

INSTANT PHOTOTHERAPY WITH CHILDREN AND ADOLESCENTS

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Chapter 9

Instant Phototherapy with Children and Adolescents

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INSTANT photography was first developed in 1948 by Dr. Edwin H. Land. This remarkable process enabled the photographer to view his finished print only minutes after the photo had been taken. The film was developed and printed automatically by chemicals that were located within the film cartridge and were activated by rollers which spread them over the film surface as the film was withdrawn from the camera.

Today this process has been refined. Instant photography is now easily available and quite simple to use. The process is quick and precise, and its results are so impressive that it is rapidly becoming a new art form for avant-garde photographers. As the reliability of the process improved and the cost of film and cameras lowered as a result of mass production, instant photography came within reach of psychotherapists who were looking for innovative techniques to reach patient populations difficult to motivate in traditional psychotherapy experiences. These early pioneers were especially struck by the impact this experience had upon autistic children, antisocial children, learning disabled children and acting-out adolescents, see e.g. Gee, 1976, Wolf, 1976.

This is by no means to suggest that possible applications of instant photography are limited to these patient populations, but rather, to point out

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The Polaroid Technique: Spontaneous Dialogues from the Unconscious. Published in *The International Journal of Art Psychotherapy*, Vol. 3, pp. 197-214, Pergamon Press, 1976 and also in *The Dynamics of Creativity*, (The annual proceedings of the American Art Therapy Association Conference, 1977), Barbara Mandel, Roberta Hastings Shoemaker, ATR, and Ronald Hayes, ATR, Editors. Robert Wolf, M.P.S., ATR, Author.

The Use of Instant Photography in the Establishment of a Therapeutic Alliance. Published in *Creativity and the Art Therapist's Identity* (The Annual Proceedings of the American Art Therapy Association Conference, 1976), Roberta Hastings Shoemaker, ATR and Susan Gonick-Barris, ATR, Editors. Robert Wolf, M.P.S., ATR, Author.

Instant Phototherapy: Some Theoretical and Clinical Considerations for its Use in Psychotherapy and Special Education. By Robert Wolf, M.P.S., ATR. In *Phototherapy*, 1981, 3(1), pp. 3-6

that the use of this technique is still in its infancy. However, since most of my experience has been gleaned from work with these populations, the content of this chapter will focus upon my theoretical understanding of the impact of instant photography upon the development of object relationships and ego skills, which are a central component of the therapeutic treatment of autism, learning disabilities and acting out behavior disorders.

I will also discuss the interrelationship between visualization and verbalization of affects, as promoted by our instant photo technique, and the effect of this process on the tendency to act out as often found in antisocial personalities.

WHY INSTANT PHOTOGRAPHS?

The instant photo is a spontaneous document. It captures the present in a "stop-action" form and offers to the viewer an opportunity to observe, examine and respond to what has just occurred. This quality of immediate feedback tends to hold the attention of the viewer, especially if he himself has taken or been the subject of the photograph. It offers him a nonthreatening way to take a close look at aspects of himself that previously may have been lost in the confusion of his impulsiveness. The photos can serve to initiate important discussions that may ultimately elicit significant information about the viewer. In therapeutic sessions this often leads to new energy and interest and can result in important insights in the patient.

The initial experience of having his own photo taken may also help a resistant patient overcome anxiety. It immediately engages him on a level at which he can feel personally involved in the therapy process. This investment holds the patient's interest and stimulates further involvement as the therapeutic relationship continues to evolve.

Even impulsive patients who require a great deal of structure and seek immediate gratification are able to utilize this technique because of the spontaneous nature of the instant print: they are figuratively held captive by the excitement of seeing their own image reflected in the photograph.

THE BASIC TECHNIQUE

The instant camera may be used in psychotherapy in a wide variety of ways. It may be used as part of a single diagnostic evaluation or as an integral part of long-term, ongoing psychotherapy (Wolf, 1978). Regardless of the manner of its use, however, I have found the following general procedure to be helpful. The procedure, of course, may be modified to suit a specific situation.

The therapist introduces an instant camera and film into the therapy session and demonstrates its use. Then he may suggest that he and the patient photograph each other. This can be expanded upon in several ways. The therapist may suggest that each person pretend to do something, make a silly

face or gesture, or he may simply ask how the patient feels today and suggest that he give this feeling bodily or facial expression in the photo.

In a group, the therapist may suggest that photos be taken of group members. The selection process may be by group decision, or, depending upon the group's need for structure, may be left to the therapist alone.

After the photos are taken, the group or patient is instructed, with the therapist's help, to cut out the figures from their backgrounds. Next, photos selected by the patient are placed on a neutral paper in a configuration of his own design, and glued into place. The backgrounds as well as the figures may be used. The determination of how many figures or background photos will be used, or of their configuration on the paper, may be left to the patient or structured by the therapist.

The patient and therapist together look at the picture and begin to associate playfully to the images. The patient is encouraged to playfully draw in elements which elaborate his associations and begin to locate the photo-images in time and space. The negative space, created in the background pieces when the figures have been removed, may be drawn in by the therapist or the patient. New elements may be added by simple line drawings, paint, magic markers, cray-pas, etc. New images may also be added by taking new photos and creating a collage. The original images serve as a starting point and are often expanded in very creative ways by the patient.

For some patients this in itself may lead to significant new material for discussion with the therapist. Some less verbal youngsters may not be able to move to the next step described below. It is important for the therapist to be sensitive to the abilities and needs of each patient in determining how far to pursue this process.

If, however, the patient is able to work on a verbal level, it may be helpful for the therapist to ask him to look carefully at each element in the finished picture and envision himself as each figure. The patient is then asked to say whatever he feels the figure is saying, thinking or doing. These verbalizations may then be written verbatim, in cartoon caption format, by either the therapist or the patient.

If there is more than one figure in the picture, the therapist may elicit an ongoing dialogue from the patient by asking him to become each person and respond to the previous verbalization. This may go on until the patient is satisfied with the dialogue. The therapist may just help to document the patient's responses or may actively engage in the dialogue by taking on the role of one or more of the characters. This approach resembles the technique of psychodrama except that we now have created a lasting product of the imaginative experience to which the patient may later refer.

GRAPHIC ELABORATION: A PSYCHOANALYTIC PERSPECTIVE

We use the instant photo as a screen upon which the patients may project images and explore their underlying significance. This process is similar to the "free association" employed in traditional psychoanalysis. In the free association process, a patient is asked to assume a relaxed state and verbalize whatever thoughts, feelings or images enter his mind. These are then further explored by examining their latent content, that is to say, the underlying thoughts or feelings which link each of these elements together. Often it is not until the patient has carefully explored these underlying thoughts that the significance of the original images becomes clear.

In a similar way we ask our patients to "play" with their photos and draw whatever they wish to add or graphically elaborate upon to their original image. The therapist may then be able to help the patient explore the underlying content of these images and trace them back to emotionally significant issues. By creating a playful tone in the session the therapist is often able to help the patient overcome his resistance to this process.

Many elements of primary process thought may occur during this elaboration process. At first, time and space distortions and the recognition that many of his thoughts are connected by proximity or opposition to each other may be quite frightening to the patient. He doesn't know why he is drawing what he is! Here the therapist's ability to help him relax and play with the seemingly illogical material as it emerges is often crucial for the successful application of this technique.

Once a relaxing atmosphere is created, the therapist's instruction to cut the figures from their backgrounds may stimulate the patient's fantasy life. As the figure is freed from its links in time and space which had been provided by the background field of the photo, the patient can more easily focus on important nonverbal aspects of each figure. The body language, gestures and facial expressions which had been camouflaged by other, stronger reality elements of the photo, begin to emerge more vividly. This helps the patient to become more aware of and sensitized to the nonverbal elements of his images.

According to psychoanalytic theory, when certain emotions are not consciously experienced, they are not communicated through mechanisms that are consciously controlled. Because all emotions or affects do seek expression, nonverbal forms of communication such as gestures and physical stance, along with other more indirect forms of communication such as slips of the tongue, omissions and additions, often contain significant emotionally laden unconscious messages. So as the patient sharpens his ability to focus on these nonverbal elements and is encouraged to graphically elaborate on his images, he demonstrates how well this technique lends itself to the discovery of unconscious material.

Variations

The possibility for variations of this technique are often limited only by the therapist's reluctance to relinquish control over the structure of the session. We have found that some of the most creative applications of this technique were discovered by patients who were given the freedom to explore the range of possibilities without restriction.

This photo medium lends itself particularly well to the creation of finger puppets. The therapist may photograph the patient's face and hands and have them cut out and fastened to small rings of paper that can slip around one's fingers. You then have a spontaneous finger puppet that can be further embellished with found materials or just left as is. Children love to role play characters that they create in this manner. The therapist may easily make a puppet of himself as well and role play along with the patient. Reversing roles is quickly accomplished by exchanging puppets. As one may imagine, the projective potential of this kind of project is limitless.

Another interesting project with tremendous projective potential is the three dimensional stage. Figures are cut out and fastened in a free standing fashion to a piece of paper which acts as the floor in a scene of the patient's own design. He can add characters by photographing other people or posing for photos in various gestures. The patient can draw and add color directly to the photo to create the different characters. Imagine the potential for uncovering unconscious attitudes toward various family members if you ask a youngster to role play each family member and create representational characters out of their photographs! Additional material will of course come from the patient's placement of each figure.

There are various devices commercially available which can enhance these instant photo scenes. One is a clear plastic cup with space to insert artwork which can then be viewed through the transparent outer surface. Another is a badge-making kit that laminates artwork onto a metal button that can be worn on one's clothing. These materials are available through mailorder catalogs and motivate the patient to carry off, into his world, projects which represent his work and relationship with his therapist. This is particularly important when working with youngsters who tend to use the therapist as a transitional object and need to feel connected to him during the long hours which separate each session.

OTHER THEORETICAL ASPECTS**Ego Building Qualities**

It is generally agreed that the ego develops from the infant's experience of

his body. Ego psychologists have made much use of the concept that the ego is at first a body ego. This certainly makes good sense from a developmental perspective, for the young infant is immersed in a world of physical experiences. Sight, touch and sound are the first perceptions with which the growing infant begins to make sense out of the initially confusing bombardment of stimuli.

It is, therefore, understandable that an experience that focuses upon one's visual perception of oneself would help to strengthen ego weaknesses that have led to distortions in body image or self-concept. By providing a variety of visual feedback, the photo medium offers the patient an opportunity to organize his perceptions and ultimately learn who he is. It may be quite therapeutic for the patient to simply have a chance to observe how he looks from different perspectives.

In addition to these primary ego skills I have found this technique promotes the development of other ego skills as well. Organizational skills are stimulated as the patient learns to follow the simple tasks that are required by this procedure. He must learn to follow instructions, delay immediate gratification for the benefit of greater future satisfaction, and learn sequencing skills in order to operate the camera effectively. The patient also develops his integrative skills as he attempts to create an environment for his figures. By drawing in the fantasy background and adding other imaginative elements which locate the initial image in time and space, the patient begins to familiarize himself with certain of his unconscious and preconscious fantasies. Then in the process of talking about these images and ultimately their related feelings and conflicts, further integration of inner and outer aspects of the patient's personality is achieved. It is this "owning" of previously repressed or dissociated parts of the ego which fosters a strengthening process. Libidinal energy which was previously used in the service of repression is now freed for more productive purposes. It is important to note that for certain patients, particularly young children, this "owning" of fantasies may occur on a playful or symbolic level without the need for the patients to gain conscious insight into the historical root of the conflict. A resolution of the conflict may occur in this manner as the child gains a symbolic sense of mastery over his psychic dilemma and frees energy previously bound up in the struggle. The patient's abstracting skills are stimulated as he draws images which on some level relate to his inner life. The process of transformation from inner fantasy into an externalized two dimensional drawing promotes the patient's ability to perform abstract tasks. Further verbalizations continue to strengthen this bridge between abstract images and concrete thoughts, lending breadth and depth to the patient's sense of self.

Impact On Object Relationships

A second major area where I have found instant phototherapy to have

significant impact is in the development of the patient's object relationships. By using this technique as an integral part of ongoing psychotherapy I have seen marked improvement in the patient's level of object relatedness. This is particularly important for patients who have had problems in their separation/individuation phase of development (Mahler, 1963).

The patient is thus able, in a playful manner, to work through his difficulty in differentiating between self and object — a major developmental task. Seeing himself and the therapist in various positions, at times by themselves, at other times together, he is slowly able to internalize the concept of feeling himself to be a separate, functioning person/object. Furthermore, by cutting out these figures and reintroducing them into self-created environments, the patient is allowed to develop a sense of mastery over this differentiation process.

Another important process which is promoted by using instant photos is the patient's ability to internalize his object representations. In other words, the patient may begin to take, inside of himself, a psychic representation of his therapist, which may then enable him to function more autonomously. By feeling as though he has the therapist (clearly representing the mother, transferentially) with him, he is more able to feel comfortable moving out into the world. This process may be compared to the concept of identification as a way to overcome a sense of object loss. Many youngsters who have been unable to successfully internalize representations of their own mothers in this fashion may discover a second chance to correct this handicap through this process. The therapist may offer to provide such a youngster with a creative journal which he may keep with him at home and bring to sessions with him. In this journal the youngster may glue photographs of himself and of the therapist. This journal may well become an important link between the therapist and patient, enabling the patient to slowly improve his ability to achieve object constancy and feel as though he is still in the presence of the therapist even during the days between actual sessions.

I have often found that the ability of children with learning disabilities to maintain a level of object constancy has been impaired by early environmental failures. Whether these failures are caused by defective responses by early objects or are a result of genetic predispositions or a combination of both is a debatable issue and one that extends beyond the scope of this paper. It is sufficient to say that whatever the cause, the fact remains that without this important developmental milestone having been reached, the youngster suffers in both his interpersonal relationships and, as I shall later discuss in greater detail, in his ability to cathect knowledge, or in other words, to learn! By offering photos of the therapist in this format we are providing a reparative process in which the journal may be used by the patient as a transitional object (Winnicott, 1975). The journal becomes highly cathectic and offsets the anxiety created by the transferential reconstruction of the original traumatic separation

from the early object. Other theoreticians have described similar ways in which children ward off separation anxiety. Anna Freud described how young toddlers often go into a trancelike state which she calls "imaging" when separated from their mothers. In this "imaging" process she speculates that the infant conjures up an image of the lost mother and is then relieved of all anxiety.

On another level, patients with separation/individuation conflicts may be able to successfully resolve these conflicts by symbolically exploring, in a playful manner, their wish for fusion with the object and the concomitant fear of being engulfed by the object. Patients seem more able to explore these frightening parts of themselves through the use of their visual images. The atmosphere of playfulness offers a safe place within which visual images may be freely elicited and explored.

TREATMENT IMPLICATIONS

Defenses and Resistance to the Therapeutic Process

Visual images may often circumvent secondary process verbal defenses and lead us to highly cathected, libidinally charged unconscious conflictual material (Robbins, 1980). Through the ongoing use of instant phototherapy the therapist can get a clear pattern of the patient's defense mechanisms by listening to the secondary revisions which are used by the patient to move away from this conflictual material as it is inevitably stirred up. It is important to note that verbalizations may at times lead towards unconscious conflicts and at other times may lead away from them. The therapist must use his sensitivity and empathic skill to know whether a statement is authentic or defensive and encourage the patient to move in a direction which leads to a sense of self-awareness and integration. At times the therapist may enter the patient's world of images to make meaningful contact; he may enter the visual metaphor without attempting to analyze it. This may leave the patient with the sense of being deeply understood and appreciated, and foster a sense of therapeutic alliance.

Transference Assessment

Instant photos may be used to uncover patient's transference reactions to the therapist. The therapist needs only to suggest to the patient that he take a photo of the therapist and, as described above, draw in the background. This elicits a great deal of fantasy material related to the therapist. Whenever possible, care should be taken to encourage the patient to set up the pose of the therapist by demonstrating the gesture or facial expression which the therapist should assume for the photo. This tends to create an image of the therapist upon which the patient may easily project all kinds of fantasies. It is often helpful to do a

transference assessment periodically to monitor the subtle changes in the patient's attitude toward the therapist.

INSTANT PHOTOTHERAPY WITH LEARNING DISABLED CHILDREN

Effects of Object Relationships on Cognitive Growth

In one of his early letters, Freud described his concept of memory as being integrally related to that which had previously been internalized by the infant as libidinally cathected conflicts and fantasies. His thesis was that, from all that one is exposed to, one selects and remembers that which is found to be of "interest." He saw this "interest" as a derivative of the libido that had been originally attached to this early infantile repressed material. He further speculated that what was of interest today, that is, what one has chosen to remember and focus attention upon, could be examined in the psychoanalytic process through the technique of free association and found to be a derivative of some long lost and repressed infantile conflict.

The implication here is important for anyone who attempts to address themselves to the special needs of learning disabled children. Freud is, in a sense, saying that one's basic quest for knowledge, or the libidinally cathected drive to learn and explore that which is unknown, is intimately tied to the rediscovery of that which has been at an earlier time "known" and then later lost within oneself (Freud, 1966).

Later object relations theoreticians have taken Freud's concept and developed it further by pointing out that it is specifically the early object relationships, that is the infant's first relationships with parenting figures usually experienced within the first few months of life, which provide a foundation for one's later manifest drive to pursue knowledge (Modell, 1977). This thesis rests upon a careful study of the interrelationship between one's ability to achieve object constancy, that is, to perceive an object and hold in one's mind a mental representation of the object, and one's later ability to cathect knowledge in the world. It is believed that the latter ability is dependent upon the former and is accomplished through a process whereby the early object cathexis is transformed into a drive to cathect knowledge, that is to say, redirected from the inner to the outer world and displaced from an object onto an idea, concept or thought.

It is believed that it is not only the child's ability to internalize this early object that influences his later learning process, but it is the quality of the early relationship with that object which will profoundly influence the child's attitudes toward learning. Winnicott (Deri, 1978) has described in detail the effect that the infant's relationship with his mother can have upon his later attitude toward exploration of the world. He believed that the young child internalizes his mother's attitude toward his exploration of the world. If the mother looked upon her child's assertive and independent strivings as exciting and

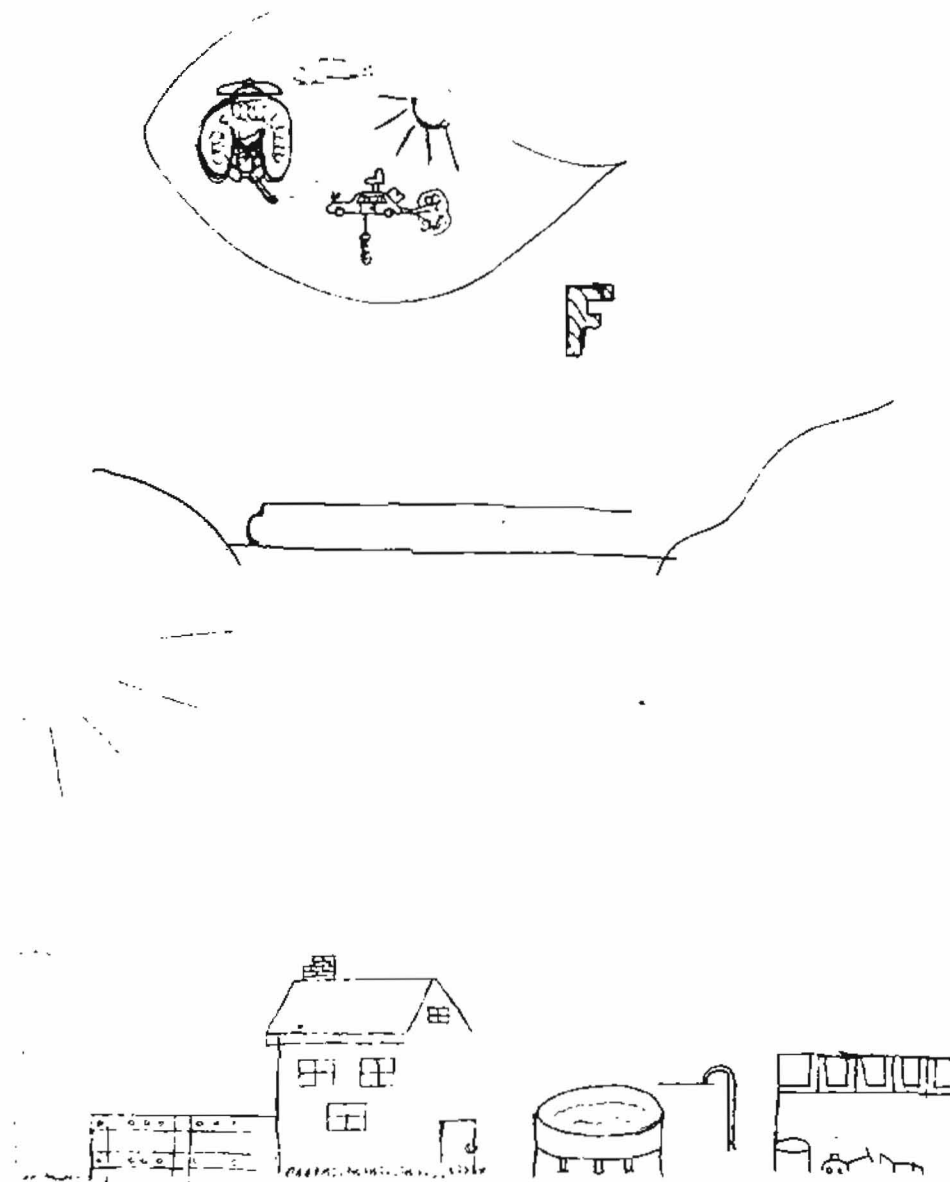


Figure 9-4 a and b.

floating, nothing is connected to the ground or to each other. One gets the feeling that if all the lines were to connect and the forms were brought into relationships with each other, it would be impossible to hide from the emptiness and pain of this world. This would be too devastating for Lester. At this point he needed these defenses to protect his fragile sense of self which lay beneath his cool facade.



Figure 9-5.

Our initial contacts soon became too threatening for him. His next drawings of rigid tenements were made with rulers. During the second session he began to draw one house on fire and became so anxious that he had to leave the office. He was not ready for such a direct approach. His feelings had begun to break through his rigid, crumbling defenses and he sought the only other means of defense he knew — motoric discharge. He just left! We needed to find a slower approach which would permit him to strengthen his sense of self and encourage him to build a trusting relationship with his therapist. Only then would he perhaps be able to withstand the anxiety which mounted as he became more connected to his feelings.

It was at this point, where Lester was asking for help yet unable to utilize traditional verbal therapy, that I offered him an instant camera and suggested

that we together make a scrapbook of his neighborhood; taking photos and pasting them into a book or onto posters.

Until this point it had been difficult to motivate Lester and stimulate his interest for any period of time but with the instant photo medium, his sense of mastery, immediate gratification and feeling of being in control of his environment worked together to engage him in this project for several weeks. The collage posters were designed by Lester and constructed entirely from instant photos which we had taken while walking together through his neighborhood. During this period we spent much time out of the special education school setting and roamed about together, exploring his world, talking about almost anything, and just getting to know each other. By using the camera he was able to reenter his home/environment and focus on its elements; examining them with new curiosity and objectivity. He would notice new things and see old things in new ways. This process slowed down his motoric activity and further stimulated his visual perceptual ability.

At first he photographed only inanimate objects. He seemed to get pleasure out of taking 'inventory' of his world. He was confirming his reality; separating fact from fantasy. After a while he began to take interest in photographing people. We entered a phase where all he wanted to do was photograph me and have me photograph him. We did this for some time — taking photos of each other in various positions and in many different places. He was allowing himself to begin to experience people in his world. Up until this point it was too frightening for him to really relate to anyone, but slowly, as trust began to build in our relationship, he was able to overcome this fear and his underlying hunger for human contact began to appear. We spent the last few minutes of each session reviewing the daily photos and when we had enough to mount he would carefully paste them onto his posters or into his scrapbook. Many of these projects were taken home or brought to classes for teachers or friends to view as a constant reminder of his growing ability to maintain contact in a highly gratifying relationship.

This nonthreatening, ego strengthening activity gave Lester the opportunity to develop his aesthetic ability as well. He took great pride in his work. A new playfulness began to emerge as he proposed silly poses for our photos. This seemed to tap into a wealth of creativity which had previously been blocked behind his cool facade. He began to take greater interest in his academic work. As he began to realize his creative resources, he was able to apply this to his academic studies, particularly science, social studies and creative writing. Lester began to show signs of identification with his therapist. Identification, being an unconscious process, is strongly affected by nonverbal experience. Having so many photos of himself and his therapist helped him to build a connection to his therapist which offered an important new foundation for his growing yet tenuous personality. This new model was seen as warm, caring and consistent, yet at times also confrontive and firm. As Lester slowly internalized

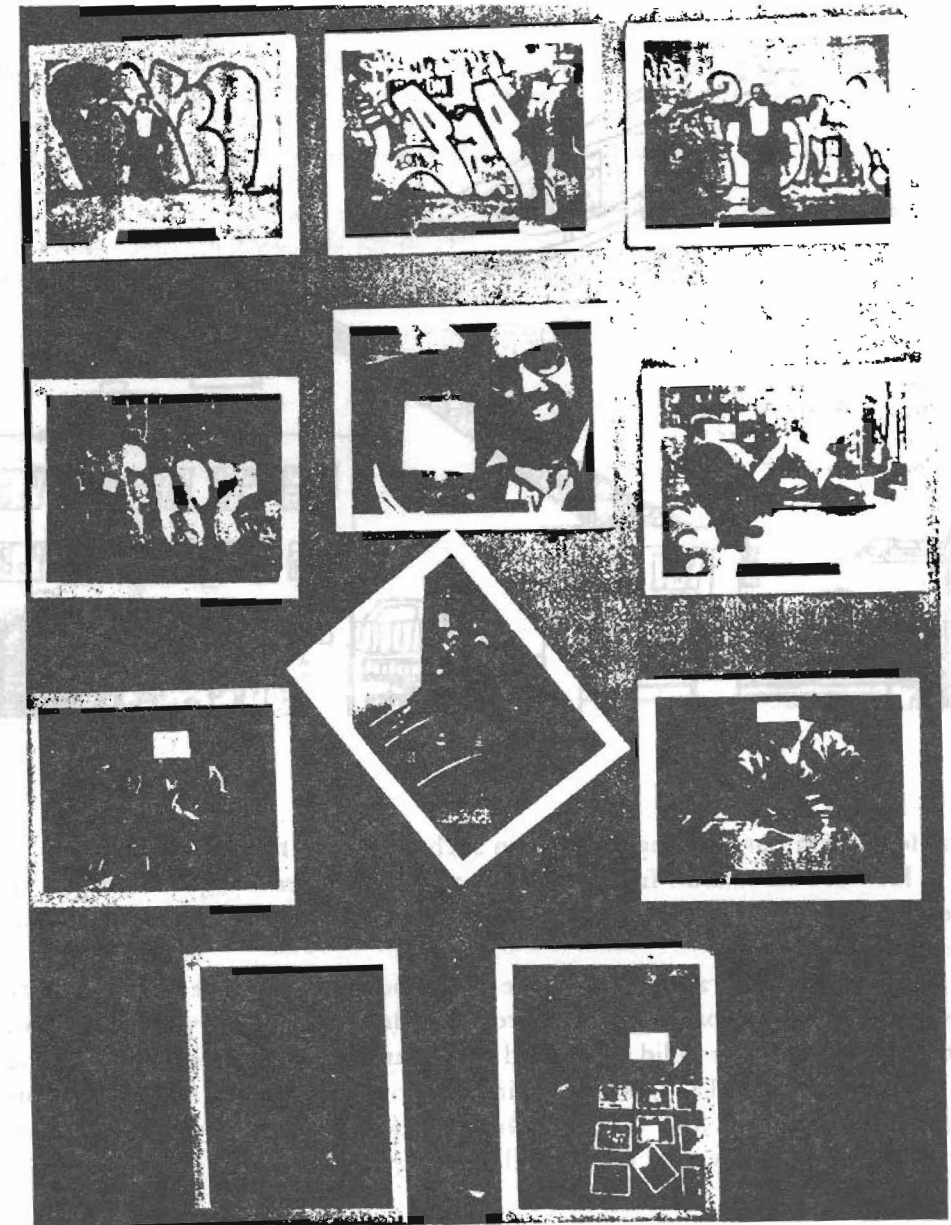


Figure 9-6.

this new model he was able to free himself from the destructive effects of other previous more pathological or toxic introjects. Quite spontaneously he one day proposed that we begin a new series of projects. He wanted to return to work in the office and create a series of drawings and poems. He had been able to develop sufficient trust in me to neutralize the anxiety that had previously in-

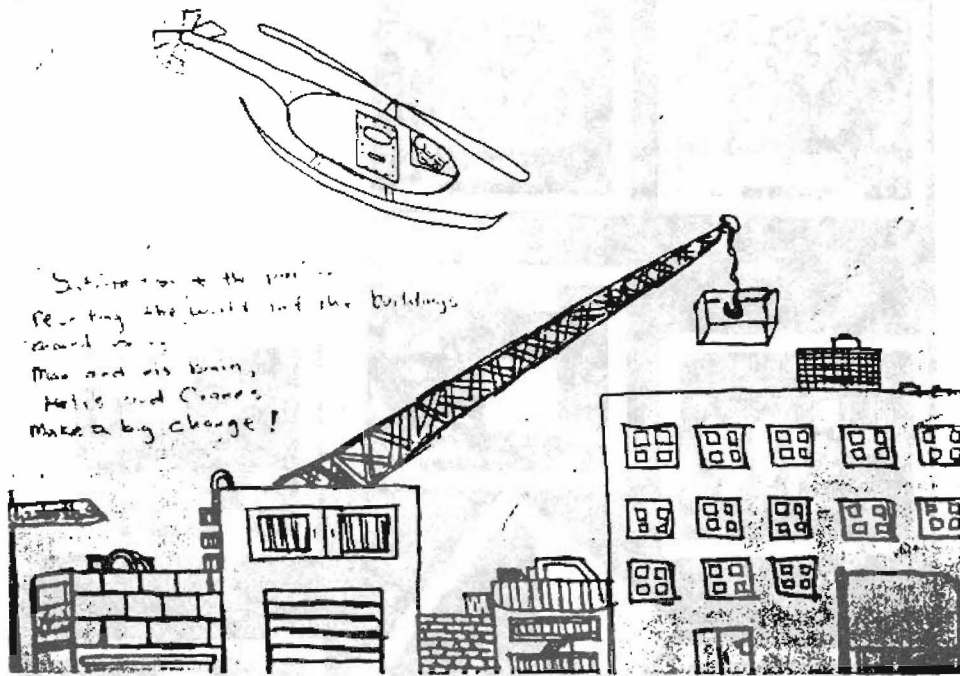


Figure 9-7.

terfered with our working together in such close proximity.

He was able to draw freely and write about whatever thoughts or images he experienced. These drawings were in marked contrast to his earlier rigid, constricted work.

One of his last drawings was made at the end of the school year. It was a city scene. In striking contrast to the unreal first drawings of almost one year ago, this scene was more solid, grounded and connected. Behaviorally, his acting out had stopped and he was functioning well in school. He was well liked by his classmates and was able to express himself more freely both verbally and artistically, through words, poems and drawings.

REFERENCES

- Deri, S.: Transitional Phenomenon: Vicissitudes of Symbolization and Creativity *Between fantasy and reality*. New York: Aronson, 1978.
- Freud, S.: Letter #52. *Standard Edition*. London: Hogarth, 1:233, 1966
- Gee, E. N.: Play, Art And Photography In A Therapeutic Nursery School. *Creative Art Therapy* New York: Brunner-Mazel, 1976.
- MacKinnon, R.A. and Michels, R.: *The psychiatric interview in clinical practice*. Philadelphia Saunders, 1971.
- Mahler, M.: Thoughts About Development And Individuation. *The Psychoanalytic Study Of The*

Child, XVIII:307, 1963.

Modell, A.: *Object love and reality*. New York: International Universities Press, 1977.

Rexford, E.: *A developmental approach to problems of acting out*. New York: International Universities Press, 1978.

Robbins, A.: *Expressive therapy: A creative arts approach to depth oriented treatment*. New York: Human Sciences Press, 1980.

Winnicott, D.W.: Transitional Objects And Transitional Phenomenon. *Through paediatrics to psychoanalysis*. New York: Basic Books, 1975

Wolf, R.: The Polaroid Technique: Spontaneous Dialogues From The Unconscious. *The International Journal Of Art Psychotherapy*, 3:197, 1976.

Wolf, R.: Creative Expressive Therapy: An Integrative Case Study. *The International Journal Of Art Psychotherapy*, 5:81, 1978.