

## Abstract

Women in midlife (ages 40–65) face a convergence of psychosocial stressors, including hormonal transitions, caregiving demands, identity shifts, and cultural invisibility, yet accessible, non-clinical supports remain scarce. This program evaluation examined whether participatory therapeutic photography, paired with brief written reflection and community witnessing, could function as an *art therapy-informed, strengths-based* intervention for this population. Five participants completed a week-long photography sequence structured around a challenge, reframe, and reflect arc, selecting three captioned images and a written reflection to represent their experience. Images were displayed in a digital frame installed where three midlife women served as community witnesses. The researcher collected data through a participant focus group, an individual interview, and a witness focus group. Thematic analysis (Braun & Clarke, 2022) yielded 76 codes organized into seven core themes and five cross-cutting pattern codes (art therapy-informed, strengths-based, participatory, community-based, and trauma-informed), confirming the program operated as designed. Captioning emerged as the most therapeutically potent element, facilitating emotional processing and cognitive reappraisal. Witnesses experienced empathy, connection, and gratitude. Notably, joy appeared only in witness data while participants described outcomes closer to hope, a distinction with implications for how strengths-based interventions are conceptualized. Over 800 women expressed interest in participating, underscoring demand for accessible creative interventions for midlife women. Findings suggest the model is feasible, replicable, and relevant for art therapy practice and future research.

**HER VOICE IN PHOTOS: EMPOWERING WOMEN THROUGH THE LENS OF  
RESILIENCE**

by

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B.A., Simmons College, 2002

Thesis

Submitted in partial fulfillment of the requirements for the degree of  
Master of Science in Art Therapy.

Syracuse University

May 2026

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## Acknowledgments

I am deeply grateful to my advisor, Dr. Emily Nolan, whose patience, kindness, and brilliance made this thesis possible. I'll admit I was the one doing the eye rolls when she assigned projects I thought at the time were "silly", but she would meet me with that calm, knowing look that said, "Just do it, and you'll see." She was always right. She taught me more than I ever expected, held space for me on the harder days, and refused to let me quit when I was more than ready to. She is an extraordinary art therapist, a gifted professor, and a cherished friend. I could not have done this without her.

I would also like to thank the faculty who shaped this journey: Dr. Jennifer DeLucia, Dr. Rochele Royster, and Dr. Pate, for making our experience as students meaningful and memorable. They brought their gifts into the classroom and shared them generously, cheering us on with patience and understanding through every challenge. I am grateful for each of them.

I am especially grateful to Julia Volonts, who served as my supervisor during my first internship and later as a committee member and reader on this thesis. From the very beginning, Julia extended trust and gave me the independence to create groups and try new ideas. Her patience and kindness extended well beyond the internship itself, and she continued to offer guidance and support through challenges that arose long after our time together officially ended. Having her as part of this process felt full circle.

I would also like to thank Bryan Bradford, Administrator of the Department of Creative Arts Therapy, for his patience, hard work, and steady support throughout these three years. He was always there when I needed him and made navigating the program so much easier.

To my cohort, CJ, M, and RJ: thank you for making me laugh, supporting the hard days, and cheering each other on every step of the way. You brought perspectives and life experiences

that expanded my worldview in ways I did not anticipate and will carry with me long after graduation. I am so grateful our paths crossed.

To my parents, Mom, Dad, Harvey, Terry and Henry: I am finally done with school at 48 years old. Thank you for everything!

To my husband, Ty, in the 27 years we have known each other, you have always been my rock and my biggest supporter through every endeavor and every career reinvention. You believed in me when I wasn't sure I believed in myself, and during these past three years you simply kept telling me I had this. You were right. Thank you for being there, for enduring three years of tuition payments, and for always giving me the space to follow my dreams and spread my free-spirited wings. I love you.

To my children, Tatum and Rex: I did my best over these past three years to be both the mother you deserved and a student who saw something through to the end. I know it wasn't always easy. I know there were Dad's dinners you had to tolerate, missed moments, and nights I was buried in coursework. But knowing how proud you were of me kept me going when nothing else could. I hope that watching me do this hard thing at this stage of life means something to you someday. I love you more than a gazillion worlds.

To the five participants and three witnesses who gave their time, their stories, and their trust to this project: this thesis exists because of you. Your willingness to be seen, and to see others, is at the heart of everything.

To HudCo Coworking, thank you for opening your space and making the installation possible. Your community spirit brought this project to life in a way that mattered.

And finally, in the spirit of two great philosophers of our time:

As Snoop Dogg once said while accepting an award: "I want to thank me for believing in me. I want to thank me for doing all this hard work. I want to thank me for having no days off. I want to thank me for never quitting (MTV Video Music Awards, 2021). In that spirit—to myself: for showing up on the hard days, for trusting the process even when I couldn't see the end, and for proving that it is never too late to do something that scares you and means something.

And as the great Elle Woods once said, "It is with passion, courage of conviction, and a strong sense of self that we take our next steps into the world. You must always have faith in people. And most importantly, you must always have faith in yourself" (Legally Blonde, 2001).  
Congratulations, class of 2026 – we did it!

## **Dedication**

*For every woman in midlife who has been overlooked, underestimated, or made to feel that her most interesting chapters are behind her.*

*This is for the woman navigating brain fog and board meetings, children and aging parents, identity shifts and reinvention, all at once.*

*You are not invisible. You are not done. This is just the next chapter.*

*This work is for you.*

## Table of Contents

Table of Contents .....	x
Operational Definitions and Acronyms .....	xi
Chapter 1 Introduction .....	1
Chapter 2 Literature Review .....	3
Chapter 3 Methodology .....	29
Overview .....	
Participants .....	
Procedure .....	
Materials .....	
Limitations .....	
Research Credibility.....	
Chapter 4 Results .....	36
Chapter 5 Discussion and Conclusion .....	44
Appendices.....	67
References.....	90
CV.....	93

## Operational Definitions and Acronyms

**Art Therapy-Informed:** Interventions that apply core art therapy principles, such as creative expression for self-reflection, externalization of internal experience, and meaning-making through image creation, without requiring clinical supervision or a formal therapeutic relationship.

**Cognitive Reappraisal:** The process of reinterpreting a situation's meaning to alter its emotional impact, supporting adaptive coping and emotional regulation (Gross, 2002; Clark, 2022).

**Community Witnessing:** The act of viewing and emotionally engaging with another person's visual narrative in a public or semi-public space, creating opportunities for empathy, validation, and shared understanding.

**Digital Frame Installation:** A rotating display of curated images shown on a digital screen in a community setting, functioning as both an exhibition space and a site of public pedagogy.

**Midlife Women:** Women aged 40 to 65, a developmental period characterized by biological, psychological, and social transitions including perimenopause and menopause, identity shifts, caregiving demands, and cultural invisibility.

**Narrative Identity:** The internalized, evolving story of the self that provides life with unity and purpose, constructed through organizing experiences into coherent sequences (McAdams & McLean, 2013).

**Participatory Photography:** A creative practice in which individuals are active co-creators rather than subjects, engaging directly in the design, creation, and meaning-making of their images. Distinguished from traditional Photovoice by its emphasis on private reflection rather than group advocacy.

**Phototherapy:** A specialized clinical practice in which a licensed mental health professional uses personal or family photographs as projective tools to help clients access and articulate inner experiences (Weiser, 1999). Requires therapeutic training and occurs within a clinical relationship.

**Strengths-based:** An approach that emphasizes resilience, adaptive capacity, and personal resources rather than deficits, symptoms, or pathology.

**Therapeutic Photography:** The intentional use of self-directed image-making to promote self-reflection, insight, and emotional well-being outside of formal clinical therapy (Gibson, 2018; Weiser, 1999).

**Tiered Consent:** A consent structure that allows participants to choose their level of public engagement, including options to keep images private, share in community installations, share on exhibition websites, or share on social media platforms.

**Transitional Space:** A psychological area between inner reality and external experience where creativity, play, and meaning-making occur; images function as transitional objects that bridge internal emotion and shared reality (Winnicott, 1971).

**Trauma-Informed:** Practices that prioritize safety, transparency, choice, and collaboration while recognizing the impact of trauma and avoiding re-traumatization (Herman, 2022; Badenoch, 2018).

**Witnessing:** The relational act of emotionally attending to another person's experience, affirming lived reality, and offering recognition that challenges cultural invisibility or marginalization.

### **Acronyms**

**FG1:** Participant Focus Group (four participants)

**P1:** Individual Participant Interview (one participant)

**SWAN:** Study of Women's Health Across the Nation

**WG1:** Witness Focus Group (three witnesses)

## Chapter 1

### Introduction

Women in midlife (ages 40–65) face a convergence of psychosocial stressors that often remain invisible within both clinical and community settings. These stressors include hormonal transitions, caregiving demands, workplace pressures, identity shifts, and cultural stigma around aging, which together create a period associated with increased vulnerability to mental health challenges (Kuck & Hogervorst, 2024; Thomas et al., 2018). Despite the prevalence of these issues, accessible non-clinical supports are limited, and midlife women's experiences are frequently overlooked in health promotion initiatives. Existing interventions often rely on clinical or advocacy-focused frameworks that require therapy credentials, group participation, or institutional infrastructure, leaving many women without access to reflective, strengths-based approaches to navigating this life stage.

To address this gap, *Her Voice in Photos: Empowering Women Through the Lens of Resilience* introduces a participatory therapeutic photography model that connects private digital reflection with community-based witnessing through digital-frame installations. In this context, "participatory" refers to a process in which participants are active co-creators rather than subjects, engaging directly in the design, creation, and meaning-making of their images, consistent with the participatory action research principles first outlined by Wang and Burrell (1997) and later expanded in health and community contexts by Catalani and Minkler (2010).

Building on this participatory foundation, therapeutic photography describes the intentional use of image-making to promote self-reflection, insight, and emotional well-being outside of formal clinical therapy (Weiser, 1999; Gibson, 2018). Unlike traditional therapeutic-

photography methods that rely on group facilitation or therapist involvement, the model used in *Her Voice in Photos* integrates an online digital platform that allows women to engage privately with prompts, select images that represent their journeys, and, through tiered consent, share their narratives in community spaces. This design offers an accessible, trauma-informed, and empowerment-focused tool that respects women's agency while encouraging collective validation and lowering stigma.

Collectively, these theoretical foundations shape *Her Voice in Photos* as an accessible, trauma-informed model grounded in empowerment and narrative integration. By bridging psychological, creative, and social dimensions, the project situates personal reflection within broader cultural witnessing. This program evaluation examined whether *Her Voice in Photos* could function as an art therapy-informed, strengths-based intervention for women in midlife. The following chapters present the literature informing this model, the methodology used to design and evaluate it, the findings that emerged, and a discussion of what those findings mean for art therapy practice and future research.

## Chapter 2

### Literature Review

This literature review draws together five strands of scholarship that collectively inform the project's development:

- (a) midlife women's mental health and social context;
- (b) theoretical and conceptual frameworks guiding reflective and resilience-building interventions;
- (c) photography as a reflective and therapeutic tool;
- (d) digital media and community witnessing; and
- (e) gaps in current models that this project seeks to fill.

The review emphasizes peer-reviewed sources most published after 2000 to ensure current relevance while acknowledging foundational scholarship that continues to inform contemporary practice.

The first section explores the psychosocial landscape of midlife, emphasizing hormonal changes, caregiving stress, identity shifts, workplace discrimination, and the cultural invisibility shaping women's experiences. This context establishes the rationale for developing accessible, supportive interventions that address both psychological and social factors. The second section reviews the theoretical frameworks that inform the model's design, including cognitive reappraisal and emotion regulation (Clark, 2022; Gross, 2002), narrative-identity development (McAdams & McLean, 2013), witnessing and transitional space (Winnicott, 1971), empowerment theory, trauma-informed principles (Badenoch, 2018; Herman, 2022), transformative learning (Taylor, 2007), and public pedagogy (Sandlin et al., 2011). Together,

these frameworks explain how reflective, art-based processes can foster emotional regulation, self-narration, and resilience.

## **Midlife Women's Mental Health and Social Context**

### **Psychosocial Challenges in Midlife**

The midlife period for women involves a complex intersection of biological, psychological, and social factors that together heighten vulnerability to mental health challenges. Thomas et al. (2018) analyzed longitudinal data from the *Seattle Midlife Women's Health Study*. They found that midlife women face overlapping stressors, including caregiving responsibilities, employment strain, physical changes, and a growing sense of invisibility. Many described feeling “caught” between supporting children and aging parents while managing their own transitions, illustrating the “sandwich generation” dynamic that creates persistent, cumulative stress. Li (2024) similarly emphasized that sandwich caregiving generates both external and internal pressures: women report increased stress exposure, reduced coping resources, and physical health declines tied to time scarcity and financial strain.

Kuck and Hogervorst (2024) added that the menopausal transition itself is a critical window for mental health intervention. Using large population samples, they demonstrate that depression, anxiety, and stress symptoms peak during perimenopause, interacting with social pressures to amplify psychological distress. Their work highlights the need for non-stigmatizing, accessible supports that address both biological and psychosocial aspects of women's experiences. Blackson et al. (2024) extended this by showing that women facing compounding adversities such as poverty, racial discrimination, and trauma exposure report significantly more severe menopausal symptoms and lower overall quality of life. These findings demonstrate that

menopause is not solely a biological process but one shaped by structural inequities and social context.

Colvin et al. (2014) identified additional risk factors through the *Study of Women's Health Across the Nation (SWAN)*, noting that women with a family history of depression are nearly twice as likely to experience major depressive episodes during midlife. This relationship between genetic predisposition and learned coping reinforces midlife as a high-risk stage requiring holistic, resilience-oriented interventions.

Beyond caregiving and biological changes, workplace pressures and gendered ageism further erode well-being. Research on older workers has found that approximately 78% of adults aged 40 and older have seen or experienced age discrimination in the workplace (Perron, 2021). For women, these experiences are compounded by gendered ageism, in which perceptions of declining appearance or relevance intersect with sexism to foster social invisibility, reduce economic stability, and undermine self-esteem (Clarke & Griffin, 2008; Isopahkala-Bouret, 2017; Westwood, 2023). Internalized ageism and medical gaslighting, where symptoms are dismissed or minimized, compound these effects, leading to isolation, mistrust of medical systems, and unaddressed distress.

Taken together, these studies position midlife as a pivotal and under-supported life stage where intersecting stressors converge. Despite clear evidence linking caregiving load, hormonal change, and social marginalization to poorer well-being, community-oriented, preventive interventions remain scarce. This gap underscores the need for accessible, trauma-informed, and strengths-based models that help women reframe their experiences of midlife through agency, reflection, and resilience rather than pathology.

### *Gaps in Support Systems*

Despite the well-documented challenges facing midlife women, existing support systems remain fragmented and difficult to access. Most available programs operate within medical or therapeutic settings that require a formal diagnosis, health insurance, or trained facilitators. These structural requirements create barriers for women who may not view their experiences as clinical or who lack the resources to pursue traditional mental health services. Current models tend to focus either on individualized clinical treatment or collective advocacy, leaving little space for private, self-guided reflection that values autonomy and personal meaning-making. This gap illustrates the need for alternative frameworks that bridge professional care and independent reflection, providing accessible, preventive options that meet women where they are.

Additionally, existing interventions, in my experience, rarely emphasize resilience narratives alongside accounts of challenge. Much of the research on midlife women continues to foreground deficits, symptoms, and decline rather than strength, growth, and adaptive capacity. This deficit orientation reinforces stigma and obscures midlife as a stage rich with potential for meaning-making, transformation, and empowerment. The absence of spaces for sharing stories deepens this invisibility; women's experiences often remain private or silenced, limiting the collective validation and connection that narrative exchange can foster.

The literature consistently calls for accessible, non-clinical interventions that facilitate self-guided reflection, normalize midlife experiences, and create opportunities for community witnessing and positive reframing (Thomas et al., 2018; Kuck & Hogervorst, 2024; Catalani & Minkler, 2010; Huber et al., 2023). I have learned through my master's training as an art

therapist that to be effective, these interventions must be trauma-informed, strengths-based, and designed to reduce stigma rather than reproduce it. *Her Voice in Photos* directly responds to these documented needs by offering a structure that is both private and visible, self-directed yet guided, and grounded in empowerment and resilience. By positioning reflective image-making as a bridge between personal introspection and social recognition, the model addresses a critical gap between clinical care and community connection.

## **Theoretical and Conceptual Frameworks**

### ***Emotional Regulation and Cognitive Appraisal***

Emotion regulation theory provides a foundational framework for understanding how individuals manage emotional experiences during periods of stress or transition. Gross (2002) distinguished between two primary strategies: cognitive reappraisal and expressive suppression. Cognitive reappraisal involves reinterpreting a situation's meaning to alter its emotional impact, whereas expressive suppression entails inhibiting emotional expression. Empirical findings demonstrate that reappraisal is linked to greater psychological well-being and social functioning, while suppression is associated with distress and relational strain. These distinctions hold relevance for midlife, when fluctuating biological and psychosocial stressors often challenge emotional stability. For intervention design, this evidence suggests that fostering reappraisal processes, rather than emotional avoidance, can strengthen resilience, promote adaptive coping, and enhance interpersonal connection.

Clark (2022) expanded on Gross's foundational work by illustrating how cognitive reappraisal functions in practice. He defines it as the capacity to change one's emotional trajectory by reinterpreting meaning, helping individuals transform painful experiences into

opportunities for growth and insight. Within *Her Voice in Photos*, this concept informs the reflective captioning prompts that guide participants to reframe challenges through photography and storytelling. By encouraging participants to describe what they see, notice, and feel in their images, the model builds intentional moments of reflection that support emotional regulation and cognitive reappraisal as part of creative engagement. Cognitive reappraisal provides the theoretical foundation for interventions that cultivate resilience, adaptive coping, and strengths.

### ***Narrative Identity***

McAdams and McLean (2013) defined narrative identity as the internalized, evolving story of the self that provides life with unity and purpose. During periods of transition, such as midlife, narrative coherence becomes especially important as individuals work to integrate new experiences, roles, and identities into their life stories. The authors note that coherence develops through constructing beginning–middle–end sequences, crafting redemption stories that transform adversity into growth, and identifying themes that link life events over time. Photography and captioning offer accessible tools for constructing this narrative, enabling participants to express experiences and organize them into meaningful sequences.

Narrative coherence is supported when individuals organize experiences into beginning, middle, and end sequences, turning fragmented moments into a unified story (McAdams, 2001). Choosing images that symbolize resilience and transformation engages the kind of redemptive storytelling that McAdams and McLean (2013) associated with psychological well-being. This process holds particular significance for midlife women navigating concurrent identity changes

related to aging, caregiving, work, and physical transformation, where the ability to construct a coherent self-narrative may be both most needed and most disrupted.

### ***Identity Theory and Social Identity Theory***

Identity theory and social identity theory together offer a framework for understanding how personal meaning and social recognition shape women's experiences during midlife. Identity theory focuses on how individuals make sense of themselves through internalized roles, values, and meanings (Stets & Burke, 2000). When life transitions disrupt these meanings, people rely on processes that help restore coherence and a stable sense of self. The reflective arc used in *Her Voice in Photos*, challenge, reframe, and reflect, supports this process by helping participants articulate how they understand themselves and how their experiences have shaped their identity. Selecting and captioning images encourages women to clarify personal meanings, strengthen role-based identity, and connect experiences to a larger narrative.

Social identity theory complements this view by explaining how group membership and cultural narratives influence self-perception. Hornsey (2008) described social identity as the part of the self that is formed through belonging to social groups and through the meanings attached to those groups within the larger culture. For midlife women, cultural narratives of invisibility or decline can negatively affect how they see themselves. Public witnessing through digital-frame installations counters these messages by offering social recognition and disrupting stereotypes. When community members encounter participants' images, they become part of a social process that affirms identity, reduces stigma, and fosters a sense of belonging.

Together, identity theory and social identity theory help explain why both personal reflection and community witnessing are necessary components of participatory photography.

Reflection supports internal coherence, while witnessing supports social validation, each reinforcing a more stable and empowered sense of self.

### ***Witnessing and Transitional Space***

Winnicott's (1971) concept of transitional space describes the psychological area between inner reality and external experience where creativity, play, and meaning-making occur.

Transitional objects act as bridges between the internal world of emotion and the external world of shared reality. Images work as transitional objects that make visible what might otherwise stay internal and unspoken. The process of taking, selecting, and sharing photographs creates a space where private experience becomes communicable, where feelings take shape, and where others can witness personal meaning.

When community members see participants' images in digital frame installations, they become witnesses to experiences that are often marginalized or unseen (Andrus, 2020; Arrigoni & Galani, 2021). Witnessing affirms lived experience, challenging the cultural tendency to dismiss or undervalue midlife women's stories. It creates chances for collective empathy and connection, turning individual stories into shared cultural knowledge. This dual structure (private creation and public witnessing) respects both the need for independence and the human desire for recognition and belonging.

### ***Empowerment Theory and Trauma-Informed Principles***

Empowerment theory emphasizes agency, choice, and the individual's capacity to shape their personal narratives. In participatory photography, empowerment is operationalized through participant-led image selection and tiered consent. Participants decide what to photograph, how to caption their images, which three photographs best represent their journey, and whether to

share their work publicly. This structure ensures participants maintain ownership of their stories, a defining feature that distinguishes this model from therapist-directed or advocacy-driven approaches.

Trauma-informed principles further guide the participatory photography model by prioritizing safety, transparency, choice, and collaboration (Herman, 2022). Herman's three-stage model of trauma recovery (establishing safety, reconstructing the trauma story, and restoring community connection) serves as a framework for promoting healing while preventing retraumatization. Participatory photography aligns with these principles by balancing challenge with resilience. Rather than emphasizing distress, the photography process invites participants to explore both adversity and strengths, supporting emotional regulation and cognitive reappraisal. Reflection prompts foster integration, while tiered consent and withdrawal options reinforce participant control at every stage.

Badenoch (2018) highlighted the centrality of relational safety in trauma recovery, noting that healing occurs within environments where individuals feel seen, heard, and valued. The project's witnessing component fosters this safety by positioning community members as empathetic observers rather than evaluators. Displaying participants' images in everyday spaces such as co-working environments and community centers allows for gentle, ambient witnessing that normalizes midlife experiences and honors the vulnerability required to share them. This approach situates empowerment and safety within both private and public dimensions of reflection.

### ***Transformative Learning Theory***

Taylor's (2007) review of transformative learning theory emphasizes how adults shift their frames of reference through critical reflection, especially during periods of transition.

Transformative learning occurs when individuals question prior assumptions, explore new perspectives, and incorporate these insights into revised worldviews. Midlife provides fertile ground for this process, as women navigate changing identities, evolving relationships, and new understandings of their bodies and futures. The reflective arc of participatory photography challenge, reframe, and reflect aligns closely with Taylor's description, offering structured opportunities for participants to examine their experiences, reinterpret their meanings, and form new insights.

Photographic practice serves as both a catalyst and a tool for transformative learning. Taking photographs invites participants to slow down, observe their surroundings, and attend to what captures their attention and why. Over time, recurring patterns may reveal values, priorities, or evolving perspectives. Captioning deepens this reflection by prompting participants to articulate what they see and feel, bringing implicit meanings to the surface. The combined effect is a process of visual and narrative inquiry that promotes cognitive and emotional reframing, a hallmark of transformative learning.

### ***Public Pedagogy and Everyday Aesthetics***

Sandlin et al. (2011) defined public pedagogy as the spaces, sites, and languages of education and learning that exist outside formal schooling. Public pedagogy occurs in museums, media, public art, and everyday cultural encounters, where people engage with ideas, stories, and values. The exhibitions of the photographs function as sites of public pedagogy by displaying participants' images in community spaces where viewers encounter them as part of their daily lives. This form of engagement differs from traditional education because it is voluntary, experiential, and emotionally resonant rather than didactic.

The educational power of the public displays lies in the ability of the images and what they represent to challenge dominant cultural narratives. By highlighting the resilience, complexity, and beauty of midlife women's experiences, participatory photography programs such as *Her Voice in Photos*, disrupt stereotypes of decline and invisibility. Viewers who might not otherwise engage with these stories encounter them organically, creating opportunities for reflection, empathy, and new understanding. Through this process, public pedagogy extends the project's impact beyond individual participants, transforming private narratives into shared cultural awareness and contributing to broader conversations about midlife and visibility.

### **Art Therapy Principles**

Core principles of art therapy use creative expression as a nonverbal means to encourage self-reflection, externalize internal experiences through artmaking, and gain insight through the process of creation. Kapitan (2017) described the multiplier effect of artmaking, showing how creative practices generate influence across personal, relational, and cultural domains. On a personal level, artmaking enhances self-awareness, emotional regulation, and meaning-making. At the relational level, sharing artwork fosters connection, empathy, and mutual understanding. Culturally, public art challenges dominant narratives and can promote shifts in collective consciousness.

Participatory photography applies the multiplier effect through its three-tiered structure: private reflection (personal level), community witnessing (relational level), and digital visibility (cultural level). Participants engage in private reflection by taking and captioning photographs that respond to prompts about challenge and resilience. This individual creative process supports self-awareness and cognitive reappraisal. When participants choose to display their selected

images in community spaces, the work enters the relational realm, where witnessing promotes empathy and validation. The possibility of broader digital visibility extends the work into the cultural realm, allowing participants' stories to challenge social perceptions of midlife women's experiences.

Art therapy principles also shape the trauma-informed design of the project. The emphasis on participant choice, tiered consent, and the balance between challenge and strength reflects core art therapy values of empowerment, safety, and respect for autonomy. Using visual media instead of relying solely on words acknowledges multiple forms of communication and makes the project accessible to individuals who may find verbal articulation difficult or limiting. By grounding participatory photography in art therapy principles, the project maintains a strong theoretical base while remaining accessible to nonclinical populations.

## **Photography as Reflective and Therapeutic Practice**

### ***Photovoice: Origins, Strengths, and Limitations***

Photovoice originated in the 1990s as a participatory action research method developed to help marginalized communities record their strengths, challenges, and lived experiences through photography. Wang and Burris (1997) introduced the approach as both a tool for assessing community needs and a means for advocacy, emphasizing that photography enables individuals to document, reflect on, and communicate their experiences. Traditionally, Photovoice involves group-based activities in which participants take photos in response to prompts, discuss their images collectively, and use shared insights to promote social or policy change.

Catalani and Minkler (2010) provided a comprehensive review of Photovoice in health and public health contexts, identifying its capacity to foster empowerment, advocacy, and community awareness. They highlight key strengths, including accessibility, the centering of participant perspectives, and the method's effectiveness in engaging policymakers. However, they also identify ethical challenges related to power imbalances, representation, and potential exploitation if participants' images are used without informed consent or direct benefit. These concerns point to the importance of participatory models that safeguard agency, authorship, and participant control.

Huber et al. (2023) observed that Photovoice continues to evolve across disciplines, from environmental sustainability to health promotion. While its flexibility is a strength, the group-based and advocacy-oriented design may not meet the needs of individuals seeking private, self-directed reflection. The emphasis on collective dialogue and policy impact, while valuable for systemic change, can limit opportunities for introspection and personal narrative development.

Photovoice provides both methodological foundation and conceptual lineage, yet my project intentionally diverges in purpose and format. Rather than focusing on advocacy, this thesis research emphasizes private digital participation, self-guided reflection, and participant-led curation. The goal is not policy reform but personal empowerment, narrative coherence, and collective witnessing that normalize midlife experiences. The evolution from public advocacy to reflective engagement expands participatory photography into a trauma-informed, bi-directional individual and community accessible model.

## **Therapeutic Photography: Reflection, Meaning-Making, and Clinical Uses**

Therapeutic photography uses the act of taking and reflecting on photographs to promote self-expression, meaning-making, and emotional processing. Unlike phototherapy, which involves therapist-guided use of personal or family photographs as projective tools (Weiser, 1999), therapeutic photography centers on participants actively creating images as a form of self-exploration. Gibson (2024) conducted an interpretive phenomenological analysis of a social work group program, finding that participants experienced photography as a safe medium for expressing difficult stories indirectly. The visual process helped externalize experiences that were too overwhelming to share verbally, creating psychological distance that supported reflection without re-traumatization.

Saita and Tramontano (2018) offered a comprehensive review of the therapeutic and clinical applications of photography in psychosocial contexts. They describe photography as existing at the intersection of self-expression and social meaning, enabling individuals to communicate inner states while engaging broader cultural narratives. Their analysis identifies several therapeutic mechanisms: externalizing emotion, fostering reflective distance, constructing narrative meaning, and enhancing communication between clients and therapists. The therapeutic mechanisms align closely with art therapy principles that use creative expression to access insight and healing.

Despite these benefits, therapeutic photography remains largely confined to structured clinical or group settings, often requiring facilitation by trained professionals. This structure can discourage individuals who prefer independent reflection or who do not identify as needing therapy. Moreover, traditional therapeutic photography tends to emphasize trauma or distress,

with less attention to resilience or growth. Participatory photography builds on therapeutic photography's core strengths, externalization, reflection, and narrative meaning-making—while removing barriers associated with clinical environments. Its self-directed format and emphasis on reframing challenges through resilience narratives position it as a reflective, non-clinical alternative.

Weiser's (1999) foundational work on phototherapy illustrates how personal photographs function as symbolic extensions of memory, emotion, and identity. In her approach, images act as projective tools that help individuals access and articulate inner experiences that may be difficult to express verbally. Weiser identified several core techniques, including *self-portraits*, *photo projection*, and *family album exploration*, all of which use imagery to externalize feelings and facilitate dialogue between the conscious and unconscious self. Phototherapy, however, is a specialized clinical practice that requires implementation by a licensed mental health professional trained to interpret visual symbolism and facilitate emotional processing safely.

Building on these principles, participatory photography adapts Weiser's insights for a non-clinical, self-guided framework. Participants' self-selected images serve as visual metaphors for their internal experiences, and the act of captioning them supports personal insight and narrative coherence without requiring professional intervention. By translating Weiser's concepts of projection and symbolic representation into a reflective, participant-led process, the project retains the therapeutic potential of image-making while situating it ethically within a non-clinical context.

## **Participatory Photography Beyond Therapy**

Johnson (2025) offered a contemporary analysis of participatory photography as a therapeutic practice rooted in community development rather than clinical care. Through case study methods, Johnson demonstrated that participatory photography fosters both personal reflection and social connection through the creation and sharing of images. Participants described using photography to process emotions, interpret experiences, and connect with others facing similar challenges. Importantly, Johnson's work positions participatory photography as an accessible and scalable practice that requires no clinical training or formal therapeutic relationship.

Research on smartphone photography extends this understanding of photography as a wellness tool. Chen et al. (2016) and Lee et al. (2021) found that intentional smartphone photography focusing on moments of meaning, beauty, or gratitude enhances emotional well-being and increases positive affect. These studies suggest that photographing itself, especially when guided by reflection, can serve as a small yet effective intervention for emotional regulation and mindfulness. The accessibility of this approach is reinforced by evidence showing that approximately 85% of adults in high-income, industrialized countries own a smartphone (Pew Research Center, 2022). Although ownership is somewhat lower among lower-income populations, most still have some form of access and often rely on smartphones as their primary or only means of connecting to the internet (Robinson et al., 2020). This widespread access supports the scalability of smartphone-based reflective practices while emphasizing the need to design digital wellness tools that address disparities in technology access. These findings

reinforce the idea that photography can be an accessible means of fostering reflection and well-being outside clinical contexts.

Community-based programs such as femLENS illustrate how participatory photography can support empowerment, skill-building, and collective storytelling for women and girls from economically and culturally diverse backgrounds (femLENS, 2021). femLENS operates as a facilitator-led, workshop-based model that teaches documentary photography techniques, encourages participant-driven narratives, and aims to expand women's representation within cultural and media spaces. Its structure relies on trained instructors, scheduled sessions, and group learning environments, positioning photography as both a community-development tool and a mechanism for addressing gendered misrepresentation in media. While this approach demonstrates the value of collaborative visual storytelling, it also depends on in-person workshops, facilitator expertise, and collective project development, which can create barriers for women who prefer private reflection, asynchronous participation, or non-advocacy-oriented engagement. Unlike femLENS, which is rooted in group pedagogy and media-focused activism, *Her Voice in Photos* is designed as a private, self-guided, resilience-building model that centers narrative coherence and emotional insight rather than documentary training or public advocacy. The femLENS model therefore highlights both the strengths of photography-based empowerment initiatives and the ongoing need for flexible, digital, trauma-informed formats that preserve autonomy and accessibility for midlife women.

Tillet and Tillet (2022) discuss a similar connection between therapeutic and community-based methods in *A Long Walk Home*, a Chicago project co-founded by art therapist and photographer Scheherazade Tillet. This program employs participatory photography and art-

making to aid Black girls and young women (ages 12–17) affected by sexual violence. Their approach combines art therapy principles within facilitator-led group sessions, showing how therapeutic photography can go beyond individual clinical environments to support community empowerment. However, like femLENS, the program's dependence on in-person facilitation, group pedagogy, and its focus on adolescent trauma survivors highlights the need for alternative models that support self-directed adult involvement, especially for midlife women navigating life changes unrelated to trauma.

The convergence of Photovoice, therapeutic photography, phototherapy, and participatory photography for wellness provides a comprehensive foundation for this project. The model developed in this research incorporates the strengths of these approaches while addressing their limitations. It is participatory, like Photovoice, but private rather than group-based; reflective, like therapeutic photography, but self-directed rather than practitioner-led; and strengths-based, emphasizing resilience and adaptive capacity rather than deficit or pathology. This synthesis positions the project as an accessible, privacy-respecting, and agency-centered approach that builds upon, yet diverges meaningfully from, existing participatory photography models.

## **Digital Media and Community Witnessing**

### ***Digital Frames and Public Screens***

The use of digital screens in public spaces has become an important tool for promoting community engagement, storytelling, and informal learning. Fredericks et al. (2015) examined how digital public screens and installations strengthen community bonds by showcasing local content, encouraging interaction, and fostering shared cultural experiences. Their findings show

that digital displays in everyday settings, such as transit stations, libraries, and community centers, can reach diverse audiences who might not participate in formal cultural or educational programs. However, most existing projects feature content curated by designers or institutions rather than created by community members themselves.

Charitonidou (2022) extended this work by analyzing how interactive digital installations can foster reflection for audiences. She suggests that these installations function as reflective mirrors that invite viewers to reconsider their perspectives and sense of presence. Digital media is used as a catalyst for active reflection, rather than passive consumption, and can align with the goals of participatory photography projects. When community members encounter participants' images and captions on digital frames, they enter a reflective space that encourages connection, empathy, and awareness of shared experiences.

The innovation of participatory photography lies in its integration of participatory input with public digital display. Unlike institutionally curated installations, this model centers participants' voices by allowing them to select the images that represent their journeys and to decide whether their work is displayed publicly. The combination of private submission, researcher curation, and public display creates a structure that respects privacy while fostering collective witnessing, reducing stigma, and building community empathy.

### ***Witnessing, Memory, and Dialogic Engagement***

Arrigoni and Galani (2021) examined how museums use digital interactive displays to create spaces for dialogic remembering and public witnessing, particularly in contexts of memory, trauma, and historical injustice. Through case studies from Holocaust and memory museums, they show how digital media allows visitors to engage with personal stories in ways

that promote empathy, reflection, and dialogue. The authors argue that digital technologies can transform witnessing into a dialogic practice that invites emotional participation and ethical engagement, shifting viewers from passive observers to active participants.

Although Arrigoni and Galani (2021) focused on historically traumatic material, their insights into the dynamics of witnessing directly inform the development of thesis research. In their framework, witnessing involves emotional presence, ethical awareness, and an openness to being affected by others' experiences. Digital displays enhance this process by fostering intimacy and accessibility, allowing viewers to connect with narratives in a personal way. Community witnessing through digital frames invites viewers to engage with midlife women's stories in this same spirit through empathy, awareness, and reflection.

Dialogic engagement positions witnessing as a reciprocal process. Viewers bring their own experiences and assumptions into conversation with participants' images, creating space for mutual recognition and shared understanding. By situating these encounters in everyday community environments rather than formal galleries, the work normalizes reflection and makes the act of witnessing accessible to broader audiences, integrating empathy and awareness into daily life.

### ***Curated Digital Storytelling and Privacy***

One of the key innovations of participatory photography is its use of tiered consent and participant-led curation, which balance the benefits of public storytelling with the need to safeguard participants' privacy and autonomy. Participants have full control over whether their images remain private, appear in digital frame installations, or are shared on social media or

other digital platforms. This consent structure allows participants to engage in reflective photography without pressure to share publicly, while offering those who wish to contribute to community witnessing the ability to do so on their own terms.

The participant-led selection of three images from a set of up to ten photographs reinforces both privacy and narrative coherence. Instead of displaying all images created, participants curate their own visual story by selecting the beginning, middle, and end of their journey. This process enables them to determine which aspects of their experience to reveal, emphasizing resilience and transformation rather than only vulnerability. It also encourages reflective meaning-making, as participants consider how their chosen images work together to communicate a cohesive story.

This approach to digital storytelling directly addresses ethical concerns raised in the Photovoice literature about representation, authorship, and the potential for exploitation (Catalani & Minkler, 2010). By centering participant agency and control, each effort of taking, selecting, and displaying photographs ensures that storytelling aligns with participants' intentions rather than institutional or researcher interests. The digital frame installation becomes a space where participants' voices are amplified responsibly, allowing personal narratives to contribute to collective understanding without compromising privacy.

## **Gaps in the Literature and Rationale for the Project**

### **Absence of Integrated Models**

Based on my review of peer-reviewed literature in art therapy, participatory photography, digital storytelling, and women's health, no current model integrates private digital reflection,

participant-led curation, and community-based display. Photovoice remains primarily group-focused and advocacy-oriented, requiring guided sessions and collective efforts directed toward policy change. Therapeutic photography typically occurs in clinical or structured group settings, often under professional supervision, with an emphasis on pathology rather than on strengths. Public digital installations, meanwhile, are generally curated by institutions, offering limited opportunities for participant authorship or self-determination.

The critical gap emerges at the intersection of these approaches: the absence of a model that is private yet visible, self-directed yet structured, and reflective while still community centered. *Her Voice in Photos* addresses this gap by offering a digital platform that enables participants to engage privately with reflective prompts, process experiences through photography and captioning, and share curated stories publicly if they choose. This structure preserves autonomy and privacy while fostering collective witnessing and validation, expanding participatory practice beyond both clinical and advocacy frameworks.

### **Limited Research on Participatory Digital Storytelling for Midlife Women**

Although participatory photography has been applied across diverse groups and settings, few studies focus specifically on midlife women or use digital storytelling platforms designed for this population. Most existing research focuses on youth, marginalized groups, or clinical contexts; this has led to a significant underrepresentation of the lived experiences of midlife women in participatory photography scholarship. This gap is significant given that midlife is often associated with increased psychological stress, social invisibility, and identity transitions (Kuck & Hogervorst, 2024; Thomas et al., 2018).

Research on digital storytelling for health promotion often overlooks the unique challenges and strengths of midlife women, which leaves potential for developing a participatory digital storytelling model specifically tailored to this demographic. By integrating theoretical frameworks such as narrative identity, transformative learning, and cognitive reappraisal, and situating the intervention within the psychosocial realities of midlife transitions, a platform emerges to address the unique challenges faced by and strengths of women in midlife. By focusing on this underserved group, participatory digital storytelling can provide new understanding, promote reflection, resilience, and empowerment during a pivotal stage of women's lives.

### **Need for Trauma-Informed, Non-Clinical, Scalable Models**

Existing interventions for midlife women's mental health generally operate within clinical environments that require formal diagnoses, therapeutic relationships, or group facilitation. Although these approaches are valuable, they can create barriers for women who do not identify as needing clinical care, lack access to mental health services, or prefer independent reflection. The literature demonstrates a clear need for trauma-informed, non-clinical models that are accessible, scalable, and grounded in empowerment and participant agency.

Researchers have called for self-guided frameworks that do not require clinical expertise, formal training, or group participation to promote accessibility (Thomas et al., 2018; Catalani & Minkler, 2010). Smartphone-based engagement and asynchronous digital platforms offer promising avenues for broadening access. Structured prompts and tiered consent processes can incorporate trauma-informed principles while reducing the need for therapist oversight, and

participant-led curation can ensure that shared images reflect agency and personal control over narrative disclosure.

### **Scalability and Systemic Impact**

Beyond individual outcomes, existing participatory photography models offer limited attention to scalability and systemic replication. Most initiatives function as one-time projects rather than sustainable programs with broad applicability (Catalani & Minkler, 2010; Huber et al., 2023; Johnson, 2025), pointing to a need for flexible, digital frameworks that can be adapted across populations and contexts.

### **Summary**

This review synthesized research across five interconnected areas to establish the theoretical, methodological, and empirical foundations for this thesis research. The first part outlined the psychosocial challenges faced by midlife women, including hormonal changes, caregiving stress, identity shifts, and cultural stigma, while identifying the lack of accessible, non-clinical support systems. The second part examined the theoretical frameworks guiding the model's design, including cognitive reappraisal, narrative identity, witnessing and transitional space, empowerment theory, trauma-informed principles, transformative learning, and public pedagogy. Together, these frameworks emphasize participant agency, narrative coherence, strengths-based reflection, and the potential for personal and cultural change through creative expression and shared storytelling.

The third section explores digital media and community witnessing, showing how public digital displays can foster connection, empathy, and informal learning. Research on interactive installations and dialogic witnessing demonstrates that digital technologies can transform audiences into active participants rather than passive observers, promoting reflection and perspective-taking. However, most projects still feature institutionally curated content instead of participant-driven contributions, highlighting the importance of combining participant-led curation with public display.

The fourth section looks at participatory and therapeutic photography practices, showing how they have changed from Photovoice's focus on advocacy to newer uses in health promotion and community development. While these methods demonstrate the empowering potential of photography, they also reveal limitations tied to group settings, clinical environments, and advocacy goals that may not suit individuals seeking private, self-guided reflection. Art therapy principles, particularly Kapitan's (2017) multiplier effect, provide a conceptual framework for understanding how creative expression can influence personal, relational, and cultural domains.

Finally, this review identifies three central areas for growth in the literature: the absence of models combining private digital reflection with community-based display, limited research on participatory digital storytelling for midlife women, and the need for trauma-informed, non-clinical, scalable interventions that emphasize participant agency. By situating the current research at the intersection of participatory photography, digital community engagement, and art therapy theory, this review establishes the rationale and theoretical foundation for a model that promotes reflection, resilience, and empowerment among midlife women.

The convergence of these literatures underscores a clear opportunity to develop and evaluate a participatory photography model that is private yet visible, self-directed yet structured, and reflective while also community oriented. Designed with attention to trauma-informed principles, narrative coherence, and cultural relevance, this research offers a framework that supports both individual growth and collective awareness. The following methodology section explains how these theoretical and empirical foundations were implemented into a feasible, acceptable, and empowering intervention for midlife women.

## Chapter 3

### Methods

#### Introduction

This chapter details the design, implementation, and evaluation of *Her Voice in Photos*. The project included a participatory photography process that supported reflection and resilience for women aged 40 to 65, and it explored how curated images shared through a digital frame installation shaped the experience of community witnessing. The program feasibility model was grounded in qualitative, arts-based, and participatory research methods (Kapitan, 2017; Leavy, 2020; McNiff, 1998). I selected this approach because it aligned with the project's goal of examining meaning-making, narrative development, and lived experience through creative engagement. The following research questions guided the project design, procedures, and analysis.

#### Research Questions

1. How did midlife women experience reflective photography and captioning as a process that fostered emotional insight, narrative coherence, resilience-building, and well-being, including joy?
2. How did witnesses experience the digital frame installation, and how did viewing the images affect their perceptions of midlife women and their own sense of connection and well-being?
3. What aspects of *Her Voice in Photos* support feasibility, accessibility, and acceptability as a trauma-informed, non-clinical model?

## **Project Design**

I used a qualitative program evaluation design implemented in two phases: a photography sequence to elicit reflective narratives (Photography Phase) and a witness focus group to explore audience responses to curated images (Witness Phase). Guided by art therapy and participatory visual research approaches (Kapitan, 2017; McNiff, 1998; Reilly et al., 2018), the design integrated arts-based creative expression and reflective documentation to assess the feasibility, accessibility, and acceptability of the program.

**Photography Phase.** Six women were recruited for the photography phase. One participant withdrew before completing the sequence, resulting in five participants who completed the full three-part photography process based on reflective prompts and digital submissions.

**Witness Phase.** Three midlife women viewed selected images from the photography phase in a digital frame installation and subsequently participated in a focus group discussion.

The photography sequence followed a challenge, reframe, reflect arc, drawing from cognitive reappraisal theory (Gross, 2002) and narrative identity research (McAdams & McLean, 2013). The design balanced private reflection with community acknowledgment.

## **Participants and Recruitment**

Six women aged 40 to 65 were recruited for the photography phase through community postings and social media outreach (Appendix A). All six consented to participate and began the photography sequence. One participant withdrew before completing Stage Two, resulting in five participants who completed all three stages and submitted final curated images.

Eligibility included identifying as a woman within the relevant age range, having access to a smartphone or camera, and agreeing to be recorded. Interested individuals received an

invitation (Appendix B) and an electronic consent form (Appendix C). After reviewing and providing consent electronically, participants received project instructions, submission links, and prompts.

Witness phase participants were also women aged 40 to 65 and were recruited through HudCo Coworking space (Appendix D). Witnesses were not familiar with the photographers. Prior to the focus group, the oral consent script was emailed to all witnesses for review. At the start of the focus group, each witness verbally confirmed their agreement to participate before the session began (Appendices E and F).

## **Procedures**

**Photography Phase.** Participants received a single set of instructions (Appendix G) that guided them through a week-long reflective photography process. The instructions asked participants to choose a real challenge in their life and take photographs in response to two linked prompts: (1) Challenge—images that expressed the challenge they were experiencing, whether literal or symbolic, and (2) Resilience and Reframing—images showing what helped them cope, heal, find meaning, or move through the challenge. Participants uploaded up to 10 captioned photographs and selected three images that reflected the beginning, middle, and end of their experience. As part of the electronic consent form, participants selected from four consent options and could choose more than one: keeping images private, sharing images on the digital frame at HudCo Coworking, sharing images on the exhibition website, or sharing images on social media. After uploading their materials, participants attended a scheduled Zoom interview or focus group that supported reflection and meaning-making.

As the researcher and facilitator of this program, I occupy a dual role that warrants acknowledgment. I am a woman in midlife myself, and the questions this research explores,

identity, resilience, and the search for meaning during a period of transition, are ones I have lived. This positionality informed my investment in the project and my capacity for empathic engagement with participants, and it also introduced the possibility of bias in my interpretation of the data. I addressed this risk through reflexive journaling, ongoing consultation with my research advisor, and a commitment to grounding interpretations in participants' own words rather than my assumptions about their experiences. This positionality is returned to in the Limitations section.

**Witness Phase.** I created a digital frame installation at HudCo Coworking in Dobbs Ferry, New York, displaying three photographs per participant along with a short personal reflection. Each set of three images was selected by the participant to represent the beginning, middle, and end of her photographic narrative. Informational slides describing the project and contact information were also included. Witnesses viewed the installation and subsequently participated in a one-hour focus group. Discussions explored empathy, personal reflections, and perceptions of midlife experiences and were recorded with verbal consent.

### **Data Collection and Analysis**

Data included interview transcripts and focus group transcripts. Three data sources were analyzed: a participant focus group with four of the five participants who completed the photography sequence (FG1), an individual interview with the fifth participant (P1), and a witness focus group with all three witnesses (WG1). Although photographs and participant captions provided contextual information, they were excluded from formal coding to prioritize participants' verbal meaning-making and to avoid interpreting visual or written material beyond participants' articulated experiences.

I conducted qualitative data analysis using a thematic analysis approach informed by Braun and Clarke (2022) and guided by the systematic coding procedures outlined in *The Coding Manual for Qualitative Researchers* (Saldaña, 2013). I read the transcripts multiple times to support familiarization with the data. I generated initial codes using first-cycle coding methods, yielding 76 individual codes. After independently identifying these 76 codes through close reading of the data, I used an AI language model (Claude, Anthropic) as an organizational tool and thinking partner to sort and structure codes into thematic categories. The AI did not generate codes or interpret meaning; final thematic interpretations are my own. I then conducted second-cycle pattern coding (Saldaña, 2013) to organize these codes into broader thematic structures. This process produced seven core themes, three sub-themes nested under one umbrella theme, and five pattern codes that described how the program operated across the data. Throughout the analytic process, I maintained a reflexive journal to support reflexivity and transparency. Interpretation of themes was informed by the theoretical frameworks of cognitive reappraisal (Gross, 2002), narrative identity (McAdams & McLean, 2013), and empowerment (Kapitan, 2017). All interview guides, consent forms, prompts, and recruitment materials appear in the appendices.

## **Materials**

The study made use of several digital tools to support both the photography and witness phases of the program. Participants submitted their photographs, captions, and written reflections through JotForm, a secure online submission platform. JotForm was selected for its accessibility across devices, though some participants encountered difficulty uploading images from mobile phones, which is noted in the Discussion.

The digital frame installation at HudCo Coworking was displayed on a Skylight digital frame with remote access capability, which allowed the researcher to manage and update content from off-site. Each participant's three selected images and personal reflection were formatted into a rotating slideshow, along with informational slides describing the project and providing contact information.

Focus groups and individual interviews were conducted via Zoom and recorded using Zoom's built-in recording feature, except for the witness focus group, which was conducted in person at HudCo Coworking and recorded using Otter.ai. Audio recordings were used for transcription; video recordings were deleted immediately following audio extraction. Transcripts were generated and reviewed for accuracy before coding. No specialized art materials were required for participant engagement; all photography was completed using participants' personal smartphones.

### **Research Credibility**

Because the study involved human subjects, I received approval from the Syracuse University Institutional Review Board (Expedited Review, IRB #25-354). Participants provided electronic consent before data collection. Witnesses received the oral consent script via email prior to the focus group and verbally confirmed their agreement to participate at the start of the session. Interviews and focus groups were recorded only after obtaining verbal consent. Digital files were stored on encrypted, password-protected drives, and identifiers were removed from transcripts. Participants and witnesses were assigned pseudonyms to protect confidentiality. Photographs were stored securely and displayed only according to participants' tiered consent

selections. Participants and witnesses could withdraw at any time without penalty. The trauma-informed structure emphasized reflection and strengths rather than distress to minimize risk (Herman, 2022).

I strengthened research credibility through reflexive journaling, consistent documentation of analytic decisions, adherence to Braun and Clarke's thematic analysis procedures, and consultation with the research advisor to reduce bias and support methodological transparency (Braun & Clarke, 2022; Creswell & Poth, 2018). To further validate the findings, I conducted member checking by emailing a summary document of the themes and findings to all participants and witnesses, who each confirmed via email reply that the interpretations accurately reflected their experiences (Creswell & Poth, 2018). This process supported the trustworthiness of the analysis and ensured that the interpretations remained grounded in participants' and witnesses' own perspectives.

### **Summary**

This chapter described how *Her Voice in Photos* was designed, implemented, and evaluated. It reviewed the research questions, project structure, participant recruitment process, reflective procedures, and qualitative data collection and analysis steps. Ethical considerations, including consent, privacy, and trauma-informed practices, were outlined in detail, and limitations were described to clarify how the project's scope shapes interpretation of the findings. Overall, the methodological framework in this chapter provides the foundation for understanding how participatory photography supports reflection, narrative coherence, and

resilience. This foundation prepares readers for the next chapter, which presents the thematic results from participant and witness focus group discussions.

## **Chapter 4**

### **Results**

This program evaluation examined whether a participatory photography practice, paired with brief captioning and written reflection, could function as an art therapy-informed, strengths-based intervention for women in midlife. Six participants were recruited and began a week-long photography process in which they responded to a structured prompt, took photographs, and wrote brief reflective captions. One participant withdrew before completing Stage Two. Each of the five participants who completed the sequence selected three photographs to represent the beginning, middle, and end of their experience.

These images were displayed in a digital frame installation at a co-working space, where three witnesses, all women in midlife who had not participated in the photography process, viewed the work.

Data were collected from three sources: a participant focus group with four of the five participants who completed the photography sequence (FG1), an individual interview with the fifth participant (P1), and a witness focus group with all three witnesses (WG1). All sessions were audio recorded and transcribed. Initial coding of the transcripts yielded 76 individual codes, which were then organized through second-cycle pattern coding (Saldaña, 2013) into seven core themes, three sub-themes nested under one umbrella theme, and five pattern codes. What follows is a presentation of these findings.

## Thematic Findings

The 76 codes are organized into seven core themes: *Photography as Therapeutic Process*, *Brief Reflection/Captioning*, *Reframing and Resilience*, *Emotional Processing and Regulation*, *Community Witnessing and Connection*, *Accessibility and Engagement*, and *Midlife Women's Identity*. Of these, Emotional Processing and Regulation operated as an umbrella theme, encompassing three sub-themes that represented the specific emotions that surfaced through the program: *Grief and Loss*, *Vulnerability and Authenticity*, and *Joy, Gratitude, and Presence*. Table 1 presents each theme alongside its description and the distribution of codes between participant and witness data.

**Table 1**

*Seven Core Themes with Sub-Themes and Code Distribution by Group*

<b>Core Theme</b>	<b>Description</b>	<b>Participant Codes</b>	<b>Witness Codes</b>
<b>Photography as Therapeutic Process</b>	How photography functioned as a therapeutic tool: identity exploration, instinctive healing, accessing suppressed material, embodied knowing, and continued processing through image review.	10	3
<b>Brief Reflection / Captioning</b>	How the captioning and written reflection process operated: captioning as therapeutic mechanism, slowing down, translating feeling into language, subjective meaning-making.	8	0
<b>Reframing and Resilience</b>	How participants and witnesses reframed their understanding of challenge and resilience: metaphor, intuitive engagement, trusting the	7	3

	creative process, personalizing resilience, viewing difficulty differently.		
<b>Emotional Processing and Regulation</b> (umbrella theme)	The emotional experiences activated by the program. This theme serves as an umbrella over three sub-themes: Grief and Loss; Vulnerability and Authenticity; and Joy, Gratitude, and Presence.	11	8
Grief and Loss	Grief dissolving ambition, grief opening the door to creative expression, creative practice for trauma recovery, loss of self, intergenerational loss, grief surfacing through witnessing.	4	2
Vulnerability and Authenticity	Fear of judgment, internalized self-doubt, navigating self-disclosure, prioritizing emotional truth over aesthetic quality, authenticity as both beautiful and devastating.	6	2
Joy, Gratitude, and Presence	Existential gratitude catalyzed by witnessing, choosing presence over distraction, resilience embedded in ordinary endurance.	0	3
<b>Community Witnessing and Connection</b>	The relational and communal dimensions of the program: emotional time travel through viewing, empathic bridging, identification through visual storytelling, gratitude for feminine community.	2	7
<b>Accessibility and Engagement</b>	How the program model was accessible: phone-based participation, no artistic skill required, meaningful amateur image-making, desire for continued engagement, demand for replication.	3	4

<b>Midlife Women's Identity</b>	Experiences specific to women in midlife: self-focus as unfamiliar territory, liminality, competing demands, sensitivity to medicalized language, creative longing.	3	3
<b>Total</b>		<b>44</b>	<b>30</b>

*Note. Emotional Processing and Regulation serves as an umbrella theme. Its sub-themes are included within the umbrella total. The total row excludes the umbrella parent count to avoid double-counting. FGI = Participant Focus Group; P1 = Individual Participant Interview; WG1 = Witness Focus Group.*

### **Second-Cycle Pattern Coding**

In addition to the seven core themes, second-cycle pattern coding identified five pattern codes that ran through the data: art therapy-informed, strengths-based, participatory, community-based, and trauma-informed. Rather than standing as separate themes, these pattern codes describe how the program operated. Table 2 summarizes how each pattern code appeared across the data.

**Table 2**

#### *Second-Cycle Pattern Codes Identified Through Pattern Coding*

<b>Pattern Code</b>	<b>How It Appeared in the Data</b>	<b>Codes</b>
<b>Art Therapy-Informed</b>	Photography served as a tool for accessing suppressed material, externalizing internal states, and enabling emotional softening. Captioning created a reflective mechanism that deepened	28

	processing beyond what the image alone could do. The program operated through art therapy-informed principles without requiring a clinical setting or licensed oversight.	
<b>Strengths-Based</b>	Participants and witnesses drew on innate creative capacity, engaged intuitively rather than performatively, and arrived at personalized definitions of resilience. Women who doubted their artistic legitimacy still participated and found meaning. Everyday endurance was recognized as a form of strength rather than a failure to thrive.	25
<b>Participatory</b>	The program was accessible to non-artists using personal phones. Participants held authority over what their images meant and what they chose to disclose. Witnesses validated the power of what non-professional photographers produced and asked for the program to be offered again.	12
<b>Community-Based</b>	Viewing other women's photographic stories generated relational connection, empathic bridging across life stages, and gratitude for feminine community. The shared experience of midlife served as a unifying thread, and grief was activated communally through the witnessing process.	12
<b>Trauma-Informed</b>	The program provided space for grief processing and for navigating vulnerability in self-disclosure. Participants exercised agency in determining how open they wanted to be, and the process allowed for recognition of identity disruption following loss without requiring resolution.	4

### **Participant and Witness Experiences**

When the data were separated by group, 46 of the 76 codes came from participant sources (FG1 and P1) and 30 from the witness source (WG1). All seven core themes appeared in both groups, but not equally. The distribution of codes within each theme pointed to meaningfully different experiences for participants and witnesses.

The most notable divergence was in *Brief Reflection/Captioning*, which appeared only in participant data. Because witnesses did not engage in the captioning process, this entire dimension of the program was exclusive to the participant experience. A second divergence appeared in the sub-theme of *Joy, Gratitude, and Presence*, where all three codes originated from witness data. *Community Witnessing and Connection* skewed heavily toward witnesses as well, with 7 of its 9 codes coming from the witness focus group. *Vulnerability and Authenticity*, by contrast, was predominantly a participant theme, with 6 of its 8 codes drawn from participant sources.

Several themes were evenly distributed. *Reframing and Resilience*, *Accessibility and Engagement*, and *Midlife Women's Identity* each drew codes from both groups, though the content of those codes reflected the different vantage points of creating versus viewing. Table 3 presents a side-by-side comparison of how each theme showed up for participants and witnesses, along with areas of overlap and divergence.

**Table 3**

*Comparison of Themes Across Participant and Witness Experiences*

<b>Core Theme</b>	<b>Participant Experience</b>	<b>Witness Experience</b>	<b>Overlap and Divergence</b>
<b>Photography as Therapeutic Process</b>	Photography served as a direct therapeutic process for participants. They described it as instinctive healing, a way to explore identity in transition, and a means of confronting material they had been	Witnesses did not take photographs themselves but recognized the therapeutic quality of the images they viewed. They described seeing inner landscapes made visible and noted the aesthetic power of	Both groups recognized the therapeutic capacity of photography, though participants experienced it firsthand while witnesses observed its effects in others' work.

	suppressing. Several noted that images surfaced embodied knowledge that talk therapy had not reached.	non-professional image-making.	
<b>Brief Reflection / Captioning</b>	All 8 codes originated from participant data. Participants described captioning as a mechanism for slowing down, a way of forcing articulation of visceral feeling, and a process that often revealed meaning they had not anticipated when taking the photograph.	No witness codes. Witnesses did not engage in the captioning component of the program.	This theme was exclusive to participants. The brief reflection component was only accessible to those who engaged in the photo-taking and writing process.
<b>Reframing and Resilience</b>	Participants reframed their own challenges through the act of photographing and captioning. They described using metaphor, trusting their intuition rather than planning their images, and arriving at new ways of seeing difficulty they were living through.	Witnesses arrived at reframing through a different route. One younger witness described wanting to approach her own future transitions differently after viewing the exhibition. Others personalized what resilience meant to them and pushed back against the idea that resilience requires a happy ending.	Both groups reframed, but the pathways differed. Participants reframed their current lived experience; witnesses reframed their expectations about what lies ahead.
<b>Emotional Processing and Regulation</b>	Participants processed emotion through the act of creating. Their codes reflected softening, regulation, grief over lost ambition and identity, fear of judgment, self-	Witnesses processed emotion through the act of viewing. Their codes reflected emotional activation, a need for self-protection, unexpected grief, and,	Both groups engaged in deep emotional processing, but the nature of that processing differed. Participants softened through creating; witnesses were

	doubt about artistic legitimacy, and the tension of choosing vulnerability. The emotional content was raw and directly experienced.	notably, gratitude and presence. Joy, gratitude, and presence appeared only in witness data.	activated through viewing. Grief and vulnerability were heavier in participant data, while joy and gratitude were exclusive to witnesses.
<b>Community Witnessing and Connection</b>	Participants spoke about wanting their work to resonate with others and hoping for connection through relatability (2 of 9 codes).	Witnesses generated the majority of this theme. They described the viewing experience as emotional time travel, a bridge to empathy across life stages, and an act of honoring stories that often go untold. Several expressed deep gratitude for the connection they felt with women they had never met (7 of 9 codes).	Participants hoped for connection; witnesses experienced it. The communal dimension of the program was most fully realized in the witness group.
<b>Accessibility and Engagement</b>	Participants described the process as doable: phone-based, no special equipment or artistic training required, though choosing only three images posed a meaningful challenge. They expressed a desire to continue the practice.	Witnesses validated the quality of what non-artists produced, recognizing artistic sensibility in amateur work. They expressed a desire for the program to be replicated and for more women's stories to be shown, and noted the importance of quiet viewing conditions.	Both groups affirmed the accessibility of the model from their respective positions. Participants confirmed it was easy to do; witnesses confirmed that what was produced carried weight.
<b>Midlife Women's Identity</b>	Participants named midlife-specific tensions they were living: the pull between busyness and	Witnesses recognized midlife patterns in what they viewed: liminality as a shared condition, the sting of	Both groups confirmed that this is a population-specific experience. Participants spoke

	self-care, the unfamiliarity of focusing on themselves, and a desire to bring creativity back into their lives at this stage.	medicalized language about women's bodies, and a creative longing that the exhibition awakened in them.	from inside it; witnesses recognized it from their own parallel vantage point.
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**Note.** *Emotional Processing and Regulation* totals include codes from the umbrella theme and all three sub-themes.

### Summary

Across three data sources, this program evaluation identified seven core themes, three sub-themes, and five second-cycle pattern codes. Pattern coding confirmed that the program operated as a participatory, art therapy-informed, community, and strengths-based practice. When participant and witness data were analyzed separately, the themes remained consistent, but their weight shifted: participants generated most codes related to the therapeutic dimensions of photo-taking, captioning, and vulnerability, while witnesses generated the majority of codes related to community connection, gratitude, and presence. One theme, *Brief Reflection/Captioning*, was unique to participants. One sub-theme, Joy, Gratitude, and Presence, was unique to witnesses. Joy and gratitude, while part of the original research question, appeared in only three codes, all from the witness group. These findings, and the questions they raise, are addressed in the discussion that follows.

## Chapter 5

### Discussion

This program evaluation asked whether a participatory photography practice, paired with brief written reflection, could function as an art therapy-informed, strengths-based intervention for women in midlife. The Results chapter identified seven core themes — *Photography as Therapeutic Process*, Brief Reflection, Reframing/Resilience, Emotional Processing/Regulation, Community Witnessing, Accessibility/Engagement, and *Midlife Women's Identity* — along with three sub-themes and five second-cycle pattern codes across 76 individual codes drawn from participant and witness data. This chapter discusses those findings in relation to the literature, situates participant and witness quotes within the thematic structure, and addresses what the findings suggest for art therapy practice and future research.

The discussion is organized around seven core themes. Within each, I draw upon participant and witness quotes to illustrate how the findings emerged from the data and connect to the theoretical frameworks that informed the model's design. I then discuss the pattern codes that confirmed the program operated as intended, address the findings that surprised me, and close with practical implications and directions for potential future study. All participant names used throughout this chapter are pseudonyms assigned to protect confidentiality.

#### **Photography as Therapeutic Process**

Photography as a therapeutic process was the most heavily coded theme, appearing across both participant and witness data. Participants described the act of taking photographs as instinctive, meditative, and healing. Caroline, who was already using photography to navigate the end of her marriage, described it as part of her existing recovery process: “My photography taking was already part of the healing process” (FG1). Caroline also described how her

perspective shifted when the photography process stopped being about art and started being about attention: “I was looking at it through a different lens and the perspective of thinking about a challenge. And thinking about how I wanted to find those moments and then capture them” (FG1).

These experiences align with Gibson’s (2024) finding that photography provides a safe medium for expressing difficult stories indirectly, creating psychological distance that supports reflection without re-traumatization. Participants were not asked to narrate their pain verbally as a first step. Instead, they externalized internal experience through image, and the verbal processing followed. This sequence reflects what Saita and Tramontano (2018) described as photography’s capacity to externalize emotion, foster reflective distance, and construct narrative meaning.

The therapeutic quality of the process was not limited to those with creative backgrounds. Mira, who identified as a writer rather than a visual artist, described the shift that occurred when she was asked to use a camera instead of words: “When you asked for a picture, that really made me think about it very differently. So I was grateful for that” (P1). This finding supports the project’s grounding in art therapy principles, where the emphasis is on process rather than product (Kapitan, 2017). The camera served as what Winnicott (1971) described as a transitional object, bridging internal experience and external expression, making visible what might otherwise remain unspoken.

### **Brief Reflection and Captioning**

Brief Reflection and Captioning was the only theme unique to participants, which is structurally logical since witnesses did not engage in the captioning process. What was notable was how consistently participants identified captioning, not photography, as the most

therapeutically potent element of the intervention. Caroline described the shift clearly: “The captioning is more of a journaling reflective process to me. It opened up some things that I think I need to spend some more time on in my healing process. So, I would consider it the therapeutic, the captioning” (FG1). Mel echoed this, describing how captioning forced her to slow down: “That was a lot of the part that made me slow down and sort of separate myself from the moment. And look at it deeper and take my time with it” (FG1).

Mira described the captioning process as surprisingly difficult. As a professional writer, she expected the verbal component to come easily but found that translating a visceral reaction into a brief caption required a different kind of articulation: “Having to explain why I had this visceral reaction to the blender blade and why that represented how I feel right now, that was hard. I can describe what has happened to me, but describing what those implications are for myself was a challenge” (P1). This difficulty is itself evidence of the intervention’s depth. The captioning process required participants to move beyond description into interpretation, from what happened to what it means, which is the foundation of cognitive reappraisal (Gross, 2002; Clark, 2022).

Bea described an unexpected emotional shift that occurred during the captioning process, a softening she did not anticipate: “I was surprised that I didn’t feel that old anger well up, that resentment. It was just not as... it’s dying down, I guess, or maybe because through art, I don’t know. But it was softer” (FG1). This moment illustrates what Clark (2022) described as the capacity to change one’s emotional trajectory by reinterpreting meaning. The captioning did not resolve Bea’s anger, but it created the conditions for her to experience it differently. This is reappraisal in action, not as a cognitive exercise but as an embodied, creative process.

## **Reframing and Resilience**

Reframing appeared across both participant and witness data, though it manifested differently in each group. For participants, reframing was experiential, something that happened through the process of photography and captioning. Carrie described a visual metaphor that became a framework for understanding her experience:

I started to notice paying attention to how light filters in through a room and capturing the shadows of it as well, where then it made me think of, in life, that there's shadow and light all the time. That became a reminder and a sense of hope for me, that even when things feel really hard, there's still lightness .(FG1).

Mel described the act of selection as itself a reframe: finding beauty and meaning in an exhausting moment with her infant and her dog, where “there's something so beautiful about this in-between state, where everything is just hanging on there” (FG1).

For witnesses, reframing took the form of anticipatory reflection. One witness described looking at a participant's images of empty nesting and thinking, “I hope that I can approach it in a different way” (WG1). Another described the experience as “life is for the living” and wrote down “be with what's alive” as a takeaway (WG1). These responses suggest that the witnessing process activated what Taylor (2007) calls transformative learning, a shift in frame of reference prompted by encountering another person's perspective.

The challenge, reframe, reflect arc that structured the photography sequence was designed to support cognitive reappraisal (Gross, 2002). These findings suggest it functioned as intended, though not always in the way anticipated. Participants did not arrive at tidy resolutions.

What they arrived at instead was a shift in relationship to their experience, a willingness to hold difficulty alongside meaning. This is consistent with McAdams and McLean's (2013) concept of redemptive storytelling, where the value lies not in resolution but in the act of constructing a narrative that makes adversity coherent.

The beginning, middle, and end structure of the photography sequence was grounded in McAdams and McLean's (2013) concept of narrative identity, which holds that coherence develops through constructing sequential narratives, crafting redemption stories, and identifying themes that link life events over time. The data showed this structure operating in practice, though not always smoothly. Caroline resisted the implied arc, saying, "I don't see the grief as ending. So maybe trying to think about it in a, okay, well, how do I see myself moving through it, versus what does the end of it really look like" (FG1). Mel described the selection process as "the hard part" because narrowing ten images to three forced her to decide what her story actually was (FG1). These responses suggest that the narrative structure did what McAdams and McLean (2013) described: it prompted participants to organize fragmented experience into a coherent sequence. The difficulty the participants reported was not a design flaw but evidence that narrative construction requires active cognitive and emotional work. Choosing images that symbolize resilience and transformation engages the kind of redemptive storytelling that McAdams and McLean (2013) associated with psychological well-being, and participants demonstrated this even when their endings were tentative rather than resolved.

### **Emotional Processing and Regulation**

*Emotional Processing and Regulation* was the umbrella theme with the most structural complexity, housing three sub-themes: *Grief and Loss*, *Vulnerability and Authenticity*, and *Joy*,

*Gratitude, and Presence.* This complexity reflects the range of emotional experience that the intervention activated.

**Grief and Loss.** The depth of grief that surfaced in the data was one of the findings that most surprised me. Although the prompts were designed around challenge and resilience, participants brought forward loss as a central theme, including the end of a marriage, the death of a parent, an illness that disrupted identity, and the anticipatory grief of children leaving home. Caroline reflected on this honestly, noting that she could not see the grief as having an end point so much as something she was learning to move through (FG1). This speaks to the non-linear nature of grief that Herman (2022) acknowledged in her trauma recovery framework, where healing does not follow a prescribed timeline and integration is an ongoing process rather than a destination.

**Vulnerability and Authenticity.** Participants navigated real tension around self-disclosure. Mira described the internal negotiation involved in captioning: “How open do I want to be about how this made me feel. Making those choices in writing, like what do I want to say about this. I had choices like, do I want to say something graphic” (P1). This deliberation reflects empowerment theory in practice (Kapitan, 2017). Participants were not asked to be vulnerable. They were given a structure in which they could choose their own level of disclosure, which is the distinction between trauma-informed practice and exposure.

**Joy, Gratitude, and Presence.** Joy and gratitude appeared in only three codes, all from the witness group. This sub-theme was unique to witnesses. One witness described the experience as making her “feel grateful to be alive, grateful to be among women” (WG1). Another described choosing "presence over distraction" because of viewing the images. This finding raises an important question: why did joy appear only in witness data?

The answer, I believe, lies in the distinction between joy and hope. Joy implies arrival. It suggests a completion, a moment of celebration. Hope implies orientation, suggesting that someone is still in the difficulty but can see something ahead. Participants were still inside their experiences. Caroline's metaphor of "shadow and light" and her description of photography as "a reminder and a sense of hope" (FG1) captures this distinction precisely. She was not joyful. She was oriented toward something. Cognitive reappraisal looks like reorienting for people who are still living through the hard thing (Gross, 2002). The program did not produce joy for participants, but it produced the conditions for hope, which may be the more honest and more therapeutically meaningful outcome.

Witnesses, by contrast, encountered the images from a position of distance. They could experience the emotional resonance of the work without carrying the weight of the original experience. This distance allowed for gratitude, presence, and what one witness called feeling "propelled to make sure that I'm taking advantage of the fact that I'm still alive" (WG1). The witnessing activated what Badenoch (2018) describes as relational safety, an environment where individuals feel seen and valued, enabling emotional engagement without personal risk.

### **Community Witnessing and Connection**

*Community Witnessing and Connection* generated codes from the witness group, which is consistent with the design of the program. Witnesses described the experience of viewing participants' images as emotionally activating, relational, and at times overwhelming. One witness described the affective range: "I kind of felt happy at times, and really sad at times, trying to figure out why I was having all these different emotions. I couldn't experience it just as a viewer. I was impacted by each photograph" (WG1). Another described a specific participant's

images as “beautiful in its brutal honesty” but noted that she “felt depleted” after experiencing them (WG1).

These responses reflect what Arrigoni and Galani (2021) described as dialogic witnessing, where viewers bring their own experiences into conversation with the displayed narratives, creating space for mutual recognition. One witness described this explicitly: “I thought it was really interesting how looking at these different artworks moved me to different periods of time” (WG1). The images did not only depict the participants’ lives. They activated the witnesses’ own memories and unresolved experiences, which is the hallmark of Winnicott’s (1971) transitional space, a psychological area between inner reality and external experience where meaning-making occurs.

One finding I did not fully anticipate was that the witnessing portion of the program felt less impactful than the participant experience. Participants described the photography and captioning process as deeply therapeutic. Witnesses described the viewing as emotionally resonant but also noted practical limitations: one witness said she “couldn’t really concentrate” in the co-working space and wished for a quiet room (WG1). This suggests that the witnessing component, while meaningful, may benefit from more intentional environmental design in future iterations.

### **Accessibility and Engagement**

Accessibility was a core design principle of the program, and the data confirmed that the model was accessible in practice. All participants used their personal smartphones. No artistic skill was required or expected. Carrie noted that even with an older phone, she found the process accessible and believed it would be doable for most populations (FG1). Caroline described the

process as natural because she "did it from my phone" and treated it as an extension of her existing habit of taking photographs (FG1).

Two practical barriers emerged. First, several participants had difficulty uploading images through the JotForm submission portal, particularly from mobile devices. Second, one participant noted that the reflection prompt at the end of the submission form was unexpected: "I was thinking, I'm just gonna upload these images and the captions, and then I got to a reflection page, and I was like, oh shoot, I have to sit and really think about this for a minute" (FG1). Chen et al. (2016) and Lee et al. (2021) found that intentional smartphone photography enhances emotional well-being, and the accessibility of this approach is reinforced by evidence that approximately 85% of adults in high-income countries own a smartphone (Pew Research Center, 2022). The fact that all participants could complete the process using only their phones supports the scalability of the model.

Perhaps the most striking indicator of accessibility and demand was the recruitment response. Over 800 women signed up to receive information about the study, of whom 145 responded to the direct call for participants. Six were selected. This disproportion speaks directly to the gap identified in the literature: accessible, non-clinical supports for midlife women are scarce (Thomas et al., 2018; Kuck & Hogervorst, 2024). The volume of interest suggests that women in midlife are actively seeking structured creative opportunities for self-reflection and connection, and that the model's emphasis on privacy, self-direction, and non-clinical framing resonated with a population that may not identify as needing therapy but does want to be seen.

## **Midlife Women's Identity**

*Midlife Women's Identity* appeared in both participant and witness data with nearly equal distribution, suggesting it is a shared concern across both groups. Participants described identity as unfamiliar territory. Mel described her struggle to integrate the identity of mother with the identity she had built before having her daughter at 40 (FG1). Caroline described how the dissolution of her marriage had disrupted her sense of self and her relationship to her home. Mira described feeling “disjointed from my usual self” when she noticed that the photographs she was drawn to were not the nature images she expected but interior, domestic scenes that reflected how internal her world had become (P1).

Witnesses recognized this theme in the images. One witness described the “liminal state, the in-between” as a thread running through the entire installation and connected it to her own experience: “Who are you, if you’re not 1.0 or 2.0, kind of in the middle, which, of course, we’re talking about middle-aged women” (WG1). Another witness described the participants as “constantly being able to recreate ourselves, telling a different story of our past, choosing which stories to tell and which ones not to share” (WG1).

These findings align with both identity theory and social identity theory as described in the literature review. Stets and Burke (2000) explained that when life transitions disrupt internalized roles and meanings, individuals rely on processes that help restore coherence. The reflective arc of the program, challenge, reframe, and reflect, supported this restoration. Hornsey (2008) added that cultural narratives of invisibility and decline can negatively affect how midlife women see themselves. The public witnessing component of the program functioned as a counter-narrative, a space where women’s experiences were not invisible but were actively seen and validated. One witness articulated this need clearly: “It made me feel like there are a million stories that aren’t being told” (WG1).

### **Pattern Codes: Confirming Program Design**

Second-cycle pattern coding identified five pattern codes that described how the program operated: art therapy-informed, strengths-based, participatory, community-based, and trauma-informed. These are not themes in themselves but describe the mechanisms through which the themes emerged. Taken together, they confirm the central finding of this program evaluation: that *Her Voice in Photos* functioned as a participatory, art therapy-informed, community and strengths-based practice.

The program was art therapy-informed as photography served as a tool for accessing suppressed material, externalizing internal states, and enabling emotional softening without requiring clinical oversight (Kapitan, 2017). It was strengths-based in that participants drew on innate creative capacity, engaged intuitively rather than performatively, and arrived at personalized definitions of resilience. It was participatory because participants held authority over what their images meant and what they chose to disclose, consistent with the participatory principles outlined by Wang and Burris (1997). It was community-based through the witnessing component that generated relational connection and empathic bridging across life stages. And it was trauma-informed in that participants exercised agency in determining how open they wanted to be, and the process allowed for the recognition of identity disruption without requiring resolution (Herman, 2022).

### **What Surprised Me**

Several findings were unexpected. First, the depth of grief that surfaced was more significant than I anticipated. The prompts were designed around challenge and resilience, not loss specifically, yet grief became a dominant thread in the data. Participants brought forward the death of parents, the end of marriages, health crises, and the anticipatory loss of children leaving

home. This suggests that midlife women are carrying substantial unprocessed grief and that a structured creative process can create the conditions for that grief to surface safely.

Second, the difficulty of the process surprised me. Participants described the work as hard. Mira said the captioning was “surprisingly challenging” (P1). Caroline described trying to organize grief into a beginning, middle, and end as “more of the difficult part” (FG1). Mel described choosing three images as “really hard” (FG1). A strengths-based intervention is not the same as an easy one. The process asked participants to sit with uncomfortable material, to translate felt experience into language, and to make decisions about what to share. This difficulty is evidence that the intervention engaged participants at a meaningful depth.

Third, the volume of interest was extraordinary. Over 800 women signed up to participate in a thesis study with no compensation. I was surprised by this number and at the same time not surprised, because I know from my experience with my podcast and my clinical work that women in midlife are looking for spaces where they can feel seen and are not finding them. The over 800 women who signed up to participate are not a data point in the traditional sense, but they speak powerfully to the feasibility and demand for this kind of model.

Finally, as discussed in the section on Emotional Processing, joy appeared only in witness data. Participants did not describe their experience as joyful. They described it as meaningful, difficult, clarifying, and hopeful, but not joyful. The program succeeded in fostering meaning-making and reframing, even if it did not produce the kind of positive affect that the original research question anticipated. This distinction between joy and hope is one I believe is important for art therapists and researchers to consider when designing strengths-based interventions.

### **Practical Implications for Art Therapists**

This program evaluation presents multiple implications for the practice of art therapy. First, photography and brief captioning can function as an effective art therapy-informed intervention without requiring clinical supervision, specialized materials, or artistic training. The model demonstrated that participants could engage in meaningful therapeutic work using their personal smartphones, suggesting that art therapists working with adult populations might consider phone-based photography as a low-barrier entry point to creative engagement, particularly for clients who are resistant to or intimidated by traditional art materials.

Second, the finding that captioning was experienced as the most therapeutically potent element has implications for how art therapists structure reflective activities. The image alone was not enough — it was the pairing of image with brief written reflection that deepened the therapeutic process. Participants completed this work independently, in their own time and space, without the presence of a therapist or observer, which may have contributed to the candor and depth of their reflections. While verbal processing is central to art therapy practice, written reflection offers something distinct: it captures the client's immediate, private response to their own imagery before it is shaped by the therapeutic relationship. Art therapists might consider adapting this model as a between-session practice, inviting clients to photograph their experiences in response to a prompt and caption their images independently between appointments. The client's submitted images and captions could then serve as entry points for deeper verbal processing in session, with the client taking the lead in presenting and narrating their own work. A shared digital platform or submission portal could give the therapist optional access to review submitted work in advance if clinically appropriate, while preserving the client's role as the primary narrator of their own imagery. This structure extends the therapeutic process

beyond the session itself, creates a tangible record of the client's meaning-making over time, and gives the art therapist richer material to work with than memory or verbal report alone.

Third, the model's emphasis on participant agency and tiered consent offers a framework for trauma-informed community-based practice. Participants decided what to photograph, how to caption, which images to share, and at what level of visibility. This structure could be adapted for use in domestic violence shelters, substance abuse recovery programs, grief support groups, or any setting where women would benefit from a creative, non-clinical intervention that respects autonomy and minimizes risk of re-traumatization.

Fourth, the community witnessing component, while less impactful than the participant experience in this iteration, demonstrates the potential for extending art therapy-informed work beyond individual clients into public spaces. Kapitan's (2017) multiplier effect describes how creative practices generate influence across personal, relational, and cultural domains. The digital frame installation operated at the relational and cultural levels by making private experiences visible to community members, fostering empathy, and challenging narratives of midlife invisibility.

Fifth, the model's self-guided design positions it as a bridge between independent reflection and clinical therapy. Participants maintained full agency over their creative process, working solo and on their terms, yet the material they produced could be brought into an existing therapeutic relationship for deeper processing. This flexibility allows the model to function as a standalone reflective practice or as a complement to ongoing clinical work, depending on the individual's needs and access to care. At the same time, participants consistently described the value of meeting one another. Bea suggested that the photography process could serve as "a prerequisite for an extended weekend workshop" where women could "get together in person

and go over them” (FG1), and multiple participants expressed a desire for continued community connection. This feedback suggests that facilitated group processing could enhance the model’s impact. Such groups would not require a licensed art therapist but would benefit from a facilitator with training in therapeutic photography practices (Gibson, 2018). When facilitated outside of a clinical context, it is essential that the process be framed as reflection and facilitation rather than therapy, and that trauma-informed resources be made available to participants who may need additional support. This boundary respects both the accessibility of the model and the ethical responsibility to ensure that participants who surface difficult material are not left without a pathway to professional care.

Practitioners considering replication should be aware of several implementation realities that emerged during this pilot. The digital frame installation required a device with remote access capability, which increased cost but proved essential for managing content from off-site. The creation of the exhibition slideshow and the digital submission platform were time-intensive, as both were built independently by the researcher when external support was unavailable. Future implementations would benefit from standardized templates for exhibition design and a professionally developed submission portal to reduce the technical burden on facilitators. The witnessing component also highlighted the importance of environmental conditions. Witnesses noted difficulty concentrating in the co-working space and wished for a quieter setting; future implementations should consider dedicated, low-distraction viewing environments to support the depth of engagement the work invites. Additionally, installations displayed in public community spaces should be monitored or accompanied by informational materials that contextualize the exhibit for viewers and provide contact information for the project. Facilitators should also be aware that the process of formatting and installing participant images creates a natural point of

review before public display. While participants in this study self-selected images that were appropriate and thoughtful, future facilitators should establish a clear protocol for responding when submitted content raises clinical or ethical concerns, including a plan to follow up with participants who surface distressing material and to ensure that trauma-informed resources are available. This review step does not override participant authorship but functions as a safeguard that protects both participants and community viewers, consistent with the model's trauma-informed values.

### **Scalability and Systemic Impact**

The literature identifies a persistent gap in scalable, systemic models for participatory photography. Most initiatives function as one-time interventions or research projects rather than sustainable programs with broad applicability (Catalani & Minkler, 2010; Huber et al., 2023; Johnson, 2025). The findings from this program evaluation suggest that *Her Voice in Photos* addresses this gap through a design that is inherently replicable. The model requires no clinical expertise, no specialized materials, no group facilitation, and no in-person attendance.

Participants used their personal smartphones, engaged with prompts asynchronously, and submitted their work through a digital platform. This self-guided framework means the core structure—photograph, caption, curate, and witness—can be adapted for different populations, different prompts, and different community contexts without significant infrastructure.

The systemic potential extends beyond individual outcomes. Kapitan's (2017) multiplier effect describes how creative practices generate influence across personal, relational, and cultural domains. The digital frame installation at HudCo Coworking demonstrated this in practice: private reflections entered a public space, where witnesses encountered them as part of their daily routines, generating empathy and connection without formal programming. One witness

articulated this cultural function directly: “I just want to see more stories and hear more voices” (WG1). Over time, repeated exposure to diverse, strengths-based narratives of midlife women in community spaces could contribute to shifting societal perceptions of this demographic, moving the cultural conversation from invisibility and decline toward resilience and complexity.

The recruitment response provides additional evidence of scalability. Over 800 women signed up through social media with no compensation offered, demonstrating that the model’s framing, participatory, private, non-clinical, and strengths-based approach resonated at scale. This level of demand, combined with the low-barrier design, positions the model as a promising candidate for replication in community health settings, women’s wellness organizations, domestic violence shelters, substance abuse recovery programs, and other contexts where accessible creative interventions are needed but clinical resources are limited.

### **Limitations**

As a small pilot project with five participants and three witnesses, findings are not generalizable. I recruited the participants primarily through social media and they were located across the country, while I recruited witnesses locally through HudCo Coworking in Dobbs Ferry, New York. The sample was self-selected, which may limit the range of perspectives represented across race, socioeconomic background, or cultural context.

The reflective nature of the work introduced subjectivity, and my dual role as researcher and facilitator may have influenced participant comfort. To address this risk, I maintained a reflexive journal and consulted with my research advisor to monitor bias and support qualitative rigor (Creswell & Poth, 2018).

Data collection conditions were not uniform across participant sources. Four participants contributed to a focus group (FG1), while one participated in an individual interview (P1). Group dynamics may have shaped the nature of what was shared in the focus group, and the individual interview may have elicited different levels of disclosure or reflection.

The photography sequence spanned one week, and data were collected shortly after the experience concluded. A longer engagement period or follow-up interviews at a later point might have revealed different or deeper reflections, particularly around resilience and reframing, which can shift over time. Finally, although photographs and participant captions were central to the intervention, they were excluded from formal coding to prioritize participants' verbal meaning-making. This decision meant that the visual and written dimensions of the data went unexamined.

### **Future Research**

Several directions for future research emerge from these findings. First, a larger-scale study with a more diverse sample would strengthen the generalizability of the findings. The present study comprised five participants and three witnesses, all self-selected and predominantly recruited via social media platforms. Future research should deliberately recruit participants from diverse racial, socioeconomic, and cultural backgrounds to investigate the intervention's efficacy for women with varying life experiences and relationships to creative expression.

Second, the witnessing component warrants further development and study. In this iteration, witnesses viewed the installation in a co-working space that was not designed for quiet, focused engagement. Future research could examine the impact of witnessing under more intentional conditions, such as in a dedicated gallery space, with a guided viewing experience, or with a longer exposure period. Additionally, including non-midlife witnesses, such as younger

women, men, older women, transgender and gender-expansive individuals, or witnesses from diverse racial, cultural, and socioeconomic backgrounds, could generate data on whether the installation functions as a public pedagogy tool (Sandlin et al., 2011) that builds broader awareness and empathy across demographics and lived experience.

Third, a longitudinal follow-up would reveal how the effects of the intervention persist or evolve. Participants were interviewed shortly after completing the photography sequence. Resilience and reframing are processes that can deepen or shift after the immediate experience has ended. A follow-up at 30, 60, or 90 days could capture whether the insights generated during the process were sustained, forgotten, or transformed.

Fourth, future research should examine the role of the brief captioning component in greater depth. Participants consistently identified captioning as the most therapeutic element, yet the current study did not isolate it as a variable. A comparative design examining photography alone versus photography with captioning could help determine whether the reflective writing is essential to the intervention's effectiveness or whether the image-making process is sufficient on its own.

Fifth, future iterations could explore the impact of more targeted prompts tailored to specific dimensions of women's mental health. The current study used a broad prompt structure centered on challenge and resilience. Future research could examine whether prompts organized around specific categories, such as grief and loss, life transitions and identity, emotional regulation, relationships and boundaries, or body image and aging, produce different patterns of engagement or therapeutic depth. These targeted prompts could be introduced on a monthly cycle through social media platforms, allowing extended time for reflection, or embedded within community-based settings that serve specific populations, including women navigating domestic

violence recovery, postpartum mental health challenges, disordered eating, perimenopause and menopause, caregiver burnout, or substance-related concerns. Introducing the model into these existing spaces, rather than broadening the social media reach beyond midlife, may preserve the demographic specificity that participants in this study identified as meaningful while extending the model's clinical and community relevance.

Finally, given the interest expressed by over 800 women who signed up for this study, there is a clear basis for testing the model's scalability. Future research could pilot the program with larger cohorts, different populations, and varied prompts to determine whether the core structure —photography, captioning, curation, and witnessing —produces consistent outcomes across varied settings and populations. The digital, self-guided format of the model makes it well suited for replication without requiring significant infrastructure, which positions it as a promising tool for community-based art therapy practice.

## Conclusion

*Her Voice in Photos* began with a question about whether a participatory photography practice could function as an art therapy-informed, strengths-based intervention for women in midlife. The findings from this program evaluation suggest that it can. The model produced meaningful therapeutic engagement through the pairing of photography and brief captioning and reflection, activated cognitive reappraisal and narrative coherence through a structured reflective arc, and created conditions for community witnessing that fostered empathy and connection. This evaluation confirms that *Her Voice in Photos* functioned as an art therapy-informed, strengths-based practice that supported women in midlife in processing their resilience, and for witnesses,

in cultivating moments of joy and gratitude, through participatory photography paired with brief reflection.

What the findings also reveal is that strengths-based does not mean easy or joyful. Participants engaged with difficult material. They surfaced grief they had not fully processed. They navigated vulnerability and made deliberate choices about disclosure. The process produced not joy but something closer to hope, a quiet orientation toward meaning amid difficulty. For women in midlife, who are often navigating multiple transitions simultaneously and doing so with limited support, that orientation may be exactly what an accessible, non-clinical intervention can and should offer.

The over 800 women who signed up for this study suggest that the need is real. The five who participated suggest that the model works. They took photographs of light coming through windows, of grief that had not ended, of lives still unresolved, and found, in some cases, that something in the process had shifted. Not resolution. A shift in how difficulty is held. That is what a strengths-based, art therapy-informed program is designed to do, and it is what *Her Voice in Photos* did.

## **Disclosure of AI Use**

In accordance with Syracuse University's policy on artificial intelligence in academic work, this thesis was developed with the assistance of AI language models, including Claude (Anthropic) and ChatGPT (OpenAI). These tools supported my work in the following ways:

**Research and references:** Verifying reference accuracy, cross-checking in-text citations, and formatting to APA 7 standards.

**Writing process:** Brainstorming and organizing ideas, outlining sections, and editing for clarity, tone, and grammar.

**Participant selection:** Generating a randomized selection of six participants from eligible respondents based on birthdates representing a range of ages within the 40–65 spectrum. No personal information beyond birthdates was shared.

**Qualitative analysis:** After independently identifying 76 initial codes through first-cycle coding, I used AI as an organizational tool and thinking partner to sort and structure codes into thematic categories. All codes were generated through close reading of the data. Final thematic interpretations are my own.

All research design, data collection, first-cycle qualitative coding, and written content are my own. AI was used as a reflective, organizational, and editorial tool — not as a source of original analysis, argumentation, or interpretation of participant experiences.

## Appendices

### *Appendix A: Participant Recruitment Materials*

#### **LinkedIn Recruitment Post – Group 1 (Photographers) – For Research Purposes**

I am recruiting for a Syracuse University graduate research study titled *Her Voice in Photos: Empowering Women Through the Lens of Resilience*. This is a non-clinical research project being conducted for my master's thesis in Creative Arts Therapy.

#### **Purpose of the Study**

This research explores reflection, meaning-making, and resilience in the lived experiences of women in midlife.

#### **Participation Details (Group 1 Photographers)**

Participants will take and upload up to 10 photographs with captions over the course of one week and select 3 images that represent their experience. A one-time Zoom interview or focus group will follow. Participation requires audio and video recording during the Zoom session.

#### **Eligibility**

- Identifies as a woman
- Age 40–65
- Able to participate in a Zoom interview or focus group
- Agrees to required audio and video recording
- Has access to a device with camera, microphone, and reliable Internet
- Able to take and upload photographs with captions

#### **Optional Image Display**

With consent, selected photographs may be included in a digital-frame installation at HudCo Coworking in Westchester County, NY for witness viewing, on Instagram and the project website.

#### **Time Commitment**

- One week of photo-taking
- A brief upload process
- One 60-minute Zoom interview or focus group

#### **Location**

Remote participation using Zoom for the interview/focus group.

To review the electronic consent form and full participation details, visit: [Insert Link]

Questions? Email [dwallach@syr.edu](mailto:dwallach@syr.edu)

## Instagram Post:



### CAPTION:

#### 🌟 *Her Voice in Photos: Research Participation Call* 🌟

I am recruiting for a Syracuse University graduate research study exploring reflection, meaning-making, and resilience in women's midlife experiences.

This study invites women ages 40–65 to take part in a participatory photography project. This is a **non-clinical research study**, and participation is voluntary.

#### 📷 **About the study**

Over one week, you will take photos that begin with a midlife challenge and move toward resilience. You will upload up to 10 images with captions and select 3 final photos that represent your story.

With consent, selected images may be shown in a digital-frame installation for community witnessing.

#### **Purpose of the Study**

This research explores reflection, meaning-making, and resilience in the lived experiences of women in midlife.

#### ✅ **Eligibility**

- Identifies as a woman
- Age 40–65
- Able to join a Zoom interview or focus group
- **Agreement to required audio and video recording**


- Has a device with camera/microphone and reliable internet
- Comfortable taking and uploading photographs


#### **Time commitment**

- One week of photo-taking
- A short upload
- One 60-minute Zoom interview or focus group

#### **Location**

Remote, participate from anywhere.

 **Tap the link in bio to review the electronic consent form and sign up.**

 Questions? DM me or email [dwallach@syr.edu](mailto:dwallach@syr.edu)

#HerVoiceInPhotos #MidlifeResearch #Women40to65 #PhotographyStudy  
#SyracuseUniversityResearch

### **EMAIL TO COMMUNITY ORGANIZATIONS:**

**Subject:** Syracuse University research study for women ages 40–65: photography and reflection

**Dear [Organization Name],**

I am inviting you to share the following **Syracuse University graduate research study** with your members. Please post or forward the blurb and link below. Please do not share private contact lists or member emails with me.

**For your members**

#### ***Her Voice in Photos: Research Participation Call***

We are recruiting women ages **40–65** for a Syracuse University study that explores reflection, meaning-making, and resilience in midlife through participatory photography. This is a **non-clinical research study**. Participation is voluntary.

#### **What participation involves**

- Take photos for one week that begin with a midlife challenge and move toward resilience
- Upload up to 10 images with captions, then select 3 for your story
- Join **one 60-minute Zoom interview or focus group and agreement to audio and video recording.**
- With consent, selected images may be shown in a digital-frame installation at HudCo (Dobbs Ferry), Instagram, and the project website for community witnessing.

#### **Eligibility**

- Identifies as a woman, **age 40–65**
- Able to join a Zoom interview or focus group

- **Agrees to required audio and video recording** during the Zoom session
- Has a device with camera/microphone and reliable internet
- Comfortable taking and uploading photographs
- Location: remote, participate from anywhere

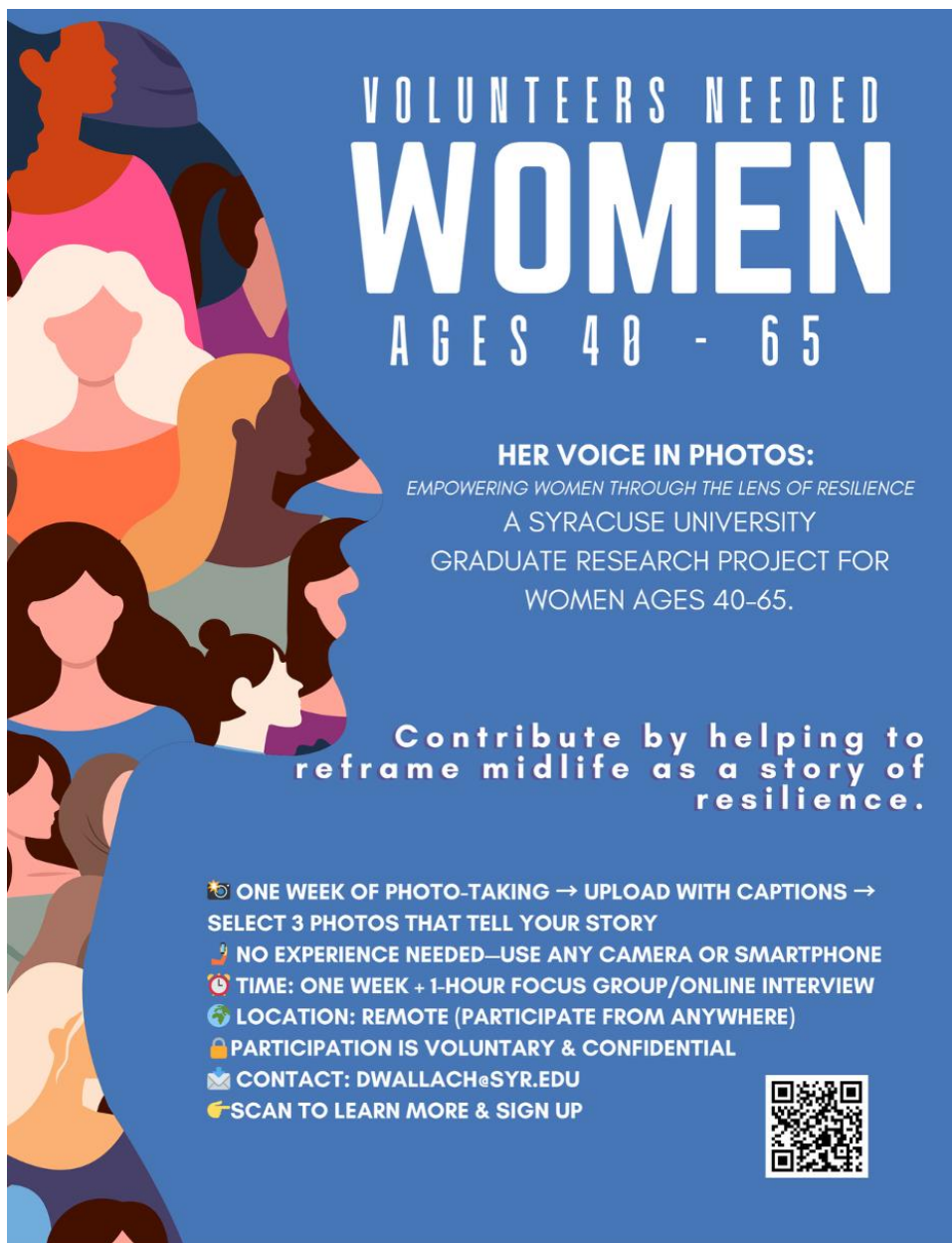
**Learn more and review the electronic consent form:** [insert link]

Questions: [dwallach@syr.edu](mailto:dwallach@syr.edu)

**Thank you** for helping us share this research opportunity.

Warmly,  
Doryn Wallach  
Graduate Student, Syracuse University  
[dwallach@syr.edu](mailto:dwallach@syr.edu)

**FLYER:**



**VOLUNTEERS NEEDED**  
**WOMEN**  
 AGES 40 - 65

**HER VOICE IN PHOTOS:**  
 EMPOWERING WOMEN THROUGH THE LENS OF RESILIENCE  
 A SYRACUSE UNIVERSITY  
 GRADUATE RESEARCH PROJECT FOR  
 WOMEN AGES 40-65.

Contribute by helping to  
 reframe midlife as a story of  
 resilience.

- 📷 ONE WEEK OF PHOTO-TAKING → UPLOAD WITH CAPTIONS →  
 SELECT 3 PHOTOS THAT TELL YOUR STORY
- 📱 NO EXPERIENCE NEEDED—USE ANY CAMERA OR SMARTPHONE
- 🕒 TIME: ONE WEEK + 1-HOUR FOCUS GROUP/ONLINE INTERVIEW
- 🌐 LOCATION: REMOTE (PARTICIPATE FROM ANYWHERE)
- 🔒 PARTICIPATION IS VOLUNTARY & CONFIDENTIAL
- ✉ CONTACT: DWALLACH@SYR.EDU
- 👉 SCAN TO LEARN MORE & SIGN UP

## NEWSLETTER TO HUDCO AND YELLOW STUDIO:

### *Her Voice in Photos: Call for Participants (Yellow Studio)*

As part of her graduate thesis in Art Therapy at Syracuse University, Yellow Studio member Doryn Wallach is recruiting participants for a Syracuse University research study titled *Her Voice in Photos: Empowering Women Through the Lens of Resilience*.

This participatory photography research study is designed for women in midlife (ages 40–65), inclusive of diverse backgrounds, identities, and lived experiences. The purpose of this study is to explore how women reflect on challenges and reframe them into resilience, while contributing to greater visibility of midlife women’s experiences.

### About the project

- Over one week, participants will take photographs that begin with a midlife challenge and move toward resilience.
- Participants will upload up to 10 images with captions and select three photos that represent the beginning, middle, and end of their story.
- With consent, selected images may be displayed in a digital-frame installation at HudCo in Dobbs Ferry, NY, Instagram, and the project website.

### Purpose of the Study:

This research explores reflection, meaning-making, and resilience in the lived experiences of women in midlife.


**Eligibility:** Women ages 40–65

**Time commitment:** One week of photo-taking, a brief upload, and a one-time 60-minute Zoom focus group or online interview and **agreement to required audio and video recording**

**Location:** Remote (participate from anywhere)

**Photography experience:** Not required—any camera or smartphone may be used

This is a non-clinical, research-based project that creates space for reflection, reframing, and visibility in midlife.

 Learn more and review the online consent form here: [Insert link]

 Contact: [dwallach@syr.edu](mailto:dwallach@syr.edu)

### *Her Voice in Photos: Call for Participants (HudCo)*

As part of her graduate thesis in Art Therapy at Syracuse University, HudCo member Doryn Wallach is recruiting participants for a Syracuse University research study titled *Her Voice in Photos: Empowering Women Through the Lens of Resilience*.

This participatory photography research study is designed for women in midlife (ages 40–65). The purpose of the study is to explore how women reflect on challenges and reframe them into resilience while contributing to greater visibility of women’s lived experiences in midlife.

### About the project

- Over one week, participants will take photographs that begin with a midlife challenge and move toward resilience.
- Participants will upload up to 10 images with captions and select three photos that represent the beginning, middle, and end of their story.
- With consent, selected images may be displayed in a digital-frame installation at HudCo in Dobbs Ferry, NY.


**Eligibility:** Women ages 40–65

**Time commitment:** One week of photo-taking, a brief upload, and a one-time 60-minute Zoom focus group or online interview and **Agrees to required audio and video recording.**

**Location:** Remote (participate from anywhere)

Photography experience: Not required—any camera or smartphone may be used

This is a non-clinical, research-based project that creates space for reflection, reframing, and visibility in midlife.

 Learn more and review the consent form here: [Insert link]

 Contact: [dwallach@syr.edu](mailto:dwallach@syr.edu)

### ***Appendix B: Participant Invitation***

Hi everyone,

Congratulations and thank you for your interest in *Her Voice in Photos*. I am excited to get started, and I believe the model I am creating has real potential to support women's mental health and reframing.

Over 800 women expressed interest in the study through our initial social media outreach. Of those, 145 responded to the participant recruitment invitation, and participants were selected from that group to include a range of ages within the 40 to 65 eligibility criteria.

#### **The study timeline**

Photo taking will begin on **January 5**. You will need to be available then and willing to take photos at your convenience within a one week window. Before we start, you will receive a short video from me with clear directions.

#### **What you will do:**

- Take photos for about one week based on a prompt that I will send.
- Choose up to ten images, write short captions, and upload them to our private portal.
- Write a brief reflection on your experience.
- Select three images that best represent beginning, middle and end of your story.
- Participate in a recorded focus group to discuss your process.

#### **Scheduling the focus group:**

I hope to meet as a group, because shared reflection adds depth to the project. If scheduling becomes too difficult, we can shift to individual interviews. Please add your availability using the Doodle link below so I can select the time that works for the most people. These sessions will take place after January 12.

Doodle link:

<https://doodle.com/group-poll/participate/e17XEyVb>

Once schedules are confirmed and we are ready to begin, I will send the video guide and the photo prompt.

**\*Please reply to this email letting me know you received it and everything looks good and I will send the consent form\***

I am grateful you are part of this project and look forward to working with you in January.

Warmly,  
Doryn Wallach  
MS Candidate, Creative Arts Therapy  
Syracuse University

***Appendix C: Participant Electronic Consent Form***

Creative Arts Therapy, Syracuse University

**Consent Form 1 Participant – Electronic Consent for Photo Uploads and Captions**

**Protocol Title:** Her Voice in Photos: Empowering Women Through the Lens of Resilience

This research study is being conducted by Dr. Emily Nolan (Professor of Practice, Department of Creative Arts Therapy, College of Visual and Performing Arts, Syracuse University) and Doryn Wallach (Graduate Student, Creative Arts Therapy, Syracuse University).

- **Principal Investigator (PI):** Dr. Emily Nolan, DAT, ATR-BC, LPC, LCAT  
Email: [ecnolan@syr.edu](mailto:ecnolan@syr.edu) | Phone: 315-247-2588
- **Student Investigator:** Doryn Wallach, MS Art Therapy Candidate  
Email: [dwallach@syr.edu](mailto:dwallach@syr.edu) | Phone: 917-685-2503

**Introduction:**

The purpose of this form is to provide you with information about participation in a research study and offer you the opportunity to decide whether you wish to participate. You can take as much time as you wish to decide and can ask any questions you may have now, during or after the research is complete by contacting the researchers at:

- Dr. Emily Nolan – [ecnolan@syr.edu](mailto:ecnolan@syr.edu) | 315-247-2588
- Doryn Wallach – [dwallach@syr.edu](mailto:dwallach@syr.edu) | 917-685-2503

Your participation is voluntary.

**What is the purpose for this research study?**

The purpose of this study is to explore how reflective photography can support women in midlife (ages 40–65) in identifying personal themes, challenges, and strengths. You will be asked to take photographs based on prompts and upload captions. The study also examines how your selected images may be shared in a de-identified format using digital frames to foster visibility and understanding of women’s midlife experiences.

**What will I be asked to do?**

1. **Photo-taking and captioning:** Spend about one week taking up to 10 photographs in response to two reflective prompts (one related to a challenge and one related to a strength or resilience). Add short captions (1–3 sentences) to each image.

2. **Upload:** Upload your photographs and captions through a secure online form.
3. **Selection:** Choose 3 photographs that represent the beginning, middle, and end of your personal story.
4. **Focus Group or Interview:** Answer semi-structured interview questions and provide reflections on the creative process.

**Time Commitment:** Approximately 2–3 hours total over 1–2 weeks. 45-60 minutes for a Zoom interview or focus group.

### **What are the possible risks of participation in this research study?**

**Emotional discomfort:** Reflecting on personal themes, challenges, or strengths may bring up strong feelings. You may stop at any time, skip prompts, or withdraw from the study without penalty.

**Privacy risk:** Although photographs and captions are stored securely, using online upload systems always carries a minimal risk of data exposure.

**Photo content risk:** You must avoid uploading any photographs that include identifiable people, including yourself or others. If you upload an image that contains identifiable features, you will be asked to crop or replace it. Only de-identified images will be displayed if you choose to share them.

#### **To minimize risks:**

- You may choose not to share any photos publicly.
- You will select your own consent level for whether your de-identified photos may be displayed.
- You may pause or stop participation at any time.

### **What are the possible benefits of participation in this research study?**

- You may experience personal reflection while taking and selecting photographs.
- You may gain insight into your own themes, strengths, or challenges while completing the prompts.
- There may be no direct benefits to you. However, your participation may help inform future programming and contribute to a better understanding of women's midlife experiences.

### **How will my privacy be protected?**

- All photographs and captions you upload will be stored securely on Syracuse University's password-protected OneDrive.
- Only the Principal Investigator, Dr. Emily Nolan, and the student researcher, Doryn Wallach, will have access to identifiable data.
- Photographs must not contain identifiable people. If an uploaded image includes identifiable features, you will be asked to replace or crop it before it can be considered for display. However, you may consent to be identified as the photographer of the images.

- Only de-identified images may be displayed. No names, faces, locations, or personal identifiers will appear in public or semi-public displays unless explicit consent is given.
- Any identifying details will be removed from research reports or presentations.

Whenever one works with the Internet there is always the risk of compromising privacy, confidentiality, or anonymity. Your confidentiality will be maintained to the degree permitted by the technology being used. No guarantees can be made regarding the interception of data sent via the Internet by third parties.

### **How will my data be maintained to ensure confidentiality?**

- All photographs and captions will be submitted through a secure encrypted online form and stored on Syracuse University's password-protected OneDrive.
- Only the Principal Investigator, Dr. Emily Nolan, and the student researcher, Doryn Wallach, will have access to identifiable data. No data will be stored on any personal devices.
- All uploaded photographs must be non-identifiable. If an image includes identifiable features, you will be asked to crop or replace it before it is considered for display. However, you may consent to be identified as the photographer of the images.
- A coded identification system will be used during data organization. The file linking participant names to ID codes will be stored separately on Syracuse University's OneDrive and accessible only to the PI and student researcher.
- Data will not be used beyond this project.

### **Will photographs be used?**

You will upload photographs and captions for this portion of the study. No audio, video, or film recording will occur in the electronic submission process.

### **What are my rights as a research participant?**

- Your participation is voluntary.
- You may identify yourself as the photographer of the pictures you take, or you can choose to be anonymous.
- You may skip and/or refuse to answer any question for any reason.
- You are free to withdraw from this research study at any time without penalty.

### **Whom may I contact with questions now, during, or after the research is complete?**

For questions, concerns, or more information regarding this research, you may contact:

- **Dr. Emily Nolan, Principal Investigator** – [ecnolan@syr.edu](mailto:ecnolan@syr.edu) | 315-247-2588
- **Doryn Wallach, Graduate Student Investigator** – [dwallach@syr.edu](mailto:dwallach@syr.edu) | 917-685-2503

For questions about your rights as a research participant, you may contact the **Syracuse University Institutional Review Board** at (315) 443-3013 or [orip@syrr.edu](mailto:orip@syrr.edu).

I am **between 40 and 65 years of age** and I understand what my participation in this research involves.

- By clicking here, I agree to participate in this research study.
- By clicking here, I agree to be identified as the photographer.
- By clicking here, I agree to share my work on the digital frame at HudCo.
- By clicking here, I agree to share my work on the exhibition website.
- By clicking here, I agree to share my work on Social Media.

#### *Appendix D: Witness Recruitment Materials*

##### **HudCo Newsletter:**

###### *Her Voice in Photos: Call for Witnesses*

As part of her graduate thesis in Art Therapy at Syracuse University, HudCo member Doryn Wallach is recruiting witnesses for a Syracuse University research study titled *Her Voice in Photos: Empowering Women Through the Lens of Resilience*.

Selected participant images will be shared in a digital-frame installation at HudCo, where witnesses will be invited to view and reflect on midlife stories of challenge and resilience. Witnesses will then participate in a research focus group or individual interview to share their impressions.


##### **Purpose of the Study:**

This research explores reflection, meaning-making, and resilience in the lived experiences of women in midlife.

**Eligibility:** Women ages 40–65 who are HudCo members

**Commitment:** A one-time viewing session at HudCo (Dobbs Ferry, NY) followed by a 60-minute Zoom focus group or individual interview and **agreement to required audio and video recording**.

**Location:** HudCo, Dobbs Ferry, NY

 Learn more and review the consent form here: [Insert link]

 Contact: [dwallach@syr.edu](mailto:dwallach@syr.edu)

### *Appendix E: Witness Verbal Consent Script*

Creative Arts Therapy, Syracuse University

## **Consent Form 2 Witness: Oral Consent for Zoom Interview and/or Zoom Focus Group**

**Protocol Title:** *disc: Empowering Women Through the Lens of Resilience*

This research study is being conducted by Dr. Emily Nolan (Professor of Practice, Department of Creative Arts Therapy, College of Visual and Performing Arts, Syracuse University) and Doryn Wallach (Graduate Student, Creative Arts Therapy, Syracuse University).

- **Principal Investigator (PI):** Dr. Emily Nolan, DAT, ATR-BC, LPC, LCAT  
Email: [ecnolan@syr.edu](mailto:ecnolan@syr.edu) | Phone: 315-247-2588
- **Student Investigator:** Doryn Wallach, MS Art Therapy Candidate  
Email: [dwallach@syr.edu](mailto:dwallach@syr.edu) | Phone: 917-685-2503

### **Introduction (read aloud):**

The purpose of this form is to provide you with information about participation in this research study and allow you to decide whether you wish to take part. I will read this aloud. You can take as much time as you need and may ask questions now, during the interview, or afterward by contacting the researchers. Your participation is voluntary.

- Dr. Emily Nolan – [ecnolan@syr.edu](mailto:ecnolan@syr.edu) | 315-247-2588
- Doryn Wallach – [dwallach@syr.edu](mailto:dwallach@syr.edu) | 917-685-2503

### **What is the purpose for this research study?**

This research is part of a graduate project examining how women experience reflection and meaning-making through viewing images selected by other women. The images you saw were reviewed and de-identified before display. Your feedback helps us understand how viewers respond to these images and how viewing may support reflection and meaning-making.

### **What will I be asked to do?**

If you choose to participate, you will:

- View a digital-frame installation containing de-identified images selected by participants in the photography portion of the study.
- Take part in a semi-structured Zoom interview or focus group lasting about 45 - 60 minutes.
- Answer questions about your reactions, reflections, and impressions of the images.
- With your permission, the session will be recorded for accuracy.

**Time Commitment:** 1 hour for viewing photographs and 45 - 60 minutes for the focus group or interview

### **What are the possible risks of participation in this research study?**

You may experience emotional discomfort when discussing themes or personal reactions that arise from viewing the images. You may stop the interview at any time, skip any question, or withdraw without penalty. Because interviews and focus groups take place over Zoom, your privacy cannot be guaranteed depending on the environment you choose for participation.

### **What are the possible benefits of participation in this research study?**

You may experience personal insight or meaningful reflection by discussing your impressions of the images. There may be no direct benefit to you. Your feedback may help inform the development of future programs.

### **How will my privacy be protected?**

Interviews and focus groups will be conducted by the student researcher in a private office with the door closed. Researchers will use headphones to protect your privacy and prevent others from hearing your responses.

Because the interviews and focus groups take place remotely, you should also choose a private location for your session. Your privacy cannot be guaranteed if you participate from a public or shared space.

For focus groups, privacy and confidentiality cannot be guaranteed because other participants will be present and may hear your responses. Participants will be reminded not to repeat anything discussed in the group, but the research team cannot control the actions of others.

Whenever one works with the Internet there is always the risk of compromising privacy, confidentiality, or anonymity. Your confidentiality will be maintained to the degree permitted by the technology being used. It is important for you to understand that no guarantees can be made regarding the interception of data sent via the Internet by third parties.

### **How will my data be maintained to ensure confidentiality?**

The interview or focus group will be recorded using Zoom. The recording will capture both audio and video, but only the audio will be used for transcription and analysis. The video will be deleted immediately after audio extraction. The audio file will be stored securely and deleted after the transcript has been verified and coded. Only Dr. Emily Nolan and Doryn Wallach will

have access to identifiable data. Transcripts will be de-identified by removing names or identifying details. All data are used only for this project and will not be reused in future studies.

### **Will photographs, audio, video, or film recording be used?**

Interviews and focus groups will be audio and video recorded. Recording is required in order for your responses to be accurately documented and transcribed. If you do not agree to be recorded, you cannot participate in the interview or focus group. All recordings will be stored securely and deleted after transcription is complete. Only the research team (Dr. Emily Nolan and Doryn Wallach) will have access to the recordings.

### **What are my rights as a research participant?**

- Your participation is voluntary.
- You may skip and/or refuse to answer any question for any reason.
- You are free to withdraw from this research study at any time without penalty.

### **Whom may I contact with questions now, during, or after the research is complete?**

For questions, concerns, or more information regarding this research, you may contact:

- **Dr. Emily Nolan, Principal Investigator** – [ecnolan@syr.edu](mailto:ecnolan@syr.edu) | 315-247-2588
- **Doryn Wallach, Graduate Student Investigator** – [dwallach@syr.edu](mailto:dwallach@syr.edu) | 917-685-2503

For questions about your rights as a research participant, you may contact the **Syracuse University Institutional Review Board** at (315) 443-3013 or [orip@syr.edu](mailto:orip@syr.edu).

### ***Consent Questions:***

1. Do you have any questions?
2. Are you between the ages of 40 – 65?
3. Do you agree to participate in this study?
4. Do you understand you will be audio and video recorded?
5. How would you like me to provide you with a copy of this consent script?

### ***Appendix F: Witness Verbal Consent Documentation***

The witness oral consent script (see Appendix E) was shared with all three focus group participants before the session on February 2<sup>nd</sup>. Following the reading in the group in person, each participant verbally confirmed that they had no questions, that they were between the ages of 40 and 65, that they agreed to participate in the study, that they understood the session would be audio recorded, and that they were offered a copy of the consent script upon request. Verbal consent was obtained from all three participants before the focus group began.

### ***Appendix G: Photography Instructions and Prompts***

#### **Instructions:**

Choose a **real challenge in your life right now**.

Over about a week, take photos that respond to **two linked prompts**:

1. **Challenge:**

Take photos that express the challenge you are experiencing. These images can be literal or symbolic. They might show places, objects, light, color, or anything that captures the feeling or situation.

2. **Resilience and Reframing:**

As the week continues, take photos that show what helps you cope, heal, find meaning, or move through the challenge. This might include moments of strength, support, clarity, self compassion, or hope.

- You will **upload up to 10 images total**, each with a short caption about what the image means to you and anything that came up while taking it.
- You will also write a **short reflection** on what the experience was like.
- Last, you will **select 3 images** that tell the **beginning, middle, and end** of your story of reframing.

**Important notes:**

- You can use any camera, including a phone.
- Images can be abstract or symbolic.
- Please avoid including identifiable people or private locations whenever possible.
- Take care of yourself. If strong feelings come up, pause and ground yourself and seek out a mental health professional if you need to.

Please let me know if you have any questions and welcome to the study! Thank you for your participation!

*Appendix H: Participant Focus Group Interview Guide (FGI)*

- How would you describe your experience with the photography prompts?
- Did the process affect how you thought about yourself or your life? How?
- What was it like to know your images were displayed in community spaces?
- What would you want others to know about this experience?
- What suggestions would you have for improving the process?

*Appendix I: Individual Participant Interview Guide (PI)*

- How would you describe your experience with the photography prompts?
- Did the process affect how you thought about yourself or your life? How?
- What was it like to know your images were displayed in community spaces?
- What would you want others to know about this experience?
- What suggestions would you have for improving the process?

*Appendix J: Witness Focus Group Interview Guide (WGI)*

- How did viewing the participants' selected images and captions affect you?
- Did you connect with or relate to any of the stories?
- Did the installation influence how you think about women's experiences in midlife?
- What feelings, thoughts, or conversations did the installation spark for you?

*Appendix K: Digital frame installation Documentation*

*The following slides are representative samples from the Her Voice in Photos digital frame installation displayed at HudCo Coworking, Dobbs Ferry, New York, February, 2026. Each slide presents a participant's photograph alongside their written caption.*



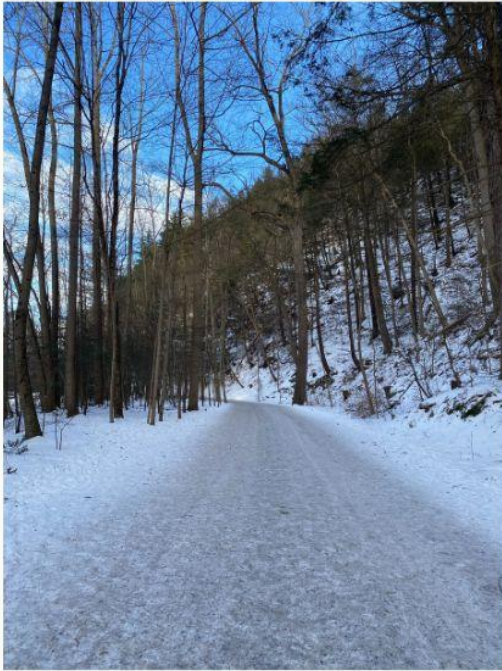
The chunks of aqua colored slag glass now reside in my landscape. The story I tell includes me beside my mom in the factory field gathering the scrap glass pieces that day when the company allowed the public to pick for free. In reality, I wasn't invited to share the experience. Every visit to my mother's home I admired the "rocks" of glass in her yard. One year she gave me one and I was thrilled to have a piece of something she loved. After she passed, I told her friends who were cleaning out her house the fictional memory to justify my hauling the heavy chunks of slag to my car. Back to my home. Jagged, prismatic, discarded, but glorious glass.

A perfect representation of our relationship.



This image represents the interplay of shadow and light, reflecting the life that happens within a home.

CARRIE, 48



This trail represents a focus on the present, what is directly in my path, without wondering too much about what is out of view. Most of the anxiety that I experience is rooted worry about things that have not happened (around the corner) or things that already happened (behind me). I try to focus on the here and now and what is within my control.

COURTNEY, 47







## Appendix L: IRB Approval Letter



### INSTITUTIONAL REVIEW BOARD MEMORANDUM

**TO:** Emily Nolan  
**DATE:** December 4, 2025  
**SUBJECT:** Expedited Protocol Review - Approval of Human Participants  
**IRB #:** 25-354  
**TITLE:** *Her Voice In Photos: Empowering Women Through The Lens of Resilience*

The above referenced protocol was reviewed by the Syracuse University Institutional Review Board for the Protection of Human Subjects (IRB) and has been given **expedited approval**. The protocol has been determined to be of no more than minimal risk and has been evaluated for the following:

1. the rights and welfare of the individual(s) under investigation;
2. appropriate methods to secure informed consent; and
3. risks and potential benefits of the investigation.

This protocol is approved as of **December 1, 2025**. An Expedited Status Report will be requested annually, until you request your study be closed.

It is important to note that federal regulations require that each participant indicate their willingness to participate through the informed consent process and be provided with a copy of the consent form. Regulations require that you keep a copy of this document for a minimum of three years after your study is closed.

Your consent form has been date stamped with the approval date. If at any time during the course of your research, a revised consent document is submitted to the IRB via an amendment, it will be stamped with the date the amendment is approved.

Formal amendment requests are required for any changes to the initially approved protocol. It is important to note that changes cannot be initiated prior to IRB review and approval; except when such changes are essential to eliminate apparent immediate harm to the participants. In this instance, changes must be reported to the IRB within five days. All protocol changes must be submitted on an amendment request form available on the IRB web site at: [Amendment-Request-Form.docx](#).

Any unanticipated problems involving risks to subjects or others must be reported to the IRB within 10 working days of occurrence on the Report of Unanticipated Problems form located on the IRB website at: [Report-of-Unanticipated-Problems.docx](#).

Thank you for your cooperation in our shared efforts to ensure that the rights and welfare of people participating in research are protected.

A handwritten signature in black ink, appearing to read 'Andrew London'.

Andrew London  
IRB Chair

DEPT: Creative Arts Therapy, VPA, 102 Shaffer Art Bldg.

CC: Doryn Wallach

Office of Research Integrity & Protections  
230 Lyman Hall, 100 College Pl., Syracuse, NY 13244

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Winnicott, D. W. (1971). *Playing and reality*. Tavistock Publications.

## CV

### DORYN WALLACH

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LinkedIn: <https://www.linkedin.com/in/dorynwallach/>

### EDUCATION

**Syracuse University**, Syracuse, NY

Master of Science in Art Therapy (Expected May 2026)

Thesis: *Her Voice in Photos: Empowering Women Through the Lens of Resilience*

Advisor: Dr. Emily Nolan

**George Washington University**, Washington, DC

Micromasters in Maternal and Child Public Health (2025)

**Simmons University**, Boston, MA

Bachelor of Arts in Human Services & Sociology (May 2002)

*Magna Cum Laude*

**The Fashion Institute of Technology**, New York, NY

Associate of Applied Science in Interior Design (May 1999)

### RESEARCH EXPERIENCE

**Graduate Thesis Researcher** (2024–2026)

Syracuse University, Department of Art Therapy

- Designed and implemented participatory photography intervention for midlife women (ages 40–65)
- Conducted qualitative analysis using thematic coding (Braun & Clarke framework)
- Received IRB approval (Expedited Review, IRB #25-354) and completed human subjects research training
- Recruited 6 participants and 3 witnesses; analyzed focus group and interview data
- Created and curated digital frame installation for community witnessing component

## CLINICAL EXPERIENCE

**Clinical Art Therapy Intern**, Four Winds Hospitals, Katonah, NY (January 2025 – April 2025)

- Led art therapy groups and individual sessions using DBT approach for adolescent inpatient population
- Collaborated with multidisciplinary treatment teams to integrate art therapy into treatment plans
- Engaged in ongoing professional development to maintain best practices in art therapy

**Clinical Art Therapy Intern**, Mountainside Treatment Center, Chappaqua, NY (September 2024–Present)

- Facilitated group and individual art therapy sessions for clients with substance use disorders
- Co-facilitated Intensive Outpatient Program (IOP) and recovery management groups
- Applied person-centered and motivational interviewing approaches in individual sessions
- Participated in clinical supervision to enhance therapeutic skills

**Clinical Art Therapy Intern**, Art Therapy Lab, New York, NY (January 2024–May 2024)

- Conducted virtual group and individual art therapy sessions for diverse international population
- Designed evidence-based art therapy workshops: PMDD Storytelling, Navigating Midlife Transition, ADHD & Women, Letting Go of Perfectionism, Art as Meditation, Compassionate Self-Talk
- Integrated research on art therapy techniques into session design

## PUBLICATIONS

Wallach, D. (2026). *Her Voice in Photos: Empowering Women Through the Lens of Resilience* [Master's thesis, Syracuse University]. (In progress)

## PROFESSIONAL EXPERIENCE

**Podcast Host/Producer**, *It's Not A Crisis Podcast* (March 2020–January 2023)

- Produced content addressing midlife women's mental health and identity transitions
- Conducted interviews with mental health professionals and researchers

- Grew engaged audience of 35–55-year-old women; ranked Top 5 Family podcast on iTunes (2021)

#### **Jewelry Designer/CEO, Doryn Wallach Jewelry (January 2015–January 2023)**

- Founded and led creative business; managed team of 10 employees
- Featured in *Forbes*, *Harper's Bazaar*, *Vanity Fair*
- Recipient of 2019 Design Excellence Award in Fine Jewelry (Accessories Council)

## **CERTIFICATIONS & PROFESSIONAL DEVELOPMENT**

### **Clinical Credentials**

- Credentialed Alcoholism and Substance Abuse Counselor – Trainee (CASAC-T)
- NYS Mandated Reporter
- Columbia-Suicide Severity Rating Scale (C-SSRS) Training

### **Specialized Training**

- PESI: Women's Mental Health Specialist Certificate
- Seleni Institute: Perinatal Mood & Anxiety Disorders; Postpartum Loss & Grief
- Postpartum Support International (PSI): Pharmacologic Treatment in Perinatal Mood Disorders
- PsychWire: Foundational Motivational Interviewing; Motivational Interviewing for Addiction; CBT Foundational
- IAPMD: Peer Support Provider Training in PMDD
- NAADAC: Certificate of Achievement in Women's Recovery
- SheRecovers: Certified Professional
- Syracuse University: Human Subjects Research Ethics Training (IRB Certification)

## **PROFESSIONAL MEMBERSHIPS**

- American Art Therapy Association
- The International Expressive Arts Therapy Association
- National Organization for Arts and Health
- International Menopause Society
- International Association for Premenstrual Disorders
- Postpartum Support International
- National Alliance on Mental Illness
- The Association for Addiction Professionals
- International Institute of Positive Psychology

## SKILLS

**Program Design & Creative Direction:** Participatory Program Development, Arts-Based Intervention Design, Curriculum Development, Visual Narrative, Community Exhibition Design and Curation.

**Research & Evaluation:** Qualitative Research, Thematic Analysis, IRB Protocol, Participatory Action Research, Program Evaluation, Arts-Based Research Methods

**Art Therapy-Informed Practice:** Therapeutic Photography, Group Facilitation, Trauma-Informed Framework, Strengths-Based Approaches, Virtual Programming

**Clinical:** Motivational Interviewing, DBT, Person-Centered Therapy, Suicide Risk Assessment (C-SSRS)

**Communication & Leadership:** Public Speaking, Written Documentation, Empathic Communication, Cross-Sector Collaboration, Community Outreach