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## **Individuals with PTSD: A Proposal for a Therapeutic Photography Program to Enhance Their Mental Health Services**

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INDIVIDUALS WITH PTSD: A PROPOSAL FOR A THERAPEUTIC PHOTOGRAPHY  
PROGRAM TO ENHANCE THEIR MENTAL HEALTH SERVICES

Submitted by

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for

For EMPA 396 Graduate Research Project in Public Management

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## Table of Contents

<b>Abstract</b> .....	<b>4</b>
<b>Chapter 1 – Introduction</b> .....	<b>5</b>
The purpose of the study .....	6
The significance of the study .....	9
General background and history .....	9
<b>Chapter 2 - Literature Review</b> .....	<b>11</b>
The challenges of having PTSD .....	11
The benefits of therapeutic photography .....	12
Public awareness of the influence of visual arts therapy .....	18
The cultural and language biases against visual art therapy .....	22
<b>Chapter 3 - Research Methods</b> .....	<b>27</b>
Research design .....	27
Primary Data .....	29
Independent and Dependent Variables .....	30
Operational Definitions and Terms .....	31
Collection of data .....	32
Controlling internal and external validity .....	33
<b>Chapter 4 – Results and Findings</b> .....	<b>35</b>
Survey Data Results – Group A .....	36
Interview Data Results – Group B .....	42
Interview Data Results - Group C .....	45
Personal Observation’s Study .....	48

Literature Review Results ..... 50

**Chapter 5 - Conclusions and Recommendations .....54**

    Conclusion ..... 54

    Recommendations ..... 57

    Summary ..... 58

**References .....60**

**Appendices ..... 64**

    Appendix A. Key Informant Interview Questions as it Relates to PTSD ..... 64

    Appendix B: Key Informant Interview Questions as it Relates to Photography. . 67

    Appendix C: Survey Questions on Therapeutic Photography ..... 68

## ABSTRACT

This research's principal objective is to determine if a therapeutic photography program would reduce symptoms of Post-traumatic Stress Disorder (PTSD). The disorder is a severe, debilitating anxiety illness that compromises millions of individuals' quality of life and their relationships with those they love. The researcher's main assumption is that a therapeutic photography program would reduce PTSD symptoms in victims of trauma or a life-threatening event (i.e., domestic violence victims, sexual abuse victims and victims of secondary trauma). Therapeutic photography is about creating purposeful photographic compositions that inspires personal insight which allows an individual to better understand themselves and their emotions by non-verbally expressing them through visual images.

For primary data collection, the study includes four approaches. The first one is a survey approach. A total of 110 surveys were given to the staff at David Reese Elementary either personally or via email and to the general public via the researcher's personal email contacts. A total of 65 surveys were returned by the target population. Also, ten key informants' interview data from clinicians and art therapists or instructors who have experience in serving the target population and/or teaching the general public was obtained for the research. Furthermore, a personal observation's study and its data are included in this research project. Lastly, relevant current and classical literature provide review of the challenges that victims of trauma experience which examines the empirical evidence of why therapeutic photography would benefit these victims. The researcher is particularly interested in the topic of PTSD because in 2010 she was a victim of a crime and was noticeably affected by PTSD symptoms. She discovered that therapeutic photography reduced her anxiety-related symptoms of PTSD.

## CHAPTER 1 – INTRODUCTION

Post-traumatic Stress Disorder is an escalating crisis in the United States. According to the National Institute of Mental Health (NIMH) (n.d.), PTSD frequently occurs after violent personal assaults such as rape, mugging, or domestic violence; terrorism; natural or human-caused disasters; and accidents. There are approximately 7.7 million American adults age 18 and older who have PTSD (The Numbers Count, n.d.). This statistic includes approximately 2.4 million American military personnel who have fought in Iraq or Afghanistan (Wooddavid, 2012).

The consequences and shock of human tragedy and war are not new phenomena, but the category for the diagnosis is. In 1980, posttraumatic stress disorder (PTSD) was a new diagnostic category included into the Diagnostic and Statistical Manual of Mental Disorders (DSM), a publication by the American Psychiatric Association (Foa, E.B., Keane, T.M. & Friedman, M.J., 2000). Having an official diagnosis for PTSD is vital because it lends to the recovery potential of individuals if they are able to identify their illness and to be able to be treated for it.

PTSD is defined as a severe anxiety illness, a persistent mental and emotional stress which is developed as a result of an injury or extreme psychological shock (Stein, D.J., Friedman, M.J. & Blanco, C., 2011, p. 2). People with PTSD are consumed by concerns about personal safety and have a heightened sense of danger and feelings of being threatened. Tom Berger, a medical corpsman with the 3<sup>rd</sup> Marine Division during the Vietnam War, says,

“[PTSD] left untreated, you reinforce the trauma (Wooddavid, 2012). It is critical to receive support for all categories of PTSD because the effects run deep and could last a lifetime.

### **The purpose of the study**

This research proposes to examine how a therapeutic photography program would reduce symptoms of Post-traumatic Stress Disorder (PTSD) in the target populations of individuals who have similar behavior characteristics of PTSD, but the causes of the disorder are different. The target populations includes: victims of secondary trauma (i.e., military personnel and combat veterans), victims of domestic violence, victims of rape and child abuse. Also, the study proposes to discover biases against creative arts therapy programs such as therapeutic photography, as a treatment modality for PTSD patients. Lastly, the study will identify critical components needed to offer effective therapeutic photography within a non-profit organization.

### **Research question**

Could therapeutic photography, offered to individuals with PTSD within 12 months after a trauma, reduce of anxiety? The study could provide important data for the director of an organization that offers this type of therapy program.

### **Research sub-questions**

The success of an organization that offered therapeutic photography would be dependent upon making it a viable treatment option for individuals with PTSD. One way to increase the success of such an organization is to uncover why it not a popular form of therapy. Another way to insure success for the organization is to possess critical components for a therapeutic

photography program. Lastly, the organization must provide a sense of safety for its PTSD clients. Finding the bias against therapeutic photography will be beneficial in creating a successful therapeutic photography program.

- (1) What are the obstacles that would prevent an individual from choosing this type of therapy?
- (2) What are the critical components for having a therapeutic photography program within a non-profit organization?
- (3) What measures can be taken to add to the sense of safety for PTSD participants in a therapeutic photography program?

### Research Hypothesis

The hypothesis for this study is if a therapeutic photography program was offered to individuals with PTSD within twelve months after their trauma, it would reduce their symptoms of anxiety. The researcher is interested in the topic of PTSD because in 2010 she was a victim of a crime and was noticeably affected by PTSD. She discovered that therapeutic photography positively reduced her anxiety-related symptoms of PTSD after beginning a self-therapeutic photography program three months after her series of traumas and participating for just five months, she noticed an increase in her sense of wellness and a decrease in the PTSD symptoms, particularly in her fearfulness in driving her car out of the garage at night and her inability to sleep at night. However, since a pre-test and post-test will not be included in this research, the hypothesis may not be addressed in this study.

### Research Assumptions



The researcher's main assumption is that a therapeutic photography program would enhance an individual's mental health by reducing their anxiety level. A sub-assumption is that if an individual's therapy begins within 12 months after a trauma has occurred, it would reduce in their anxiety level and therefore increase their chances towards mental wellness. Another sub-assumption is that therapeutic photography fits the category of the creative arts therapy which is recognized by clinicians as a treatment modality for PTSD (Foa, E.B., Keane, T.M. & Friedman, M.J., 2000).

### Delimitation

Although the target population includes victims of secondary trauma (i.e., military personnel and combat veterans), victims of domestic violence, victims of rape and child abuse, for the purpose of this study, they are all considered one category - individuals with PTSD. It is necessary to distinguish the fact that phototherapy is not the same as therapeutic photography. According to PhotoVoice, a charity based organization, phototherapy is an integrated symptoms (PLEASE CONFIRM THIS; IT DOES NOT MAKE SENSE) of photo-based counseling techniques used by trained mental health professional as part of their therapeutic practice with clients (Therapeutic Photography, 2014). Therapeutic photography is photo-based activities conducted by oneself or as part of an organized group where no formal professionalized therapy is taking place (Therapeutic Photography, 2014). Since a pre-test and post-test for participants will not be in concluded for this study, the hypothesis may not be addressed in this research project.

Limitation. The researcher brought certain biases to this study. The researcher believes that therapeutic photography can reduce anxiety-related symptoms of PTSD because she used this therapy in 2010. It was effective in reducing her PTSD.

### **The significance of the study**

The relevance of this research is three fold. First of all, increase awareness of therapeutic photography's potential to achieve a more consistent and swifter recovery process for PTSD. Also, it is to increase the use of creative arts therapy or right cerebral therapy by increasing public awareness of cultural biases against that category of treatment modality. Lastly, to identify critical components needed to offer an effective therapeutic photography within an organization.

### **General Background and History**

The women's movement and the child advocacy groups in the 1970's spread the PTSD entity from "what had been previously contextualized primarily as a problem among military personnel and veterans was broadened to include battered women, rape victims and child abuse" (Stein, et.al., 2011, p. 3). The Diagnostic and Statistical Manual of Mental Disorder – 3 (DSM-III) process acknowledged that "these various syndromes (e.g. combat-related syndrome, battered women syndrome, rape trauma syndrome and child abuse syndrome had very similar patterns of symptoms that became embodied within the PTSD diagnostic criteria "(Stein, et.al., 2011, p. 3). Hence, there was no longer a focus on the different causes for the disorder but a focus on the similar behavior characteristics shared among the various groups. So in regards to treatment, therapeutic photography would be appropriate for the different syndromes of individuals who share similar characteristic of PTSD.

The symptoms of PTSD range in degrees, mild to severe and greatly diminish the quality of a person's life. The National Center for PTSD (Understanding PTSD Treatment, 2011, p. 2) states that there are four types of symptoms. The first one is reliving the event or having nightmares of the past trauma. Second, it is avoiding situations that remind the person of the event by remaining isolated from people on normal day to day activities. Another symptom is the feeling of numbness, finding it hard to express your feelings and hard to remember or talk about parts of the trauma. Finally, there is the symptom of feeling hyper-aroused, suddenly becoming angry or irritable.

The researcher figuratively considers therapeutic photography as a type of "search and rescue" PTSD therapy. The individuals/victims with PTSD and their cameras are the key searchers and rescuers in which to identify obstacles that are interfering with the present realities of their lives by chaining their thoughts to disturbing past memories. Traumatic events can run very deep and may not be easily verbalized, nor identifiable by the victim. Therapeutic Photography is a way to represent their private struggles and personal journey to recovery by using photography and its emotional editing to give a "face" to an individual's struggle with PTSD. Therapeutic Photography puts the tools and techniques into their hands so that they can "bring their inner struggles to the light of day and confront them visually and not just through an "auditory" session in listening to a counselor" (Anonymous, 2014, personal communication). This is an important factor because it releases others, such as the victims' innocent family members from the burden and blame for the victim's recovery. Therapeutic photography puts the power and responsibility for a successful search and rescue mission into the victim's hands. The victim has the power and the potential of transforming into a victor. This is what makes

therapeutic photography, a non-verbal activity of taking pictures, a beneficial therapy for individuals with PTSD.

## CHAPTER 2 – LITERATURE REVIEW

The literature review includes academic and scholarly journals, pertinent articles and books for three areas: (a) empirical studies relating to the benefits of therapeutic photography as it relates to PTSD, (b) public awareness of the influence of creative art therapy on the symptoms of PTSD, (c) empirical studies on the biases against creative art therapies such as photography as a mainstream treatment modality for PTSD. This present review is limited to the investigations of individuals with PTSD and does not distinguish them by the category of the causes of their traumas.

### **The challenges of having PTSD**

PTSD individuals who have brain-damage, hearing impairment, extreme shyness or other organic speech problems are greatly hindered in the area of communication. For example, in Judith Rubin (2005, p.) Artful Therapy, she talks about Dorothy, a 10-year old whose speech was frantic, garbled, and virtually incomprehensible. The only way that she could communicate was through her highly competent painting of birds, a monster and a human being. They needed those drawings in order for their treatment team to decipher the fantasies behind her bizarre behavior of flapping her arms and making noise (Rubin, 2005, p.1).

Additionally, Rubin (2005) indicates another group of PTSD patients who may be ironically, hindered in the area of communication – the highly verbal— those who use words to hide, and who do it all too well (p.15). Visual art therapy can then be used as a second language.

Oftentimes intellectualization and rationalization are used as defenses, but don't allow people to know what they're feeling (Rubin, 2005, p. 15).

Furthermore, traumatic events may not be effectively communicated because they are unconsciously submerged, repressed out of fear. Rubin (2005) indicates that past memories of physical, psychological, or sexual abuse, can be helped by using photographs to express visually what cannot be expressed verbally, especially when it occurred before the person had language” (Rubin, 2005, p. 15). Art appears to be a beneficial second language for individuals with PTSD. Psychiatrist Mardi Horowitz (1983) “found that the common posttraumatic stress symptom of flashbacks could sometimes be alleviated by drawing the unbidden images and then discussing the drawings” (Rubin, 2005, p.15). Therapeutic photography would be an effective creative tool by replacing drawings with photos. Even though there is a possibility of re-traumatizing an individual by returning to previous “wounds,” it was discovered that “survivors often welcome the opportunity, because they are able to process and come to terms with such events only by re-experiencing them” (Rubin, 2005, p. 15). Photos like drawings could be used to create images that would relate to positive aspects of one's life.

### **The benefits of therapeutic photography**

More and more academic scholars are accepting therapeutic photography as a legitimate form of therapy. Similar to the creative art therapies, photography is a visual and perceptual activity controlled by the right hemisphere of the brain. The left hemisphere controls the analytical side of an individual related to verbal language, math, conscious action, etc., (Edwards, 1999, p. 37). The right hemisphere controls the creative side of individual related to non-verbal language, creativity, art, music, etc., (Edwards, 1999, p.37). Albert Einstein is quoted

as saying, “If I were not a physicist, I would probably be a musician. I often think in music. I live my daydreams in music. I see my life in terms of music.” He quote affirms the creative abilities of the right brain to solve problems.

A key literature source is by Adam Natoli (2011), *The Psychologically Beneficial Aspect of Photography*, (p.1-25). His study was on assessing what kinds of therapeutic effect his subjects might have experienced as they reflected on the photographs they remembered and forgot. The study suggests that his subjects’ forgotten photographs were related to negative aspects of the person’s life, while the photographs that were remembered were related to positive aspects of their lives. His study suggests that therapeutic photography is a specific avenue to express emotions and thoughts which can be connected to a person’s level of wellness. In Natoli’s (2011) research, he cited Sigmund Freud, who indicated that the psychologist is a guide who helps their clients to find insight, “a personal awareness of how and why a person feels and behaves the way they do.” In a similar manner, therapeutic photography uses the camera as a guide to help the individual to find insight through photographic compositions that the individual takes. These “photographs contains important psychological and emotional information related to the person,” which can assist in the person’s trauma recovery by reducing their symptoms of PTSD (Natoli, 2011, p. 2). Furthermore, Peter Hunsberger (1984, p.884), offers additional insight into the benefits of therapeutic photography. He indicates the “therapeutic gains from the use of photography in psychotherapy,” particularly as a therapeutic dialogue in a visual language for those who are emotionally unable to express or disable in verbal communication.

Betty Edwards (1999), *The New Drawing on the Right Side of the Brain*, (pp. 1-2) expresses the value of art education to have an essential component for training specific, visual

perceptual ways of thinking, just as reading, writing and arithmetic are essential for training specific, verbal, numerical, analytical ways of thinking (1999, p. xvii). She indicates that the left hemisphere or the L-mode comprehends the details and the right hemisphere or R-mode “sees” the whole picture (Edwards, 1999). Since therapeutic photography is a visual perceptual activity which is connected to the right hemisphere, it inspires the brain to “see” the entire or global picture. It can provide an avenue to re-submit a fresh psychological “image” to replace the “damaged” one. This would lend itself [photograph] as an authentic form of communication not only to the individual, but for the individual’s use in communicating with others. Therefore, this could in turn reduce PTSD symptoms because one of the exacerbating factors of PTSD, based on the researcher’s participants’ responses, is that verbal language is not enough to help an individual explain what they don’t understand, what is “hidden” in their sub-conscious or what they deliberately choose not to validate. An obstacle to recovery could be that one does not see what one can’t see. Edwards’ book provides strong scholarly support for therapeutic photography as a vehicle to promote effective communication in therapy so that one can express what they see.

Neuroscientists Jerre Levy and R.W. Sperry (1972), *Perception of bilateral chimeric figures following hemispheric deconnexion*. (p. 61-78). Levy & Sperry (1972) add an important perspective regarding the duality of the brain. “The [study’s] results present evidence for specific functional superiority of the right hemisphere for tasks involving recognition and comparison of visual form. . .” (Levy & Sperry, 1972, p. 62).

In other words, the left hemisphere’s function of language is not sufficient to translate to the rapid complex syntheses performed by the right hemisphere (Sperry, 1968). Since PTSD is a



very complex disorder, the function of the left brain activity of language is not sufficient to convey complex meaning and understanding to a person who has been through severe trauma. A right brain activity, such as therapeutic photography used as a second language, would be beneficial in identifying and communicating an individual's trauma. "The ability to see the entire picture is crucial for critical-thinking skills, extrapolation of meaning, and problem solving" and is a major accomplishment for an individual with PTSD (Edwards, 1999 p. xii). Sperry's (1968) research is foundational in support for therapeutic photography because it provokes the idea that the right brain function of seeing with your eyes can greatly assist an individual in interpreting his trauma experience. Sperry (1968) indicates the presence of two minds in one body. ". . . .[E]ach hemisphere also has thereafter its own separate chain of memories that are rendered inaccessible to the recall processes of the other" (Sperry, 1968, p. 724).

Judith Rubin (2005, p. 23), author of Artful Therapy, indicates a nexus between visual art/photography, art therapy and cognitive processing therapy. That nexus can help people process their trauma in order to re-think the way they view it by using both right and left cerebral therapy. She was the first art therapist to work with severely disturbed children at a psychiatric hospital, in 1963. The art therapists worked adjunctively with a psychiatrist, a psychologist, or a social worker. Since art is a way of showing what you have seen by telling without talking, "the art therapist would report to the primary therapist on a regular basis, so that what was expressed in the art could be utilized in the therapy" (Rubin, 2005, p. 226). Rubin (2005 p. 11) expounded on Mardi Horowitz's 1983 research, a psychoanalyst and psychiatrist. She used art and mental imagery in therapy with people suffering from PTSD. Rubin (2005, p.11), also discovered that art, in a large psychiatric hospital in 1981, was the most popular modality of the creative art therapies because it was considered less threatening than movement, drama, or music. "Art offers

a safe and concrete way to begin the re-exposure necessary for ultimate healing from Posttraumatic Stress Disorder” (Rubin, 2005, p. 15). The concept of the absence of threat according to Maslow (1943) is vital for enhancing an individual’s motivation. Rubin’s literature reflects a stronger subconscious communication ability of right brain therapy versus left brain therapy.

A significant literature source is by Graham Gordon Ramsay & Holly Barlow Sweet (2008), Creative Guide to Exploring Your Life: Self-Reflection Using Photography, Art, and Writing. This e-book is an interesting collaboration between, a licensed psychologist and Ramsay, a professional photographer. They offer a multi-faceted approach to the process of self-discovery, which is very useful to a person who has PTSD symptoms. This book confirms Natoli’s (2011, p. 6) position that how an individual feels about their photographs “may be used therapeutically to discover personal insight or as tools for work on communication and relationships”.

Ramsay suggests that photography plays a unique role as a tool for self-exploration and self-discovery. “An individual has the power to capture images where, when, and how they like. This power lies not only in the way the camera puts us in control of the images we record, but in the document our photography leaves behind” (Ramsay & Sweet, 2008). This is a convenient component of therapeutic photography in that a client’s personal images or memories can be viewed and recounted as often as one chooses without having to make a formal appointment. Ramsay & Sweet (2008) state that “Images are universal.” They suggest that people prefer images over words because the images have the power to communicate beyond the written or verbal expressions.

Individuals with PTSD are haunted by their past memories. Sweet discovered that many of her clients have experienced damaged childhood experiences. They felt powerless from the experiences of their situations and environment. She used her position as a psychologist to help her patients realize the possibilities that were available to them by asking each client the Miracle Question: "If you woke up tomorrow and you were the person you wanted to be, what would be different?" (Ramsay & Sweet, 2008). That is the ability of therapeutic photography, a right cerebral function minus the verbiage of the miracle question, a left cerebral function. An individual can instantly create new images that reflect their world. The camera allows a client a role in creating a new personal history. (Ramsay & Sweet, 2008, p. 29). The main reason that therapeutic photography can reduce symptoms of PTSD is because it is a powerful visual medium for self-expression and discovery. Judith Rubin (2005), author of Artful Therapy, indicates a triangulation between photography, art therapy and cognitive processing therapy, which would help individuals to process their trauma in order to re-think the way they view it (Rubin, 2005, p. 23). She shares a very insightful quote by psychiatrist Irene Jakab - that art psychotherapy gives clients the opportunity "to listen with their eyes" (Rubin, 2005, p.23).

Lastly, Chong Ho Yu's (2003) "Aesthetical values of photography and Arnheim's Psychology of art" (p.14-17), Photography Society of America, includes Rudolf Arnheim's (1969) criticism of photography as it related to his theory of visual dynamics. Yu (2003) elucidated Arnheim's assumption in which he considered painting, sculpture, and music as coming from the "inside-out" of a person or "media-driven. In contrast, photography comes from the "outside in" or is environmentally- driven. Therefore, Arnheim would not consider photography as "visual thinking" or even as fine arts. When a person makes a drawing, he or she is engaged in what psychologist Rudolf Arnheim (1969) called "visual thinking." That "visual

perception is what allows us to have a true understanding of experience” (Wikipedia, 2014). However, Yu (2003) disagrees with Arnheim’s assumption that photography is not an expression of fine art or “visual thinking”. In addition, the researcher suggests that Arnheim’s perspective is in conflict with Edwards’ (2005, p. 28) definition of “visual”, in which she defines visual art as any art that you can see (excluding performance). In the researcher’s opinion, Edwards’ definition could easily be transferred to photography. Taking pictures is “visual thinking”, a way of externalizing ideas so that individuals with PTSD could view them, and then use the photos to inspire new thoughts and feelings. Furthermore, neuroscientists Ley & Sperry’s study on the duality of the brain contradicts Arnheim’s position on photography. They support the idea that the photography is a visual perception activity controlled by the right cerebral hemisphere and would be effective in re-interpreting one’s trauma experience.

This set of scholarly perspectives accomplishes two research goals. First, it effectively moves therapeutic photography, a visual and perceptual activity controlled by the right hemisphere, into a legitimate form of treatment modality for individuals with PTSD. Second, it indicates the triangulation between photography, art therapy and cognitive processing therapy

### **Public Awareness of the Influence of Visual Art Therapy**

Empirical studies are revealing the public’s growing awareness of the influence of visual art therapy. The studies also confirm the power of photography, whether the images are positive or negative. Positive images can direct the path for a healthy psychological recovery.

Psychological threat is the basic foundation of a severe anxiety disorder such as PTSD. A threat could be a physical act, verbal words or viewing gruesome images according to Jimmie

Briggs' (2001) "Trauma and photojournalism: what have we learned?" (p. 30-35). Furthermore, it could be through viewing gruesome images. Combat veterans and photojournalists are similar in that they both encounter violent deaths, tragic accidents, and disasters during their work-related assignments. These visual memories put them at risk for developing PTSD (Briggs, 2001). The researcher expounds on Briggs' (2001) quote by suggesting that horrific visual memories or events can put any individual at risk for developing PTSD.

Abraham Maslow, an American psychologist, has pieces of relevant literature that connects to this research in how viewing gruesome images or recalling horrific memories can decrease a person's motivation level. In Maslow's (1943) academic article *Conflict, frustration, and the theory of threat* (pp. 81-86), he explains that the psychological role of threat in an individual's life can translate into an abnormal personality, such as a severe anxiety disorder. When one is overwhelmed or powerless, such as in the situation of imminent of death, that feeling of threat can contribute to an abnormal personality. However, he points out in his literature that "a traumatic situation is not the same as a feeling of traumatization, i.e., a traumatic situation may be psychologically threatening, but it doesn't have to be" (Maslow, p. 83). In addition, in Maslow's (1943), "A theory of human motivation," he establishes the theory of a hierarchy of needs and that human beings are motivated by unsatisfied needs. His motivational goals have five basic need levels; physiological, safety, love, esteem, and self-actualization. During war conditions, combat veterans are consistently denied basic safety needs. This deprivation of safety may cause a feeling of traumatization which may contribute to an abnormal personality disorder, such as PTSD. In order to inspire an individual's engagement for a therapeutic photography program, he must be motivated by the safety factor, being in a non-threatening atmosphere. There is not room for the "you're-messed-up-you-need-to-be-

fixed” attitude. In the researcher’s opinion, this could be accomplished by having a judgment-free environment when one is sharing their story via photos and by maintaining an ethical and honest relationship each other. This article provides relevant information for this research that an effective therapeutic environment should be non-threatening, not only in actions but in attitude.

Similar to combat veterans, some photojournalists encounter various, horrific images of violent deaths, tragic accidents and disasters during their work related assignments. Briggs (2001) suggests these “images” or memories put them at risk for stress-related ailments. Since photojournalists are not prepared to handle the trauma or to emotionally protect themselves from the turbulent events, it is possible for them to develop one of two types of traumatic stress reactions: post-traumatic stress disorder (PTSD) or acute stress disorder (ASD). Briggs (2001) explains “that PTSD is long term and develops a short while after exposure to the incident, whereas ASD occurs during the traumatic event or immediately afterward and is characterized by a dazed feeling or temporary amnesia”. This article is relevant to the research because it expounds on the fact that viewing negative, photographic images can trigger traumatic responses which can causes stress-related illness. This article provides comprehension picture of the inherent power of photographs. It does not contradict the researcher’s assumption that meaningful photographic compositions of images provide positive reflection for traumatic experiences. In contrast, taking photographs as a therapeutic activity can help an individual recover from their PTSD.

The article, *Photography helped me snap out of stress disorder* (2012), provides public awareness to the benefits of photography. It reveals how a Falkland war veteran turned to

photography to cope with the effects of PTSD. Photography became an effective motivation for him to get out daily and take pictures. He used this simple activity of taking pictures of objects, people, or events to bring peace and calmness to his life. He eventually set up a camera club for others to join (Photography Helped Me Snap Out of Stress Disorder, 2012, p.1). In spite of his PTSD, his photography activities benefit others by encouraging them to be productive and to enjoy life. This story correlates the connection between therapeutic photography and its ability to reduce stress. In addition, Briggs' (2001) article also validates that if one is given time for recovery and calmness, not just superficially talking about what happened, but how it makes one feel, that could reduce stress or anxiety. Remembering the negative trauma image through photography could help one "edit" the memory into a more positive memory.

An article by Sharon Chin (2013), "Combat veterans use photography to cope with PTSD" (CBS San Francisco), increases the public's awareness that veterans are using photography as a creative new therapy to help them recover from war related traumas. Therapeutic photography enables veterans to explain their painful journey in poignant photos they take themselves (Chin, 2013, p.3). This article validates the study's assumption that photographs can reduce symptoms of PTSD. The camera provides the tool in which to see the bigger picture which becomes the catalyst for an individual to continue on with hope and courage.

Since painting is a visual perceptual activity, along with photography, this literature includes additional articles that support creative arts therapy or visual perceptual activity, such as painting which can also be modality treatment for PTSD. In the first article, "Georges Braque: biography" (n.d.), George Braque, the French painter who co-invented Cubism with Pablo

Picasso in the 20th century, was a soldier in World War I. In 1915, while he was serving in the French army, he sustained combat wounds which took him two years to fully recover (Georges Braque: Biography. n.d. p. 2). He continued to use painting as a form of stress relief activity. However, after World War I, Braque's painting style changed from lighter subjects of birds, landscapes, and the sea to being less structured and planned (Georges Braque: Biography. n.d., p. 2.). In Jackie Spinner's (2007) article, "War's pain, softened with a brush stroke; VA's art therapy eases battle stresses," it addresses the ability of art therapy to offer healing to veterans with PTSD.

### **Cultural and language biases against visual art therapy**

Cultural and language biases against the creative arts therapy are the main obstacles for therapeutic photography from being one of the mainstream treatment modalities for individuals with PTSD. Edwards (1999, p.32) included a very significant quote on the topic of discrimination against the right hemisphere by neuroscientist, Roger W. Sperry (1973), who conducted a research project titled, "Lateral Specialization of Cerebral Function in the Surgically Separated Hemisphere."

"The main theme to emerge . . . is that there appears to be two modes of thinking, verbal and nonverbal, represented rater separately in left and right hemispheres, respectively, and that our educational system, as well as science in general, tends to neglect the nonverbal form of intellect. What it comes down to is that modern society discriminates against the right hemisphere" Sperry (1973, p.209).



This bias is reflected through our language, our political vocabulary, and customs (Edwards, 1999, pp. 35-37). The researcher acknowledges her personal biases against the left hand/right hemisphere in previous years when she deliberately trained her toddlers to use their right hand to feed themselves with a spoon and to write their names. Her actions were based on the fact that our society and its products were more geared towards right-handed people. Edwards (1999, p. 36), indicates that this cultural bias is because the right hemisphere of our brain (which controls our left hand) “is strongly linked with concepts of anarchy and feelings that are out of conscious control - somehow bad, immoral, and dangerous.”

The discrimination against the right hemisphere is also reflected through the popularity of specific types of therapies. For example, even though art therapy was beneficial in treating PTSD, David Read Johnson, former director of VA’s National Center for PTSD in Connecticut, said “art programs began to disappear after he left the center in 1997” (Spinner, 2007, p.1). Only 3 % of therapists employed by the Veteran and Military Hospitals are art therapists (Spinner, 2007). Art therapy is a non-threatening form of therapy which allows people to express their feelings. This article connects to Maslow’s (1943) hierarchy of needs of being safe, which is a necessary motivational factor that every human needs and to Edwards’ (1999) perspective of the right brain’s ability. Artistic activities help one to understand and receive meaning from the “whole picture” of a traumatic event.

Hunsberger (1984, p.889), author of “Uses of instant-print photography in psychotherapy,” states that because our major current therapies are mediated verbally, we may be limiting our ability to give comprehensive care to our clients. In other words, we need to do less talking and more “listening” with our vision. “We seem to be focusing exclusively on the

left brain and auditory representational system neglecting the right brain and visual representational system,” (Hunsberger, 1984, p. 889). Furthermore, he indicates the therapeutic potential of photography for clients who are either verbally or emotionally impaired and need another vehicle or tool for non-verbal communication.

Our American culture favors left hemisphere categories of therapy such as Cognitive Behavioral Therapy. Cognitive Behavioral Therapy is a prominent form of therapy for PTSD patients. Spinner (2007, p. 1) noted that in the late 1900’s, therapists and psychologists were emphasizing cognitive behavior therapy, a form of therapy that “helps patients examine the way they think about their trauma and how their thought process affects their behavior”. According to Troy Keath, Peer Support Specialist for PTSD military personnel, therapeutic photography is not seen as a formal type of treatment for military personnel (2014, personal communication). They use “lots of audio, cognitive processing, such as P.E. – prolonged exposure- audio recordings” (Troy Keath, 2014, personal communication).

Laura Copland’s (n.d.) article on “Cognitive processing therapy” which is a type of talking and listening therapy, provides understanding on a specific type of Cognitive Behavioral to help PTSD patients. Copland is the Cognitive Processing Therapy (CPT) trainer at the Center for Deployment Psychology. She states that CPT is an evidenced-based manualized treatment protocol that has been found effective for PTSD (Copland, n.d., p.1). CPT allows the patient to process the trauma as well as identify thoughts that are obstacles to their recovery.

Michelle J. Ames’ (2013) article, “Effective treatment modalities for troops with combat-related post-traumatic stress disorder” compares CPT and Eye Movement Desensitization and Reprocess (EMDR) as treatment modalities for PTSD, “EMDR is an effective therapeutic

modality that stimulates both hemispheres of the human brain” (Ames, 2013, p. 25). The main goal of EMDR is to reduce emotions that are attached to a past traumatic event. It is a process to control the eye movements associated with a traumatic event. The bi-lateral stimulation can be done in several ways such as finger movement to track eye movement or physical stimulation by tapping on the patients’ legs or hands” (Ames, 2013, p.25). This process is used in both the military and private sectors. Ames’ (2013) study validates that CPT, a left hemisphere therapy is a more effective treatment modality than EMDR, a bi-lateral therapy. This article supports Copeland’s perspective that CPT is an effective treatment for individuals with PTSD. Even though EMDR is a bi-lateral modality or partially a visual perceptual treatment, it does not contradict the researcher’ perspective that photography would be effective as a co-treatment with a left hemisphere modality such as CPT.

The National Institute of Health has a pertinent article by Michael R. Duke, Roland S. Moore & Genevieve M. Ames (2011), “PTSD treatment-seeking among rural Latino combat veteran: a review of the literature.” The article indicates additional obstacles against right hemisphere therapy: social-cultural and structural. Even though Latino soldiers have an overall severity of PTSD than non-Hispanic Caucasians, they face barriers from even accessing any type of mental treatment (Duke, M.R., et al., 2011, p.1). Latino veterans who reside in rural areas may have limited transportation to Veteran Administration facilities, and may also have the cultural bias or conservative view towards mental health treatment; preferring standard left hemisphere treatment such as CPT or medication therapy.

Relevant articles reflect a nexus between art therapy and cognitive processing therapy. Both modalities can help patients to process their trauma in order to re-think the way they view

their trauma. Since people are either left or right hemisphere dominant, they have a tendency to use the technique that appeals to their dominant hemisphere. The left hemisphere approach is more analytical and the right hemisphere approach is more creative (Edwards, 1999, p.43). It is the researcher's perspective that using a left cerebral therapy (cognitive processing) and right cerebral therapy (photography) as a co-treatment for PTSD would provide a more comprehensive type of recovery process for individuals.

### CHAPTER 3 - RESEARCH METHODOLOGY

The study includes three methods to gather data for her research project. The researcher used a survey method for the general public, structured interview questionnaires for key informants and a personal observations study method. The researcher conducted two telephone interviews and found that after transcribing the information she was missing key points that were relayed to her. She decided to maintain the integrity of the interviewee's responses by having them fill out the questionnaire and email it back to her. The specific data and observations drawn from the key informants' interviews and survey data will be used to draw conclusions about the potential effectiveness of therapeutic photography to reduce symptoms of PTSD and increase an individual's sense of wellness. In addition, the research used the qualitative meta-analysis to compare the current research topics that are available on Cognitive Processing Therapy, psychology and photography programs as it pertains to individuals with PTSD. For the purposes of this study, meta-analysis is defined as a compilation of existing published studies and reanalysis of the results from those studies. The researcher used primary data and secondary data from clinicians, educators, and visual art instructors who have experience in serving the target population and the general public. However the two potential art therapists did not respond to the researcher's request so there will be no results or findings for that category of key informants. Also, the current and classical literature provided review of the potential benefits of right hemisphere therapies such as therapeutic photography as a treatment modality and increases public awareness of challenges individuals with PTSD.

#### **Research Design**

The study includes a hybrid of quantitative approaches: survey, key informant interviews and a personal observation's study. The target population includes victims of secondary trauma (i.e., military personnel, combat veterans, displaced workers), victims of domestic violence, victims of rape and child abuse. The researcher has made adjustments to her target population for her research project. She has kept the population group, combat veterans, but has widened the scope of the group to include three other victims' categories. Enlarging the population scope ensures that the collection of data will be more doable.

The research question for this study is, "Could anxiety in individuals with PTSD be reduced when therapeutic photography is offered within 12 months of the trauma? The hypothesis for this research proposal is, "If a therapeutic photography program was offered to individual with PTSD within 12 months of their trauma, it would reduce their symptoms of anxiety." The primary data collection is used for observation and to draw conclusions to the research question, "Could anxiety in individuals with PTSD be reduced when therapeutic photography is offered within 12 months of the trauma? The results and findings from the key informants' interviews, personal observation study and surveys to the general population will assist in providing individuals with a positive recovery approach, such as a therapeutic photography program for individuals with PTSD. This study will conclude with policy recommendations which could be used to enhance the mental health services for individuals who have PTSD.

The researcher attempted to collect data from displaced workers by visiting the Sacramento's Employment Development Department, however, her request was denied and she was politely asked to leave the premises. In addition, she contacted Margeux Helm, one of the

directors of WEAVE –Women Escaping a Violent Environment, to request for Key Informants to participate in her study. Initially, she said “yes” and to email her interview questions. After receiving the questions, Ms. Helm responded via email that their organization was not interested in the topic of therapeutic photography. The researcher was disappointed with her decision. However, she did have an opportunity to interview Miriam Hernandez, an intern therapist for WEAVE.

### **Primary Data**

The study’s primary data will be collected by using three methods. The first one is the survey method. The researcher distributed a survey to the general public. She distributed 110 surveys to the staff at David Reese Elementary School and personal contacts via her email contacts. The researcher decided not to use Survey Gizmo even though she had completed Appendix A online. She believes her chances of getting surveys returned to her are greater if potential participants know or are acquainted with her. She will rate the PTSD levels of the participants, the categories of their therapy participation and discover their opinions on therapeutic photography’s as it relates to therapeutic photography reducing symptoms of PTSD. The researcher has received sixty-five completed survey responses. Twenty of the participants stated either verbally or by writing N/A responses on their forms that the survey did not apply to them. One participant did not complete the survey. In order to have a reasonable sampling to make this a credible study, the researcher attempted to get at least 100 responses. However, since the researcher has received less than 110 surveys in return, she will attempt to get a larger amount of key informants to provide research data. Second, the research will use the structured interview questionnaire approach to acquire data from three categories of key informants,

clinicians, art therapists and art instructors to provide answers to her main questions and sub-questions, and to find out the key informants' perspective on therapeutic photography as it relates to PTSD. That category of informants will be Group B which will be comprised of five clinicians who treat the target population of individual with PTSD. The study includes their perspectives to answer the main question, "Does a therapeutic photography program reduce symptoms of anxiety if it is taken within twelve months of a trauma?" Group C includes a total of five key informants. They are art instructors who teach art to the general population of students whose ages range from twelve years old to adults. Their data will validate or not validate the sub-assumptions that therapeutic photography is beneficial for reducing PTSD symptoms and will provide critical components for a therapeutic photography program. The last method will be a personal observation study. The study will include a personal observations study of the researcher's experience as an individual with PTSD who used therapeutic photography to reduce her symptoms. She will make statements through her role as a participant by providing her personal observations in order to validate or invalidate her main assumption that therapeutic photography reduces symptoms of anxiety.

### **Independent and dependent variables.**

The independent variable is that "a therapeutic photography program offered to individuals with PTSD within twelve months after their trauma" and the dependent variable being "it would reduce anxiety." The researcher predicts that the left cerebral hemisphere or left brain therapy is not capable of addressing moderate to severe cases of PTSD, because the left brain does not have the capacity to "see the entire picture" of a trauma experience in order to positively re-interpret it. In addition she predicts that the symptoms of PTSD, such as anxiety, is better and more swiftly reduced with a combination of left brain therapy (audio/language) such



as cognitive processing therapy and right brain therapy (photography/art), such as therapeutic photography.

### **Operational Definitions and Terms.**

Operational definitions are provided for the key words and phrases used in this study. These terms and their subsequent abbreviations have been listed in this section for further identification and additional comprehension.

**Anxiety:** It is a habitual, heightened level of worry or nervousness that negatively interferes the individual's day to day activities.

**Cognitive Behavioral Therapy (CBT):** It became popular in the 1960's and was originated by Albert Ellis, Ph.D. and Aaron Beck, M.D. Beck's approach became known for its effective treatment of depression (Stevens, 2008).

**Cognitive Processing Therapy (CPT):** Developed by Resick and Schnicke in the 90's as a therapy that combines exposure and restructuring of the beliefs and schemas that were developed as after a traumatic event and developed into PTSD (Resick & Schnicke, 1996).

**Eye Movement Desensitization and Reprocessing (EMDR):** developed in 1987 by Francine Shapiro. She discovered that eye movements decreased the intensity of negative thoughts. She believed the EMDR procedure would decrease the anxiety level a person would experience (Shapiro, 1995).

**Individual with PTSD:** A person 12 years or older, with or without a PTSD diagnosed, but has experienced at least one or more of the symptoms of PTSD.

**Photography:** Images taken by any type of camera with no restrictions on the type of processing or post-processing is used to transform the original photo.

**Post-traumatic stress disorder:** Severe anxiety disorder associated with significant traumatic events; such as being hurt or losing a loved one, being physically close to the traumatic event, feelings of not being in control, and having a lack of support after the event. The symptoms of PTSD are nightmares of the events, anxiety, reoccurring nightmares, loss of interest for previous hobbies, substance abuse, and hyper-vigilance.

**Therapeutic:** To promote insight and awareness to one's self which creates a sense of wellness within an individual.

**Therapeutic photography program:** a non-threatening, visual art therapy that enhances insight and awareness into one's self. It allows the individual to communicate his emotions and feelings through images in order to process his traumatic experience.

### **Collection of Data**

The researcher used Appendix A, the qualitative structured survey-type questions to gather data from the general public to obtain their perspective on the effectiveness of therapeutic photography to reduce symptoms of PTSD. Next, primary data was gathered with the use of Appendix B and Appendix C. They were distributed to key informants in order to draw conclusions about the potential effectiveness of therapeutic photography to reduce symptoms of PTSD. The primary data for the interviews were gathered via telephone with Troy Keath, PTSD Peer Support Specialist at Sacramento's VA Mental Health Clinic, a year, and Laura Bemis, a photographer for the Elk Grove Citizen Newspaper for thirty-two years. However, the

researcher noted that during her transcribing of each interview, she had omitted missed key points and needed to confirm information with the interviewees. She decided to conduct the remaining interviews by having the key informants fill out the structured interview-survey questions and returning them via e-mail. Those key informants were Mary Kitchen Neal, marriage family therapist for two years; Miriam Hernandez, marriage family therapist for three years; Liz Ruiz, school psychologist intern who is employed by the Elk Grove Unified School District for four 4 years; Mark Davis, a family preservation therapist for ten 10 years; Rudy Alfonso, videographer instructor for six years; Nancy Creelman, art instructor for thirteen years, and Jill Lance, an art instructor for twenty years. The data was used to examine the empirical data of the clinicians' opinions in serving the targeted population and the teachers' opinions in serving their students. Furthermore, the study included a personal observation's study in which the researcher expresses her perspective and experiences on the therapeutic photography and how it relates to reducing anxiety. Lastly, the researcher used the qualitative meta-analysis to compare the current research topics that is available on Cognitive Processing Therapy, psychology and photography programs as it pertained to combat-related PTSD. For the purposes of this study, meta-analysis is defined as a compilation of existing published studies and a reanalysis of the results from those studies.

### **Controlling Internal and External Validity**

To insure internal validity a structured key informant interview questionnaires and structured survey forms were used for data collection. In addition, data was only from individuals who have experienced at least one or more symptoms of PTSD. They did not have to be clinically diagnosed with PTSD. To insure external validity, the researcher used multiple data

sources to support the validity of their findings (1) two contradictive literature review articles in opposition to the research question from: Arnheim (1969) and Briggs (2001), (2) opinions from clinicians who treat the target population, (3) opinions of art instructors who teach the general population, and (4) opinions from respondents in a general public survey.

## CHAPTER 4 – RESULTS AND FINDINGS

This section contains summary data from four sources, the survey, key informants' interviews, a personal observation's study and a literature review. This section contains summary data from the survey, key informants' interviews, and literature review. There are three categories of data collection. The sources of data collection were through a survey – an anonymous general public survey to find out the PTSD levels of individuals and their therapy preference; clinicians and art instructors' interviews – to get their perspectives on therapeutic photography as a PTSD treatment modality and critical components for an effective therapeutic photography program; a participant's observation study – the researcher's experience of using therapeutic photography to reduce symptoms of anxiety.

The study's data was collected from January 24, 2014 to February 14, 2014 in Sacramento, California. The researcher used the structured survey method and sent out 110 Group A surveys to the general public via personal e-mails or personal delivery. She received a total of sixty-five completed surveys, which included twenty participants who said the survey didn't apply to them and one incomplete survey. This provided a 41% response rate of usable data. Questions 1-3 had an accumulative point total of thirteen which was used as a rating scale for PTSD levels. The first question asked for the types of traumas that were experienced. Each reply was equal to one point with a total possibility of six points. The second question asked for the year or years that the trauma occurred. That reply was equal to one point with a total possibility of one point. Lastly on questions 3, regarding the symptoms of PTSD, each reply was equal to one point with a total possibility of 6 points.

The rating scale:

0 points - no level of PTSD

1-3 points - mild level of PTSD

4-6 points - moderate level of PTSD

7-10 points - moderate/severe level of PTSD

11-13 points - severe level of PTSD

Next, ten key informants, who treated the target population or taught the general public were interviewed. Two of the ten interviews were done via telephone, the others were completed by the participants and the forms were e-mailed back to the researcher.

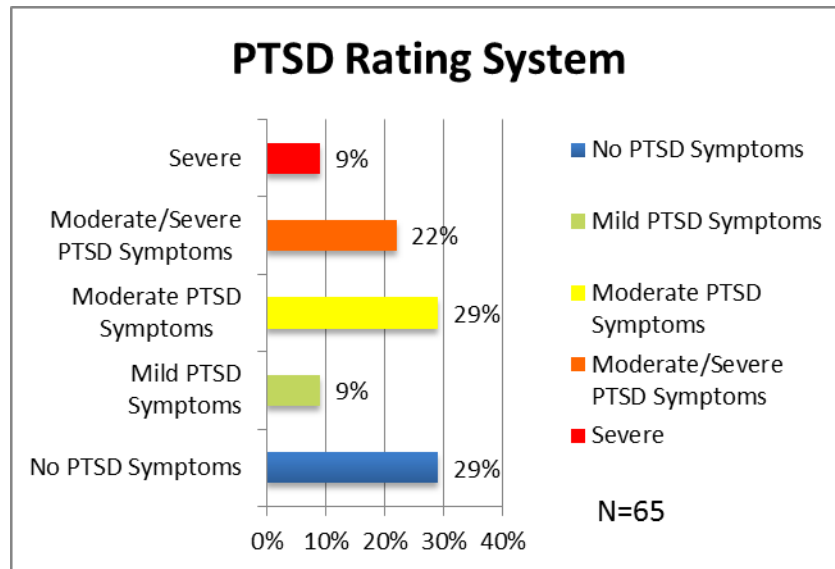
The research question is, “Could anxiety in individuals with PTSD be reduced when therapeutic photography is offered to individuals within 12 months of the trauma?” The sub-questions are:

- (1) What are the obstacles that would prevent an individual from choosing this type of therapy?
- (2) What are the critical components for having a therapeutic photography program within a non-profit organization?
- (3) What measures can be taken to add to the sense of safety for PTSD participants in such a program?

### **Survey Data Results and Findings - Group A**

The results and findings from the general public survey are provided below:

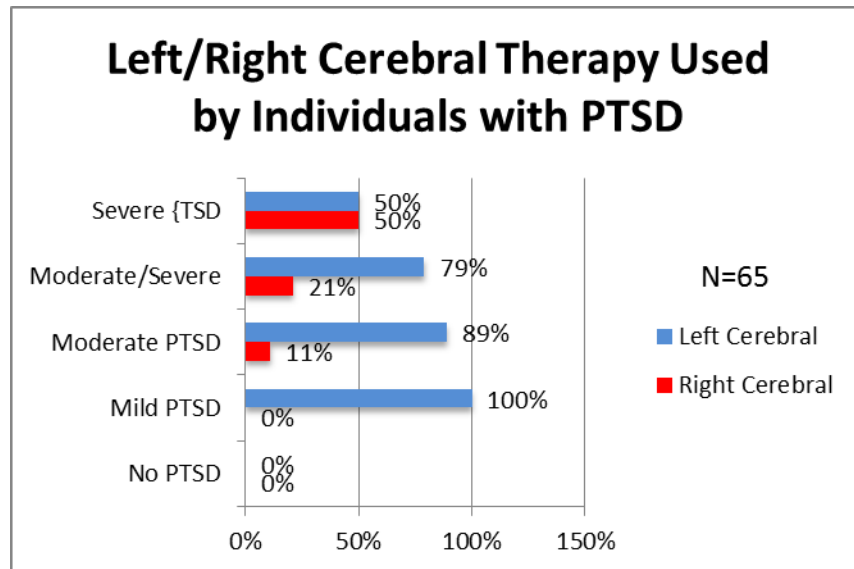
**Questions 1-3: What is the PTSD rating for the participants in the survey?**



*Figure 4.1-3. Chart Results of Survey Questions for #1-3 – PTSD Rating System.*

Analysis: The chart in Figure 4.1-3 shows that in the four categories of PTSD, Mild to Severe, 69% of the participants have PTSD symptoms. In Figure 4.1-3, the largest number of participants was rated in the Moderate PTSD level at 29%. The lowest number of participants was tied at 9 % for Mild PTSD and Severe PTSD. This is a small sampling of 110 participants; the chart shows that 69 % or 7 out of 10 respondents have PTSD.

**Question 4: What kind of PTSD therapy did you receive?**

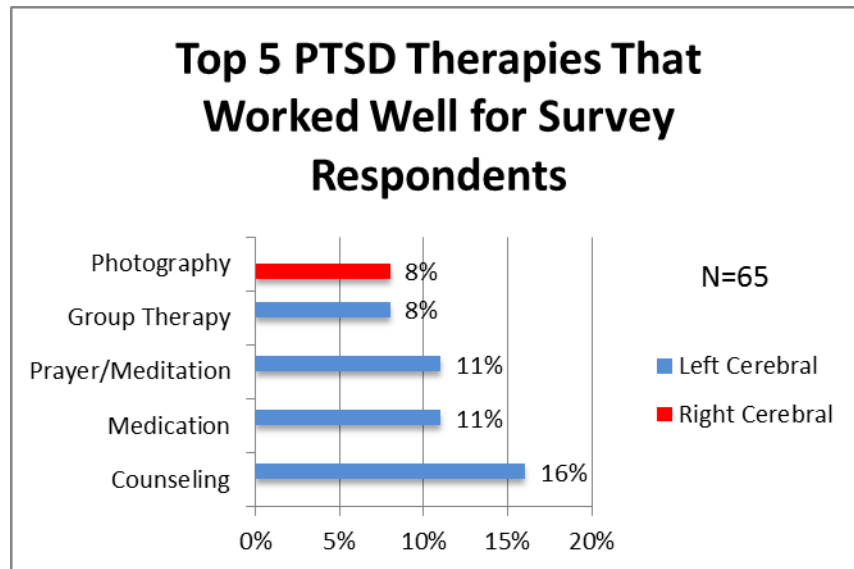


*Figure 4.4. Chart Results of Survey Question #4 – Two main categories of PTSD therapies used by individuals with PTSD.*

Analysis: The chart in Figure 4.4 reflects a strong preference for left cerebral therapy such as Cognitive Processing Therapy particularly if their PTSD level is mild or moderate. The Mild PTSD category shows that it received the highest rating of 100%. The lowest rating is for the Severe PTSD category at 50%. However, there is an increase of right cerebral therapy as the PTSD rating moves from the Moderate rating to Severe rating. There is a strong preference for left cerebral therapy. However, the increase of right cerebral therapy in relations to the increased severity of PTSD may be an indication of the individual’s intuitive need to balance his brain.



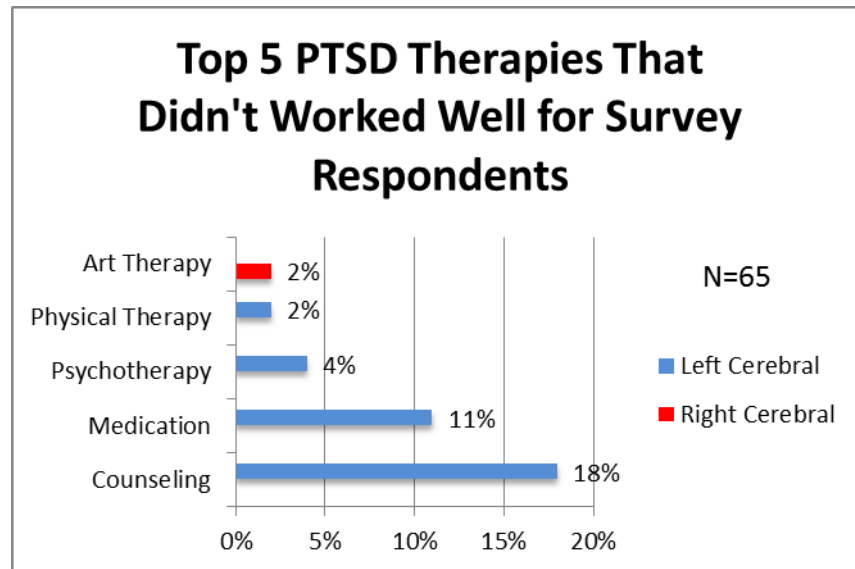
**Question 5: What type of PTSD therapy worked particularly well for you?**



*Figure 4.5. Chart Results of Survey Question #5 – Top five PTSD therapies that worked well for the survey participants?*

Analysis: The chart in Figure 4.5 shows 7 out of 45 respondents or 16 % chose counseling, a left cerebral therapy as the top category that worked well. There was a tie in the lowest category rating of 4 out of 45 or 8% respondents who chose Therapeutic Photography, a right cerebral therapy and Group Therapy. Counseling, a left cerebral therapy, was the number one therapy choice that worked well. There are several left cerebral therapies that worked well for individuals. There is one right cerebral therapy; therapeutic photography was listed as a therapy that worked well for an individual.

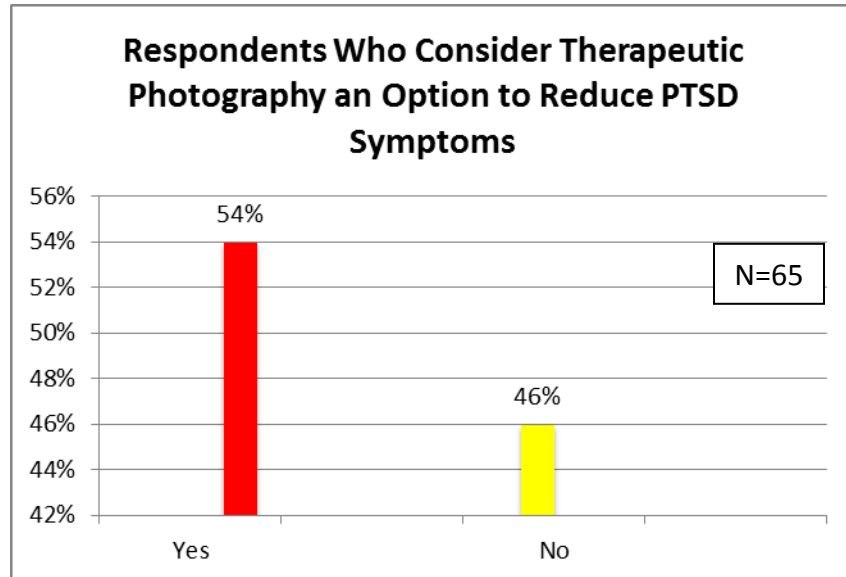
**Question 6: What type of PTSD therapy didn't work particularly well for you?**



*Figure 4.6. Chart Results of Survey Question #5 – Top five PTSD therapies that didn't work well for the participants.*

Analysis: In the chart Figure 4.6, it shows that 8 out of 45 respondents or 18% chose counseling as the therapy that did not work well. The lowest rating category with 1 out of 45 or at 2% was Physical Therapy and Art Therapy. Counseling, a left cerebral therapy, was the number one therapy choice that didn't work well with the respondents. There are several left cerebral therapies that didn't work well for individuals. Art therapy was one right cerebral therapy that was listed as a therapy that didn't work well.

**Question 7: Would a therapeutic photography program be an effective option to reduce symptoms of PTSD?**



*Figure 4.7 Chart Results of Survey Question #7 – Respondents who consider therapeutic photography as an effective option to reduce PTSD symptoms.*

Analysis: In the chart Figure 4.7, 25 out of 45 respondents or 54% of the respondents indicated that they considered therapeutic photography as an option to reduce PTSD symptoms. The “no” responses were 20 out of 45 responses. The “yes” responses for therapeutic photography are slightly greater than the “no” responses against therapeutic photography.

**Key Survey Data Findings – Group A:**

The data finding shows that 25 out of 45 respondents consider therapeutic photography as an effective option to reduce PTSD symptoms. The “yes” responses for therapeutic photography are slightly greater than the “no” responses against therapeutic photography. However, there is a significant preference for left cerebral therapy. There is a high rate of left cerebral therapy for each PTSD category, yet, there is a slight decreasing trend as the severity of PTSD increases. In other words, there is a noticeable increase in the right cerebral therapy category as the severity of PTSD increases. The researchers’ assumption is that the more severe the disorder, the more intuitive the need for the individual to balance his brain. Another key finding for this study is that within this small sampling of 110 respondents, 69% or 7 out of 10 respondents have PTSD.

### **Interview Data Results and Findings– Group B**

The results and findings from interview questionnaires by five clinicians who treat the target population are provided below:

#### ***Question 1: How many PTSD patients have you treated in the past 5 years?***

The clinicians’ range of clients served was 2 to 500 clients.

#### ***Questions 2: What types of PTSD therapy works well for your patients?***

The types of therapies that worked well for their patients included: Cognitive Behavior Therapy, Cognitive Processing Therapy, Prolonged Exposure (P.E.), EMDR, art therapy, and psycho-education. Two of the seven therapies listed were EMDR and art therapy which would be considered right hemisphere therapies. Technically, EMDR is a bi-lateral therapy. Therapeutic photography was not listed as a preference. However, 1 out of 5 therapists stated that they thought that therapeutic photography had the potential to decrease anxiety.

Analysis: The majority of therapies listed by the clinicians were left cerebral therapies. One right cerebral therapy, art therapy, was listed by one clinician.

***Question 3: Have you ever used a therapeutic photography program for the treatment of PTSD?***

The data results indicated that 10 out of 12 clinicians or 83% of the clinicians had not used therapeutic photography as a treatment option. One clinician stated she did not know what therapeutic photography was. Another responded by saying she had used art therapy to reduce anxiety in her patients.

***Question 4: What symptoms have been most effectively treated using the therapeutic photography program?***

The data collection revealed that 4 out of 5 clinicians had not used therapeutic photography; therefore they did not provide an answer to question 4, what symptoms have been most effectively treated using a therapeutic photography program. In the interview questionnaire, 1 out of 5 clinicians stated that anxiety was the symptom that has been most effectively treated using therapeutic photography

***Question 5: What reasons, if any, would you consider using a therapeutic photography program as an effective treatment option for PTSD?***

Responses from the clinicians included: (1) it is a safe way to express their experience in trauma and healing in a creative way; (2) therapeutic photography provides new pathways to the brain to decrease feelings of trauma. It has a personal interpretation and is a powerful visual media. It is similar to art therapy which is helpful to trauma patients. (3) Therapeutic photography creates

good moments and captures good moments. It is something to show and to work towards as a group to find good times. The clinicians gave positive responses for using therapeutic photography. The clinicians who are in the field of treating PTSD individuals consider therapeutic photography as an effective option for the disorder.

***Question 6: How soon after a PTSD trauma (in terms of months or years), would therapeutic photography be most effective in reducing PTSD symptoms?***

In the data collection, 3 out of 5 key informants agreed that the timing of how soon after a trauma would therapeutic photography be an effective treatment option for PTSD would vary. One clinician stated that since different clients can be at different stages of the recovery process, it would be difficult to have a set time to begin. Another clinician indicated that he was not sure about the question. Just like any procedure with PTSD the client would need to be prepared by developing emotional regulation skills in the event that processing trauma cause stress and we want to be cautious not to re-traumatize. Lastly, another clinician stated that she has no research or experience to answer this particular question, although she would assume there are experts who have professional research. She believed each individual is different as to their ability to have insight and their readiness to share their experiences.

**Key Interview Findings – Group B:**

The clinicians had a strong preference for left hemisphere therapies such as CPT, CBT and P.E. Only 1 out of 5 clinicians thought therapeutic photography would reduce anxiety. However, it was viewed favorably as a treatment similar to art therapy and as an avenue way to positively express one's experience. There is a consensus among the clinicians that there should not be a set time to begin a therapeutic photography program because every person has a different

recovery process. Beginning a program when a client is not emotionally ready can possibly re-traumatize the individual.

### **Interview Data Results and Findings - Group C**

The results and findings from interview questionnaires by three art instructors who teach the general public are provided below:

#### ***Question 1: Have you ever used a therapeutic photography program for the treatment of PTSD?***

The three instructors agreed that therapeutic photography is an effective treatment option for PTSD symptoms. There is consensus among the instructors regarding the benefits and value of therapeutic photography to help their students to express themselves and to help them cope with problems. Therapeutic photography is viewed as a positive and beneficial therapy for students. One instructor states that she used photography to help her students express themselves. Another instructor said that art, including photography gives the students a chance to deal with their issues.

#### ***Questions 2: How is therapeutic photography an effective treatment option for PTSD symptoms?***

Three respondents gave favorable data for therapeutic photography. Interview comments includes: (1) It is a way to express their fears, feelings and struggles to help them to deal with them, it is a process of creating that allows students to learn about themselves and how they see the world. It serves as a communication to others of their journey. (2) Therapeutic photography also helps clients with their fear and struggles in expressing themselves in an expressive way. (3) It is an outlet for students to express themselves. The instructors had favorable and similar

responses as to how therapeutic photography was an effective treatment option for PTSD symptoms. The instructors agreed on the positive value of therapeutic photography.

***Question 3: Which symptoms have been most effectively treated using a therapeutic photography program?***

The three respondents had similar responses regarding which symptoms have been most effectively treated using therapeutic photography. One respondent said it would reduce fear and anxiety. Another respondent said it would reduce stress. The last one said it would give the student the ability to cope with class and with society, and to be able to communicate their own views. The respondents agreed that therapeutic photography is effective in treating symptoms of PTSD such as fear, anxiety, stress and to the inability to express their emotions and to communicate to others.

***Question 4: Why would you not consider using therapeutic photography as a treatment option for PTSD?***

Only one respondent answered this question. She stated that if a student was to get more frustrated with the process [of therapeutic photography], she didn't think that there would be any purpose in pursuing photography.

***Question 5: What would you consider as the three most critical components for a therapeutic photography program?***

The three respondents considered that the critical components of a therapeutic photography program fall into the technical, aesthetic, and emotional categories. The technical category included training, knowledge of how to create images, use of the equipment, Next was the



aesthetic category, to understand composition which leads to how to create the image desired, and to be able to effectively communicate the meaning of the images and to be able to showcase your art. Lastly, there is the emotional category which includes counseling, having trust between the teacher and clients. To have a sense of camaraderie and not to feel like someone is trying to “fix you.” The teacher should be honest and open and everyone should be respectful to one another. The respondents provided a very comprehensive design for a therapeutic photography program which contained components for three specific categories: technical, aesthetic and emotional. One respondent’s input was very significant and insightful, including a counseling component for the program.

***Question 6: How soon after a PTSD trauma (in terms of months or years), would therapeutic photography be most effective in reducing PTSD symptoms?***

One respondent stated the photography program should begin two months after a trauma. Only one time frame was provided which was two months after a trauma. The second respondent suggested when a person feels like they need to find a way to express themselves is the time. She says that it is probably different person to person. She would hope the sooner someone finds a way to express their pain, the sooner they will be able to deal with their issues.

**Key Interview Findings – Group C:**

There was a consensus among the instructors that therapeutic photography was an effective treatment to reduce PTSD symptoms for students. The symptoms most effectively treated using therapeutic photography are fear, anxiety, stress and the inability to cope and lack of ability to communicate. In addition, they gave insight and meaningful components to fit in the

technical, aesthetic, and emotional categories for a successful therapeutic photography program. However, there was no consensus regarding the time frame for when therapy should begin.

### **Personal Observation's Data Results and Findings**

The results and finding from the researcher's personal observations study are provided below:

In the beginning of 2010, the researcher was a victim of a crime and developed significant PTSD symptoms. In April 2010, she began a self-therapeutic photography program three months after her series of trauma. "Therapeutic photography is photo-based activities conducted by oneself or as part of an organized group where no formal professionalized therapy is taking place" (Therapeutic Photography, 2014). After participating for five months, she noticed an increase in her sense of wellness by her ability to sleep through the night and a decrease in her anxiety level when driving her car out of the garage after dark. Nevertheless, she was still not able to begin working until approximately twelve months after her trauma event because her return hours would be during the night. She experienced panic attacks just by thoughts of driving her car into her garage at night.

In June 2014, she began cognitive processing therapy. The therapist provided support for the researcher by helping her to personally validate her experience, not just putting a "bandage" over it to cover up the "wound". It gave the researcher relief to know that someone knew her story. At one point during a particular CPT counseling session, her therapist did use EMDR because the researcher became very distressed from re-experiencing her trauma. The therapist controlled the researcher's eye movements by directing them with the movement of her hand. The researcher experienced an immediate calming and was able to continue her therapy. Nevertheless, the researcher has not been in a formal EMDR therapy. CPT, a left hemisphere

therapy, was helpful for the researcher. However, she didn't feel like the cognitive therapy could move her from point A to point B of her recovery. From her perspective, both treatments, the right and left hemisphere therapies, collectively helped to relieve her symptoms of anxiety.

In August 2010, to further her recovery, she expanded her right cerebral therapy by taking two classes at Access Sacramento, a public television station so that she could be certified to produce television programs at the station: a digital production class and a multi camera studio operations class. It is her opinion that the photography therapy and digital camera classes taken within twelve months of her trauma provided a swifter recovery time from her trauma. The right brain therapy of photography was more effective than the left brain therapy in giving her a sense of empowerment and positive mental arrangement. She was able to focus to her energy for several months on being one of three camera persons who helped produced a show titled "The Forgotten Warrior", a half hour show that showcased speakers and provided information to assist military veterans to live productive lives. During that season, her anxiety level decreased considerably and she was able to drive her car into her garage at night without a panic attack. Subsequently, she was able to return to work in the summer of 2011.

The researcher's PTSD symptoms interrupted her daily living activities. Her symptoms prevented her from returning to work. Therapeutic photography was effective in reducing her anxiety by helping her overcome her obstacles. After five months of therapeutic photography, she was able to drive out of the garage at night. Nevertheless, she was still overwhelmed by panic attacks just by thoughts of driving her car *into* the garage during the dark which prevented her from returning to work. However, after several additional months of therapeutic photography, classes and camera work, she was able to return to work.

### **Key Personal Observations Findings**

Beginning a therapeutic photography program within twelve months of a trauma was very beneficial to the researcher. The right cerebral therapy helped to decrease her panic attacks so that she could return to work after over a year of absence. Initially, CPT, a left cerebral therapy was important for the researcher because having someone to talk to help the researcher to validate her trauma and not feel alone in her trauma experience. However, therapeutic photography was more effective than CPT in reducing the researchers' anxiety. In her opinion, participating in this both types, right and left cerebral therapy provides for a swifter process for recovery.

### **Literature Review Results and Findings**

The results and findings from the literature review are provided below:

#### **Main Research Question:**

Could a therapeutic photography program offered to individuals with PTSD within twelve months of a trauma, reduce anxiety?

Analysis: Yes, the literature review affirmed that therapeutic photography can reduce anxiety. Several articles and authors such as Hunsberger (1984), Suler (2003), Rubin (2005), Ramsey (2008), Natoli (2011), and affirmed a direct correlation of the therapeutic properties of therapeutic photography and its ability to reduce anxiety in individuals with PTSD. Rubin indicated a nexus between visual art/ photography, art therapy and cognitive processing therapy. That nexus can help people process their trauma by re-thinking the way they view it, using both right and left cerebral therapies. Photographs offered a therapeutic dialogue in a visual language for those who are emotionally unable to express or are disabled in verbal communication, because they contain psychologically and emotional information about an individual. Both CPT

(left hemisphere) therapy and therapeutic photography (right hemisphere) therapy allowed an individual to process one's trauma experience and to identify thoughts that are obstacles to their recovery. However, there was no data to affirm the time frame for a therapeutic photography program offered within twelve months of a trauma would reduce anxiety. It is important to maintain a non-threatening atmosphere within a program, because it is the safety factor that motivates an individual to engage and participate in a program.

**Research Sub-question 1:**

**What are the obstacles that would prevent an individual from choosing this type of therapy?**

Analysis: The literature review indicated three obstacles: cultural right cerebral discrimination, socio-economics, and structural. Our American culture is geared towards right-handed people who are left brain dominant. Authors Duke (2011), Edward (1999), Levy & Sperry (1972), Sperry (1972) suggested that there is a bias against our right hemisphere which is reflected through our language, our political vocabulary and customs. Duke (2011) indicated that individuals who live in rural areas or have a conservative view towards mental health treatment would have difficulties accessing treatment and may prefer standard left hemisphere treatment such as CPT or medication therapy.

**Research Sub-question 2:**

**What are the critical components for having a therapeutic photography program within a non-profit organization?**

Analysis: One of the authors, Suler (2003), offered a significant component for a therapeutic photography by defining the word “photography.” He proposed being flexible in one’s definition of photography as being any picture taken by any type of camera, whether it’s a box camera, range finder, SLR, DSLR, digital, pinhole, cell phone, etc. Also, he recommended that no restrictions be placed on what type or how much post-processing is used to transform the original shot.

**Research Sub-question 3:**

**What measures can be taken to add to the sense of safety for PTSD participants in such a program?**

Analysis: Maslow (1943) indicated that psychological threat is the basic foundation of a severe anxiety disorder. So in order to create a sense of safety for a PTSD participant, the program environment should be free of threats through attitudes or actions.

**Key Findings:**

The literature review affirms the main question that therapeutic photography can reduce symptoms of anxiety, however there is no data to affirm that a photography program taken within twelve months of a trauma would reduce anxiety. The review indicates that photographs offer a therapeutic dialogue in a visual language for those who are emotionally unable to express or are disabled in verbal communication because they contain psychologically and emotional information about an individual. Additionally, both CPT (left hemisphere) therapy and therapeutic photography (right hemisphere) therapy allows an individual to process one’s trauma experience and to identify thoughts that are obstacles to their recovery. For sub-question #1, the review identifies three obstacles that prevent our American culture from choosing right brain

therapies. The biases include cultural, socio-economics and structural elements. Sub-question #2 indicates a critical component for a photography program is to have no restrictions on the type of camera used or the type of processing or post-processing used to transform pictures. Lastly, sub-question #3 is answered in the review as well. There are measures that can be taken to add a sense of safety for PTSD participants in a program. Threatening attitudes, actions, or words should not be allowed in the program.

## CHAPTER 5 - CONCLUSIONS AND RECOMMENDATIONS

### Conclusions

The conclusion of this study is that therapeutic photography is another effective way to treat individuals with PTSD by reducing their anxiety. In addition, the study supports that therapeutic photography is a treatment which is not considered better or worse than other types of PTSD treatments.

Based on a review of the triangular relationships among survey data, Group C's key informants' interview data, and literature review findings, the first portion of the main research question, "Could anxiety in individuals with PTSD be reduced?" is confirmed. From the survey data, 25 out of 45 respondents considered therapeutic photography as an effective option to reduce PTSD symptoms, which includes anxiety. To support that position, the interview data from Group C also has a similar conclusion. This group of artistic informants, who access their right hemisphere on a regular basis, were in agreement that therapeutic photography is an effective treatment to reduce PTSD symptoms in students. The symptoms most effectively treated using therapeutic photography are fear, anxiety, stress and the inability to cope and lack of ability to communicate. The findings from the literature review also support the first portion of the main research question. Several articles and authors such as Hunsberger (1984), Natoli (2011), Ramsey (2008), Rubin (2005), and Suler (2003), affirm a direct correlation between the therapeutic properties of therapeutic photography and its ability to reduce anxiety in individuals with PTSD. Lastly, the researcher's personal observations and experiences affirm the entire research question; therapeutic photography can reduce anxiety if a therapeutic photography program is taken within 12 months of the trauma.



One the other hand, the last part of the main research question was not affirmed by the literature or by the clinicians; that the therapeutic program should be taken within 12 months of the trauma. However, there is a consensus among the clinicians in Group B that there should not be a set time to begin a therapeutic photography program because every person has a different recovery process. Beginning a program when a client is not emotionally ready can possibly re-traumatize the individual. There was no consensus, nor support from the art instructors in Group C regarding the time frame for taking a therapeutic photography program. Lastly, the literature review offered no reference in regards to when a therapeutic photography program should begin. In sum, the research question was only partially affirmed; therapeutic photography reduces anxiety in individuals with PTSD.

Given the importance of this research to create a successful therapeutic photography program, the researcher needs to know what obstacles potential clients would have to overcome in order to participate in such a program. The literature review identifies a few obstacles that would prevent an individual from choosing therapeutic photography as a PTSD therapy: cultural right cerebral discrimination, socio-economics, and structural elements. First of all, our American culture is geared towards right-handed people who are left brain dominant. Edward (1999), Levy & Sperry (1972) and Sperry (1973), suggest that there is a bias against our right hemisphere, which is reflected through our education system, science and customs. Hence, we are biased against right cerebral therapy. We prefer the left hemisphere mode of thinking which is verbal, rather than the right hemisphere mode of thinking which is visual. For example, even though the Group A survey data results show that the “yes” responses for therapeutic photography is slightly greater than the “no” responses, there is an over-all preference for left cerebral therapy. Additionally, the Group B’s interview data results indicate that the clinicians

had a strong preference for left hemisphere therapies such as CPT, CBT and P.E. Two other obstacles are distance, not living near an organization that offers a therapeutic program and having a conservative perspective towards mental health treatment. Duke (2011) suggests that individuals who live in rural areas or have a conservative view towards mental health treatment would have difficulties accessing treatment and may prefer standard left hemisphere treatment such as CPT or standard medication therapy.

The literature review and Group C's data results provide critical components that will make for a successful therapeutic photography program. From the literature review, Suler (2003) offers a significant component for therapeutic photography. He suggests that the therapeutic photography activity have no restrictions on the type of camera used or the type of processing or post-processing used to transform pictures. This will positively encourage photographers of various skill levels to participate in the program. Furthermore, data results from Group C's art instructors provided meaningful components to fit in the technical, aesthetic, and emotional categories such as training, counseling, understanding composition, and showcasing the clients' photographs. These elements would make for a successful therapeutic photography program.

The literature review identifies an important element in maintaining a sense of safety within a therapeutic photography program – the absence of threat. Maslow (1943) indicates that the psychological role of threat can translate into an abnormal personality such as PTSD. In order to inspire an individual's engagement, he must be motivated by the safety factor, being in a non-threatening, non-judgmental atmosphere.

## **Recommendations**

Three recommendations are provided in this study that may benefit the target population of the research project – individuals with PTSD - and enhance mental health services for them. The author of this study will design a therapeutic photography program to address the symptoms of anxiety in individuals with PTSD. It will include the components from the research's data such as counseling, technical training, and showcasing the individuals' photography. The equipment for the program will be determined, but will not have any restrictions on the types of camera used by the clients.

**Recommendation 1:** By September 30, 2014, the researcher will design a therapeutic photography program which includes critical components for a successful program for use by public and non-governmental and community based organizations.

The author of this study will visit public and non-governmental and community based organizations to inform the administrators of the benefits of therapeutic photography and will compile a Needs Assessment Survey for their clients

**Recommendation 2:** By September 30, 2014, the study's author will visit public and non-governmental and community based organizations to inform them of the benefits of therapeutic photography. The goal of these visits is to complete a Needs Assessment Survey for the clients of these organizations. The survey will be a representative list of important supplies and needs, which a client considers necessary to have in order to be successful in a therapeutic photography program.

The therapeutic photography program's environment will be free of threatening actions and attitudes by any participants in order to facilitate the clients' recovery. The clients will take pictures of images that will bring insight and self-awareness and help them communicate their emotions and feelings so that they can process their traumatic experiences. Having a non-threatening environment will motivate and increase the clients' engagement level to participate in the program.

**Recommendation 3:** By March 30, 2015, the author of this study will create a non-threatening environment for the therapeutic photography program by not allowing threatening actions or attitudes to be shared during the program session.

### **Summary of Conclusion and Recommendations**

At the conclusion of this study, the research questions and sub-questions were answered. First of all, the research data confirmed that therapeutic photography is another effective way to reduce anxiety in individuals with PTSD. However, the last part of the research hypothesis that therapeutic photography should be taken within 12 months of the trauma, was not confirmed by the data. Second, three sub-questions were addressed in this study. It was confirmed that there are obstacles to choosing therapeutic photography as a PTSD therapy. The literature review identified a few, such as cultural right cerebral discrimination, socio-economics, and structural elements. Next, the data identified several critical components that will make a successful therapeutic photography program. A significant component is having no restrictions on the type of camera used or the type of processing or post-processing used to transform pictures. Other important components were in the technical, aesthetic, and emotional categories, such as training, counseling, understanding composition, and showcasing the clients' photographs.

Lastly, the literature review identified an important element in maintaining a sense of safety within a therapeutic photography program – the absence of threat. In other words, there should be zero tolerance for threatening actions, attitudes, or words.

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## APPENDIX A

**SURVEY QUESTIONS ON THERAPEUTIC PHOTOGRAPHY****AS IT RELATES TO PTSD**

My name is Jeanne DeLaney and I am currently completing my master's degree in public administration at Golden Gate University. I am inviting you to participate in a brief survey to obtain your personal perspectives on therapeutic photography and its ability to reduce symptoms of post-traumatic stress disorder, a severe anxiety illness.

If you have experienced severe trauma or a life-threatening event, you may have developed symptoms of posttraumatic stress, commonly known as post-traumatic stress disorder or PTSD.

It should take you approximately 5 minutes to complete. Neither your name nor ID number is required to complete this survey.

The survey will only be used by me for the purpose of completing my project. I will not publicly release your responses or other information about you. If you have questions or difficulty completing the survey, e-mail me at: [jeanne\\_delaney@aol.com](mailto:jeanne_delaney@aol.com).

Your participation and input is important. Thank you for participating and for helping me complete my research study.

**Age:** \_\_\_\_\_

**Gender** (Circle one):            Male            Female

**Marital Status** (Circle one):   Married            Single            Divorced/Widowed

**Category** (Circle one)    Non-military            Military

1. What kind of trauma or life-threatening event have you experienced? (Check all that apply.)
  - a. \_\_\_\_ My life or the lives of others were in danger and I had no control over the outcome, nor could I help in anyway.
  - b. \_\_\_\_ I witnessed someone being injured or dying.
  - c. \_\_\_\_ I was physically harmed.
  - d. \_\_\_\_ I was sexually abused.
  - e. \_\_\_\_ Secondary trauma - job related (such as extreme stress while working on my job.
  - f. \_\_\_\_ Other (Please describe) \_\_\_\_\_.

2. What year or years did the trauma occur? \_\_\_\_\_.

3. What symptoms of PTSD did you experience? (Check all that apply.)

a. \_\_\_ Difficult to concentrate.

b. \_\_\_ Experienced nightmares or flashbacks of the event.

c. \_\_\_ Feeling anxious or irritated.

d. \_\_\_ Feeling of numbness or being emotionally cut off from others.

e. \_\_\_ Easily angered.

f. \_\_\_ Other (Please describe): \_\_\_\_\_

4. What kind of PTSD therapy did you receive? (Check all that apply.)

a. \_\_\_ Counseling Therapy

b. \_\_\_ Medication Therapy

c. \_\_\_ Art Therapy

d. \_\_\_ Psychotherapy

e. \_\_\_ Therapeutic Photography

f. \_\_\_ Other (Please describe): \_\_\_\_\_

5. Based on the type of PTSD therapy you received, what worked particularly well for you?

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6. Based on you type of PTSD therapy, what did not work well for you?

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What is Therapeutic Photography? It is a non-threatening photography course in which a person creates a series of photographic compositions that express or represent significant, traumatic life events in order to facilitate meaningful communication. The person is taught photography skills and visual art concepts to help create personal and purposeful compositions.

7. In your opinion, would you consider a therapeutic photography therapy program an effective option to reduce symptoms of PTSD? Why or Why not? Please use the back of this page for additional comments if needed.

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## APPENDIX B

**KEY INFORMANT INTERVIEW QUESTIONS AS IT RELATES TO PTSD**

Please provide knowledge that you have gained from treating patients who have experienced severe trauma or a life-threatening event and who have developed symptoms of posttraumatic stress, commonly known as post-traumatic stress disorder or PTSD.

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

**Professional Title:** \_\_\_\_\_

**Years of training in your professional field:** \_\_\_\_\_

**Highest Educational Degree:** \_\_\_\_\_

Gender (Circle one):            Male            Female

Therapeutic Photography is a non-threatening course in which a client creates a series of photographic compositions that express or represent significant, traumatic life events in order to facilitate meaningful communication. The client is taught photography skills and visual art concepts to help create personal and purposeful compositions.

Based on your professional expertise and knowledge in treating patients with post-traumatic stress disorder, please express your belief and opinions on the interview questions listed below.

1. How many PTSD patients have you treated in the past 5 years?
2. What type of PTSD therapy works well for your patients? Why?
3. Have you ever used a therapeutic photography program for the treatment of PTSD?
4. (If yes to Question 3): Which symptoms have been most effectively treated using the therapeutic photography program?
5. (If no to Question 3): What reasons, if any would you consider using a therapeutic photography program as an effective treatment option for PTSD?
6. (If yes to Question 3): How soon after a PTSD trauma (in terms of months or years), would therapeutic photography be most effective in reducing PTSD symptoms?

## APPENDIX C

**KEY INFORMANT INTERVIEW QUESTIONS AS IT RELATES TO PHOTOGRAPHY**

Please provide knowledge that you have gained from treating PTSD patients through art therapy or teaching students visual art concepts. In your opinion, could those artistic applications through a therapeutic photography program reduce and individual's symptoms of PTSD (i.e., feeling anxious, lack of self-worth, lack of concentration ability, reduce nightmares or flashbacks, and feelings of numbness and being emotionally cut off from others or easily angered).

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

**Professional Title:** \_\_\_\_\_

**Years of training in your professional field:** \_\_\_\_\_

**Highest Educational Degree:** \_\_\_\_\_

**Gender** (Circle one):            Male            Female

**Category** (Circle one):    Art Therapist    Art Instructor

Therapeutic Photography is a non-threatening photography program in which a client creates a series of photographic compositions that express or represent significant, traumatic life events in order to facilitate meaningful communication. The client is taught photography skills and visual art concepts to help create personal and purposeful compositions.

Based on your professional expertise and/or teaching knowledge of the visual arts, please express your belief and opinions on the interview questions listed below.

1. Have you ever used a therapeutic photography program for the treatment of PTSD?
2. (If yes to Question 1): How has therapeutic photography shown to be as an effective treatment option for reducing an individual's symptoms of PTSD?
3. (Follow on to Question 2): Which symptoms have been most effectively treated using a therapeutic photography program?
4. (If no to Question 1): Why would you not consider using therapeutic photography as a treatment option for PTSD?
5. What would you consider the three most critical components to have in a therapeutic photography program?
6. How soon after a trauma (in terms of months or years), should a person begin a therapeutic photography program in order to reduce PTSD symptoms?