2, the internet was used for communication. Interviewees were contacted through email and communicated with the researcher using email, phone calls, and/or FaceTime. The interviewer had a list of questions that was asked to each participant being interviewed.

**Procedures**

Study 1 lasted a total of four weeks, beginning in the first week of September and ended in the first week of October. Before the intervention, participants were given the informed consent and then the Beck's Depression Inventory to fill out on their own time and give back to the researcher. Once all participants had finished with the forms, they were placed into one of five groups based on their Beck's Depression Inventory scores. Once they were placed into groups, participants were placed into a GroupMe group message and scheduled to meet to go over a few directions and fill out the rest of the inventories. They met with the researcher in a research lab on campus and took Beck's Anxiety Inventory, the Life Satisfaction Scale, and filled out the copyright form and the demographic information sheet. After they filled these four things out, the study was explained to them and they were given the go-head to start the study.

In the study participants were to take four pictures every week over the course of four weeks about what made them happy. They were told that it was less about the quality of the picture and more about the mindset in which they were taking the picture. It was explained

that they were to be mindful of their surroundings and it was up to them to determine how

they wanted others to perceive their feelings and perspectives. At the end of every week they

were to choose one out of their four pictures to send to the researcher. At the two-week mark

they were sent discussion questions that they were to respond to in their prospective group

chats. In these discussion questions, they were to share their thoughts on their experiences

and two pictures they had taken up to that point. At the end of the study, they met with the

researcher again and retook all three tests and answered a second set of discussion questions

in the GroupMe group about the last two weeks of the study.

For Study 2, the researcher contacted every person interviewed through email. They

were asked if they were willing to be interviewed based on their careers and different

experiences. If the person responded with a yes, they were sent an informed consent form

which they would sign and email back. Then they picked a time, date, and whether they

would prefer email, a phone call, or facetime to be interviewed. Once the specifics were

determined, the interview was conducted by the experimenter.

## Results

### Study 1

The pattern of results for the present study were as hypothesized. Beck's Depression

Inventory pretest descriptive statistics for all participants were $M = 7.77$, $SD = 6.89$. The

Beck's Depression Inventory posttest statistics for all participants were $M = 4.50$, $SD = 4.60$.

In order to test Hypothesis 1 a paired samples t-test was run to compare all participants pre

and post test scores. There was indeed a significant decrease in participants' depression

scores after the 4-week photography intervention, $t(29) = 4.17$, $p < .01$, which supported

Hypothesis 1. Beck's Anxiety Inventory pretest mean and standard deviation for all participants were $M = 13.80$, $SD = 9.94$. The posttest results were $M = 8.50$, $SD = 8.37$. The t-test result for Beck's Anxiety Inventory was $t (29) = 4.36$, $p < .01$, indicating a significant decrease in participants' scores from the pretest to the posttest which supported Hypothesis 2. The Life Satisfaction Scale overall pretest mean and standard deviation were $M = 26.50$, $SD = 3.81$, and the posttest results were $M = 27.00$, $SD = 5.28$. The t-test for the Life Satisfaction Scale was not significant, $t (29) = -1.01$, *ns.* So the third hypothesis was not supported.

To add another layer of analysis, the sample was split into low depression groups (groups 1-3) and high depression groups (groups 4-5) and their results were compared. For individuals dummy coded as having low depression scores, Beck's Depression Inventory pretest mean and standard deviation were $M = 3.35$, $SD = 2.37$ and the posttest was $M = 2.47$, $SD = 2.96$. The pattern of results showed that there was not a significant decrease in their depression scores from the pretest to the posttest, $t (16) = 1.36$, *ns*. Beck's Anxiety Inventory pretest scores for that group were $M = 9.24$, $SD = 6.08$, with the posttest being $M = 6.00$, $SD = 6.68$. The t-test results showed that there was a significant decrease in their anxiety scores after the study's manipulation, $t (16) = 2.63$, p $< .01$. The Life Satisfaction Scale pretest results were $M = 27.41$, $SD = 3.71$, with the posttest being $M = 28.47$, $SD = 5.20$. There was not a significant difference in life satisfaction scores for this group from pretest to posttest, $t (16) = -1.50$, *ns*.  For individuals dummy coded as having high depression scores, Beck's Depression Inventory pretest mean and standard deviation were $M = 13.54$, $SD = 6.59$ and the posttest was $M = 7.15$, $SD = 5.10$. The t-test showed a significant decrease in depression scores for this group from pretest to posttest, $t (12) = 5.68$, $p < .01$. Beck's Anxiety Inventory scores for that group were as follows: pretest $M = 19.77$, $SD = 11.02$, posttest $M = 11.77$, $SD$

= 9.44. The t-test results showed a significant decrease in anxiety from pretest to posttest, *t*

(12) = 3.76, *p* < .01. The Life Satisfaction Scale pretest scores for high depression individuals

were *M* = 25.31, *SD* = 3.75, with the posttest being *M* = 25.08, *SD* = 4.94. As with all the

other groups, the pattern of results did not indicate a significant change in life satisfaction

from pretest to posttest, *t* (12) = .354, *ns*.

The final analysis run was an independent samples t-test to compare gender

differences when it comes to our target variables. For Beck's Depression Inventory, the

pretest scores for males were *M* = 5.93, *SD* = 5.38, and for females it was *M* = 9.38, *SD* =

7.79. There was not a significant difference in gender scores, with a t-test score of *t* (28) = -

1.39, *ns*. The posttest for males was *M*= 3.00, *SD* = 4.24 and for females it was *M*= 5.81, *SD*

= 4.62, indicating that again although women reported higher depression scores than men,

that difference was not significant, *t* (28) = -1.73, *ns*. For Beck's Anxiety Inventory, males'

pretest scores were *M* = 7.79, *SD* = 5.89 and females scored *M*= 19.06, *SD*= 9.89. There was

a significant difference in pre-test scores with women reporting significantly higher anxiety

than men, t (28) = -3.72, *p* < .01. The posttest scores for males were *M* = 4.71, *SD* = 5.80,

with females scoring *M* = 11.81, *SD* = 9.01. The t-test scores were *t* (28) = -2.52, *p* <.01,

indicating once again that women report significantly higher anxiety than men. For the Life

Satisfaction Scale, the male pretest scores were *M* = 27.07, *SD* =3.63 and the female scores

were *M* = 26.00, *SD* = 4.02. This was a non-significant difference with a score of *t* (28) =

.762, *ns*. The posttest male scores were *M* = 28.21, *SD* = 4.49 and the female scores

 *M* = 25.94, *SD* =5.82. The t-test results were *t* (28) = 1.19, *ns,* showing no significant

difference in life satisfaction scores between men and women.

***Participant Reactions***

During the study participants had opportunities to share with their perspective groups their pictures and experiences. During the discussion portion of the study, some participants shared with the group meaningful explanations for their pictures. This portion emphasized how every person interprets each picture differently, helping them to interpret the world around them. The researcher separated these pictures into 6 categories (people, nature, food, random, animals, Gardner-Webb Scenery) shown in *Table 1*. During one of the discussions, participant 27 sent a picture of a tree at Gardner-Webb University (*Figure 1*). In his explanation for the picture he said,

> As I was walking to Tucker, I saw this tree. I saw how at the bottom part of it, the limbs still had its green, while as the middle and top parts did not. It made me think of how this season is changing and getting closer to winter. Not only that, I thought of how my own college career is on the last leg.

Another example was from participant 21 who sent a picture taken of a stray cat (*Figure 2*), stating

> This picture is of a stray cat on campus. So many things about this makes me happy. First, this was the second cat in two days that I was able to get close to and this one was just really pretty. Also, I had just so happened to get out of class early that day and was able to go run an errand I didn't think I would have time to do so having that time was very relieving and with the extra time I was also able to just sit and enjoy the presence of this cat and all the quietness around me.

These examples show how when participants took pictures they were actively looking for what was meaningful to them. Each picture meant something different to the one who captured it because of the context of the picture. While the Life Satisfaction scores did not

significantly improve, many participants expressed how they became more actively aware

and mindful of their environments. Participant 28 reflected on his experience during the

discussion and said "I do think that I have become more mindful, in fact I didn't notice it, but

a friend of mine pointed out that he thought I was more mindful." Many participants

expressed that through the month they became consciously aware of the moments that made

them actively happy.

**Study 2**

In the second study, seven different experts from varying backgrounds were

interviewed about their experience using either photovoice, phototherapy, or therapeutic

photography. Depending on the person and his or her area of expertise, different concepts

and ideas were highlighted. From all the interviews, three major themes were discussed:

1.  These techniques should only be used in conjunction with other therapy/life-
    improvement methods.

2.  When using these methods, the emphasis should not be on the photography or the
    quality of the photograph, but rather the use of the photographs to start more
    meaningful conversations.

3.  Photography can be used in versatile ways and in differing situations depending on the
    environment and the client.

The first theme emphasized that these techniques should only be used in conjunction

with other therapy/life-improvement methods (J. Weiser, personal communications,

September 5th, 2019).  Many professionals interviewed  explained that these techniques were

only used when the therapist or facilitator saw it fit in the situation and was considered

beneficial (D. Krauss, personal communications, September 12th, 2019; F. Alonso, personal

communications, July 2nd, 2019; J. Weiser, personal communications, September 5th, 2019; N. Gibson, personal communications, July 10th, 2019; T. Magecha, personal communications, August 1st, 2019). Other methods can be done first or in conjunction with phototherapy or therapeutic photography techniques. Using other creative fields like writing or drawing may be used along with the photography (T. Magecha, personal communications, August 1st, 2019). Every situation and person should be viewed as unique and thus how it can be applied and used will always be a little different.

  The second theme that was found from the interviews was that the emphasis is not on the quality of the photograph but rather the conversations that come from the photographs. Weiser explained that photographs can be seen as a transitional object that helps make the person feel safe and give the person a feeling of control (J. Weiser, personal communications, September 5th, 2019). Turchetti discussed that "even the simple request to choose 'an image you like' is a great starting point to create the relationship between me and the subject and between the subject and the group and between me and the group. In this case photography becomes the 'place' of the relationship" (A. Turchetti, personal communications, July 25th, 2019). This means that the photograph is there more to allow the person to feel comfortable enough to start opening up about deeper issues. It also can help them to start building a relationship and trusting the therapist or facilitator. Magecha explained how when she used photographs, she would use them to understand how the person sees the world, to help her understand the person on a better level (T. Magecha, personal communications, August 1st, 2019). In each case the photograph is used to start understanding issues which are deeper and more meaningful.

The third theme was that phototherapy techniques can be used in versatile ways and in differing situations depending on the environment and the client. In the interviews, many experts gave examples of how they use these techniques to help a variety of people. Some examples of these include helping those with brain injuries, mental and intellectual disorders, cancer, and those who found themselves as refugees (D. Krauss, personal communications, September 12th, 2019; F. Alonso, personal communications, July 2nd, 2019; L. Lorenz, personal communications, July 19th, 2019; N. Gibson, personal communications, July 10th, 2019; T. Magecha, personal communications, August 1st, 2019). Along with varying contexts in which these techniques can be used, there are many different ways that these techniques can be applied. Some examples of how they can be used include having the client take the pictures, have pictures taken of the client, having the client bring in old family pictures, or showing the client a pile of pictures and having them pick their favorite and explain what about the picture they like (D. Krauss, personal communications, September 12th, 2019; J. Weiser, personal communications, September 5th, 2019). Through these different techniques, therapists and facilitators are able to help the clients feel safe and open up, eventually leading to more meaningful conversations that will help them grow and change.

## Discussion

The present research demonstrated a significant amount of improvement in participants' depression and anxiety scores over the course of the study. This pattern of results provided clear evidence that using therapeutic photography techniques, or mindfulness photography, does have the potential to help those suffering with depressive symptoms and anxiety which supported the first two hypotheses. While participants'

depression and anxiety scores were alleviated by the intervention, there was no significant

change in participants' subjective life satisfaction. Therefore, the third hypothesis was not

supported. Either participants scored a point or two more or it did not change at all, meaning

that their overall satisfaction with life remained the same. One reason for this pattern of

results may be when participants took the Life Satisfaction Scale for the first time, many

scored high, thus not having much need for improvement. Many participants were already

happy, so while there was a small increase in scores there was not enough variability to be

able to detect significant results.

The present study also has implications for who can benefit the most from therapeutic

photography interventions. For example, the participants who reported low depression scores

on the pretest (participants in groups 1-3) did not see a significant improvement of their

reported depression scores, but they did with their anxiety scores. The groups with the

highest depression scores (participants in groups 4-5) saw a significant improvement and

drop on both their depression and anxiety scores. Thus, mindful photography seems to be the

most beneficial to those with high depression and anxiety scores. As pointed out in the

literature review, giving participants the ability to have photos to hold and examine when

they are feeling more depressed or anxious has therapeutic effects. Specifically, in this study,

participants were asked to capture and photograph anything that made them happy in the

moment. When they were actively taking the picture, it was considered hedonic happiness.

However, once the moment was captured as a picture they could go back at a later time and

reflect on the circumstances in which they were taking the picture. This could be during a

stressful or difficult time for them, eventually helping them with their eudaimonic happiness.

The act of remembering and looking through pictures would help remind them of the things that bring joy to their lives, allowing them to re-center their minds. Overall, the present research showed that those who suffer with depression will see a greater improvement, and anyone who has anxiety can see improvement after using this technique.

When looking at the differences between the genders, women scored higher on both the depression and anxiety scales, both on the pretest and posttests. Consistent with other research on the topic, women report higher anxiety than men but also seemed to reap more benefits from the therapeutic photography intervention (Austin et al., 2018; Craske & Stein, 2016; "Facts," n.d).

**Study Limitations**

During the study itself there were several limitations. During the discussion groups participants were supposed to meet in person and discuss their pictures and experiences; however, due to varying schedules they were not able to meet. To compensate for this, the researcher created the GroupMe discussion questions, but some participants never answered and responded to others. Other limitations were variables outside the researcher's control like their overall mood, family and friend problems, and social desirability bias. Some participants treated this more like an assignment and took the picture without thinking about it or truly trying. This could have prevented some from experiencing all the benefits that come from it.

**Directions for Future Research**

This type of exercise is one that has many varying applications and requires much research to be done in the future. Topics for future research include looking at different age groups and populations with higher depression or anxiety scores and determining if they can

benefit from a therapeutic photography intervention. Researchers may want to replicate the study with a different population, especially with participants who report lower satisfaction with life. Another possibility would be to conduct a similar study with people who struggle with various challenges including mental illness, cancer, those in hospice or a nursing home, children in foster care, or those who are in prison.

Through this study, it can be seen that therapeutic photography techniques can have a significant impact on those who practice them. This is something that anyone can try, either on their own, with their friends, or in guided groups with a facilitator. With easy access to cameras, people can try therapeutic photography techniques from home and experience a better understanding of their world and better share their perspectives with the people around them.

Table 1

*Types of Pictures Taken*

| Category | Amount | Description |
| --- | --- | --- |
| People | 37 | Friends, Family, Strangers, Person in picture |
| Nature | 24 | Mountains, rivers, sunsets, roads, flowers, trails, water, feathers, moon |
| Food Related | 3 | Coffee, coffee shops |
| Random | 26 | Dates, pottery, music, grades, games, religious, books, wall decor, fair |
| Animals | 18 | Ducks, squirrels, cats, dogs, birds |
| Gardner-Webb Scenery | 12 | Varying places on campus |

Figure 1

Figure 2

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