




Photography as a Wellness Tool for Counselors-in-Training

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Abstract

The academic journey to become a professional counselor can be challenging for counselors-in-training (CIT), adversely affecting their physical health, mental health, and wellness. Counselor educators (CE) have recognized a need for wellness training and interventions to assist CIT during graduate school and to prepare them for their careers. Photography is considered a tool in art therapy within the realm of expressive therapies that can be used for wellness purposes. We review wellness, CIT struggles with wellness, expressive therapies, and photography techniques to promote CIT professional development and wellness practices. We identify the history of photography tools, describe each tool more precisely, and provide examples of how they can aid CIT in addressing their health and wellness and increasing their knowledge and use of photography as a wellness tool with future clients. We discuss practice and research implications for CE and CIT.

Keywords: *counselor education, counselors-in-training, wellness, photography, phototherapy, therapeutic photography, photovoice, creativity*

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Introduction

Counselors-in-training (CIT) often struggle with academic and programmatic expectations, financial difficulties, or physical and mental health issues in their first year (Abel et al., 2012; Lenz et al., 2012; Prosek et al., 2013). During their early training, some CIT exhibit depressive and anxiety symptoms (Prosek et al., 2013), while others may have difficulty seeking support from faculty for fear of negative feedback or judgment (Neviyarni et al., 2018). These problems can persist into CIT careers as clinicians, adversely affecting them and their future clients by internalizing (e.g., somatic complaints, withdrawn behavior) and externalizing (e.g., aggression, intrusive actions) behaviors (Lawson, 2007; Prosek et al., 2013). Through self-care and wellness practices, CIT can work towards optimal growth as individuals and professionals by decreasing negative internal and external behaviors (Myers et al., 2000). Maintaining self-care and wellness practices is essential for CIT as they navigate a new program and a new way of life, such as maintaining social distancing, wearing masks, and engaging with online learning (Harrichand et al., 2021).

Focusing on wellness may assist CIT in gaining clarity about their new roles and acclimating to their new environment. In navigating the transition to graduate school, it may benefit CIT to develop the skills in managing their wellness while juggling external expectations. Researchers have demonstrated the significance of wellness practices for CIT and how counselor educators (CE) utilize wellness tools, models, and assessments to support CIT wellness knowledge and practices (Branco & Patton-Scott, 2020; Lawson & Myers, 2011; Meany-Walen, 2016; Rachele et al., 2013; Shannonhouse et al., 2020). Such tools have been influential in helping CIT learn about and understand their wellness strengths; however, research continues to show increased physical illness and mental health struggles for CIT (Abel et al., 2012; Neviyarni et al., 2018; Prosek et al., 2013). While wellness tools using paper or digital assessments may be useful for some, alternative wellness methods using creative approaches, expressive therapies, and photography-based tools may provide avenues to engage visual and kinesthetic learners.

There is evidence that expressive therapies aid CIT in their wellness practices and enhance their learning outcomes (Davis et al., 2020; Hinkle & Dean, 2017; Robert & Kelly, 2010; Warren & Nash, 2019; Wilson & Ziomek-Daigle, 2013). Each expressive therapy model comes with unique tools and techniques that CIT can use independently to assist with their wellness practices. For example, in art therapy, counselors often use drawings and photographs to communicate meaning-making with clients (Malchiodi, 2015). Counselor educators can use art therapy tools, including drawings and photographs. These efforts assist CIT in meeting learning outcomes, benefitting CIT physical and mental health, and supporting overall CIT growth (Schmidt et al., 2019; Warren & Nash, 2019).

This article aims to describe an approach to CIT wellness using photography that can be integrated into the graduate program to support personal and professional growth and development. This approach may assist CIT in understanding how photography tools help them identify their wellness practices and apply this knowledge in their counseling. The following sections provide a review of the wellness literature and use of expressive therapies, focusing on specific photography applications as tools to aid CIT in adjusting to and completing their graduate training.

The Importance of Wellness for Counselors-in-Training

Wellness is a philosophical underpinning and a significant component of counseling and counselor education (Harrichand et al., 2021). A broad view of wellness includes understanding the world, emotional stability, stress management, and identity development as these affect one's work and relationships (Myers & Sweeney, 2008). In the past two years, many people have experienced an increase in mental and physical illness (Salameh et al., 2020) leading to increased pressure and workload on medical and behavioral health providers

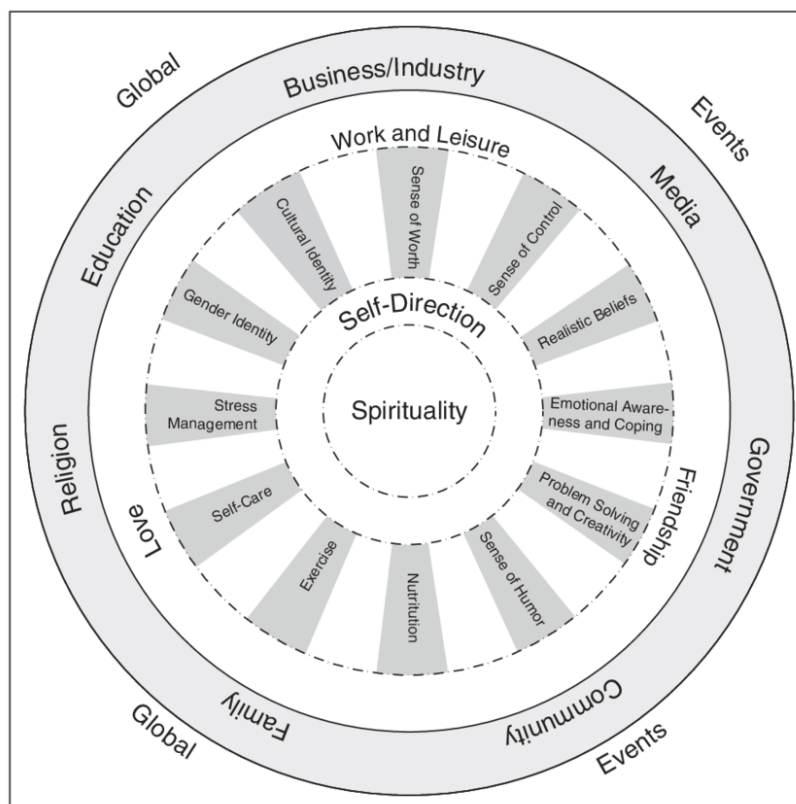
(Kaslow et al., 2020). As the demand for counseling grows, so does the importance of wellness knowledge and practices for clients, counselors, and CIT (Harrichand et al., 2021), which includes wellness from culturally diverse lenses (Sharma et al., 2021). Counselors and CE are called on to consider diversity and intersectionality within our society and to be more culturally sensitive, competent, and aware, as wellness is experienced differently by each individual (Sharma et al., 2021).

For this article, we adopt Myers et al.'s (2000) definition of wellness as “a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully within the human and natural community” (p. 252).

Wellness Models

Models of wellness have evolved over the years and reflect a deepening understanding of what influences our health across various domains. Of particular note in the counseling literature is The Wheel of Wellness (see Figure 1), which is grounded in Adlerian theory contending that healthy humans strive to accomplish three primary life tasks: friendship, work, and love (Myers et al., 2000). In addition to these three life tasks, Myers and Sweeney (2004) include the concepts of *self* and *spirit* to assimilate wellness more thoroughly with Adlerian theory. The Wheel of Wellness presents these five life tasks and 12 subtasks: (a) sense of worth, (b) sense of control, (c) realistic beliefs, (d) emotional awareness and coping, (e) problem-solving and creativity, (f) sense of humor, (g) nutrition, (h) exercise, (i) self-care, (j) stress management, (k) gender identity, and (l) cultural identity (Myers & Sweeney, 2000). For many CIT, managing all these different aspects of wellness while acclimating to a new program can be challenging (Harrichand et al., 2021; Lenz et al., 2012).

Figure 1: *The Wheel of Wellness*



Note. From “The Indivisible Self: An Evidence-Based Model of Wellness” by J. E. Meyers and T. J. Sweeney, 2004, *Journal of Individual Psychology*, 60(3), 234–245. Reprinted with permission.

CIT Wellness

Despite the importance of wellness, new counseling students may struggle to maintain a reasonable degree of wellness as they grapple with poor time management, financial stressors, and difficulty balancing their personal and professional lives (Patterson & Levitt, 2012). In addition, program expectations for self-reflection may leave CIT open to reexperiencing past trauma or mental health symptoms (Prosek et al., 2013), and ongoing feedback can be difficult for CIT who may not be open to it (Warren & Nash, 2019). When CIT feel uncomfortable communicating with or lack trust in faculty, they experience additional stress that may inhibit their learning outcomes (Neviyarni et al., 2018). The physical symptoms of stress, including headaches, irregular sleep, insomnia, and back pain (Neviyarni et al., 2018), further reduce CIT learning capacity. As CIT engage with clients during field experiences, they may experience burnout through struggling to build rapport, feeling hesitant to see clients, avoiding emotionally charged issues, and being unable or unwilling to experience the therapeutic process with clients (Harrichand et al., 2017). These difficulties impact their professional development, personal growth, and future clients (Abel et al., 2012; Lenz et al., 2012; Neviyarni et al., 2018; Prosek et al., 2013).

By focusing on prevention and intervention practices for wellness during graduate school, CE may help CIT reduce fatigue and burnout (Harrichand et al., 2017; Harrichand et al., 2021; Lawson, 2007; Schmidt et al., 2019). As CE integrate wellness into their curriculum, they are introducing CIT to wellness activities for themselves and their future clients (Harrichand et al., 2021; Lenz et al., 2012). An explicit focus on integrating wellness practices into counselor education can help CIT understand and apply these practices throughout their careers (Harrichand et al., 2021). Creative approaches (Fink, 2013) and expressive therapies can create motivation for the learning and developmental (Malchiodi, 2007) experience for CIT (Schmidt et al., 2019; Warren & Nash, 2019) and provide opportunities to enhance CIT wellness understanding and practices.

Expressive Therapies in Counseling

Each person is unique in understanding and expressing themselves, and expressive therapies allow therapeutic creativity to meet individual needs. Malchiodi (2007) defines expressive therapies as “the use of art, music, dance/movement, drama, poetry/creative writing, play, and sandtray within the context of psychotherapy, counseling, rehabilitation, or healthcare” (p. 2). As part of the counselor education curriculum, expressive therapies can be both wellness-focused and educational in providing CIT with myriad benefits through improved self-awareness and reflection (Davis et al., 2020; Hinkle & Dean, 2017; Warren & Nash, 2019), multicultural awareness (Schmidt et al., 2019; Stevens & Spears, 2009), and the development of personal and professional identities (Busacca et al., 2010; Hinkle & Dean, 2017; Schmidt et al., 2019). Warren and Nash (2019) reported that creativity within experiential teaching helped promote connections between information content and learning outcomes when CIT drew pictures with their family to help foster a discussion about feelings and empathy awareness. In another study, expressive therapies of drama, psychodrama, and role-plays increased CIT ability to conceptualize cases (Hinkle & Dean, 2017). These creative forms of learning help promote CIT self-awareness, professional identity, and multicultural awareness while enhancing empathy and emotional understanding towards self, others, and social injustices (Hinkle & Dean, 2017).

Photography Tools in Expressive Therapies

The word photography is derived from the Greek words *phos* (photos) meaning “light” and *graphe* meaning “drawing or writing.” In 1839, Sir John Herschel coined its initial definition as “drawing with light” (Young, 2017). Photographs have been used for almost 200 years to “freeze time” and capture memories across time (Weiser, 2001) and are an art form in which most people can engage. We display photos in our homes and use cameras and smartphones to capture special occasions like weddings, childbirths, birthdays, and holidays. People use photos on social media platforms (e.g., Facebook, Twitter, Snapchat, Instagram); in ads; and on phones, computers, and other devices (Loewenthal, 2013). When people take photos, the images can often

hold special meaning and emotions. Like the events, moments, and feelings they encompass, these images carry a variety of meanings and interpretations to each individual who views them.

Photography As a Therapeutic Tool

Photography's use in the helping profession was substantial between 1863 and 1993, originally used to help identify hysteria among patients (Stevens & Spears, 2009). Charles Darwin used photos to analyze facial expressions and identify emotions (Stevens & Spears, 2009). Freud used photographs as a cautionary tale to other practitioners to depict healthy clients versus depressed clients (Loewenthal, 2013). Later, Paulo Friere, a Brazilian philosopher and educator, used photographs to represent people's communities to promote critical thinking about political and social forces impacting their community, thus contributing to the use of Photovoice (Wang & Burris, 2016).

In the 1970s, the term Phototherapy was first used as people discovered the power and influence a photo could have on individuals and communities (Weiser, 2001). Clinicians began using photographs as a therapeutic self-exploration tool and used pictures to access the individual's worldviews. In 1977, a *Psychology Today* author posted a request asking readers who were using photography in their therapy or counseling to contact them. Over 200 people responded, leading to the formation of the *Phototherapy Quarterly Journal* (Weiser, 2001). In May of 1979, the first conference on Phototherapy was held in Dekalb, Illinois. The International Phototherapy Association came together a year later to spread awareness of using photos and taking photos in the therapeutic setting (Weiser, 2001). After roughly seven years, applications for using photography began being published in journals and across disciplines, including psychiatry, psychology, art therapy, social work, and similar others, such as counseling (Weiser, n.d.). As photography became more integrated within multiple fields, the International Phototherapy Association dissolved, and the *Phototherapy Quarterly Journal* ended its publications (Weiser, 2001). Leaders in the field include David Krauss, Jerry Fryrear, and Judy Weiser, who were among the first to discuss photo-based techniques such as Phototherapy and Therapeutic Photography (Weiser, 2001). Together, they research photo-based techniques, teach about using photos in practice, and host conferences on Phototherapy and Therapeutic Photography (Loewenthal, 2013; Weiser, 2001).

The use of expressive therapies is now widely accepted and formally credentialed. For example, practitioners can become a Registered Expressive Arts Therapist with proper training. Students can pursue a degree in expressive therapies, such as Art Therapy or Music Therapy. In contrast, photography and the applications within Therapeutic Photography and Photovoice do not require specialized training or a degree. These techniques are readily available to anyone who seeks to learn more about them. Currently, the Council for Accreditation of Counseling and Related Educational Programs does not require teaching these techniques; however, some programs offer electives in expressive arts. In these elective courses, CIT may have the opportunity to learn about expressive therapies and the potential benefits of incorporating photography into their wellness practices. There are benefits for CIT to understand how to use these tools in their personal lives and use them to assist their clients in a clinical setting.

Photographs capture memories and are a strong catalyst for provoking thoughts and emotions from individuals viewing them (Ginicola et al., 2012; Loewenthal, 2013; Schmidt et al., 2019; Stevens & Spears, 2009; Weiser, 2001). They serve as a medium for us to express our worldview or perspective on an experience and have a healing capacity by allowing clients to express emotions and experiences through a visual format and see their photos from different perspectives (Weiser, 2001). The image can enable the individual to reflect upon, examine, and discover a more profound meaning towards the photograph and their lived experiences (Schmidt et al., 2019; Stevens & Spears, 2009; Weiser, 2001). Photographs are used as an Art Therapy tool to aid the treatment process for a variety of mental health issues across all ages (Ginicola et al., 2012; Weiser, 2001) and with various populations engaged in individual counseling, group work, and couples counseling (Ginicola et al., 2012; Stevens & Spears, 2009).

Photography Activities

Schmidt et al. (2019) provided four photography activities for CIT professional growth and development. Photography is a prevalent tool used in art therapies (Malchiodi, 2007; Weiser, 2001) and counselor education classes (Schmidt et al., 2019; Warren & Nash, 2019) to engage in emotion or thought-focused discussions through symbolism (Warren & Nash, 2019) and metaphors (Robert & Kelly, 2010; Schmidt et al., 2019). “Capturing Emotions” builds from Robert and Kelly’s (2010) use of metaphors for CIT professional development. “New Perspectives” helps CIT see an object or situation from various angles. “Through Different Lenses” helps CIT identify with different roles, such as taking their client’s perspective. “View Finder” incorporates Photovoice to help CIT explore how each person experiences their communities differently.

Phototherapy

Phototherapy is traditionally used in a clinical setting by a trained counselor where the client and counselor discuss or analyze the meaning behind a photo. Weiser (2001) defined Phototherapy as “the use of photography and personal snapshots within the framework of therapeutic practice, where trained mental health professionals use these techniques when counseling clients” (p. 11). Counselors use Phototherapy to better connect and communicate with their clients using photographs. It helps serve as a bridge between two people’s perceived realities and can hold emotional power for the individuals viewing them. Photos provide helpful insight into who that person is, their values, and how they describe the photo (Weiser, 2001). For instance, a CIT photographs a tree in the park. To CE, the tree may look like many other trees and hold no meaning to them. However, that photo may serve as a visual representation of a favorite place for the CIT to relax by illustrating security, calmness, and safety to the student. When conversing about the photo, CE may uncover the CIT meaning of the tree and how that particular tree and location hold a place of comfort. Hence, the photo becomes a medium for communication between CIT and CE, which may reduce CIT anxiety or stress in these conversations as the focus is not directly on the CIT but on the photograph. Stevens and Spears (2009) noted various studies that have demonstrated how photographs are a valuable tool in early sessions with counselors and clients to help break the tension, reduce anxiety, and lower the stress of beginning a new relationship.

Phototherapy aims to help connect the unconscious with the uncensored consciousness using the photo as a catalyst for more in-depth communication and explanation of meaning (Weiser, 2001). When a client experiences trauma, their amygdala sends a warning signal throughout the body and increases the body’s adrenaline; the hippocampus, where the brain typically stores memories, may not function effectively and may cause a lapse in memory. When someone looks at a photograph of a traumatic event, they may not find words to describe the event due to the missing memory, but they may still have an emotional response (Weiser, 2001). When clients cannot express themselves in words, a photograph can provide a valuable medium for sharing thoughts, feelings, or experiences (Weiser, 2001).

Phototherapy includes five leading photo-based therapeutic techniques counselors often use to help their clients (Loewenthal, 2013; Weiser, 2004, 2008). One technique is using photos created or taken by clients using a camera or collecting images from other sources. Another is using photos taken by other people of the client to help the client process how others see them. These are photos where other people capture the client’s image without their knowledge and have made decisions about the timing, location, and content. A third technique is using clients’ self-portrait photos, either metaphorically or literally, where clients have complete control over all aspects of the image. A fourth technique is using clients’ photo-biographical collections or family albums, typically composed for documentation purposes, telling a narrative of the client’s life. This technique can also be used as a systemic approach to help clients see themselves within their systems, such as their social system, school system, and work system. The fifth technique is using clients’ photo-projective interactions, where clients create meaning while taking, looking at, or even planning to take a photo.

Using these techniques in counseling helps reinforce the therapeutic relationship by allowing counselors and clients to engage in conversations about the photo while exploring clients' narratives by reconstructing memories (Stevens & Spears, 2009; Weiser, 2001). Counselors asking open-ended questions (Stevens & Spears, 2009) and photo-stimulated questions (Weiser, 2001) can also expand the depth of conversation around the photo with their clients. Counselors and CE are cautioned not to assign their own meaning when exploring photos or listening to clients' or CIT descriptions of photos. Referring to the previous example where a student presents a photograph of a tree, the student might describe the tree as their calm place; at the same time, CE may impose their reality onto the student that the tree has no meaning, thus invalidating the meaning of the photo to the student. By allowing the client or student to interpret the photo, the counselor gains more insight into the client's perspectives and worldviews.

Having open discussions about photographs provides clients and CIT an opportunity to engage therapeutically in a dialog about how they perceive their identities, worldviews, and the meaning behind them. Using photos to elicit therapeutic conversations can benefit clients and CIT through self-exploration and processing, and counselors or CE by providing a visual medium for understanding students' or clients' worldviews (Weiser, 2001). Also, counselors and CIT can use the photos and processing conversations to identify themes, repeated patterns, unique content, consistencies, inconsistencies, or symbolic information (e.g., CIT consistently brings photographs of trees to represent their wellness).

Therapeutic Photography and Photovoice

Phototherapy is primarily about reviewing photographs in counseling; using Therapeutic Photography and Photovoice are intended for the client to use outside of sessions with photos assigned as therapeutic experiences (Wang & Burris, 2016; Weiser, 2001). Therapeutic Photography and Photovoice are action-oriented activities that encourage clients to go out into their worlds and be intentional about taking photos that do not require a counselor (Weiser, 2001). Although Therapeutic Photography and Photovoice are often used interchangeably, there is a slight difference between actions and origins. Therapeutic Photography is taking a photo and being present and intentional about self-exploration through the camera's lens (Weiser, 2001). In contrast, Photovoice is a two-step process of taking a photo and including a comment or description of the photo (Koltz et al., 2010; Wang & Burris, 2016). In counseling, a counselor might suggest Therapeutic Photography as a tool to help clients focus on a specific aspect of their lives outside the counseling session. Perhaps a client has been experiencing depression with low motivation to get outside. The counselor might encourage the client to take one outdoor photo daily to get the client out of the house. In the next session, these photos could provide the focus for Phototherapy: a review of the (outdoor) experience of capturing the photos, the story and explanations behind the photos, and why the client chose those pictures and what they represent to them. Photovoice can take this further by pairing photos with written stories or reflections. Doing so may provide deeper insight or information regarding the client's living circumstances or factors that need advocacy.

To be more specific about Therapeutic Photography, the client-directed actions of taking photos can be therapeutic as they require the individual to be present and in the moment (Weiser, 2001). By intentionally taking photos, the client's self-initiated activity serves as a self-discovery tool to identify the world around them from a different perspective (Weiser, 2001). For example, when someone wakes up and gets ready for the day, they are not always paying attention to their surroundings. Perhaps they are on autopilot in grooming, getting breakfast, and then driving to work. These routines can often cause people to get distracted or lost in thoughts instead of being present and absorbing the world around them. Clients can practice Therapeutic Photography by intentionally taking a moment to pause their routine, take in the world around them, and capture a photo. By doing so, they may notice things they otherwise may have missed, like the smell, taste, and visual display of their breakfast, or perhaps seeing and smelling a flower they may have missed due to being distracted. With Therapeutic Photography, clients capture photographs through self-initiation, photo-based experiences, and activities to explicitly self-explore for themselves and not others (Weiser, 2004).

Photovoice is an action-oriented approach or methodology developed by Wang and Burris (2016). It is often used to highlight oppression and marginalization or with silenced groups in the political arena. The main difference is that Photovoice generally has a reflection paired with it, whereas Therapeutic Photography does not. Photovoice is “a process by which people can identify, represent, and enhance their community through a specific photographic technique” (Wang & Burris, 2016, p. 1). Wang and Burris (2016) describe how Chinese Village women first used Photovoice as an agent of change to improve their living quality. Researchers (Li et al., 2001) initially tried to understand rural populations’ health development using photos and descriptions to gain data. Women from 50 natural villages in China began a “photo novella project, later, renamed photovoice” (p. 283). They were instructed to “use cameras to record their health and work realities, and to express their own concerns and aspirations” (p. 283). The researchers then analyzed the photos and the reflections to create a plan for change (Li et al., 2001). This Photovoice method has continued to grow as an advocacy tool for social injustices and has aided research efforts.

Photovoice is helpful as anyone with a photo-taking device can capture a picture and write or discuss what that photo means to them. In research, Photovoice is a visual representation of participants’ experience (Stack & Wang, 2018). It can benefit researchers by producing immediate data on an individual’s cultural experiences and the study’s topic (Koltz et al., 2010). There are three stages to using Photovoice as a research method requiring an intentional reflection process (Koltz et al., 2010; Wang & Burris, 2016). The first stage involves selecting photos or enabling people to capture photos and reflect on their community’s strengths and weaknesses. The second stage is contextualizing the photos or creating dialogue about important issues around the photos. The third stage is codifying the photos and reaching policymakers. Photovoice, like Therapeutic Photography, is a tool that can intentionally help spread awareness of individual realities and self-exploration, and, by serving as a change agent, allowing the photographer to share their lived experience with others in a meaningful way (Wang & Burris, 2016; Weiser, 2004).

Using Therapeutic Photography or Photovoice does not require a trained counselor, as anyone with photo-taking devices can engage in these activities and receive the benefits (Loewenthal, 2013; Weiser, 2001). The work produced also does not have to meet any specific standards as the photos are not up for evaluation or criticism but more for interpretation by the photographer. The CIT that goes out and takes a picture of a tree might do so because that tree is symbolic to them. While the student may not be a trained photographer, they can still intentionally take photos of this special place. When reviewing that photo, CE may incorporate Therapeutic Photography to intentionally capture CIT wellness practices, such as resting under that same tree symbolized by a peaceful picture of it. Along with Therapeutic Photography, counselors or CE may facilitate Photovoice to go even further to serve as an agent for change in political, personal, or social situations (Koltz et al., 2010; Weiser, 2004).

Applications of Photography Tools and Wellness

Using the photo-based tools of Phototherapy, Therapeutic Photography, and Photovoice, CIT can explore their world through a visual format. Like counseling, photos can be an excellent tool for accessing emotions and thoughts where words may not always be available, such as when they experienced trauma and are unable to recall those lost memories. Photography can be used as a communication medium between CIT and CE and make wellness a conscious component of daily life. Photos can help CIT explore their values and wellness practices. We propose that by intentionally using photography as a wellness tool CIT can be more mindful about maintaining these practices to prevent burnout and promote professional identity and personal growth, thus increasing their learning outcomes. Another potential benefit of using photography as a wellness tool may be the relationship growth between themselves and their faculty and peers as the photo becomes the communication medium. Having the photo as a medium may be less stressful as CIT would receive less direct feedback, which is a struggle for CIT with the fear of negative feedback or judgment from faculty or peers

(Neviyarni, 2018; Patterson & Levitt, 2012). Having a visual medium to help elicit conversations may increase comfort and adjustment to the counseling program environment. Using photography activities to promote personal development and professional identity for CIT builds on the research of Schmidt et al. (2019) and suggests that photography tools such as Phototherapy, Therapeutic Photography, or Photovoice may help promote CIT wellness understanding and practices.

A Proposed Activity Using Photography to Promote Wellness

Using photography as a creative method for engaging diverse learners can help CE build relationships with CIT from a nonjudgmental stance. As mentioned earlier, CIT often struggle with communicating thoughts and emotions to faculty and may experience a decrease in the frequency of wellness practices after receiving negative feedback (Neviyarni, 2018; Patterson & Levitt, 2012; Warren & Nash, 2019). Counselor educators can better understand their students' wellness practices through their described worldviews by using a photograph as a visual medium for promoting meaningful conversations. Counselor educators can prepare CIT on the intentions behind the photo-based activities by providing examples of expectations. One CE introductory narrative example follows: *This activity promotes understanding of self and others and helps serve as an alternative communication tool. The activity will not be graded or judged based on quality or choice of photograph. The objective is to help you and your clients understand the ways you make meaning, connect, and experience feelings through the medium of a photograph.*

In this activity, CIT can use photos to capture their wellness practices to promote better self-awareness of which wellness practices they are using and those they may want to improve on or increase. Counselor educators could assign a wellness project during one of their courses. This project could have CIT take photos of each section of The Wheel of Wellness over the semester. A traditional course may be a total of 15 weeks. Since there are 12 spokes, CE may have CIT spend each week focusing and taking photos of one spoke, then progress to the next spoke the next week until they have completed all 12 spokes with photos and reflections. On week 13, CIT can begin collecting their photos and reflections over the semester and discuss them collectively in class or compose an overall reflection paper on the process and insights gained into their wellness practices through photography.

Through this activity, CIT will be engaged in Therapeutic Photography (taking the photos as a self-exploration tool), Photovoice (adding reflections to those photos), and will process their experience (possibly showing their photos) in the form of Phototherapy (deriving meaning from the photos). Combining photography tools with wellness practices may help expand CIT knowledge of wellness and how they manage their wellness practices.

Considerations in Using Photography

There are considerations CE will need to be mindful of with these photo-based activities and tools. Some CIT may not be receptive to creative practices, such as expressive therapies or photo-based techniques (Fay et al., 2016; Schmidt et al., 2019; Wilson & Ziomek-Daigle, 2013). They may be hesitant to explore or may even be opposed to doing the activities. Research has demonstrated that when exposed to expressive therapy practices and using expressive therapy tools with clients, CIT tend to be more receptive to applying expressive therapies in their professional work and even gaining an appreciation for the expressive therapy tools (Fay et al., 2016; Wilson & Ziomek-Daigle, 2013). However, only some students may be interested or willing to use them. Some CIT may show ambivalence in participating, fear not using the tools properly, or have feelings of vulnerability, which makes it essential for CE to fully explain that there is no right or wrong aspect to the activity (Schmidt et al., 2019; Weiser, 2001; Wilson & Ziomek-Daigle, 2013). Further, CE could encourage CIT to use Phototherapy with their clients during internship and incorporate photography tools as wellness practices in their personal lives.

While researchers have demonstrated the effectiveness of using expressive therapies (Fay et al., 2016; Ginicola et al., 2012; Goldberg & Stephenson, 2016) and photography tools in counseling clients (Loewenthal, 2013; Weiser, 2001, 2004), there are implications for CIT and counselors who practice these photography tools in their personal lives. If taught about using photography as a wellness tool in their graduate program, they may continue using it to maintain their wellness practices once working in the profession.

Conclusion

Wellness is an integral part of the counseling profession (Kaplan et al., 2014) and permeates educational and ethical standards (Ambrose, 2020; American Counseling Association, 2014; Association for Counselor Education and Supervision, 2011; Borders et al., 2012; Council for Accreditation of Counseling and Related Educational Programs, 2016; Harrichand et al., 2021). However, many believe that CIT need more training in self-care and wellness practices. While there are models and methods currently used by CE to assist CIT understanding of wellness practices, alternative methods may further promote wellness maintenance. Creativity, expressive therapies, and photography are valuable tools in stimulating conversations about the challenges of being a CIT (Schmidt et al., 2019). By engaging in photography activities connected to wellness, CIT will learn techniques to broaden their self-awareness of wellness practices and can use them with their clients. They will be encouraged to reflect on their wellness understandings and practices and identify new ways to communicate their worldviews with their peers and faculty. These activities will promote more in-depth conversations of meaning and provide the potential for learning opportunities in exploring others' cultural and personal worldviews through a visual format. In future studies, CE may want to talk with CIT who are hesitant to use this communication form of expressive therapies or photography tools. Conversations can expand understanding of how clients perceive these activities and how individuals communicate differently. As CIT, they may want to learn how to communicate with clients who struggle with words but excel in expressive therapies, even if they are not something they prefer (Schmidt et al., 2019).

Future studies could investigate how these different photography tools paired with wellness impact CIT understandings, practices, and learning outcomes. Researchers may investigate whether photography tools have similar results for CIT personal growth and case conceptualization abilities, as demonstrated with drama, psychodrama, and role-plays. Furthermore, researchers could investigate pairing photography with how CIT understand their different wellness subtasks for greater self-exploration and self-awareness by using Schmidt et al.'s (2019) activities: "Capturing Emotions" to identify CIT emotions related to a specific wellness spoke or subtask; "New Perspectives" so that CIT can understand how their wellness practices can be performed in different ways; "Through Different Lenses" as CIT attempt to identify perspectives of their peers, faculty, or clients' wellness practices; and "View Finder" where CIT view other students' wellness practice photos and engage in discussions about various wellness practices.

Studies may include observing change over time with the wellness subtasks shifting as CIT navigate through the different stages of their program. Perhaps during students' first semester, a qualitative study could be conducted to see how CIT identify with practicing the various spokes of the Wheel of Wellness. Later, researchers may explore if CIT wellness practices are more robust or more active at the beginning or near the end of their program by comparing photos with reflections (Photovoice) at the start and end of their academic journey.

Many counselors already engage in Phototherapy, Therapeutic Photography, and Photovoice with their clients to help provide emotional awareness and improve self-advocacy efforts. However, little to no research has been done on their personal uses of these approaches to help promote their own emotional and wellness awareness. This is worth exploring as previous research has demonstrated that counselors struggle to maintain personal wellness practices (Harrichand et al., 2021; Lawson, 2007; Lawson & Myers, 2011).

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