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## Widening the Lens, Capturing the Gaps: DBT and Phototherapy, A Critical Review of the Literature

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**Widening the Lens, Capturing the Gaps: DBT and Phototherapy, A Critical Review of the  
Literature**

Capstone Thesis

Lesley University

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Expressive Arts Therapy

Donna Owens

## Abstract

This thesis presents a new exploration into the possibility of connecting the powers of phototherapy and dialectical behavior therapy (DBT), as well as inquiring into the idea that this integration could make a positive change in the gaps that exist in the mental health care system. This inquiry is important because both are powerful, research-supported methods that help populations that have been historically overlooked in the mental health field. However, there are many populations and diagnoses that are currently still either being glazed over or not receiving the specialized, competent, and compassionate care that is required for effective treatment. I reviewed the literature on both to see if there were any connections, and researched ways this connection could potentially be applied to gaps in the field. I found there are many ways that the two therapies overlap and have connecting ideas specifically observing that the concepts of interpersonal effectiveness skills, wise mind, distress tolerance, and radical acceptance emerged within phototherapy research. The areas of study I explored to apply this overlap within the mental health field were with LGBTQ+ identities and relationships, racism, gender bias, and misunderstood diagnoses, such as autism spectrum disorder and attention deficit disorder. With the life-saving power of DBT skills and phototherapy's ability to help marginalized communities share their voice and define their own narrative, recommendations are made for future DBT phototherapy groups. Combined, these two therapies could provide an essential kickstart to help understand, illuminate, and repair the current gaps in the field.

*Keywords:* phototherapy, DBT, photovoice, LGBTQ+, autism, expressive arts therapy

*Author Identity Statement:* The author identifies as a queer, white, non-binary, Florida-born person currently residing in New England.

# **Widening the Lens, Capturing the Gaps: DBT and Phototherapy, A Critical Review of the Literature**

## **Introduction**

What if there were mental health diagnoses that were not fully being understood or accurately treated? What if, in the field of mental health care and treatment, there were populations that were being missed and falling through the gaps? What if, by connecting the power of existing therapies and expanding on them, we could bring light and effective care to those that are often misunderstood and overlooked in the mental health field? The two therapies that I will be exploring to connect and expand upon in this way are phototherapy and dialectical behavior therapy (DBT).

My goal for this thesis is to explore the connection between DBT and phototherapy to understand if there is any therapeutic overlap, as well as any possibility for expanding this overlap to gaps in the mental health care field. There are many areas in the mental health field that are falling through the cracks and need to be better understood by practitioners, as well as developed to ensure that competent, compassionate, and effective treatment is being created and updated. If DBT and phototherapy, combined, can create a form of expression and treatment that helps with these gaps (such as helping build skills or express non-verbal emotions and experiences), that could be a potentially exciting area of exploration for the mental health field. This is an important topic of inquiry because both forms of therapy have ample research supporting their therapeutic benefits, with different diagnoses and populations that are stigmatized and can fall, unseen, through the gaps of the mental health field. However, much is unknown about the connection between DBT and phototherapy, as well as the possible synthesis. Is this an area of study that could further the mental health field? If so, the contribution to the

field could be powerful and helpful to those who have diagnoses that are still on the edge of being fully understood and cared for in the field, as well as giving treatment and a voice to populations that are marginalized. In this thesis, I review the literature on both DBT and phototherapy and make recommendations for ways that they can possibly be integrated and further developed to deepen understanding and care in the mental health field.

Before this investigation, I was always drawn to DBT and phototherapy as separate therapeutic entities. Through research and obtaining many DBT workbooks, I was able to use DBT skills during my past clinical internships. Photography has always been my main form of artistic expression, and I took a phototherapy class last year and loved it. They are two of my favorite types of therapeutic interventions, and although I had never heard of combining them together, it seemed like such a great area for inquiry.

To begin by defining these separate therapeutic terms, phototherapy is described by Lowenthal (2013) as “the use of photography or photographic materials, under the guidance of a trained therapist, to reduce or relieve painful psychological symptoms and to facilitate psychological growth and therapeutic change” (p. 21). Phototherapy encompasses different methods using photography, but the area that I focused on in this thesis is photovoice.

DBT is a therapeutic approach developed by clinician Marsha Linehan, specifically for treating the unique needs of highly suicidal women who often met the criteria for a diagnosis of borderline personality disorder (BPD; Linehan, 1993). DBT consists of four primary concepts: mindfulness, emotional regulation, distress tolerance, and interpersonal effectiveness (Clark, 2017, p. 43).

My goal was to search through the literature and find any ways to integrate the power of phototherapy with DBT. Both phototherapy and DBT are such powerful forces in the mental

health field, and I was excited to explore the therapeutic benefit of their intersection in helping clients of different populations and with more stigmatized mental health struggles.

### **Method**

My method for searching the literature was using Google Scholar and the Lesley University Library online resources. It was difficult at first to find articles, because as I found out “phototherapy” is more widely used in academic databases as a medical term. It more commonly refers to light therapy so my preliminary search yielded pages upon pages of articles about this subject, where I saw nothing about my intended term of photography in therapy. To refine the search terms, I began to use different search words such as “therapeutic photography,” “photography therapy,” “photography in counseling,” and “photovoice.” I also blocked common medical words that I kept seeing in the search results. This helped narrow my results to what I was searching for. DBT was common enough to yield many results about the actual topic.

I kept track of my progress in this thesis journey by journaling and making artwork. My goal was to use photography to process what I learned and what came up for me during this research. The forms of photography I explored in my process were digital, analog film, and instant film. As I explored the topics of phototherapy and DBT, these methods helped me keep track of what I discovered and experienced.

### **Literature Review**

DBT and phototherapy are both very powerful therapeutic approaches on their own. Even though they are very different methods (as DBT is a more skills-based training and phototherapy is an exploration of expressive arts therapy), both therapies address important issues and are able to address important issues and populations.

## **Phototherapy**

Phototherapy is an incredible tool that can help give voice to individuals and communities that are either overlooked or have difficulty verbally sharing their experiences. It is estimated that, historically, the first use of photography as a form of visual therapy was in the 1850's with clients in a psychiatric hospital (Stevens & Spears, 2009). Phototherapy can consist of different methods of using photography as healing, including photovoice. This method of phototherapy is defined as “when participants have the opportunity to construct their own understanding and knowledge of the world through photographs that represent their lived experiences. It involves giving cameras to individuals who use photography to identify, represent, and enhance their communities” (Capous-Desyllas & Mountz, 2019, p. 273). Photovoice can be used to help marginalized individuals capture and express their experiences, as Capous-Desyllas and Mountz (2019) discovered in their arts-based qualitative research with LGBTQ+ youth who were previously in the foster system.

Mayton and Wester (2019) further illustrate the power of photovoice, stating that individuals are the experts in their experience and provides a way for them to communicate their experience visually. Photovoice is a qualitative participatory action methodology and is designed to offer participants the opportunity to acknowledge and represent their experience through photographs construct meaning out of their experience, and communicate to others their internal experience. Photovoice is often applied to populations that are vulnerable or marginalized because it provides an opportunity to actively share their voice that may or may not be heard within their community. (p. 12)

## **Dialectical Behavior Therapy**

DBT is a treatment created to specifically help the needs of highly suicidal individuals, who meet the criteria for borderline personality disorder. This population was once considered “untreatable due to the severity of their behavioral symptoms and dismal clinical symptoms” (Clark, 2017, p. 9). BPD is associated with heightened reactivity in the amygdala and intense emotions. There is research that found that individuals with BPD, who attended 12 months of DBT, experienced improved emotional regulation and decreased amygdala hyperactivity (Goodman et al., 2014).

The needs that DBT addresses are managing self-harm, decreasing self-destructive behaviors, and learning skills to manage symptoms and relationships. The *dialectic* part of the skills training is aimed at “teaching a synthesis of how to change what is and how to accept what is” (Linehan, 2015, p. 1). There are four core modules in DBT to teach specific skills: skills that encourage acceptance, mindfulness and distress tolerance, and skills that facilitate change, emotional regulation and interpersonal effectiveness. These modules are generally taught over the course of 6 months (Clark, 2017, p. 43).

DBT is such a powerful treatment because, as Schaich et al.’s (2021) qualitative study details, “DBT has proven effective at reducing suicidality, self-injury and impulsive behaviors as well as emergency room visits and inpatient admissions in several randomized controlled trials” (p. 1). Quantitative research also indicates the clinically significant, sustained nature of DBT in reducing core symptoms of BPD such as parasuicidal and impulsive behavior, as well as alcohol use (van den Bosch et al., 2005).

DBT was created for the unique needs of a specific population, but it can also be adapted and therapeutic for other populations. There is research that DBT and variations of DBT can also



help bipolar disorder (DiRocco & Burrets, 2020), complex PTSD (Bohus et al., 2019), and female survivors of interpersonal violence (Lee and Fruzzetti, 2017). There are studies being designed to discover if DBT can be therapeutic for individuals with autism spectrum disorder (ASD), since there is no documented therapy that is effective for suicidality in ASD (Autism Research, 2014).

### **Interconnections**

While reviewing the literature, I investigated to see if there were any aspects of DBT that could interconnect with the benefits of phototherapy. The four main tenets of DBT (mindfulness, emotional regulation, distress tolerance, and interpersonal effectiveness) are all themes I began to notice emerging within phototherapy literature. I started to explore the idea of seeing if these concepts could potentially integrate together to further strengthen the treatment approach.

#### ***Interpersonal Effectiveness***

One of the four main concepts of DBT is interpersonal effectiveness. It is aimed at teaching relational skills to clients, to help them stay true to themselves while still having meaningful and effective interactions with other people (Linehan, 2015, p. 109). Some core skills that are explored are learning boundaries, handling conversations kindly but assertively, maintaining your relationships with others and also your sense of self respect, making new friends, sustaining positive relationships, accepting change, and ending destructive relationships. I observed this concept of interpersonal effectiveness in Haneigh and Walker's (2007) research on how phototherapy can help give a voice to people with depression. The authors highlighted how many mental illness, especially depression, can impact the way that an individual perceives themselves and how they connect to the world around them:

The world of the individual experiencing depression is often enclosed and lonely, void of any new experiences or relationships. Central to this experience is the process of constriction, whereby the individual concerned makes the world more manageable by limiting the parts of the world construed. (p. 183)

They explain this concept further by adding that it is “a way of making one’s world manageable by shrinking it” (p. 185). This concept of constriction relates to every area of a depressed individual’s life, including their interpersonal relationships. This coping skill can manifest during depression as feeling disconnected or alienated from others, or that you don’t deserve or have the skills to have lasting friendships. I realized immediately that the interpersonal effectiveness module of DBT could potentially weave into phototherapy with depressed individuals, to help clients expand and blossom instead of constricting. It could be helpful to use photography as a way to document that process, explore, and non-verbally express those hidden emotions, while also working on growing those interpersonal relationships and developing the skills to nurture them long-term.

The interpersonal effectiveness module in DBT describes, in-depth, many different relational skills and concepts to help build positive relationships. Since DBT was founded to specifically work with people with BPD, many of the concepts are created to be the core relational skills and emotional strategies that people with this disorder may never have learned. As Clark (2017) explains, “it is assumed that individuals with BPD never learned adaptive strategies for managing their intense emotional states, and that they need to develop and generalize such skills across a wide variety of circumstances. In standard outpatient DBT, the skills trainer facilitates this” (p. 31).

Capous-Desyllas and Mountz (2019) discuss in their research with photovoice and LGBTQ+ foster youth that many of the youth in the study were able to use photography to express their struggle with being abandoned by their family of origin. Their feelings of isolation and abandonment were often compounded by a lack of family and social support related to one's sexual and/or gender identity. Many participants captured snapshots representing their younger selves as experiencing isolation and/or rejection by family, caregivers, peers, the foster care system, and society more broadly. (p. 281)

Interpersonal effectiveness skills could go hand-in-hand and help these youth connect with others while also learning how to set boundaries. The LGBTQ+ participants in this photovoice study illustrated “the significance of affirming relationships in arriving at a place of self-acceptance and an ability to act upon one's attractions and envision romantic connection” (p. 288). The photovoice method gives participants a powerful space to express and explore their emotions, as well as share their visual voice and represent their own lives in a world that constantly tries to make them invisible. The combination of phototherapy with DBT interpersonal effectiveness skills could potentially be very powerful to both create a container for these experiences and help them learn how to grow their relationships and community connections - which is vital for mental health and well-being, especially for marginalized populations who are literally pushed to the margins and isolated from society.

During my review of the literature, I observed interpersonal effectiveness skills also arise in phototherapy research conducted by Hays et al. (2009), where photography was used to help adolescent girls explore their perceptions on dating relationships. This study found that many of the ideas that adolescents form about dating are formed by their social relationships, as well as that learning how to be in a healthy relationship and navigate these roles is a crucial skill. These

social relationships, roles, and expectations were reflected in the photography made by the adolescents. I made a connection to DBT immediately, as there are many sections in the interpersonal effectiveness module of DBT that address how to build healthy relationships and the direct skills needed to learn. A DBT phototherapy combination could be a great synthesis, bringing both the expression and exploration of the photography, as well as the practical skill building of DBT.

This combination could be a potentially powerful way of amplifying the benefits of an important issue of teen dating violence that appears in adolescence. Research has discovered that 20% of adolescents ages 13 to 18 experience physical dating violence (Wincentak et al., 2017). Giving this population a specialized place to explore their dating perceptions through art and learn practical skills could be a powerful way to integrate the two together, while also maximizing the therapeutic benefit of learning the developmentally integral skills of maintaining healthy relationships.

**Wise Mind.** Hays et al. (2009) discovered in their findings that adolescents experienced specific thinking styles that could be rewired with DBT.

Participants exhibited “either-or” thinking about what constitutes healthy and unhealthy relationships. They viewed unhealthy dating relationships as extremely violent or abusive. This would suggest the participants’ ideas of healthy versus unhealthy relationships, with unhealthy equating to physical violence and healthy equating to love, with no gray areas. (p. 304)

This illustrates the kind of dichotomous thinking that the DBT concept of “wise mind” works with and challenges. Wise mind is an essential part of DBT and is found under the main Mindfulness module. It exemplifies the core component of DBT in terms of being able to hold

the dialectical nature of two different, opposite truths and meet somewhere in the middle. As Linehan (2015) explains, wise mind is when “we integrate opposites- including our reasonable and emotional states of minds- and we are open to experiencing reality as it is” (p. 40). She explains even further, “Wise Mind is the middle path between extremes. In Wise Mind, we replace ‘either-or’ with ‘both-and’ thinking in an effort to find a synthesis between oppositions” (p. 42). Wise mind is a mindfulness technique that is helpful in DBT for managing painful emotions and self-destructive behavior, for finding the balance between change and acceptance, but can also help us navigate healthy relationships. Linehan (2015) offers a worksheet in *DBT Skills Training and Handouts Worksheets* called “Ending Relationships” that uses wise mind techniques in order to help end interfering and destructive relationships.

Hays et al.’s (2009) phototherapy research highlights the importance of working with polarized thinking about healthy relationships:

Participants’ display of dichotomous thinking suggests that adolescents may associate healthy relationships with only positive attributes and unhealthy relationships with only negative. Thus, it is imperative that counseling professionals provide adolescents with detailed and accurate information so that they have a clearer understanding of both healthy and unhealthy relationships. (p. 305)

This is so important because relationships are complex. Are there less severe signs of unhealthy relationships? Can unhealthy relationships also have affections and gift-giving? There are many situations where unhealthy dynamics and abuse are ignored or misunderstood because they do not fit the rigid, heteronormative narrative of abuse. Abuse is often understood only as something that is physical and that it is black-and-white, where the relationship cannot have other positive aspects or “good times” that might make identifying abuse more challenging (such as gift-giving

or moments of kindness after the abuse). Although this is the narrative, the reality is that that is not usually the case, whereas emotional, verbal, or financial abuse can be just as damaging if not more because they are often so hidden. As a way to even further expand on Hays et al.'s (2009) research, integrating phototherapy techniques and DBT together to help adolescents explore their perceptions of healthy relationships could be so powerful. Wise mind could be a powerful tool to help teach integral skills, such as learning and identifying how relationships can come in shades of gray; and, that unhealthy relationships are not always so black-and-white.

**Distress Tolerance.** Another core module of the four DBT concepts is distress tolerance. This section teaches individuals to manage intense and distressing emotions in the moment. Linehan (2015) describes distress tolerance as

the ability to tolerate and survive crises without making things worse. The ability to tolerate and accept distress is essential for two reasons. First, pain and distress are a part of life; they cannot be entirely avoided or removed. The inability to accept this immutable fact increases pain and suffering. Second, distress tolerance, at least over the short run, is part of any attempt to change yourself. Otherwise, efforts to escape pain and distress will interfere with your efforts to establish desired changes. (p. 313)

Within this section, a primary skill is introduced named “radical acceptance.” This skill is a self-compassionate way to handle distressing events and emotions, where you acknowledge your current situation exactly and completely as it is, in a non-judgmental way (McKay et al., 2007, p. 10). This allows the individual to emotionally regulate and deal with the event, instead of getting caught up in the judgements and self-criticisms that can often make things even more difficult.

While reading how Capous-Desyllas and Mountz (2019) worked with LGBTQ+ foster youth, I noticed a phototherapy reflection from one of the adolescents that seamlessly echoed the

principle of radical acceptance. Israel, an 18-year-old Latino, pansexual, trans male, captured a photo of clouds and shared about his struggles with self-harm:

Clouds are like marks in the sky, but somehow they're still beautiful. And I was kind of thinking about the scars from self-harm that I have. Even though it sucks that I have them, I show, like it still made me, me. And sometimes people don't see them as a beautiful thing. But I still think they are because when they become scars, it means that you have grown. And one day you can look back at them and just kind of know that this was in your past. (p. 291)

Many of the DBT skills, especially distress tolerance skills, were created specifically for managing self-destructive urges and overpowering emotions. Israel's description above of understanding his self-harm scars and accepting the past is exactly what radical acceptance is all about. It's incredible that his photography of clouds brought up this idea and displays that photography can help individuals radically accept their own life.

### *Overlooked in the Field*

**LGBTQ+ Relationships.** There were many areas of connection between DBT and phototherapy that I found while analyzing the literature. There are also areas of limitations in the literature of DBT and phototherapy research that reflect the current mental health field and its gaps in care. For example, a limitation of Hays et al.'s (2009) study, as acknowledged by the researchers, is that only adolescents who identified as heterosexual were studied. They shared that "there were no verbal indicators or visual indicators of same-sex relationships as having a place in a healthy relationship" (p. 304). This highlights how the understanding of queer healthy and unhealthy relationships is very limited and even more underrepresented and misunderstood than heterosexual relationship dynamics.

Further research that includes LGBTQ+ adolescents and their ideas of healthy relationships using phototherapy would be helpful. As explored earlier with LGBTQ+ foster care teens (Capous-Desyllas & Mountz, 2019), many queer teens feel even more isolated and alone due to homophobia, transphobia, and lack of support and care. These teens can fall through the cracks in care, in the foster care system, and also in places such as the mental health system. Understanding the specific dynamics of queer relationships and providing education for healthy relationships is an integral step in providing support for LGBTQ+ mental health care.

**Racism.** Racism has a long history within the mental health field and currently, people of color experience bias and marginalization within the field. According to a 2018 meta-analysis, Black Americans are 2.4 times more likely to be diagnosed with schizophrenia (Olbert et al., 2018, p. 111). Psychotic disorders, such as schizophrenia and schizoaffective disorder, are an understudied health inequity and a major cause of illness and premature death in the United States. Misra et al. (2022) state that “there are many inequities in incidence, severity, and treatment of psychotic disorders, particularly for Black communities that appear to primarily attributable to social adversities” (p. 624). They share that because of systemic racism, “for psychotic disorders, this cumulative stress can contribute to more proximal risk factors, such as epigenetic modifications, altered neurobiology, and perinatal complications. Structural racism likely also contributes unique risks, experiences, and consequences of psychotic disorders among Black Americans” (p. 625).

Research also supports that other disorders, such as conduct disorder, are diagnosed based on race bias and prejudice. In a study conducted by Cameron and Guterman (2007), they found that White children were diagnosed with conduct disorder less often than Black and Latino children, even though White boys had the highest score for “aggressive” and “delinquent”



behavior. Latino girls were also found to be diagnosed with conduct disorder at the highest rates, even though they had the lowest “aggressive” and “delinquent” behavior.

This is an area in the field that where bias and misdiagnosis could have dangerous outcomes. Photovoice has been used to explore experiences of racism and discrimination, such as alienation in higher education (Cornell et al., 2022), grief after the Pulse nightclub shooting (Suarez et al., 2020), the experiences of young Black lesbians (Zway & Boonzaier, 2015), and the lived experience of immigrant minority women. As Sethl (2016) explains, this method has a “proven ability to generate new knowledge for marginalized populations who have little opportunity to share, interpret and voice their lived experiences in a creative and nuanced way” (p. 17). This Canadian study explored the experiences of visible immigrant minority women. They were able to express their experiences through major themes, such as discrimination in the labor market, feeling caged, and racism. As Sethl (2016) describes,

the photovoice methodology gave participants a voice. It seemed that through the process of photography, the women found the means to reveal their feelings and give voice to those experiences they found it difficult articulating in the English language. Language, especially when English is not participants’ first language, has its limitation in expressing what is buried deep in the subconscious. There is power in the images that the eye of the camera is able to capture. These photographs cross the boundaries and inhabit the participants’ personal spaces that language can never touch. (p. 26)

So photovoice seems to have many strengths to working with marginalized communities, particularly with language barriers. What about DBT? There has been research into the cultural adaptability of DBT, to see if it works as effectively across different cultural groups. In fact, “many racial and ethnic groups were not included in original studies of DBT” (Haft, 2022, p. 2).

Haft (2022) discovered that there were aspects of DBT that were common challenges reported across studies where people of color and non-Western individuals were engaged in DBT. The shared challenges were the fear of family and community stigma, transportation and access, trouble understanding the homework (p. 9). Understanding that DBT has cultural barriers and accessibility issues is an area of growth and something to consider when working with people of color and non-Western individuals, to work to ensure competent care and prevent their mental health care from falling through the gap.

**Misunderstood and Stigmatized Diagnoses.** Phototherapy overall can be a dynamic tool for helping uplift and externalize voices that are often pushed aside and ignored. Photovoice in particular creates “self-representation through photos, which increases visibility as well as provides a marginalized group with greater control over their own narrative” (Suarez et al., 2020, p. 3). This caused me to reflect on how photovoice’s goal of listening to the client and helping them from their own narrative is a theme that seems to be missing in parts of the mental health system. Many marginalized communities and people with certain diagnoses can fall through the cracks in care because the system chooses to speak over their voice instead of listening to their own lived experience. The way that photovoice trusts the artist to understand and see their own perspective would be a great element to incorporate into the field as a whole. DBT could be the next step to provide compassionate, competent care in helping individuals not only express their perspective but also learn skills to manage painful emotions and challenging relationships.

**Autism Spectrum Disorder.** One population that is often overlooked and misunderstood in the mental health field is individuals on the autism spectrum. Research and treatment for autism is already overloaded with negative language and non-autistic viewpoints. As Lam et al. (2020) mention, there is a

rather negative and deficit-focused picture of autistic personhood that is pervasive in research and society is in part due to the failure of researchers and practitioners to fully engage with the lived experiences of autistics. Autistics individuals have often been deprived of the opportunity to express their own perspectives, particularly related to their own resilience or positive well-being, which can pose significant moral, ethical, and epistemological problems such as misunderstanding or mistreating autistic people and the exclusion of autistic worldviews from the production of knowledge. (p. 1247)

For ASD, emotional regulation is a common struggle. Depression and social isolation are important risk factors for suicidal behavior in autistic individuals (Cassidy et al., 2014). As explored earlier, DBT is “an empirically validated treatment for chronically suicidal and/or self-destructive behavior in adolescent and adult patients” (Huntjens et al., 2020). BPD and ASD have a lot of crossover in their core characteristics, including a central struggle with emotional regulation. Other similarities between the two can include challenges with interpersonal relationships, impulsivity, identity disturbance, and also self-injurious and suicidal behavior. As Huntjens et al. (2020) notes:

DBT addresses these issues and teaches self-regulation, change skills, and skills for self-acceptance and the acceptance of others. The strict and repeated behavioral characteristics of DBT, as well as its focus on building emotional regulations skills, will be especially beneficial to the ASD population. The enhancement of emotional regulation in therapy, such as DBT may mediate the effects of therapy on suicidality. DBT enhances emotion regulation as it teaches participants to observe and label events, thoughts, emotions, and bodily sensations in a non-judgmental, accepting way. (p. 2)

Further research into this area would definitely help us understand if DBT does actually work for ASD individuals, particularly those experiencing suicidal behaviors. Even if DBT does help this symptom of ASD, it wasn't specifically created for the unique needs of the autistic community and therefore won't be able to fully address their unique challenges. Building off of DBT skills, such as emotional regulation and perhaps interpersonal effectiveness skills, could be a great stepping point to create competent and compassionate care for individuals on the autistic spectrum. As mentioned previously, DBT could be a potential way to help autistic individuals who have challenges with emotional regulation, interpersonal effectiveness skills, and self-harming and/or suicidal behavior. Unfortunately, there is very little research on this topic.

Phototherapy has documented therapeutic benefits with this community. One such study (Lam et al., 2020) used photovoice to explore the concept of well-being in autistic young adults, where participants were asked to think about what a "good life" means to them and take photos throughout their daily lives reflecting their well-being. The major themes that the participants explored through photography were expressing their unique selves, connection to others and animals, and finding their place in community. They shared about how it felt difficult to communicate effectively and expressing their emotions. The young adults explored the values that they felt were important in friendships such as trust, respect, and loyalty.

Lam et al.'s (2020) study was created so that "research is conducted with the participants rather than on them" (p. 1247). All research in the mental health field should work like this, but unfortunately it is often not the case, and even more so with communities such as autistic individuals. Photovoice is a research methodology that, because it was developed based on a social justice standpoint, "people with socially stigmatized mental health conditions or status often have an expertise and insight into their own communities and worlds that professionals and

outsiders lack” (Wang & Redwood-Jones, 2001, p. 370). Along with more compassionate and competent research specifically on autism, a synthesis of phototherapy and DBT might help autistic individuals express themselves, connect to others, and learn emotional regulation skills.

**ADHD.** Another diagnosis in the mental health field that is often misunderstood and misdiagnosed is ADHD (previously, attention deficit disorder). When not treated or caught early enough, ADHD can impact many areas of executive functioning including performance in the academic and professional sphere (Pitts et al., 2015), as well as depression, low self-esteem, self-medicating, substance abuse, difficulty remaining employed, and relationship struggles (Johnson et al., 2020, p. 60). Even with an accurate diagnosis and the use as stimulants as treatment, many individuals with ADHD continue to experience functional impairments after medication.

Misdiagnosis can come from stigma as well as a lack of clinical awareness among clinicians of the inattentive presentation of the diagnosis and adult ADHD (Johnson et al., 2020).

Many factors can also impact ADHD diagnosis or misdiagnosis, especially in terms of prejudices and stereotypes. “Stereotypes, racism, prejudice, and sexism are just a few of the variables that have the potential of impacting clinical diagnoses” (Spencer & Oatts, 1999, p. 517). In regard to ADHD, there is a “marked disparity” in the diagnoses of White males and Black males. Even though ADHD in males typically involves lack of impulse control and hyperactivity, negative stereotypes about Black males can influence the fact that they are often immediately and informally diagnosed with conduct disorder instead of ADHD.

Students who are diagnosed as ADHD go on to receive medication, students with a Conduct Disorder diagnosis generally go on to be labeled as socially maladjusted and are subsequently placed in alternative educational settings that more closely resemble incarceration instead of education. (p. 516)

Gender is also an issue that impacts treatment for ADHD. According to Young et al. (2020), “a large number of girls with ADHD are likely to remain unidentified and untreated, with implications for long-term social, educational and mental health outcomes” (p. 2). This can be due to a number of factors, including ignoring how ADHD presents in women because of gender bias and stereotypical expectations, and ignoring more subtle and internalized behavior, which can occur because women are taught to be smaller and quieter. Undiagnosed and untreated ADHD in women can lead to difficulty in interpersonal relationships, problems in the workplace, dysfunctional coping strategies, low quality of life, anxiety, depression, substance use, and self-harm (Young et al., p. 22).

Phototherapy and DBT are types of therapy that are usually not typically thought of in the first line of treatment for ADHD, but I wanted to see if there was any overlap and if it could help with the gap in treatment for this disorder. I did find research and resources on the therapeutic benefit of DBT with ADHD. Wise (2022), a lived experience and peer support counselor, created *Neurodivergent Friendly Workbook of DBT Skills* specifically adapted to individuals with autism and ADHD, with modules applying DBT skills to specific neurodivergent experiences, such as sensory issues. They state the power and importance of this adaptation, as “DBT skills aren’t always accessible, straight-forward, or neurodivergent friendly” (p. 1). This workbook of skills is aimed “to be neurodivergent affirming while incorporating sensory strategies, managing meltdowns, and more” (p. 2). This approach is a powerful way to view the strengths of autism and ADHD, while also providing specific information focused on their different experiences and specific needs that is necessary but not being addressed elsewhere in the mental health field.

While reading Young et al.’s (2020) research, I noticed they stated that interpersonal conflict is a struggle for women with ADHD and that

targeted support in managing feelings of stress and distress, managing and regulating emotions, coping with rejection and/or feelings of isolation, managing interpersonal conflict, assertiveness training, compromise and negotiation steps, which may help to improve their occupational outcomes and their ability to cope with everyday social interactions. (p. 16)

These align with the objectives of the interpersonal effectiveness module of DBT.

Fleming et al. (2014) noted the gap in evidence-based treatment for ADHD. They conducted a pilot study on a DBT skills training group for college students, focused on reducing symptoms and functioning accompanied with ADHD. They found that “DBT group skills training may be a useful intervention for college students with ADHD, improving participants’ ADHD symptoms, EF (emotional functioning), and quality of life” (p. 269). The main DBT skills that were taught were mindfulness and emotional regulation, as both are struggles for people with ADHD.

## **Discussion**

### **Reflecting and Envisioning: Outcomes and Future Exploration**

This thesis was intended to see if there was any connection between DBT and phototherapy, as well as to see if that can be used to create therapeutic change in existing gaps in the mental health field. From the beginning, I assumed that there would be more overlap and research that already existed on the connection between DBT and phototherapy, but I soon found out that although there is much literature on the therapeutic benefits of both individually, there is no research on the combination of the two. Through the literature review, I dug deep and connected concepts myself in the existing research on the individual topics.

The primary outcome of this thesis was discovering the overlap between phototherapy and DBT. The main areas that I found intersections between the two therapeutic approaches were in the ways that phototherapy brought up themes central to DBT skills training, specifically in interpersonal effectiveness, wise mind, distress tolerance, and radical acceptance. Interpersonal effectiveness concepts were observed in phototherapy studies conducted on adults with depression (Haneigh & Walker, 2007), adolescent teenage girls' perceptions on healthy dating relationships (Hays et al., 2009), and LGBTQ+ youth in the foster care system (Capous-Desyllas & Mountz, 2019). Each of these different photovoice studies mentioned struggling with interpersonal connection skills that are mentioned in the DBT module such as assertiveness, learning how to set boundaries, challenging loneliness and isolation, sustaining affirming and lasting positive relationships, and ending destructive relationships.

I noticed that the DBT concept of wise mind, found under the core mindfulness module, was present as well in Hays et al.'s (2009) photovoice research on how adolescent girls viewed healthy dating relationships. The researcher mentioned that the adolescents viewed romantic relationships in a black and white, dichotomous way that could be harmful to teenage girls navigating healthy relationships for the first time. Wise mind is a concept specifically created to help view the gray areas and find the middle ground, in a way that can be helpful for understanding and identifying different types of abuse and unhealthy relationships.

The final DBT concept I observed while reviewing the photovoice literature was distress tolerance, specifically with the skill named radical acceptance. This was present in Capous-Desyllas and Mountz's (2019) photovoice study on LGBTQ+ youth in the foster system and their reflection on accepting emotions and self-harm, where an adolescent described their self-harm scars and urges as something that they had to accept but were moving past, like clouds in



the sky. For the future, I believe that the combination of DBT and phototherapy is an area that should be explored and has potential for therapeutic benefit. Further research on this topic could be helpful in establishing its therapeutic benefit, as there is currently no research on the topic.

My other goal for this thesis was to address gaps in care in the mental health field and see if the potential combination of DBT and phototherapy could help. The main gaps in care that I noticed were with misunderstood and stigmatized diagnoses, as well as marginalized communities that experience homophobia, transphobia, and racism. Photovoice was created to give voice to marginalized individuals and is a powerful method of therapy. The way that photovoice trusts the artist to understand and see their own perspective is so powerful and if combined with skills-based focus of DBT, could be a powerful way to process, express, and also make change. There are ways that DBT might need adaptations to ensure that it is inclusive and accessible for different cultures, so further expansions in this area would be beneficial to help improve care.

When reviewing photovoice and DBT research, I discovered specific areas where the synthesis of these two therapies (or more research into the idea) could support closing gaps in the mental health field. There is existing photovoice research on the benefits with LGBTQ+ individuals (Capous-Desyllas & Mountz, 2019). LGBTQ+ individuals could benefit from learning how to navigate building healthy relationships with DBT skills, since isolation and family abandonment are common experiences.

I am also curious if the interpersonal effectiveness skills of DBT could be expanded to include a wider social lens to specifically help certain marginalized populations and the interpersonal challenges there. For example, there are many queer youth who didn't grow up with a family to learn healthy interpersonal skills and who may also experience isolation,

rejection, and harassment from social experiences due to their identity. Studies specifically on LGBTQ+ relationships and DBT skills that incorporate skills to deal with homophobia and transphobia would be an idea for further research. A population that I can envision benefitting from a DBT phototherapy synthesis would be a group for LGBTQ+ abusive relationship survivors. The phototherapy aspect would be a powerful way to externalize their experience visually and capture the beauty in their life, while the DBT skills could help manage painful emotions and learn how to set boundaries and manifest future healthy relationships.

Racism and racial bias are areas in the field that have been impacting misdiagnosis and quality care. Photovoice has been used to explore experiences of racism and discrimination, such as alienation in higher education (Cornell et al., 2022), grieving the Pulse nightclub shooting (Suarez et al., 2020), and the lived experience of immigrant minority women (Sethl, 2016). DBT, while drawing roots from Western ideals of mindfulness and Buddhism, has some challenges in regards to accessibility, fear of stigma, and comprehension in other languages. Phototherapy combined with DBT could be a new way to address gaps in the field, as long as additional research and work to make DBT more accessible. Drawing off the research of Spencer and Oats (1999) on the misdiagnosis of Black males with conduct disorder, a potential area of further exploration could be a combination DBT phototherapy group with black males who have ADHD or diagnosed comorbid ADHD/conduct disorder. This could allow them to express their experiences non-verbally through photography, while also learning skills for ADHD, such as emotional regulation and interpersonal effectiveness (areas which people with ADHD struggle with).

While searching the literature, I was unable to find any phototherapy studies on ADHD. This is an area of proposed growth because since ADHD is a diagnosis that is often

misunderstood and misdiagnosed, many individuals end up feeling “stupid” and “worthless” as a result. Phototherapy could be a way for individuals with ADHD to express their experience and strengths, in a non-verbal way that allows them to communicate in the way that’s best for them. I did find research on the benefit of DBT with ADHD (Fleming, 2014), particularly with emotional regulation and mindfulness. Young et al. (2020) discuss the struggles that women with ADHD have with interpersonal connections. I am curious if DBT skills training on interpersonal effectiveness could also benefit social struggles that individuals with ADHD can experience. I propose the idea of research for DBT phototherapy group for women with ADHD. This could be a powerful resource to help individuals their self-esteem, express their experience, connect with others and learn skills to help manage emotional regulation and relationship struggles central to ADHD. Expanding on existing DBT research and using phototherapy to create skills-based training and artistic process group for ADHD could be very a powerful and much needed addition to treatment.

In terms of another often misunderstood diagnosis, autistic individuals often face struggles getting an accurate diagnosis and receiving compassionate, competent care. There is however research on both phototherapy and DBT being positive forces in communicating their experience and learning helpful skills. However, there was no research with the autistic community on the combination of DBT and phototherapy. While reviewing the literature, I immediately realized that I could envision a DBT phototherapy group focused on autistic individuals. In the literature, I found that there is not a lot of research done on specific support for autistic individuals who are suicidal – even though the DBT modules do address things like emotional regulation, distress tolerance, and interpersonal skills. However, there is much research on the positive benefits of photovoice with autistic youth and adults. I wonder if a group

would be helpful with both aspects of phototherapy and DBT, since it would be adding a more creative and expressive element to the skills building component.

### **Concluding Thoughts**

Based on reflections from reviewing the literature, I was able to see many connections between phototherapy and DBT. While they are different methods of therapy, combined they could be a powerful force and make up for areas the other is missing. However, there is generally no skills-based component to learn about what to do after that or how to manage that experience day-to-day. DBT could fill that gap by providing concrete action steps and education for managing strong emotions and learning interpersonal skills. There were no articles or research that I found that connected DBT and phototherapy together, but many of the phototherapy articles mentioned many of the skills and concepts inherent in DBT. To me, it seems like the intuitive next step to connect them both: to both express emotions and manage them on the day-to-day.

I not only found many connections between phototherapy and DBT, but I was able to explore how the two methods themselves work within the most marginalized communities and misunderstood diagnoses, as well as discovering potential areas for expansion. Phototherapy is an incredible way for individuals who have been silenced or unheard to express their voice, while DBT is a research-backed skills training program to help highly suicidal (and stigmatized individuals) to navigate their symptoms and improve their quality of life. Connecting the two has to potential to be ground-breaking, especially if applied further to populations that can be neglected in the mental health field.

The mental health field is a bustling ecosystem filled with therapists and psychiatrists who are working to support their client's mental health. However, gaps can begin to surface if

we do not acknowledge the systemic issues that the field was based on and how they still impact diagnosis, treatment, and care to this day. My goal as a future therapist is to continue to illuminate these gaps from the darkness, capture the disparities, advocate for advances in competent and compassionate care, and continue to focus on preventing and catching the people who fall through the gaps.

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***THESIS APPROVAL FORM***

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Expressive Therapies Division  
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**Student's Name: Megan McElroy  
Type of Project: Thesis**

**Title: Literature Review: Widening the Lens, Capturing the Gaps: DBT and Phototherapy, A  
Critical Review of the Literature**

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

**Thesis Advisor: Donna C. Owens, PhD**