

The purpose of this paper is to evaluate the evolving methodology and usage of Photovoice in publications. Beginning with a description of the core construct of Photovoice, this paper will explore its theoretical foundation and then critically review and assess the impact of Photovoice on the type of research being conducted. Lastly, this paper will review the planning and implementation process of Photovoice.

What is Photovoice?

Photovoice is a participatory research strategy commonly implemented in health research as a mechanism for personal and community change. First introduced as Photovoice by Wang & Burris in 1994, Photovoice has since become an empowering methodology that allows individuals to reflect upon the strengths and concerns of their community. Researchers also recognize Photovoice as a vital tool for Community-Based Participatory Research (CBPR) because of its accuracy in gathering information (Garziano, 2004). Not only does Photovoice establish a partnership among the key stakeholders, it also equitably involves them in all aspects of the research process (Streng, 2004). By capturing the needs of marginalized populations, Photovoice can direct the focus of research for a community. Photovoice goes beyond facilitating discussions for needs assessments, to a stage of action where change can occur at the policy level.

What makes up the theoretical framework of Photovoice?

Photovoice is an overlap of three theoretical frameworks: empowerment education, feminist theory and documentary photography. All three theoretical

frameworks emphasize community participation for the purpose of social action. The theoretical frameworks begin by first directing change at the individual level, transforming perceptions such as self-worth. The focus is then directed to the community level to improve quality of life and then finally to the institution level to enforce change through policies (Wang & Burris, 1994).

Friere's (1970) empowerment education theory specializes in encouraging individuals to become vocal about the needs of the community. Empowerment education begins first with data collection. Individuals go into their communities and take pictures of their concerns. Once completed, the individuals move onto facilitated discussions, sharing with one another what the photographs mean to them. The group dialogue allows the individuals to build upon each other's concerns, helping shape the identified needs of the community. As members become more passionate about improving the well-being of their community, the individual's self image will change as well. Residents will then take on the role of community advocates and participate in policy changes (Wang, 1994).

Similarly, feminist theory seeks to transform thought processes to recognize and appreciate women's subjective role as researchers, advocates and participants (Wang et al., 1996). This theory acknowledges the experiences of women as a catalyst for social change and in turn, encourages women to share the knowledge and "know-how" regarding their understanding of how communities and dominant institutions affect their lives. Furthermore, feminist theory believes that as an act of honoring women's intelligence and value, women should be the ones leading and carrying out policies changes rather than having the changes made on their behalf (Wang, et al., 1996).

The last theoretical framework, documentary photography, has been extensively used to provide vulnerable populations with an outlet to express their stories and perception of the world. Typically women, children and elderly fall under the category of vulnerable populations as they have historically suffered the consequences of structural violence. Photovoice places the control into the hands of the oppressed, allowing them to become the decision makers and elect the themes that are represented among the photos. As members of the community, these individuals are more imaginative and observant of than even the most experienced photographers and photo journalists (Wang, 1994).

Researchers use the three theoretical frameworks of Photovoice to uncover rich and descriptive information regarding the community and its members (Catalani & Minker, 2009). There are however, slight differences in how researchers have interpreted and implemented empowerment education, feminist theory and documentary photography. The effects of such alterations will be further investigated.

How has Photovoice methodology been used to conduct research?

In the seminal articles, Wang & Burris used Photovoice as part of a larger policy strategy concerning the health status of village women in rural China. The project researchers relied on Photovoice to inform Ford Foundation of the effects associated with the allocation of resources. While the needs assessment was under construction, researchers also established relationships with key decision makers, identifying which policy makers promoted or repressed women's health. Traditional Chinese cultural mores dictated that women were not as important as men. Rather, women were viewed as disposable beings and treated with less worth (Wang, 1996). Photovoice paved the way for policy change in the rural communities of China. In settings where women had no say

in the decision making process, Photovoice allowed the rural women an opportunity to communicate their burdens and their needs to the county-level officials (Wang, 1996). The photographs depicted the dangers of leaving children unsupervised at home while the mothers are gone working the fields. The pictures also confirm poor hygienic conditions and lack of educational opportunities for women in the countryside, thus revealing the feudal attitudes that continued to exist. Even among the wealthy families that could afford the cost of education, daughters stayed at home to tend to the house. To rural families in China, there was no logic behind investing in daughters since they would move in with another family once married (Wang, 1996).

Photovoice created an opportunity for dialogue and empowerment. Women gained access to knowledge, decisions, networks and resources (Wang & Burris, 1994). The response of the Photovoice project included three major policy changes that were made to support the well-being of the woman in rural communities. Policies mandated child care provision, access to midwives for child bearing women and lastly, education for all girls.

Planning and Implementation

Behind every successful Photovoice study is a team of researchers with a carefully developed plan of execution for the project. The planning and implementation process is pivotal to creating an environment of professionalism and trust. However, not all planning and implementation processes can be recycled. Researchers must first form a relationship with the community members. By engaging the stakeholders early on in the project, researchers can then better understand the dynamic of the community. This

knowledge can be used to shape the curriculum and infrastructure of the Photovoice project so that it will mold around the culture of the community.

The basic components to be included in the curriculum of Photovoice include: an introduction including the social action plan, photography training, facilitated discussion, exhibition, and debrief (See Figure 1.1). Once the participants have been recruited and brought together, ice breakers should be used to build familiarity within the group. After the participants become more comfortable, researchers can then go over the agenda and project goals. When planning the Photovoice curriculum, it is also important to begin initiating the policy component. Researchers must have a social action plan ready as it cannot be an after-thought. If there is no policy component to the project then the purpose of the data collection must be made clear to the participants at the very beginning.

The next step is training the participants in the principles of photography. By the end of the training session, participants should be familiar with the fundamentals of photography, Photovoice ethics and safety (Catalani & Minkler, 2009). The length of Photovoice training varies significantly throughout the literature. For some studies training lasted an hour while for other studies the training was dispersed throughout the photography time. However, Photovoice projects that emphasized training reported a higher quality of participation from the participants (Catalani & Minkler, 2009). Projects with the highest level of participation trained their participants to assume all roles within the research study so that they may become proficient in using computers to record and analyze data as well as balance the finances of their project (Lykes, Blanche & Hamber, 2003). In their study with elderly woman with HIV/AIDS, Gosselink & Mylykangas (2007) opted to not include a training component as they wanted to keep the

interpretation and work organic. As suggested by Harrison (2002), including a training component may alter how participants' communicate their concerns and feelings, thereby limiting the cultural and social constructions of the data. Nevertheless, photography training continues to play a crucial part of Photovoice projects.

Throughout the period of time that participants are taking photographs, researchers should hold at least one group discussion based on the photos using SHOWeD or a similar method to facilitate conversation. Not only does discussion among the participants produce valuable and rich data, it also empowers participants and their communities (Catalani & Minkler, 2009). Following the cycle of taking photos and having discussions, researchers should prepare for a community exhibition of the photographs collected. Maximum effort needs to go into promoting the exhibition and inviting policy makers. A final debrief with the participant after the exhibition can help prepare for the next steps of the project whether it be implementing the social action plan or continue with the photography and discussion process.

For more information and to see examples of curriculums and consent forms, please visit: <http://teamlab.usc.edu/training/archived-webinars.html>

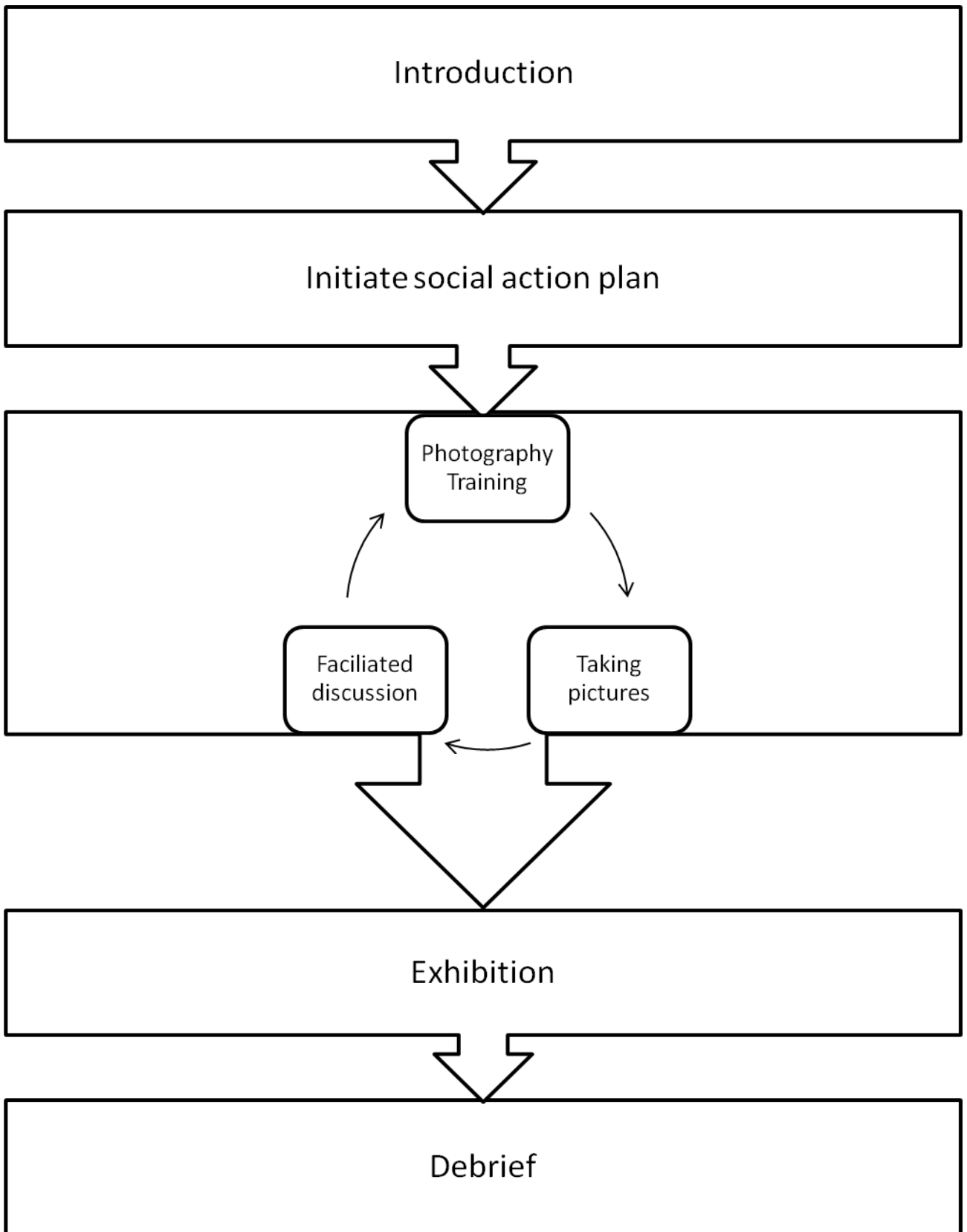


Figure 1.1 Photovoice Planning Process

Critical Review of Theoretical Use

Although Photovoice has played a critical role in developing needs assessment and evaluations for marginalized communities, and has been utilized as a catalyst for awareness and political change, the theoretical framework of Photovoice has received criticism for: (1) the lack of social action plan and (2) the lack of group process and dialogue.

Lack of Social Action Plan

Social action is an integral part of the theoretical framework of Photovoice. It is emphasized in empowerment education and feminist theory. Yet despite the importance of social action within the two theoretical frameworks of Photovoice, there were six studies reviewed (Short, 2006, Gosselink, 2007, Graziano, 2004, Nowell, 2006 Hergenrather, 2006 & Strack, 2000) that did not include a social action component. It has been noted that neglecting to include a social action plan into Photovoice methodology may negatively impact marginalized communities by leaving members of the community to feel objectified because of the lack of follow-through. In a situation such as this, the researchers may receive beneficial rewards from the Photovoice project in the form of a published paper or the rich data collected, which can be shared and disseminated. However, the community has not gained from the project. Individuals within the community may feel their efforts were made in vain since no advancement has been made to improve the well-being of the community.

For example, a study lacking the social action component of Photovoice comes from Strack and colleagues' (2000) study with youth of South Baltimore. This study collected powerful photographs, and provided a safe environment for the youth to share

their concerns for the community (Strack, 2000). However, initiatives were not taken beyond facilitated discussions among the youth to include all key stakeholders nor was there a push for policy change. Rather, the lack of social action associated with this Photovoice project may have been more detrimental to the well-being of the youth than the benefits gained from the data collection process.

Another study neglecting to carry out the social action component of Photovoice comes from Streng and colleagues' (2004) study with newly immigrated Latino adolescents. Researchers sought to identify how immigration experiences affected the quality of life of adolescents. A goal of the study was to visually inform community members of the worries of the youth regarding the present and future. Researchers held an exhibition for the youth to display their work. However, decision-makers, teachers and even the principal of the school were not present. The poor attendance to the youth exhibition reconfirms feelings of discrimination and lack of opportunities. By failing to following through with an action plan, the youth's sense of self worth has diminished. In essence, the researchers unknowingly objectified the Latino youth.

Additionally, a study conducted by Short and colleagues (2006) with teenage youth from Botswana, Africa, also failed to carry out a plan of social action. Researchers recruited youth to take pictures of positive influence of HIV/AIDS prevention within their community. Though the study teaches the youth to be pro-active in their health, researchers disregard how policy changes can make a difference in the community. As Friere wrote in 1970, the purpose of education should be to transform lives and liberate them from the status quo. For a difference to be made, the momentum created at the individual level must continue onto the community level as well as the institutional level.

Lopez and colleagues' (2005) study with African American breast cancer survivors crossed into the community level of social action. The study encouraged the participants to conceptualize steps toward addressing their needs. Researchers combined Photovoice with grounded theory to ensure the participants experience of developing a task force (to educate community members on how to support breast cancer survivors) was ????. The participants were successful in educating others about the experiences of a breast cancer survivor but did not branch out beyond the community level. For change to occur and positively influence the lives of others, researchers must think broadly and consider how Photovoice may benefit populations on a global level. As seen with the rural village women in China, Photovoice can affect policies and ensure change to be enforced.

Lack of group process and dialogue

Another deviation from the theoretical framework of Photovoice is the absence of group process and dialogue. Facilitated discussions are a central component of Photovoice as it allows participants to engage with people with similar backgrounds and experiences. Group dialogue allows participants to build upon each others' ideas. The exchange of thoughts connects people, creating a support network to encourage one another. Borrowed from Freire (1970), group dialogue allows critical thinking to occur in such a way that the participants must work together to uncover the source of dissatisfaction (Wallerstein & Bernstein, 1988). Group dialogue inspires people to believe in their ability to influence and control their environment. Without the group component, participants are less likely to fully invest themselves in the Photovoice process.

In the study conducted by Gosselink & Mylykangas (2007) with older women living with HIV/AIDS, no group work or plan for social action was involved. After more than a year of recruiting researchers were able to enlist four women for the study. The participants were interviewed individually by researchers about their photographs on leisurely experiences. When the researchers sought to do a follow-up with the women after the study, each one declined to keep in contact. In contrast, the PLWHA participants previously mentioned in Hergenrather's (2006) study became a cohesive group and worked together to develop employment-seeking strategies.

Another study that excluded group dialogue and social action was conducted by Hussey and colleagues (2006), concerning the health care access of Female-to-Male Transsexuals (FTM). The heavy stigma around this group of individuals made the recruitment process difficult. As with Gosselink & Mylykangas' (2007) study, Hussey and colleagues chose to meet with the participants on an individual basis. The difference is that the FTM participants reported being empowered by the experiences associated with Photovoice, indicating a desire to become advocates for their communities. If the researchers had held a group dialogue with the FTM participant then they could have used their collective effort toward creating an action plan to change policies.

Both Gosselink & Mylykangas' (2007) and Hussey's (2006) studies were focused on the needs assessment of highly stigmatized groups yet neither study found it necessary to have participants interact in a group dialogue. The participants did not have the opportunity to share their photos or experiences with others in similar situations, nor could they educate the community and key decision makers of their needs and concerns. Freire (1970) emphasized the importance of collective knowledge in uncovering the

personal and sociopolitical dimension of community problems (Wallerstein & Bernstein, 1988). Facilitated discussions in group settings create a sense of belonging as ideas are consistently being formed and stimulated.

Who gets the credit, social cohesion or Photovoice?

As a result of Photovoice, several studies have reported an increase in group cohesion. However, the question arises whether social cohesion is a byproduct of Photovoice's theoretical frameworks or if Photovoice's success is a result of the natural cohesion that occurs naturally because of the group process. There may not even be a causal relationship between Photovoice and group cohesion as confounders such as associations made outside of the group dialogue sessions that may obscure any true associations. Researchers noted in their studies how bonds between the participants began to form as a result of group dialogues. By participating in the project, participants become familiar with one another, building ties and friendships within the peer support group that will prepare them to solve problems and work together (Wang, Cash & Powers, 2000). Conversely, a popular belief is that social networks are positively associated to social capital. As social networks increase, individuals become more invested and as a result social capital increases. For example, group discussion increases social network as it requires participants to interact with one another, therefore an investment of trust must be made, thereby increasing social capital.

The Impact of Photovoice

Photovoice has significantly impacted the type of groups being surveyed, increasing the level of participatory research being conducted and enhancing the depth of information being collected. The number of Photovoice studies being conducted has

multiplied drastically since the publishing of Wang & Burris' (1994) first study. During the period of 1994 to 1999 the only publications on Photovoice were by the seminal author regarding its methodology. To date (2011) there are 2,050 articles on Photovoice. Researchers have discovered the ability of Photovoice to enable groups to overcome social barriers. Groups are then able to communicate experiences, perspectives and feelings to other community members as well as to policy makers. Moreover, this powerful methodology provides researchers insight into communities that would have otherwise been inaccessible such as: women, PLWHA, minority youth, FTM and breast cancer survivors to name a few.

Photovoice places the control in the hands of the participants to determine what is important to highlight. As a prime example of community based participatory research (CBPR), Photovoice empowers participants to take action and improve the well-being of their communities. Participants gain a sense of awareness for their surroundings and are able to cultivate leadership skills. Conversely, if components of the Photovoice's theoretical framework are not carried out, participants may not benefit from the study. Rather, participants may be negatively impacted by the Photovoice study if the social action and group dialogue components are missing. This can be detrimental to future CBPR as the marginalized groups recruited are historically distrustful of researchers. To ensure that future Photovoice studies are mutually beneficial to researchers and participants, all findings must be brought back to the communities.

As a participatory research strategy commonly implemented in health research, Photovoice is also a mechanism for personal and community change. Photovoice supersedes traditional methods of facilitated discussion to visually capture the needs

assessments for a community. Ultimately, Photovoice pursues social action at the policy level to improve the quality of life and well-being of marginalized communities around the world.

References:

1. Carlson ED, Engebretson J, Chamberlain RM. (2006). Photovoice as a social process of critical consciousness. *Qualitative Health Research*, 16(6), 836-852.
2. Cataloni, C, Minkler, M. (2010). Photovoice: a review of literature in health and public health, *Health Education & Behavior*, 37 (3), 424-451
3. Foster-Fishman, P, Nowell, B, Deacon, Z, et al. (2005). Using methods that matter: the impact of reflection, dialogue, and voice. *American Journal of Community Psychology*, 36(3-4), 275-91.
4. Freire, P. (1970) *Pedagogy of the Oppressed*. Continuum Publishing, New York.
5. Gosselink, CA, & Myllykangas, SA. (2007). the leisure experiences of older US women living with HIV/AIDS. *Health Care for Women International*, 28(1), 3-20.
6. Graziano, KJ. (2004). Oppression and resiliency in a post-apartheid South Africa: unheard voices of Black gay men and lesbians. *Cultural diversity & ethnic minority Psychology*, 10(3), 302-16.
7. Hergenrather KC, Rhodes SD, Clark G. (2006). Windows to work: exploring employment-seeking behaviors of persons with HIV/AIDS through Photovoice. *Health Promotion Practice*, 18(3), 243-258.
8. Hergenrather KD, Rhodes, SG, Bardhoshi, G. (2010) Photovoice as Community – Based Participatory Research: A Qualitative Review. *American Journal of Health Behavior* 33(6): 686-698
9. Hussey, W. (2006). Slivers of the journey: the use of Photovoice and storytelling to examine female to male transsexuals' experience of health care access. *Journal of Homosexuality*, 51(1), 129-58.
10. López, ED, Eng, E, Randall-David, E, et al. (2005). Quality-of-life concerns of African American breast cancer survivors within rural North Carolina: blending the techniques of Photovoice and grounded theory. *Qualitative Health Research*, 15(1), 99-115.
11. Lykes, M. B., Blanche, M. T., & Hamber, B. (2003). Narrating survival and change in Guatemala and South Africa: The politics of representation and a liberatory community psychology. *American Journal of Community Psychology*, 31(1-2), 79-90.
12. Nowell, BL, Berkowitz, SL, Deacon, Z, et al. (2006). Revealing the cues within community places: stories of identity, history, and possibility. *American Journal of Community Psychology*, 37(1-2), 29-46.
13. Short, RV. (2006). New ways of preventing HIV infection: thinking simply, simply thinking. *Philosophical transactions of the Royal Society of London. Series B, Biological Sciences*, 361(1469), 811-20.
14. Strack, RW, Magill, C, & McDonagh K. (2000). Engaging youth through Photovoice. *Health Promotion Practice*, Jan; 5(1):49-58.

15. Streng, JM, Rhodes, SD, Ayala, GX, et al. (2004). Realidad Latina: Latino adolescents, their school, and a university use Photovoice to examine and address the influence of immigration. *Journal of interprofessional care*, 18(4), 403-15.
16. Wang CC & Burris MA. (1994). Empowerment through Photo novella: Portraits of participation. *Health Education Quarterly*, 21(2), 171-186.
17. Wang CC, Burris, MA, Ping XY. (1996). Chinese village women as visual anthropologists: A participatory approach to reaching policymakers. *Social Science Medicine*, 42(10), 1391-1400.
18. Wang CC, Cash JL, Powers LS. (2000). Who knows the streets better than the homeless? Promoting personal and community action through Photovoice. *Health Promotion Practice*, 1(1), 81-89.
19. Wang CC, Yi WK, Tao ZW, Carovano K. (1998). Photovoice as a participatory health promotion strategy. *Health Promotion International*, 13(1), 75-86.
20. Wang, CC. (1999). Photovoice: a participatory action research strategy applied to women's health. *Journal of Women's Health*, 8(2), 185-92.
21. Wilson, N, Minkler, M, Dasho, S, et al. (2006). Getting to Social Action: The Youth Empowerment Strategies (YES!) Project. *Health Promotion Practice*,