

'Capturing' Photographs and Aging:
An Intervention Research Paper focusing on the use of Photography in Art Therapy with
Older Adults

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Abstract

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The goal of this research was to create a short term art therapy program that addresses the ongoing psychosocial needs of hospitalized older adults receiving care for life-altering experiences related to health and aging. This paper builds on existing literature in offering an understanding of how photography in art therapy can complement the medical model of treatment. For the purpose of this paper, the medical model is critically discussed in relation to *disengagement* theory. In addition, the role of the medical model in facilitating depression and learned helplessness is considered in light of this research. The final component of the research is a photo-based art therapy intervention model offering an adaptable framework for clinical practice. The art therapy ideas presented encompass the use of photography, specifically the act of photographing, and therapeutic approaches such as psychodynamic, person-centered and narrative interventions that aim to meet psychosocial needs for older adults who are experiencing helplessness and hopelessness. The intervention suggestions present how the clinical use of photography in art therapy can assist in providing patients with meaning-making, enhancement of self-esteem and consolidation of identity that is independent of the illness. In addition, gaining control through art making and its connection to motivating the human spirit play a role in coping as a holistic healing process during illness.

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Introduction

“One who has a *why* to live can bear with almost any *how*.”
–Nietzsche

Background

This paper will explore and attempt to contribute to the emergent dialogue of art therapy in health care with hospitalized older adults. Care for the elderly is undergoing an evolution and there exists an impetus to provide a holistic way of working with individuals in this population. This interest and heightened awareness of medical art therapy as a significant part of geriatric healthcare is not without impetus. The number of elderly adults living in industrialized nations is increasing and is projected to double its current number by 2025 (World Health Organization, 2010). Thus, the physical and mental changes that accompany aging, as well as their accompanying medical interventions, are becoming increasingly important to those who provide healthcare services (Stumbo & Wardlaw, 2011).

In establishing art therapy as an appropriate treatment for this clientele, the unique demands of this population and the particular issues related to aging must be properly understood. Traditional medical models of health care visualize the human body as a biological and physiological system. Within this paradigm, disorders are defined as anything that causes a disruption to this system. These disorders are then, at least theoretically, treated with medications or surgery in pursuit of a cure (Spring, 2007).

This paradigm for care with its reliance on medical interventions leading towards a cure is not necessarily suitable for many of the ailments and overall challenges experienced by the elderly in long-term hospital settings. The patient’s experience of illness can be exacerbated in a myriad of ways (e.g., emotional, social, psychological).

For instance, for patients who spend time in long-term care, institutionalization can lead to loss of social and sensory opportunities because of reduced experiences inside these environments. Such realities of the care experience profoundly shape the sense of identity, body concept, self esteem and control over life's events possessed by adults, and especially older adults, within these facilities. It has been my observation as an art therapy intern at a hospital that many older adults have experienced a sense of learned helplessness and hopelessness due not only to their medical condition, but also because of such factors as their environment and insufficient resources to assist these seniors in coping with their lives.

The focus of this research is to investigate how art-making with a camera in an art therapy frame can assist an individual to cope with their medical illness, stage of life and adjustment to current life situations in allowing emotions, thoughts, fears and wishes to be expressed. This type of holistic intervention in the maintenance of health is pertinent in treating the mental, physical and emotional factors faced by individuals within the geriatric population. This research places particular focus on those individuals who are likely to face changes and losses in their body and mind that impact their sense of identity and control over life circumstances. In synthesizing current literature, this paper will attempt to explore the poignant issues being faced by hospitalized older adults and what processes and approaches are essential to aid in the provision of quality health care.

This paper will draw upon psychodynamic, person-centered and narrative approaches used in art therapy, supported by my personal clinical experience. The selection of the title "*Capturing*" *Photographs and Aging*, was decided upon as a way to connote the idea of action, of gaining control or exerting influence on something; namely,

the patient's life and health. The use of photography in art therapy will be drawn upon as an intervention that assists in building self constructs, self esteem and control through mastery of a technique in addition to communicating and expressing oneself tangibly and symbolically. The role of the art therapist will be outlined as an essential factor in helping the patient to reach their healing potential. In concluding the paper, further recommendations and considerations for photography in art therapy will be discussed.

Statement of Purpose

The goal of this research project was to create a short term art therapy program that addresses the ongoing psychosocial needs of older adults receiving care in hospitals for life-altering experiences related to health and aging. My professional exposure to this population and interest in photography has led me to research this topic. As an art therapy intern working in a hospital, I became aware of the need for art therapy within this population and the lack of specific resources in adapting art therapy to this complex environment. In addition, there appears to be little research on the use of photography with this population.

The purpose of this paper is to present how the clinical use of photography can assist in providing patients with meaning-making, enhancement of self-esteem and consolidation of identity that is independent of the illness. In addition, gaining control through art making and its connection to motivating the human spirit play a role in coping as a holistic healing process during illness. This paper will build on existing literature in offering an understanding of how art therapy can complement the medical model. A photo-based art therapy intervention model will be proposed, offering an adaptable framework for clinical practice. The art therapy programs and ideas designed

encompass the use of photography, specifically the act of photographing, and therapeutic approaches such as psychodynamic, person-centered and narrative, as well as storytelling interventions that aim to meet psychosocial and meaning-making needs for older adults who are experiencing helplessness and hopelessness. I hope to contribute to the field of art therapy and gerontology by expanding upon the available body of literature informing art therapists and other health professionals about the specific needs of this population. I am presenting the contention that the camera, when used as a therapeutic medium, can be a powerful tool for healing.

Methodology

The methodological foundation for this inquiry is that of an intervention strategy. It relies upon “the systematic study of purposive change strategies characterized by both the design and development steps of interventions” (Fraser & Galinsky, 2010, p.459). As suggested by Rothman and Thomas (1994), intervention research takes as its original point of departure a given real-world problem and practical goal wherein development is intertwined with the realities of practitioners and clients. Fraser and Galinsky (2010) state that the design of an intervention involves identifying potential malleable risk factors in defining a problem theory and then matching these risk factors with change strategies in program theory. In creating an effective intervention Fraser and Galinsky (2010) outlined this five step approach (p.463):

- (1) Develop problem and program theories
- (2) Specify program structures and processes
- (3) Refine and confirm in efficacy tests
- (4) Test effectiveness in practice settings

(5) Disseminate program findings and materials

The process of designing an intervention is both evaluative, in that existing research and theory is blended with other knowledge, and creative, in that intervention principles and action strategies are materialized (Fraser & Galinsky, 2010). Only the first two steps are within the scope of the current study.

Congruent with this model, I searched for theoretical information on the use of photographs and images as part of therapy with older adults within long term care facilities and hospitals. However, I found little information of the use of photographing as therapy for geriatrics within a hospital. Therefore, I will present the existing programs found in other types of institutions to help inform the interventions that I am proposing. Data was collected from a series of sources including books, online journals and reports mostly originating from North America and England. This potential bias within the texts should be noted as other geographical locations are excluded.

My work as an intern art therapist at a hospital on a geriatric unit for eight months has informed and influenced this project. My personal background and appreciation for photography affects how I conduct research. This brings me to my bias wherein I believe that some institutions possess deficits in providing support for seniors. I contend that these institutions place an emphasis on medical elements leaving gaps within the psychosocial sphere. The question guiding this project was, “How do I integrate theoretical knowledge and my experience as an art therapy intern to create an effective art therapy program for older adults who face life transitions due to medical crises?” This paper attempts to apply existing theory and practical knowledge about the use of cameras in an art therapy framework to hospitalized geriatrics in need of therapeutic care, in order

to address the aforementioned gaps in both the literature and praxis regarding creative arts therapies for geriatric individuals.

Key Definitions of Terms

For the purpose of this paper, the term *older adult* will be used interchangeably with the terms *senior* and *elderly* and refers to an individual who is 65 years and older. This age bracket has been rendered in studies as presenting a new life stage as it typically marks the milestone for retirement in many places and is conceptualized as the last stage, “old age,” of Erikson’s eight stages of development (Agronin, 2010; Dein & Huline-Dickens, 1997).

Geriatrics refers to the branch of medicine dealing with the diseases, debilities, and care of aged persons.

The terms *patient*, *client* and *participant* will be used synonymously despite different schools of thought about terminology regarding the ‘other’ who is being treated by the therapist.

Art therapy is defined as:

the therapeutic use of art making within a professional relationship, by people who experience illness, trauma, or challenges in living... through creating art and reflecting on the art product and processes, people can increase awareness of self and others, cope with symptoms, stress, enhance cognitive abilities; and enjoy the life-affirming pleasures of making art. (AATA, as cited in, Stewart, 2006, p. 37)

Typical materials used in art therapy have been traditional fine art media however, some art therapists are now considering and adding different tools to their resources, such as cameras in response to the technological era and creative frontiers.

Medical art therapy is defined as “the clinical use of art expression and imagery with individuals who are physically ill, experiencing bodily trauma, or undergoing invasive or aggressive medical procedures such as surgery or chemotherapy” (Malchiodi, 2013, p.4).

Medical Model

The medical model, as employed by traditional treatment centers such as hospitals, largely anticipates curative ends to its treatments. Proposed treatments within this model, such as surgery, have been criticized as ignoring such psychosocial elements of healing, such as coping, actualization or adaptation (Watson, 1999). Engel (1979) concurs with this notion and suggests that “the biomedical model is disease-oriented, not patient oriented” (p.158).

Such criticisms invite the question of what happens when the goal of curing a disease is not possible. Kaye (1998) suggests that some patients expect treatments within this paradigm to restore their health and level of functioning to what they experienced before their illness. It could be argued that this expectation can increase suffering and distress in the face of uncontrollable diseases and situations. Kaye suggests that such negative effects can potentially be mitigated through such psychosocial methods as providing the patient with perspective on the management of illness, through a personalized model that values the patient’s experience of illness. Lorenz and Chilingirian (2011) appear to support this suggestion in stating that:

clinicians need to understand patients' lives and their work adhering to treatment recommendations ...as the medical model of care does not include the environment, where patients must take action to heal nor does

it include the patient's perspective on quality of care and their healing process. (p.1)

Elderly people who have been hospitalized face a number of particular challenges which can be greatly impacted by psychosocial elements of care. Agronin (2010) even suggests that some illnesses typically associated with elderly individuals, such as dementia, can actually be aggravated by the lack of attention to these needs. However, the psychosocial needs of geriatric patients within the health care system are many. These include concerns regarding the institutional setting, such as boredom and apathy or inability to cope with the current living situation, but there are many other challenges cited by elderly individuals within hospital settings. These are varied, and range from grief over personal losses to acknowledging one's own pain or disability, and potential dependency on others due to disability. However, there is also some indication that elderly patients are also concerned with finding meaning in these experiences.

Ultimately, there appears to be a growing understanding that a patient's psychosocial needs are paramount to his or her overall health. Aronson and Graziano (1976) stress that these needs can begin to be met within a more supportive environment. Because, they argue

the environment does significantly affect human functioning and that much of what they have considered to be the patient's internal disturbance or irreversible mental limitations may be produced or at least sustained by the very environment that exists to help them (p.363).

That being said, many of the changes proposed by this paper and in previous research cannot be understood without considering the profound effect that the medical

model of treatment can have on elderly patients. In order to truly understand this relationship, and why it could be detrimental, it is necessary to consider how the medical model is socially constructed. For the purpose of this paper, the medical model is conceptualized and criticized in relations to disengagement theory. In addition, its role in facilitating depression and learned helplessness are considered in light of this research.

Issues within the Hospital

Disengagement Theory

In part, disengagement in elderly people can act as a somewhat natural reaction to transitioning into a new phase of life. However, this disengagement can also predicate a loss of involvement in society. The implications of this loss can impact the quality of life of older adults. Disengagement as a formal theoretical concept is positioned in contrast to activity theory which argues that successful aging requires the maintenance of reasonable levels of activity as well as the substitution of new roles, in our Western society, with retirement (Dein & Huline-Dickens, 1997). Thus, disengagement theory can be seen as placing limitations on the capacity of older adults to grow and change. And because older adults within the health care system have traditionally had their self-perceptions shaped by their treatment within the hospital milieu, this view can be potentially quite detrimental.

In practical terms, disengagement within medical institutions manifests itself in a number of ways. One major concern is that older adults in either long-term care (LTC) or hospital settings tend to receive minimal opportunities for social and sensory engagement. Logistically, older adults in LTC settings are often placed in isolated or otherwise deficient (e.g., no windows, accessibility to social interaction opportunities

difficult) rooms. Often these particular necessities of the elderly patient are not considered by the institution, due at least in part to this process of disengagement.

Haber and DeGraff (1990) argue that whether or not an elderly person's needs, both physical and psychosocial, are met is a powerful determinant in the quality of life for such individuals. The authors cite physical health, social support and social interaction as necessities that require particular attention. The meeting of these needs involves also questioning and challenging the institutional processes, particularly the disengagement enforced upon elderly people by the medical model, which make meeting these needs difficult within the health care system. Part of this challenge involves recognizing that disengagement is, at its core, a relatively natural process that is currently exacerbated, rather than mitigated, by the health care system.

In Western society, aging is typically marked with disengagement from the workforce through retirement. After this milestone, elderly individuals often face some form of additional adjustment in relation to decline in physical or mental capabilities. For many, these realities constitute a somewhat natural withdrawal from society related to these transitions (Haber & DeGraff, 1990). This disengagement could potentially be seen as transitory until new life circumstances are accepted. However, the reality is that many within the health care system see disengagement as an end-point in the lives of elderly people. This view of withdrawal ensures that these patients never find meaningful ways to deal with their experiences, which puts elderly individuals at risk for several psychosocial challenges that may not have been present otherwise.

Depression

The loss of meaning in one's life, and lack of opportunity to discover new meaningful ways of being leaves elderly patients at risk for being unable to cope with the various challenges associated with their situation (Orr, 1997). This lack of coping mechanisms can lead to depression, which is of particular concern for this population. Depression can drastically diminish the quality of life of an elderly person within a long-term care setting in that such essential skills as treatment compliance and capacity for hope can become impossible to maintain. Orr (1997) asserts the seriousness that elderly patients are at great risk for depression, with between 20 and 40 percent of all adults over 65 experiencing depression, with the highest concentration being found within long-term care and hospital facilities. The author stresses the importance of supplying this population with psychosocially-minded resources that aid individuals in coping with such aging-related realities as modified body concept, restricted mental and physical functioning as well as the loss and separation specific to those who move from their home environment to hospitals or long-term care. Without supportive resources, Orr (1997) warns that the depression typically associated with aging can compound with the systems of dependence within institutional care to engender a sense of learned helplessness within elderly patients.

Learned Helplessness and Social Breakdown Syndrome

Psychological health is impacted by this concept of learned helplessness and further impacted by institutionalized stereotypes of the elderly. Seligman defines this term as "arising when an individual discovers through repeated experiences that his or her actions have little effect on the outcome of the situation, especially in the 'restricted'

environment of a nursing facility or hospital” (as cited in Madori, 2007 p.116). Aronson and Graziano (1976) add to this dialogue of dependence when mentioning social breakdown syndrome (SBS) which is common in patients with dementia symptoms and related diseases. They define SBS as the occurrence in which “an elderly person, labeled incompetent, is gradually shaped into the behaviors appropriate to the new, dependent, role” (p.363). This change of role results in diminished skills eventually leading the person to function and label him or herself as "sick," "inadequate," and "senile." In view of this, the elderly are seen to be susceptible to SBS because of the drastic social reorganization and stereotypes they experience due to ageism, illness or disabilities (Aronson & Graziano, 1976). Therefore, providing supportive treatment and interventions, both medically and psychologically, to our aging population is essential.

Complementary Approach to Current Practice

Orr (1997) argues that catering to psychological needs requires supports and treatments that acknowledge the inextricable connection between body and mind. And, currently, there seems to be some interest within the literature for such holistic means to be put into practice. Stuckey (2010), in noting the World Health Organization’s (WHO) position on holistic treatments, states the need to recognize

humans in their totality within a wide ecological spectrum, and emphasizing the view that ill health or disease is brought about by an imbalance, or disequilibrium, of humankind in their total ecological system and not only by the causative agent and pathogenic evolution (p.254).

In this vein, it can be contended that offering services and an environment that promotes more rounded coping, recovery or maintenance of health by engaging all aspects of a person is necessary.

In its current state, the medical model is arguably not structured to this holistic model for treatment. Therefore, a complementary model that looks at the experience of illness and aging from the patient's perspective is highly recommended (Kaye, 1998). Kaye (1998) suggests looking at Maslow's 'hierarchy of needs' in considering the necessities of patients. Paralleling the theory of developmental psychology, Maslow describes the pattern that human motivation generally moves through from physiological, safety, love and belonging, esteem and lastly self-actualization. The author argues that, within this hierarchy, the care provided by those operating within the medical model only satisfies Maslow's primary level: that of physical requirements. Thus, the demand for care that addresses higher-order needs such as psychological well-being is pressing.

Medical Art Therapy

The creative arts therapies represent a spectrum of ways in which deficits in these higher-order patient requirements can be met. Malchiodi (2013) suggests that art therapy can fill a number of currently pressing necessities for elderly patients, such as psychosocial care, rehabilitation assistance along with numerous health benefits. Perhaps most poignantly, the author suggests that, unlike other forms of treatment, art therapy allows patients within this population to redefine their own experiences of illness. Indeed, it appears that this act of redefinition, or re-authoring, experience gives elderly individuals a chance to reclaim a sense of self, which in turn helps them deal with their illnesses (Malchiodi, 2013).

This process can happen in a variety of ways, depending on the type of creative arts therapy employed. Specifically, art therapy allows patients to empower themselves by illustrating their experiences of illness, separation, acceptance and recovery, which facilitates increased self-esteem. Stuckey (2010) reports that such artistic activities can benefit a patient's psychological wellbeing in many ways, including mood enhancement, stress reduction as well as perceived alleviation of the burden of chronic disease. Art making in pursuit of meaning making or simply creating can also be an empowering experience for patients who feel a loss of control due to illness, thus reducing the potential for learned helplessness.

Milner (2006) explains that art-making allows elderly people an opportunity for self-exploration that allows them to “express the complex existential issues of aging and in addition build their self-esteem, cope with stress, be provided with opportunities for life review and recover from loss or illness” (p. 55). Beauchet et al. (2012) extends this point by presenting the example of a pilot study, which used painting to facilitate emotional wellbeing of hospitalized geriatric patients. The results of this study indicate that participation in these sessions was related to shorter length of hospital stay. The authors of this study suggest that this intervention may have achieved these results by allowing patients to gain awareness of their own abilities, which could have led to increased functioning and, consequently, expedited discharge (Beauchet et al., 2012). In fact, this link between art making and health is suggested by Riley (2004) as “making an art form includes activation of all brain functions involving movement, tactility, vision, memory and imagery to stimulate emotional intelligence therefore engaging cognitive capacities and self-regulators” (p.190).

Ultimately, art therapy offers an approach to health care that goes beyond the medical model. Based on the previously discussed research, it appears to help mediate some of the difficulties associated with aging and provides a complementary support to the systems of treatment already in place in health care institutions.

PhotoTherapy or Photography in Art Therapy?

Although the previously discussed research presents more general examples of art therapy in geriatric settings, the specific concern of this paper is the therapeutic application of photography in this milieu. Photographs are commonly used in art therapy as a medium because they are suitable for a variety of client populations. For many people, pictures and photographs have immediacy in sensory, intuitive and emotional terms that are not dependent on cognitive pathways (Killick & Allan, 2011). Within the geriatric population, photographs are valued therapeutically because they act as a tangible means for facilitation of communication, emotions and memories and in making other useful associations.

Despite these relatively straightforward-seeming benefits, there are a few semantic differences on what, exactly, photography in a therapeutic setting can mean. Krauss speaks of photography's function as providing a visual language that allows for an "illuminating [of] the metaphor," which certainly appears useful in a population that sometimes has difficulty with self-expression. Krauss extends this point in stating that "the symbolic and imagistic nature of photographs are less well defended against than language and are accessed, processed and understood in different ways than the verbal, predicating its use for specific clients" (as cited in Krauss & Fryrear, 1983, p. 14).

Perhaps related to this accessibility, Weiser (1993) argues that all photography can be therapeutic.

However, there are important distinctions to be made within the therapeutic paradigm. Weiser (1993) discusses the subtle differences between photography in art therapy and the more specific use of photography as therapy, known as PhotoTherapy. Stewart (1979) defines this concept as “the use of photography in a therapeutic setting, under the direction of a trained therapist, to reduce or relieve painful psychological symptoms, and as a method of facilitating psychological growth and change” (p.41). PhotoTherapy is typically conceived as a set of techniques that mental health professionals can employ in their interventions, without needing to be trained in photography.

The first of these techniques is photo-projective work, which involves using any photograph in which the client or therapist has an interest, as discussion-generating or as material for interpretation. The second employs album and photo-biographical snapshots for the purpose of documenting the personal narrative of one’s life. The third uses photographs of the client, posed or spontaneous, either taken by the client or by others, while the fourth involves photographs taken by the client of objects of value, interest, or concern. The final technique concerns those photographs of the client, which they had control in creating (Weiser, 1993). How photography functions in practice reflects upon the styles of different therapists, the many schools of therapy and the various ways in which patients themselves choose to use photography. The rationale behind the intervention of photography in art therapy stems from my clinical work at the hospital

and observing the benefits directly related to the older adult being an active participant in taking photographs that is not a necessarily a central component of PhotoTherapy.

Therapeutic Approaches

Although I admit to not being a purist in any therapeutic approach, I believe that an understanding of the many ways in which art therapy can be beneficial to a person's overall health is crucial in determining an intervention that suits a particular patient's needs. As a background to the proposed intervention, I will discuss three pertinent approaches that have been chosen for their apparent appropriateness, and potential effectiveness, in working with a geriatric population.

Psychodynamic Approach and Art Therapy

The psychodynamic approach to using photography in art therapy relies upon the role of the therapist and patient working together toward understanding what is interfering with the patient's ability to function more effectively (Rubin, 2001). The role of the therapist is to view the patient's art as a form of "symbolic speech" and in viewing patient photographs Weiser (1993) suggests that "the borders of every snapshot form both a window into the image and also a window into the viewer's mind" (p.56). Art therapy is concerned about the process and the meaning is to peel away the layers of defense and find one's true self. Therefore, "art can sometimes be more effective than words to allow patients to explore their pain, rage and grief" (Sommers-Flanagan, 2007, p.123). The spontaneous images created by patients provide a way to communicate what arises from the unconscious in a way that is less defended and intellectualized than verbal communication.

Halkola (2013) suggests that “there is an additional value of using photographs in traditional psychodynamic conversational therapy in that they bring a concrete object and symbol that can be perceived and worked with together by the client and the therapist” (p.29). Martin (2013) speaks about using photography in a traditional therapeutic frame and suggests that “using a nonjudgmental approach with competencies of active listening and open ended questions can enable a client to reflect upon their photos and verbalizations to make conscious their ways of seeing the world towards self-awareness” (p.69). This resonates with the idea and principle in psychotherapy that “the goal is always to help the patient make his or her own discoveries or interpretations” (Rubin, 2001, p.18).

In addition, the notion of mirroring and identity formation as theorized by Winnicott is mentioned by Martin (2013) in exploring how the therapist’s “therapeutic gaze” is likened to that of the “good-enough mother” (p.73). This gaze offered within a safe and contained environment emulates the gaze from the mother to child as they form a sense of being. According to Winnicott, the child depends on her mother’s facial responses to reflect his or her experience. The author describes this in terms of the simple first-hand reasoning that, “when I look I am seen, so I exist. I can now afford to look and see. I now look creatively and what I apperceive I also perceive” (p.134). Mills and Daniluk (2002) add that while mirroring enhances a feeling of connectedness in the client for the therapist it too enhances empathy of the therapist for the client (as cited in McGarry & Russo, 2011, p.180). Therefore, within the therapeutic alliance, the process of mirroring can help to integrate emotions. The use of photographs in therapy can also be akin to seeing oneself. Parrella and Loewenthal (2013) propose that the photograph

can act as the mirror as the therapist assists in helping the client to dialogue with the depths of the self. They suggest that “individuals search the world for images of themselves that are abandoned and forgotten” (p.112); thus, photographs in art therapy can expedite the process of facing unresolved past issues. I suggest that one-to-one psychodynamic therapy involving photography can be successful and suitable for individuals within hospitals. This method appears to be a useful way to work through the novel situations patients experience and to deal with long-seated issues that can re-emerge throughout the progression of an illness.

Person-Centered Approach and Art Therapy

Of course, the psychodynamic approach will not be appropriate for all patients. In some cases, other approaches, which target other key areas for treatment, must be considered. For instance, the person-centered approach might be considered more beneficial to clients who have difficulty with the level of disclosure and introspection inherent within the psychodynamic paradigm. This approach places a strong emphasis on trusting the patient, which can make for a more effective intervention for those in need of empowerment, such as those who feel dependent within health care settings. Working in this manner brings forth the notion of human connection that is achieved through “positive relationships and unique opportunities to express personal thoughts, feelings and stories in a safe and containing environment” (Lee & Adams, 2008, p.7) which adds to the impact that creative potential has in supporting a patient’s health.

The reason for this therapy for older adults, especially the many who are experiencing dementia, is to maintain an awareness of all aspects of their identity, personhood and wellbeing. Active participation in photography supports the progressive

thinking about individualized support that emphasizes quality care for those with dementia as “sustaining personhood of each individual in the face of advancing cognitive impairment and understanding that people with dementia rely on everyone in their surroundings to guarantee, replenish and uphold their personhood” (Lee & Adams, 2011, p.2). Personhood of an individual is described as different from personality and instead “represents a person having valid experience, living in relationships and being an originating source of activity” (Kitwood, 1998, as cited in Lee & Adams, 2011, p.2).

The concept of personhood and having an impact on the world coincides with the philosophy of person centered therapy. Rogers (2001) suggests that the foundation of person-centered therapy is the belief that every person has worth, dignity, the capacity for self-direction, and an inherent impulse toward growth. Thus, the use of photography as a unique and personalized treatment approach with geriatric patients is a viable means towards creation and expression. It is an inviting medium that involves using existing subjects. Because each photograph depicts a subject important to the patient, communication is made accessible and tangible. Photography allows the individual to actively pursue expression that can then be concretely articulated through pictures (Zwick, 1978).

Narrative Approach and Art Therapy

The narrative approach represents a more concentrated focus on the expressive nature of therapy using photography. This approach has its roots in social constructivism, and posits that the meaning-making experience that all individuals face can be aided by assigning meaning to our stories (Brown & Augusta-Scott, 1999). Unfortunately, this search for meaning can be somewhat impeded for those within an institutional health care

setting, in that the medical model tends to reduce people to their respective illnesses and treatments. In some cases, this erasure of experience can be seen as more detrimental to the patient's overall wellbeing than the illness itself (Brown & Augusta-Scott, 1999).

Richards (2008) suggests that “many people suffering from illnesses or disabilities are often rendered invisible as their narratives become the stories of illness rather than focusing on how the illness impacts the individual” (p.1720). However, art therapy can assist in delving into the constructing and telling of these stories. Malchiodi (2013) refers to art expression as a pathway for transforming feelings and perceptions into a new life story, thus creating a new sense of self and ultimately aiding one to adjust to and accept serious or life-threatening conditions. Re-authoring of one's life story can allow patients to explore their experiences and derive meaning from them, which differs from the dominant narrative of their illness or disability which is referred to as “posttraumatic growth” (Joseph, 2011 as cited in Malchiodi, 2013, p.9). This process can take on different outcomes for each person and may include aspects such as:

Development of new outlooks; discovery of answers to the unanswered questions; revisions in the way one lives life; creation of solutions or resolutions to personal struggles; creation of a new “post-illness” identity; or discovery of an explanation for why one's life has been altered by illness, disability, or physical trauma. It is a form of “meaning making” that can be ultimately helpful in an individual's adjustment and acceptance of serious or life-threatening conditions. (Malchiodi, 2013, p.9)

Part of the process of re-storying involves the patient externalizing the illness. It can be easy to adopt the identity of the problem and to feel guilty or blame oneself during

times of medical illness. Photography and art can construct different stories that can be used to provide insight into how the problem is not innately part of the person. Often this process focuses upon externalizing negative identity conclusions. In the process of externalization the problem it is turned into an object outside the person, emphasizing that the person is not the problem thereby creating a more empowering narrative, with the guidance of the therapist, to organize one's life and to create possibilities beyond the problem (Brown & Augusta-Scott, 1999).

Photography is a medium particularly suited to the construction of such narratives. Through photography the individual can actively pursue a better understanding of themselves as they can concretely clarify in pictures their unique response to the environment (Zwick, 1978). Photography in art therapy can provide a new pattern of thinking and behaving for those experiencing depressive symptoms by “changing the patient's thoughts and reactions, breaking free from the cycle of helplessness, thus creating new ways of relating to themselves and others” (Thyme, 2007, p.251). In addition, art expression is intrinsically therapeutic and while creating people can shift away from ruminating about the presence of the illness in their lives. This can be an enriching and transformative process as one can for the present moment forget that one is sick or disabled. The senior has the opportunity to find a new sense of hope, even in the most challenging of times (Malchiodi, 2013).

In light of the previously discussed research, all three approaches appear suitable and appropriate for working with this particular clientele. It is the role of the therapist to decide upon which approach is most appropriate for their patient in providing personalized care. Berman (1993) suggests that “whatever approach is utilized the main

importance is that the therapist has solid and thorough training that will enable her to cope with the patient's difficult experiences in therapy that can be triggered by [creative] photographic exploration" (p.51). The sincere belief held from my clinical training is that what appears to be most profound in utilizing art therapy is the aspect of human connection that is achieved through providing a safe and containing environment where unique opportunities to express deep thoughts, feelings and stories can be shared. One uses a combination of these approaches, as appropriate to the client, in order to relate to the client through verbal and non verbal responses and gain an understanding of the session dynamics within the therapeutic process.

Current Uses of Photography and Photographs in Art Therapy

In addition to those approaches previously discussed, photography is used within the art therapy paradigm in many ways. Typical ways and ideas of integrating photos in the art therapy process include collages, amalgamating photographs into two-dimensional artwork, incorporating old original photographs into new images by photocopying the old photo as well as adding words, drawings and poetry to the photographic images (Martin, 2013). A varied assembly of simple art materials play a significant role in encouraging this art making. Choosing materials that are easy to manipulate would be pertinent when considering the motility of geriatric patients. Suggested art materials are markers, pencil crayons, pencils, felt markers, scissors, tape, white glue, paints, plasticine, self hardening clay and various types and sizes of paper, all of which are materials typically stocked in an art therapy room.

The shared cultural value of photographs allow for photography to be employed in a myriad of ways within a therapeutic paradigm. It can be argued that these qualities

make photographs conducive to discussion of past events, referred to by Butler (1963) as life review. The life review process involves the use of photographs, paired with verbal sharing, to explore past life experiences, such as past conflicts, in the interest of finding meaning in one's life. For older adults, life review serves the purpose of helping them come to terms with the totality of their lives. Photographs are also particularly useful for this purpose in that they provide strong visual cues that can aid memory retrieval for those who have difficulty accessing memories.

Working from this context, Martin (2013) uses found images, and invites clients to choose one and then tell a story using the photo as a starting point. They can enter the space of the image, sometimes identifying with one of the individuals and inhabiting the imaginary space. What has been observed is that clients draw unconsciously from personal experience, or from their shared family history, in this storytelling process (Martin, 2013). A similar intervention, known as TimeSlips, also uses photographs for improvisational storytelling. Developed for individuals with dementia, it differs in that free-flowing imaginative narratives, rather than structured reminiscing, is encouraged (Killick & Allan, 2011).

These examples illustrate how photographs offer a tangible means for reflection, as well as projection, in the interest of bringing forth a patient's latent narratives. Clearly, photographs can be used as a channel and a catalyst for communication and expression. Because of this, I would like to draw attention to a few additional therapeutic programs that have inspired the creation of this intervention research about using photography with hospitalized older adults.

The Camera and Older Adults: An Empowering Way to ‘Capture’ Their Story

Aronson and Graziano (1976) describe a study which involved using a camera in a nursing home, during directed therapy sessions. This program used active intervention to shape assertive and independent behavior. Photography was employed as an organized activity in small groups to teach residents new skills and provide positive feedback. This particular medium was chosen for a host of reasons, which included increased interaction between clients, increased opportunity for intergenerational interaction, provision of a novel activity for clients who typically lack new experiences, the view that photography cannot be infantilized nor gender-restricted as well as the tangible self-reinforcement provided by a finished photograph, and its resultant feedback (Aronson & Graziano, 1976). The clients within this study reported a high amount of satisfaction, indicating that perceived mastery was a particular benefit.

Another study that employed photography with seniors was initiated by Zwick (1978), for patients within a restricted care setting. The purpose of the program was to use photographic exercises designed to encourage self-evaluation based upon the theory of self-awareness. Self-awareness is characterized by feelings of control and mastery over the environment, an experience described by Zwick (1978) as “at-oneness” (p.136). Zwick (1978) proposed that “the aging individual must come to terms with all their disabilities, whether they be physical, social or mental and encouraged to put their past and present in proper perspective to facilitate an understanding, awareness and possibility of a positive future.” He adds to this notion that “regardless of the lack of social structure provided for the aged, one must continue to strive towards goals and seek social interaction which can lead to a better understanding of one’s Self”(p.135).

This view parallels that of Stewart (1979) who suggests that “the treatment goals in PhotoTherapy generally center around the client’s awareness of self and ways that self-concept can be improved because without integrated gains in self-concept, other gains will be short-lived” (p.42). As Polaroid photography allows for instant feedback, Zwick (1978) argues that it can quickly produce personal growth. At the end of the study, Zwick was able to ascertain a change in awareness of the seniors who participated. Their early photographic reactions were quite passive with mundane photo-documentations that slowly turned into photographs that had new and imaginative vantage points and were more insightful as the participants spoke about them and began to assume multiple perspectives in dealing with the world (Zwick, 1978).

Using photographs as a means to communicate may perhaps be most appropriate to those who are not easily able to articulate or conceptualize in a lucid and clear way. It may be challenging to understand an individual, particularly a person with dementia or cognitive disability, using traditional verbal ways of interacting and communicating. This is the idea that Kershaw (2004) reflected upon while observing a lack of communication between people with dementia and mental health problems in her work with seniors over the years. She addresses how she “needed to find a way to enable people with dementia to be able to express themselves and emerge as the person behind the illness so as to encourage others to warm up to their personalities and to develop relationships with them” (p.66).

In response to this need, Kershaw (2004) organized a project that involved photographs being taken in the company of geriatric patients. Known as *Hiding Because I Didn't Like Porridge*, this project was a compilation of thoughts and feelings evoked by

photographic images from elderly people in a respite ward, most who suffered with some form of memory loss. It is unclear if the older adults were physically taking photographs, or if they held a more directorial role. Nevertheless, according to Kershaw (2004), the participants within this project were able to express themselves more readily through the use of photographs. They reported better overall quality of life, and increased agency in their lives, as a result of their participation in this project.

Lastly, a unique approach to using photographs and a camera is a method called PhotoVoice. For many years, it has been used by community photographers in working with young people and marginalized groups. PhotoVoice is a visual method that involves asking people to represent their lives, point of view and experiences using photographs and narratives (Lorenz & Chilingerian, 2011). Its reported successes can be attributed to its methodology, which focuses on “the potential of photography as a flexible and empowering tool that is at the same time accessible, therapeutic, influential and communicative” (“PhotoVoice,” 2013).

Such examples help to elucidate lived experiences of aging and illness and provide evocative ways of understanding illness and health care in a creative way. Martin (2013) suggests that the photograph is highly loaded with multilayered meanings and naturally offers reflectivity. In this case, taking the time to scrutinize an image provides an opportunity for contemplation. Therefore, photography in a therapeutic program can provide a milieu where older adults can take on a more active stance in their life process and self concept.

Function of Art Therapist

One essential factor in a therapeutic program is the trust built between the patient and the therapist. The therapist has key functions in ensuring quality care. Art therapists are trained and “skilled with knowledge of art materials, the creative process, psychological theories and psychotherapeutic techniques in encouraging creative expression, reflexive contemplation and the working through of personal challenges and problems” (Association des art-thérapeutes du Québec , 2013). These specific skills enable them to help a patient make sense of images, utilizing photographs and other art media, created in sessions. In addition, art therapists are geared towards understanding how all faculties of an individual work together within the process of creative expression. The paper will focus on two important elements within the client and therapist relationship that assist in the development and progression of therapy. These are holding and countertransference reactions.

Holding

The art therapist has a unique responsibility within the geriatrics unit in a hospital. The art therapist provides interventions which compliment medical treatment, assist his or her patients in coping with internal conflicts and facilitate opportunities for growth and change. These opportunities for growth are facilitated by the therapist through Winnicott’s (1971) concept of the “holding environment.” This unique environment is created by the empathic, safe and supportive responses of the therapist and “is the kind of space essential for authentic creativity as well as growth” (Rubin, 2001, p.344). The art therapist creates a holding environment through witnessing the senior’s struggles, holding

unconscious material in the image and demonstrating an empathic understanding of the many emotional responses related to the client's illness or life circumstances.

Rubin (2001) proposed that, “[the] growth process is characteristically cyclical-both regressive and progressive-with a tendency toward a kind of homeostasis and order which has both dynamic and static elements (p.3)”. It is imperative to be patient and to understand the importance of holding and timing in sessions. Timing is important in allowing for someone to practice and feel comfortable exploring with the camera and in creating images. It is also necessary to understand that being patient and sensitive means waiting for a client to feel safe in processing and contemplating their photographs and art work therapeutically (Berman, 1993). This patience and holding is crucial to this population, who benefit greatly through the safety and consistency of psychosocial care that offers a more holistic approach.

Countertransference Reactions

The art therapist is responsible for constant self-reflection. Smith (2004) suggested that “unconsciously, professionals working with the elderly can often be subject to the same feelings as their patients” (p.165). Smith refers to the idea of projective identification and states that

this can occur to such an extent that these feelings can manifest in the profile of that profession. Therefore countertransference to older people with mental health problems might include feeling invisible, lonely, helpless, isolated and having poor self-esteem. (p.167)

Moments like these in the therapeutic process warrant seeking supervision as essential for emotional distancing and de-identification, to remain separate from the patient's feelings

and to feel confident, in providing competent and effective work. Maintaining faith and trust in the inherent quality of art as healing and belief in the client's potential for growth, repair and healing is a foundation for the therapeutic alliance.

Guidelines for An Art Therapy Program Using Photography With a Geriatric Population

The proposed ideas focus on ways of working with a camera and offering ways of combining it with other expressive means such as writing or different art media. Important in the process of taking a photograph are the minute steps in between, from choosing what to photograph, how to position oneself and what gets included in the photograph, that produce a desired image. These small steps are important to discuss when navigating across the special circumstances with photography in a hospital with geriatrics. Two general guidelines are that the participant does not have to be a photographer or have had previous experience of using a camera and that the quality of the photographs is not the most important part of the process.

Environment/Frame

The hospital is not an ideal place for art therapy as there is limited privacy and space. Bearing this in mind, Rubin (1984) suggests that it is important to provide an environment that minimizes distraction and encourages creative expression. Keeping things consistent in the hospital can be challenging, however possible ways to promote predictability will assist in creating a feeling of security. Simple ways to establish this can be through sitting in the same spot, structuring each session with a check-in, art making and ending and maintaining sessions regularly despite inevitable interruptions. A balance between structure in the unpredictable medical environment and flexibility is key in providing secure boundaries and an opportunity for spontaneity and freedom. For

instance, moving outside of the patient's room can offer a space away from the shuffle of medical personnel and paraphernalia. It can also provide a patient with the chance to be mobile if they are restricted to their room or bed.

Art Materials

As stated previously, basic art materials and apparatus to adapt to those who face challenges manipulating and controlling the materials are necessary. However, I would like to explain about cameras as this adds to the knowledge base of different media applicable for art therapy. Depending on where the therapist is working, the institution may have cameras or the therapist will have to invest in supplying them. In addition, the peculiar advantages and disadvantages of each photographic device should be considered. For instance, disposable cameras cannot be developed immediately. This can inhibit therapeutic interventions which sometimes depend on immediate feedback, but can also be useful in helping patients anticipate and discuss a future event (i.e., the development of the photos). Digital cameras lack this disadvantage, in that the image is displayed on the camera's screen, but their price arguably limits their use for many therapeutic intervention sites.

Polaroid cameras are a popular photographic device within therapeutic interventions because they allow for a final product that is both tangible, like disposable cameras, and instantaneous, like a digital camera. These cameras have more recently been equipped with functions similar to digital cameras, such as displaying a preview image immediately after the photo is taken, while retaining the capacity to instantly print a photograph. In addition, images can be developed and printed with a personal-use

printer or through commercial printing stores, allowing for a process of anticipation similar to that offered by disposable cameras.

Setting up Conditions for Photography with Various Patients

When working with any geriatric patient, promoting autonomy is encouraged. Concentrating on current abilities, not losses, will provide reinforcement and positive feedback to regain faith in their capabilities and self-worth (Niswander, n.d.).

Photographs do not need to be technically-proficient to elicit therapeutic benefits.

However, making ‘mistakes’ in the process of taking photographs can be rewarding as it offers a metaphor for a person to speak about life challenges or unplanned situations.

That being said, the therapist should supply patients with some basic knowledge of the functions offered by the type of camera they are using, as well as proper ergonomics of the device, tailored to the specific needs of the patient. Examples of proper practice in this area abound and can include such basic instructions as guiding a patient on how to use a camera’s wrist strap to avoid fatigue or instructing clients with reduced vision on methods of taking photographs that are sensitive to their needs (e.g., using digital cameras that negate the need for viewing the shot at eye level).

It is important to note that the camera itself, and not merely the photographs taken, offer its own therapeutic potential. The proper operation of a sophisticated device such as a camera arguably affords dignity to patients who feel infantilized. Ideally, a therapeutic intervention involving this population would offer a variety of different cameras to clients. Although it might not be financially viable in many cases, this seems to be a useful consideration, in light of the challenges engendered by some of the difficulties faced by older adults. As an example, a client suffering from dementia might

prefer a disposable model because they are lightweight, inexpensive and intuitive in a way that could reduce their personal anxiety faced by operating a complicated device.

Another significant issue, one not related to the devices themselves, is one of space. Within a hospital setting, limited space is available to take photographs. However, patients can indeed find opportunities for photography in public areas such as lounges and gardens. Additionally, the patient's own personal space can become a photographic venue, with photographic opportunities offered by the view they experience from their window, as well as looking inside at their immediate surroundings.

Despite this lack of space when a number of patients photograph objects within the same venue, many unique perspectives of this setting are constructed. It can be argued that this multiplicity allows for variations of viewpoints not offered by an individual who is taking photographs alone. A group format also presents the opportunity for discussion of images. The chance to speak about selected photographs, provides an opportunity for patients to explain why they have chosen the image, what their process was in taking the photograph and how they were feeling, thus giving the therapist clues about the person's personality and the specific challenges they face as well as their strengths and coping potential.

Management of Age Specific/Environmental Challenges to Therapy

In working with seniors especially in these particular environments, there are certain challenges that can be managed to ensure that therapy emphasizes support and stimulation in a safe and consistent space. Firstly, when working with older adults, shorter sessions are suggested to allow for full engagement. Within these brief sessions, a focus on such pertinent concepts as long-term memory, sociability, creativity and humor

is essential (Agronin, 2010). Therapists must also be aware of their own ageism, as well as the possibility of internalized ageism of their clients. Wadeson (2010) poignantly illustrates the effects of internalized self-prejudice in recounting her work with patients suffering from depression. Wadeson states that the therapist's role was difficult for clients with self-prejudiced attitudes, in that these patients

believed that her judgment of them would be as harsh as the patient's judgment of him or herself. When experience accrued and the patients saw that she was genuinely interested in whatever they did, for its meaning to themselves, they began to internalize her approach and leave off judging themselves. (p. 134)

Thus, the therapist needs to be tactful and find techniques and ways to build a rapport with the patient to extend these limits and allow for expression.

One further concern is the privacy policies unique to certain health care settings. It is a reality that some facilities may have explicit policies regarding the taking of photos on the premises. It may be necessary to obtain clearance from the supervisor or hospital administration before taking photographs and prior to beginning any projects. The objective of therapy should be explained clearly and the therapist can explain that photographs are used solely for the purpose of therapy. They can specify that no photographs will include people and will remain confidential between patient and therapist to reduce any fears and hesitation toward confidentiality protocol in the hospital. Some ethical considerations to be aware of are that if the participant wishes to take a photograph of one or more people, they are required to obtain permission.

Intervention Structure

All of the previously discussed uses of cameras can be used in a variety of group compositions. These recommendations are appropriate for one-to-one sessions as well as small groups. Adaptations can also be made to include those with a variety of levels of cognitive functioning. However, it is recommended that volunteers be employed to ensure the safety of all individuals and that the participants receive appropriate encouragement within the setting. Another useful means of diversifying the group is to add an intergenerational component, whereby each participant is paired with a younger person, perhaps a volunteer. The possibility of soliciting the aid of clinical personnel, such as a Music therapist or an Occupational therapist, to provide additional support and knowledge in administering the intervention can also be beneficial in some cases. Individual sessions would be easier to facilitate based upon space and greater opportunities to have a patient attending on a consistent basis. However, the crux of such interventions is that they are defined as short-term therapy with consistency in scheduling, ranging from one or two sessions per week.

Treatment Goals/Objectives

There may be a variety of objectives in utilizing photography in therapy that stem from removing barriers and providing opportunities to be active in the immediate environment. Operating a camera can provide one with an opportunity to learn new skills promoting choice in what to photograph, how to photograph it and how to display it. This focuses on the expressive creativity of an individual allowing for communication, emotional perception and regulation. Creating photographs focuses on the individual's perspective, thus affirming their feelings of usefulness and uniqueness. In group settings,

photography can also deepen relationships among members. This building of relationships can then create a stronger sense of identity for patients. As discussed, a group setting also allows for patients to discuss their anticipation in developing pictures, where applicable. Overall, for older adults experiencing conditions related to aging, visual media can function as a new platform for communication as they participate as active agents in their health care.

A Sampling of Ideas for Using Photography in Art Therapy Sessions

The following are interventions that are not prescriptive and can be tailored to suit the needs and goals of the individual client employing the three specified theoretical approaches. These activities involve the employment of a camera and can be expanded upon through the use of other art materials that provide a patient with additional ways of expression at the symbolic level. In all activities the photographs can be used as the beginnings of the art and can then be added to in the form of collage, or using drawing or painting. In addition, the creative process can be enhanced through reflection and dialoging with the images which can be facilitated by the art therapist.

Photo Diary.

The objective of this activity is inspired by PhotoVoice. It employs the camera as a way to document one's hospital journey, making sense of one's illness experience by using the camera to piece together the client's internal and external world. Weiser (1993) indicates that "the 'self' of the photographer appears in every photograph taken because encoded in these tangible documents of reality are the photographer's feelings or what they saw that "made" them feel" (p.230). The photographs can then act as metaphors of self construction as a person attempts to make their life more comprehensible by placing

themselves in the role of observer of their own life (Weiser, 1993). The images may showcase aspects of that person's everyday life or new changes to which they are adapting. It can become a strategy in making sense and comprehending the unpredictable and monotonous aspects of hospital life. Thoughts, words and feelings can accompany the images adding on to their life story. Whatever emotions are associated with these life changing moments, the camera can be used as a tool to ease oneself into the transition. Sontag (1977) states that in a way "to photograph is to appropriate the thing photographed, putting oneself into a certain relation to the world that feels like knowledge" (p.3). Sontag continues to discuss this idea of ownership by stating that "a photograph is part of, and extension of that subject; and a potent means of acquiring it, of gaining control over it" (p.155). Providing an opportunity to document things or people in the environment would assist in processing one's relationship to the experience and facilitating some type of narrative and ownership of it.

Self-Portraits/ Body image.

Self-portraits by the patient, or taken by group members, can elicit and produce visual representations of mood or emotional states. Applying this technique can be quite difficult in that many people, especially those in populations typically facing difficult experiences, are hesitant to have photographs of themselves taken, or may be unwilling to confront the resulting photograph. However, this technique may be helpful for people in hospitals who have no other way of seeing themselves during their hospitalization and who can use a photograph to face the self and body and to document changes during stages of treatment.

Once again, some considerations must be made concerning the type of camera involved in this type of therapy. Digital cameras are strongly recommended in that they allow the patient to preview their self-portrait, and to make adjustments if necessary. Before beginning the photographing, time can be spent on exploring and discussing feelings about being observed or turning the camera inwards along with articulating how they might envision the final photograph(s). Despite its potential difficulties, this technique can generate an understanding of feelings and perceptions for some patients. Hogan (1981) mentions how

photographs were used to improve the self-image in client groups with learning disabilities, emotional disorders and physical handicaps to develop an awareness of the possible relationship between self-image and behavior and in photographing each other they could explore feelings about the self, other and environment (p.195).

Extending this activity to photograph one another would allow for someone to see themselves through another lens. As follows, if utilized in small groups where people are experiencing similar issues, the process has the potential to generate socialized interaction thus maintaining or reconstructing ego strength, increasing self-esteem and support.

Visual Mapping of Environment.

Aside from these more creative applications of photography within therapeutic interventions, the camera can also be used in sessions for practical purposes. It can, for example, offer individuals cues to trigger memories. The camera can also be helpful in assisting a person to recognize their environment, people and places. This function may

be considered more useful if the patient is allowed to take pictures of their immediate environment where applicable, for the purpose of establishing a mental and visual map of these surroundings. Upon developing these photographs, the patient can then choose to sort them in any order, which invites the use of problem-solving and concentration skills. This task in itself can potentially provide certain benefits in that, for those individuals experiencing a decline in emotional and behavioral functioning, such engagement can reduce anxiety and maintain a perception of control. In this vein, using photographs to validate a patient's reality can produce a sense of pride and self-efficacy.

Therapists should ultimately be sensitive to the particular needs of their respective patients. There are many other ways this can be demonstrated, such as having clients take photographs of settings outside the facility to enrich the experiences of those who cannot leave the premises. This gives those who are immobile an opportunity to experience the community and also allows the photographer to speak about the images, resulting in increased socialization and interaction. This process appears as though it can benefit patients in a number of ways, but also potentially medical personnel who work within the same space. It is quite possible that seeing tangible results of the patients' creative work may provide medical personnel with a more positive view of aging.

Discussion

Limitations

Through a theoretical analysis of relevant literature, the potential for addressing deficits in the psychosocial care of older adults in hospitals has been delineated. Given the scope of the current format, this paper was focusing on this specific clientele in effort to synthesize concepts from relevant theory and techniques to apply to the work of art

therapy. The intervention model has not been presented in a typical session-by-session format, instead it provides a general framework of guidelines and ideas for other clinicians to take further and adapt in work with other clientele.

Recommendations/Further Thoughts

As stipulated by Stumbo and Wardlaw (2011), “concern about the physical and mental changes that accompany aging are in the forefront of healthcare services and providers” (p.308). This paper has focused on integrating psychosocial methods into the preexisting framework of the medical model in treatment for seniors suggesting art therapy as a viable complementary approach. Furthering this research would entail completing steps 3, 4 and 5 outlined in the five step intervention approach. Thus, future research would involve refining and confirming intervention group components through practice tests, implementing the program within a geriatric unit of a hospital and finally disseminating the program findings and materials for others to replicate (Fraser & Galinsky, 2010). This intervention can be expanded to various clientele in day treatment programs or weekly activity groups for autonomous seniors who may face similar issues involving aging and deficits in holistic care. These gaps in care can be filled by more patient-centered knowledge in the area of aging and illness and can be addressed through this program by offering a space for creative expression. The use of photography with this population, and the research produced by such applications, will provide much-needed support and awareness for creative interventions in therapy, which may not be limited to those using photography.

Conclusion

What appears to be a keystone in the arts and understanding is the link with empathy which is reported to be an integral part in health care relations. As individuals

living within our own experiences and perspectives, it can be difficult to grasp or truly understand the experiences of others. However, with access to visual media depicting the world of the patient, it may be easier to imagine what their experience is like. Artistic or visual representations go beyond verbal knowledge and can change our capacity for understanding by changing the way we see, perceive and understand others and ourselves. Tamietto and de Gelder (2010) substantiate this idea as they suggest that the visual and emotional systems are interconnected making psychotherapies that make use of visual material especially successful and interesting. They present a basis for emotion processing as one of the main vehicles for change in psychotherapy thus the argument existing is that the use of emotionally meaningful visual material could enhance emotion processing and understanding (as cited in Karlsson, 2013, p.160)

Suggesting the use of photography in an art therapy context is one of the many expressive modalities that can be used in art therapy. I would also like to share the importance of the patient-therapist relationship that plays an enormous role in the art therapy process. In addition to the benefits of creative potential, the humanistic quality of the therapeutic relationship can be the reason or trigger for activating change within a client. The idea of being seen by another through the therapeutic gaze is enough to provide a context of safety, trust and acceptance as the therapist acts as a witness, nurturer and advocate.

Art therapy, more generally, offers a different perspective to health care in helping to alleviate difficulties and challenges in coping with physical, mental and emotional health as the art making and trusting relationship does not follow the same medical pattern of invasive prodding and painful tests. It can also act as a “sensitive

modality for exploring and expressing feelings of frustration, anger sadness and/or joy that is part of the recovery process along with relating to the changes in self-image and loss that can be brought about by illness or injury” (Wadson, 2010, p. 293). Specifically speaking, the use of photography in art therapy offers an additional means for clients to communicate in ways that produce the benefits traditionally seen in more typical art therapy methods. Through this paper, I provide some insight as to the potential benefits associated with using photography with geriatric patients in the hospital environment that will be of some service both to concerned practitioners and researchers seeking to explore new approaches to art therapy and the healing potential of art making.

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