The Photograph as a Catalyst in Psychotherapy*

JOEL WALKER, M.D.

This paper focuses upon the use of photographs as a projective method enabling the patient and therapist to more readily explore transential feelings, penetrate resistance, work through conflicts, and mobilize affect. The photographs are ambiguous and abstract but have a semblance of reality. They are unstructured, which by design permits interpretation. The patient can project upon the photograph his way of seeing life, his meanings, significances, patterns, relationships, and especially feelings. I am using the photographic images for the primary purpose of therapeutics in contrast to an emphasis on diagnostic usage. What is important is the dialogue and thematic content that follows from the response. The catalytic use of photographs is an alternate strategy to explore the unconscious. It helps the patient verbalize, recognize feelings, fantasize and often to realize an untrapped storehouse of imagination and/or creative potential. Finally, this method allows the patient to become more aware of his/her unique perception of the world. “The Photograph As A Catalyst In Psychotherapy” should not be viewed as a strategy in and of itself, but rather should be utilized as an integral part of the psychotherapeutic process.

This paper describes the utility and efficacy of a new technique to facilitate the psychotherapeutic process. This approach involves a new application of projective techniques. Photographic images are used for the primary purpose of therapeutics in contrast to an emphasis on diagnostic usage. The concept of phototherapy is not new as the use of photographs in a psychiatric setting was first used by Dr. Hugh Diamond in 1856. He recorded the physiological appearance of various types of mental illness on admission and discharge and the treatment of the mentally ill through the presentation of an accurate self-image.

Projective tests such as the Rorschach and TAT were designed for the purpose of assessment. Unlike the Rorschach images, which are totally unreal and the TAT images which are very real, my photographic pictures are purposively ambiguous and abstract but have a semblance of reality. They are unstructured, which by design permits interpretation. The patient can project upon the photograph his way of seeing life, his meaning, significances, patterns, relationships, and especially feelings.

When I first began private practice, I decorated my office walls with photographs which I had taken. Spon- taneously, patients began to comment about these images, objects that were seemingly outside of themselves and therefore often less threatening. In fact, what they were revealing was what they were feeling at that moment. With the abstract images, people structured them in the way they perceived their world, or their personal Gestalt. My primary purpose is to use the patients' responses to the photographs in order to achieve therapeutic goals. Each of the responses must be interpreted in the context of the whole situation, being aware of the history and what is going on in therapy over time. People respond differently depending upon their mental set and their individual life situation and background. What is important is the dialogue and thematic content that follows from the response. It is how they knit the response into the fabric of their lives that is significant.

The initial response gives additional cues of where to proceed. It acts as a cuing mechanism. For example, a sexual response may lead to an opportunity to talk about the patient’s fears or inadequacy. It may be that the response was triggered by something deeply rooted in the past or perhaps merely the anticipation of a date that would be occurring the next day. My follow-up comments may be based on past responses of the patient or my interpretation of underlying dynamics. Some photographs elicit certain responses more consistently than others. I found that the photographs were more helpful in dealing with some of the major issues in psychotherapy such as transference, breaking through resistance, working through conflict, and mobilizing affect.

Owing to the nature of my work with patients in a clinical setting using photographs as an adjunct in therapy, I felt that it was important to have a larger data base from which I could become aware of normative responses — the range of responses, the typical and the atypical ones and the predominant thematic content. Therefore,
when I had a photographic exhibit, I chose to make it a participatory experience. One advantage of this experience was that I could analyze responses in a non-clinical setting and learn which questions were relevant to ask and how to ask them. The viewers were asked to respond to the images on cards and they could also read the responses of others. A variation of this experience in a clinical setting was utilized and is illustrated in the final case history.

Case Illustrations

The first case history illustrates the emergence of transference phenomena in dynamic psychotherapy through the presence or absence of an image (Figure 1, p. 453).

Case 1

Susan is 27 years old and divorced. She works in marketing and lives with a childhood friend who is also divorced. Susan is an only child of Spanish heritage. She was referred because of anxiety, confusion and feelings of guilt. Her major problems lay in the areas of her sexual identity, intimacy and a poor sense of self.

Dialogue

Susan walked into my office, sat down, looked around and after a long pause enquired: "Where are the pictures?" I said: "What do you imagine happened to them?" Susan replied: "Had the pictures offended someone? Did you personally not want them up?" She paused then continued, "I don't want to talk about it." I said, "I think it's important to try to talk about it." She then said, "Who were the photos of? Are the photos of you and your wife undressed? Do you want to take them down because everyone is looking at them?" I replied, "The photos are of a silver medalist from the Commonwealth Games and his wife dressed." I then enquired, "How would you feel if it was me in the photos undressed?" She replied, "A side of you I have never seen before. Do you actually live outside of this office?" Then, staring at the table Susan paused. I asked, "What are you thinking about right now?" She replied, "Thinking, I don't see you as a person, you're not a friend — it's strange; it makes me anxious — who are you?" I said, "What comes to mind?" and Susan replied, "I can't imagine you anywhere else but in this room... one little room... I don't see a person. I don't understand this — how can I be telling you all these things — this isn't a relationship... This is a cause of a great sense of anxiety. I feel indignant. How dare you have this life outside of my problems. I feel possessive. Get those damn things off the wall. Why are you asking me so much about this photo?" I answered, "Because it's a part of me that was in this room and you have a lot of feelings about it." Susan said, "You deliberately took them off. You just wanted to see what I was going to say." Long pause... I asked, "What are you feeling right now?" She replied, "How awful it is to be alone."

Process

Susan was able to express her feelings about me which is essential to the therapeutic process. Because she views most relationships with men as she viewed her relationship with her father and ex-husband, for example lacking in intimacy, affection and trust, she went on to project those same characteristics onto me. The absence of the photographs allowed Susan to express feelings about me which she had not, to date, otherwise expressed. Just as she had experienced a childhood and early womanhood lacking in intimacy and trust, it soon became apparent to both of us that Susan expected the same kind of treatment from me. This is not to suggest that this issue of transference would not have come out in subsequent sessions; however, the photographs or absence of photographs in this case encouraged an earlier exploration than might have otherwise been anticipated.

This technique can reduce patients' anxieties and the photographs relates to something seemingly external to the patients themselves. I say "seemingly" because often it is difficult to divorce one's self from one's feelings because one's own experiences influence the way one perceives the world. It is economical as well for it brings up feelings that may not be apparent due to a projective nature. It increases available data and may reduce resistance to therapy.

The next case history illustrates how one photograph became invaluable in breaking through resistance.

Case 2

John is a married man in his early thirties who is trying to get his degree in optometry. He was referred to me because he thought he was having a heart attack and dying and had been to one cardiologist after another, none of whom could find anything wrong with him. He complained of a persistent burning pain in his chest.

Process

Any time a psychological interpretation was made, it was met with resistance and he would go running off to see his cardiologist again. As this cycle kept recurring, I began to feel more and more frustrated. I felt it was a psychosomatic problem and not his heart. After making a clinical decision to ask him to respond to some of the images, I came to one image and there was suddenly a tremendous amount of fury and rage that was unleashed. He literally went into a rage and then his feelings about himself in relation to his father came pouring out. Despite exploring this issue in previous sessions, the intensity of his feelings had never become apparent to either one of us. The image really triggered this awareness. As he began to deal with his own rage and anger, the pains began to subside and eventually left him. The image became an economical means to cut through the resistance to therapy.

The next case history involves working through conflict.

Case 3

Mary is a depressed lady in her mid-fifties who is very religious and moral. She has been a foster mother for thirty different babies at various times in her life. She and her husband have two of their own daughters who are at present

† The show was entitled "See and Tell" and was exhibited in New York, Toronto, and Mexico City (see Time magazine "See and Tell": Color Phototherapy, August 17, 1981, pp. 34-35).
living on the periphery of society and having children out of wedlock. Her depression was primarily focused upon her two daughters.

**Process**

Whenever we explored the relationship between Mary and her daughters, her ambivalence was always apparent. She loved them as daughters but did not really like them as people. She could not accept what they had become or the demands she felt they had imposed on her. One of them was having a baby out of wedlock and this made her terribly upset. The same daughter had had a previous pregnancy which terminated in a stillborn birth and Mary was fearful that the present pregnancy would end in the same way. At this point, I made a clinical decision to ask her to respond to one of the images hanging on the wall. Her back was towards it but she turned around and, trembling, began to describe moving arms and some semblance of legs but no body — it reminded her of a fetus. She left the session and came back the next time saying, “I thought you were supposed to help me. I have had nothing but nightmares since I left here. I am really upset and I can’t get that bloody image out of my head. That’s all I ever see. I don’t want to see that picture.” Then, she turned her back to the picture. As I encouraged her to talk about her feelings, she related how she had been called directly to the delivery room the previous time and how traumatic the whole birthing process had been. The image acted as a vehicle to epitomize the unconscious conflict and her intense fear about her repressed concerns involving the whole birthing process. It was interesting that once the child was born in a normal delivery she came to the session several weeks later and was able to find the entire fetus in a different location in the image. Whereas in her previous projection she could only perceive disintegration, there was now a completion, a whole. The fact that the visual image of the disembodied fetus remained with her, she was confronted by it and this confrontation forced her to unleash the repressed fear.

The final case history exemplifies the process that has evolved in developing the use of photographs in my practice. This is one of the longest cases I have worked with and in fact I am continuing to work with the patient at this time. The psychotherapeutic issue to be emphasized is one of affect. The following thumbnail sketch is a description of the patient when he first came into therapy.

**Case 4**

Steve is a man in his early forties who is married with two children. He has a Ph.D. in mineralogy and does consultation work in his field. He was referred during a depressive episode. The major underlying affect was anxiety. He was constantly running from exploring himself. As my photographs are abstract and interpretive their projective use allowed this patient to identify and feel with something external to himself. This was less threatening for him than exploring something directly related to himself and therefore reduced his anxiety to evoking feelings rather than to deny and/or intellectualize his feelings. He was extremely analytical, conceptual and very bright.

**Dialogue**

I asked, “What feelings, fantasies or thoughts does this image evoke in you?” There was a prolonged silence, then Steve responded with hesitantly, “It looks like a reflection on a surface — metallic — irregular — meshwork. It reminds me of shapes seen in French caves — the crude outline — it has an analytic feeling to it.”

At this point I thought that the response was indicative of how Steve sees his world. It is conspicuous by the absence of affective content; it is an intellectual analysis. Then, I said, “It’s interesting that while I asked you what you felt when you looked at the image, I had the feeling that I was hearing you describe one of your rock specimens.” He answered, “I guess I never really realized how difficult it is for me to talk about what I feel inside.”

**Process**

The dialogue surrounding the photographs continued over several sessions and finally focusing on himself the patient was able to respond with ease. Then he could deal with himself without the medium of photography. His way of coping in all situations was to approach them as a problem-to-be-solved. He had one great wrench which he used to deal with all situations. Feelings were foreign. In subsequent sessions, Steve learned to value himself and to know who he was, which allowed him to stop trying to prove his worth through his intelligence. Once he knew who he was, he began to express his feelings. His response helped confirm what I had surmised, but most importantly it allowed him to recognize his difficulty.

About a year after the previous dialogue occurred, I asked Steve to respond to the four images. I told him that I was interested in doing this from the point of view of progression.

**Figure 1:** “It’s a vortex in the atmosphere. He sees it from the side sucking up the earth from below. It’s not cold, but it’s an inanimate feeling, transitory, recognizable, but no definite form. It’s an intangible feeling.”

**Figure 2:** “The last second before commitment. A figure about to dive. It is a feeling of being prepared. He is resigned to carry out the act. It’s peaceful.”

**Figure 3:** “A distortion of worn images by reflection. A feeling of confusion. A river seen through the clouds. The recovery of something known. Anxious to see beneath the featureless clouds. It is a feeling of height and searching.”

**Figure 4:** “Man after exercise. Toweling sweat. Release — relaxation. Tired but in a very relaxed way.”

Initially I thought that he was actually using some feeling words but on closer inspection I realized that something was missing. I showed the written responses to him. He surveyed them for a long time and said, “You know I don’t really feel those things. It really is out there and it is much like watching something, being the observer and not being involved, being able to identify what the feelings ought to be but in fact not really feeling them at all.” There was no ownership of feelings; he was a spectator. Then he was struck with an idea after seeing how other patients had responded to the images. One girl in particular had written: “I don’t like this image, I feel scared, it makes me nervous.” He looked at this response and said: “You know I would like to try something in a couple of weeks. I would like to see if I could write the word
The catalytic use of photographs is an alternate strategy to explore the unconscious. It helps patients to verbalize, recognize feelings, fantasize, and often to realize an untapped storehouse of imagination and creative potential. It allows them to view themselves in a less defensive way through the visual realm. As a society we place a high value on verbalization and we have learned how to defend ourselves intellectually. I believe that although feelings, thoughts, and fantasies are expressed verbally in reaction to the photographs, the visual impact overshadows the verbal defensive repertoire. Finally, this method allows the patient to become more aware of his or her unique perception of the world.

"The photograph as a catalyst in psychotherapy" should not be viewed as a strategy in and of itself, but rather should be utilized as an integral part of the psychotherapeutic process. Just as my patients are learning and growing, I continue to experience the challenge of a new approach within my professional pursuits. Perhaps, the most exciting thing is that I am learning from my patients on a daily basis — it is not a one-way street.

Résumé

Cet exposé traite de l'utilisation de photographies comme méthode projective permettant au malade et au thérapeute d'explorer plus facilement les sentiments transférentiels, de pénétrer la résistance, de résoudre les conflits et de mobiliser l'affect. Les photographies sont ambigües et abstraites mais donnent une illusion de réalité. Elles ne présentent aucune structure particulière et cela a dessein pour permettre l'interprétation. Le malade peut projeter sur la photographie son optique de la vie, sa conception des êtres, ses modèles, ses rapports et surtout ses sentiments. J'utilise ces images à des fins surtout thérapeutiques, à la différence d'un usage principalement diagnostique. Ce qui est important c'est le dialogue et le contenu thématique découlant de la réaction. L'utilisation catalytique des photographies est un autre moyen d'exploration de l'inconscient. Elle aide le malade à s'exprimer verbalement, à reconnaître ses sentiments, à faire jouer son imagination et souvent à découvrir des sources inexploitées d'imagination ou de potentiel créateur. Enfin, grâce à cette méthode, le malade prend davantage conscience de sa propre perception du monde.

"La photographie en tant que catalyseur en psychothérapie" ne devrait pas être considérée comme une stratégie en soi mais plutôt utilisée comme partie intégrante du processus psychothérapeutique.

Conclusion

The use of ambiguous photographs as a projective measure enables the patient and therapist to more readily explore transferential feelings, penetrate resistance, work through conflicts, and mobilize affect. In contrast to other projective techniques, the present discussion emphasizes the therapeutic benefits in contrast to the diagnostic considerations. Its value as a catalyst in psychotherapy is further enhanced in its utility and efficacy in dealing with difficult cases as well as the not so difficult ones by acting as a tool which facilitates the psychotherapeutic process more readily.

This technique recognizes that both patients and therapists have differing perceptual styles. Some are perceived to be more analytical, verbal and rational while others are more imaginative, visual and emotional to their approach in relating to the world.

Some schools of thought believe that therapist self-disclosure and non-neutrality should be minimized. In my use of phototherapy there is a conscious and deliberate exposure as the photographs are a personal extension of the therapist. This disclosure gives further grist for the psychotherapeutic mill.