THE POLAROID TECHNIQUE: SPONTANEOUS DIALOGUES
FROM THE UNCONSCIOUS*

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INTRODUCTION

Over the past two years we have been exploring the use of Polaroid photography as a new way to enhance the effectiveness of our art psychotherapy contacts with adolescent students of Henry Street School (Wolf, 1975).

After many months of various innovative approaches, we have, using Polaroid photos, devised a systematic approach which we feel stimulates significant 'movement' in these psychotherapeutic relationships and opens the way to substantial emotional growth especially with students who had been previously resistant to treatment.

This paper will describe our innovative techniques, outline the theoretical foundation for the methods employed and offer examples of their practical application both as a short-term and ongoing treatment modality.

THE TECHNIQUE — PART I

The therapist introduces a Polaroid camera and film into the therapy session and suggests that he and the patient photograph each other. This can be elaborated upon in several ways. The therapist may suggest that each person pretend to do something [introducing a kinetic element into the photos (Burns and Kaufman)] or that each person make a silly face; or he may simply ask how the patient feels today and suggest that he give his feeling bodily or facial expression in the photo.

In a group, the therapist may suggest that photos be taken of group members either together or separately. 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 background figures.

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 positive figurative shapes may be used, and the determination of the number of shapes to be used on one paper may be left to the patient or structured by the therapist.

The patient and therapist together look at the picture and begin to playfully associate to the separate elements. Their associations may be graphically elaborated upon by adding line drawings to the photos.

Negative space created by cut-out backgrounds may be drawn in by either patient or therapist or both working together.

Positive figures may be associated to and new parts may be added by simple line drawings. The natural boundary of the edge of the rectangular photo may be expanded to creatively illustrate the fantasy stimulated by the photo.

When this has been accomplished, the patient is instructed to look carefully at each element of the total picture. The therapist then asks the patient to

envision himself as each figure and to say whatever he feels the figure is saying, doing or thinking. The therapist then writes verbatim, in cartoon captions, whatever the patient verbalizes.

If there is more than one element in the picture, the therapist can conduct an ongoing dialogue with the patient by asking him to become each element and to say whatever he thinks the figure would say in response to the last verbalization. This can go on until the patient is satisfied with the dialogue. The sequence of response is noted.

The therapist may mirror back what has been said or may actively engage in the dialogue by taking on the character of one or more of the elements. This approach closely resembles the technique of psychodrama except that we now create a physical and lasting product of the therapeutic experience to which the patient can later refer.

Why Polaroid Photographs

The Polaroid photograph is a spontaneous document. It captures the "present" in "stop-action" form and offers the viewer an opportunity to carefully examine and respond to what has just taken place.

For our adolescents, this quality of immediate feedback tends to hold their attention very effectively. The Polaroid photo offers these youngsters a non-threatening way to take a closer look at, and focus upon aspects of themselves which had previously been too anxiety producing to discuss openly. As a result, we have found that the photo itself often serves to initiate those important discussions which ultimately elicit significant material. This brings new energy and interest into our therapeutic sessions.

The initial experience of having his own photograph taken often helps the adolescent to overcome anxiety and it immediately engages him on a level at which he can feel personally involved. In this way, from the very beginning of the relationship, a part of the patient becomes invested in the therapeutic process. This personal investment holds the patient's interest and stimulates further involvement as the therapeutic relationship continues to develop.

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

Graphic Elaboration

We use the Polaroid print as a screen upon which the patient can 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, as we ask our patients to "play" with their photos and draw whatever they wish to add, cut out whatever they wish to eliminate, and generally elaborate upon the photo in any way they choose, we elicit important material. The therapist may then help the patient to explore the underlying content of these images and trace them back to significant emotional issues.

The playful feeling tone of the session is helpful in overcoming the patient's resistance to this process. Indeed, many elements of primary process thought occur during this playful elaboration.

At first, time and space distortion and the recognition of thoughts connected by their proximity or opposition to each other may be quite frightening to the patient. He doesn't know why he's drawing what he is. Here the therapist's ability to help him relax and laugh at the silly and seemingly illogical material is often crucial for the successful application of this technique.

Once the atmosphere is set, the therapist's instruction to cut the figures from their background stimulates the patient's fantasy. As the object is freed from its time and space links in the background field of the photo, the patient can more clearly focus on important elements in each figure. The body language, gestures, facial expressions, and articulations, which otherwise might have been camouflaged by other, stronger, reality elements of the photo, begin to emerge more vividly. This enables the patient to become more sensitized to non-verbal elements of his image.

According to psychoanalytic theory, because certain emotions are not consciously felt, they are not communicated through mechanisms which are con-

sciously controlled. But since such emotions do seek expression, non-verbal forms of communication, such as gestures and physical stance, along with indirect forms of communication, such as attitudes, slips of the tongue, omissions and additions, often contain significant unconscious messages. So as we sharpen the patient's ability to focus on these non-verbal elements, and encourage him to graphically elaborate on his images, we demonstrate how well this technique lends itself to the discovery of unconscious material.

The Spontaneous Dialogue

Once the patient has become familiar with this new way of working with photographs, the therapist may choose to utilize the photos in still another manner and help the patient elicit an internal dialogue.

Gestalt Therapy (Perls) speaks of the need to express feelings, which build up inside us, through spontaneous dialogues between the various opposing parts within us. Special techniques using an empty chair are utilized to help the patient talk to these different parts of himself.

We have found the direct application of this technique to be difficult with our adolescent population. We needed something less direct and threatening. With our Polaroid technique, our patients can express this internal dialogue in a playful way which does not create too much anxiety.

D.W. Winnicott discusses the therapeutic technique of "Squiggle Drawing" where both the therapist and patient actively engage in a spontaneous, creative experience designed to bring forth an unconscious dialogue between both participants. (Winnicott). This dialogue is then expanded and further utilized in the "therapeutic consultation."

Our technique offers a similar opportunity for our patients although it has one basic difference from the technique described above. Most of our patients are "underachievers" and have a history of learning disabilities which have left them with a chronic fear of failure. Very often, we have found patients unwilling to engage in even the most simple drawing exercises utilized in Winnicott's technique. With our photographs, the images are already there and to begin eliciting the dialogue the therapist need only write down the patient's verbal responses to each photo.

PRACTICAL APPLICATION — PART II

Loosening up — Warm-up Technique for Short-Term Treatment

In Fig. 1 we see an example of "Graphic Mirroring." The therapist drew a picture of the patient within the negative space of his photograph. The therapist's own unconscious selected elements which were omitted or exaggerated in the drawing. Interestingly, the patient looked at the drawing and added the "Puma" to his T-Shirt which the therapist omitted. This led to an important discussion about the patient's clothing and how he felt his parents did not take proper care of him.

FIG. 1

Figures 2 and 3 illustrate reciprocal portraits. Both therapist and patient exchange background photos and draw in each other's faces. This is a warm-up technique which stimulates a playful atmosphere in which both patient and therapist make contact by exchanging and "playing" within each other's personal space. By carefully examining the selection of images and distortions employed by the patient in his graphic elaboration of the therapist's image, we begin to see how the patient in fact views the therapist.
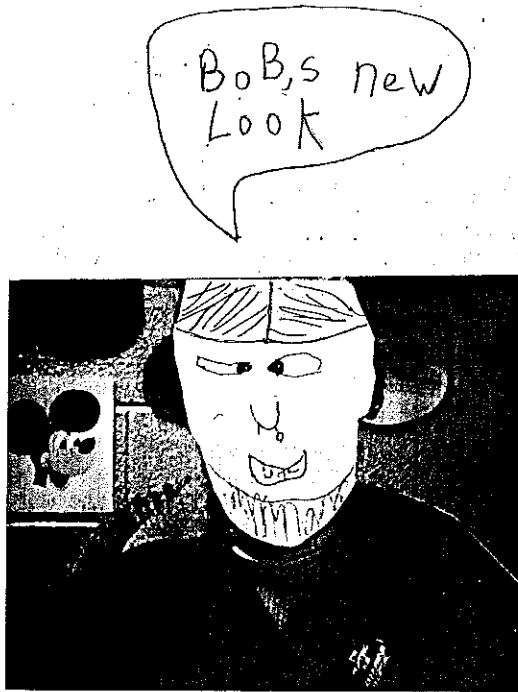
FIG. 2

FIG. 3

The graphic distortions are symbolic of the patient's perceptual distortions of the therapist, and are likely due to the transferential relationship which exists between them. The patient tends to anticipate that the therapist will be "like" significant authority figures in his past and therefore "sees" him in this way.

In the course of ongoing treatment it is often necessary to explore those distortions with the patient to help him understand how his past life experiences "interfere" with his appropriate assessment of current life situations.

Figures 4 and 5 illustrate how both negative and positive images can be used to elicit unconscious material. While the patient draws his associations to the therapist's image (5), the therapist playfully draws in a figure using the discarded background (Fig. 4).

Two group members created Fig. 6, where the therapist's figure is confined to a television screen. The patient's association of a contemporary song, "Just drop off the key Lee, and set yourself free,"

indicates his concern for feeling both free and confined. He uses the therapist's image to express this and is then encouraged to talk more about how these feelings relate to him.

The generally playful atmosphere of a Polaroid session helped one patient express previously unacceptable feelings of anger, as seen in Fig. 7. We can also see here how this particular drawing elicited valuable information regarding the patient's feelings about himself. For example, the "x" drawn over his pelvic area, along with the triangular stance, indicate both confusion about and denial of his sexual feelings. We can also see how his self-image is graphically depicted through his selection of detail with which he elaborates upon his own photograph.

Figure 8 illustrates how this technique can be used to teach patients to "free associate." The therapist reinforces the illogical quality of primary process associations and sets the tone for further fantasy productions.

Fig. 8   A: "Hey man, what do you take?"
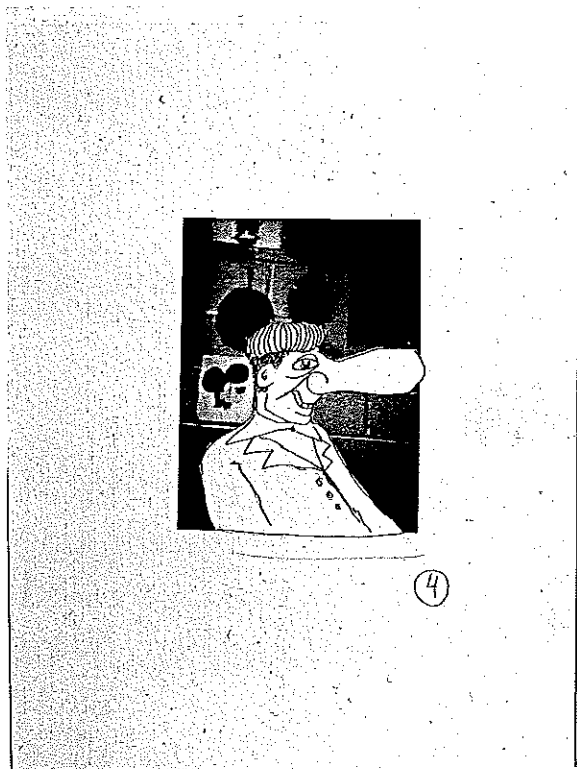   B: "Food, man. What about you?"

FIG. 4

A: "CHIBA, man!"
B: "Serious oregano!"
A: "What the hell is that?"
B: "Oregano is what makes your pizza fly!"
A: "Who ever heard of a flying pizza?"
B: "That's like the flying nun with tomato sauce."
A: "Oh, Mary Poppins!"
B: "What? That doesn't make sense!"
Therapist: "So what?"

Ongoing Treatment Applications

This patient had, in ongoing treatment, produced several drawings of naked women (Fig. 9) but had difficulty accepting this natural interest and fantasy preoccupation. The therapist utilized a Polaroid photo (Fig. 10) to loosen up the patient and connect him with his natural and acceptable fantasies.

Figure 11 shows how the therapist stimulated the patient's identification through the playful juxtaposition of images symbolizing both patient and therapist. This process of positive identification has proven important in successfully treating adolescents. (Wolf, 1975)

Multiple Image Associations

Once the patient has become familiar with the Polaroid process thus far described, he may be ready for the next level of utilization. We ultimately wish to help the patient express an unconscious conflict in a way which will move that conflict from unconscious to conscious awareness. This will enable the conflict to become an ego problem and therefore be more easily resolved.

To accomplish this, the therapist helps the patient to isolate the different parts of the conflict by asking him to paste down several images on the same paper. These images may be of the patient alone, or of the patient and therapist. The therapist may play out the role of one element of the conflict or may serve to encourage the patient to explore and play out all the parts himself.

In Fig. 12 we see how this resistant patient had to split himself in order to express the dialogue which was taking place inside and blocking him from functioning in his classes.

Fig. 12   Pt. left: "I got nothing to say . . ."
Pt. right: "And I shouldn't have said even that."
Pt. left: "Nice try . . . What do you gotta waste these pictures for?"
Pt. right: "And all that good ink, too?"
Pt. left: "I'm not coming to school no more . . ."
Pt. right: "Soon as I find a pair of wheels I'm tipping, man!"
Pt. left: "I ain't about to leave this here man. I'm not about to let nobody see this."
Pt. right: "Look at the look on that scrub's face!"
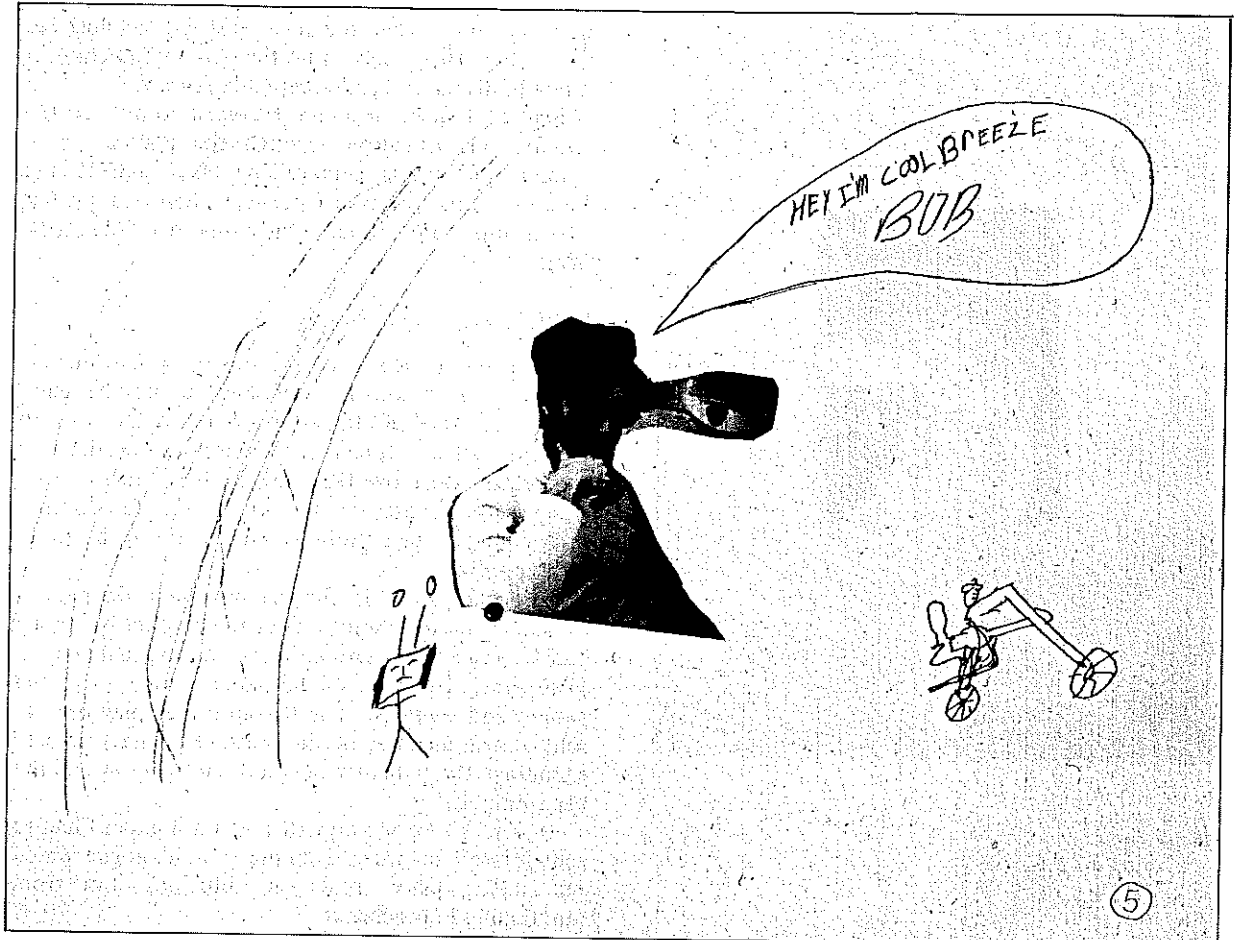Pt. L & R: "I don't want to leave nothing good behind."

FIG. 5

Once the conflict was brought to conscious awareness this patient showed less of a tendency to act-out his feelings through truancy.

The quiet, withdrawn patient in Fig. 13 was able to explore both the sadistic "Boss" and "Hit-Man" within himself.

Fig. 13   Pt. left: "I want to knock-off some-
one, hit-'em hard."
Pt. right: "How much is in it for me?"
Pt. left: "Half a million green ones."
Pt. right: "OK, I'll do it! Who is it?"

Pt. left: "Mr. Bob."
Pt. right: "Where do I find him?"
Pt. left: "In the office at 40 Mont-
gomery at Henry Street School."
Pt. right: "OK, I'm on my way!"
Pt. left: "One minute, make sure you
bring back his 'HEAD'!"
Pt. right: "OK, Boss!"
Therapist: "Help!"

He was able to play this fantasy out in a non-threatening manner. The therapist played along and encouraged the spontaneous fantasy interaction be-
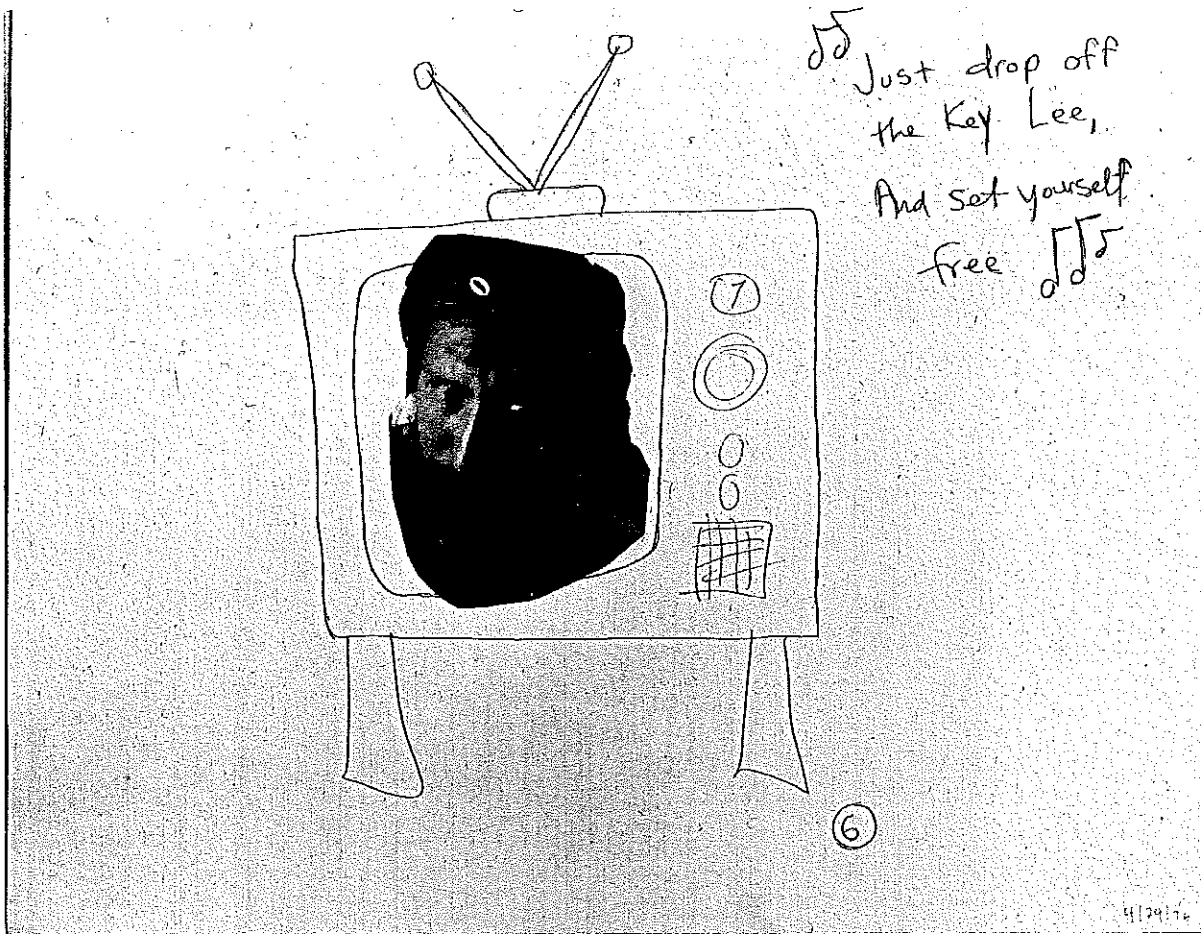
FIG. 6

tween the patient's two images. By adding the imagery of a gangster's hat to the "Hit Man," the therapist encouraged the patient to explore these previously unacceptable feelings.

In Fig. 14 we see how another patient uses the therapist to rally strength to deal with frightening anxiety stemming from his fear of aggression.

Fig. 14   Pt.: "Hey, Bob, who's that wild looking dude over there? Is he asking for trouble because if he is he's gonna find it!"

Th: "He's just a trouble maker looking for someone to snag. What should we do about it?"

Pt.: "Oh so he is. Let's go over there and show him who's the boss. You grab him and I'll punch him in the nose, then I'll grab him and punch him in his nose. Then we'll take his money."

Th: "OK, let's get him. It's about time someone took care of that bully!"

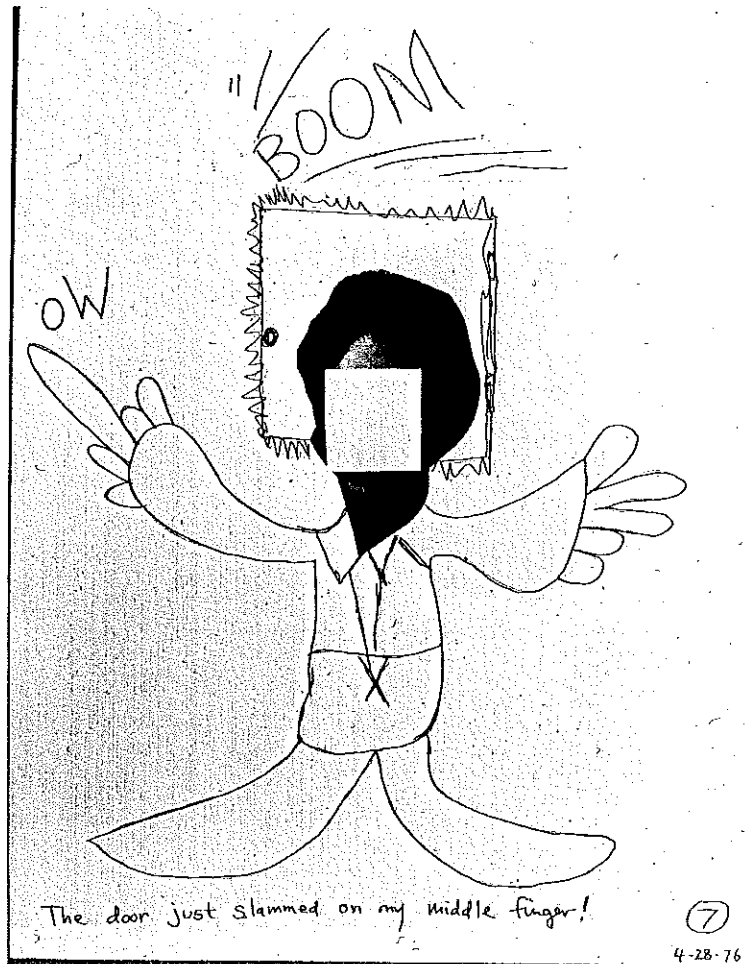It later became clear that his violent, alcoholic father

FIG. 7

never permitted this boy to openly express his anger at home.

Figure 15 illustrates how the therapist can play the role of the antagonizer and encourage the patient to assume two opposing viewpoints. The image (left) and therapist (center) finally obey the threatening superego image (right).

Fig. 15   Pt. left: Hey you twirt! You think you're good? I'm the Fonz."
Th: "So what does that mean? Who the hell do you think you are buddy?"

Pt. left: "I'm not your buddy, you duddy looking thing!"
Pt. right: "Hey you two dummies, if you're the Fonz, why don't you stay cool? Cause if you don't shut up I'm gonna have to stomp on you and break your thumb."
Pt. left & Th: "OK, OK, man. You WIN!"
Th: "Hey Fonz, how come you made me so little?"

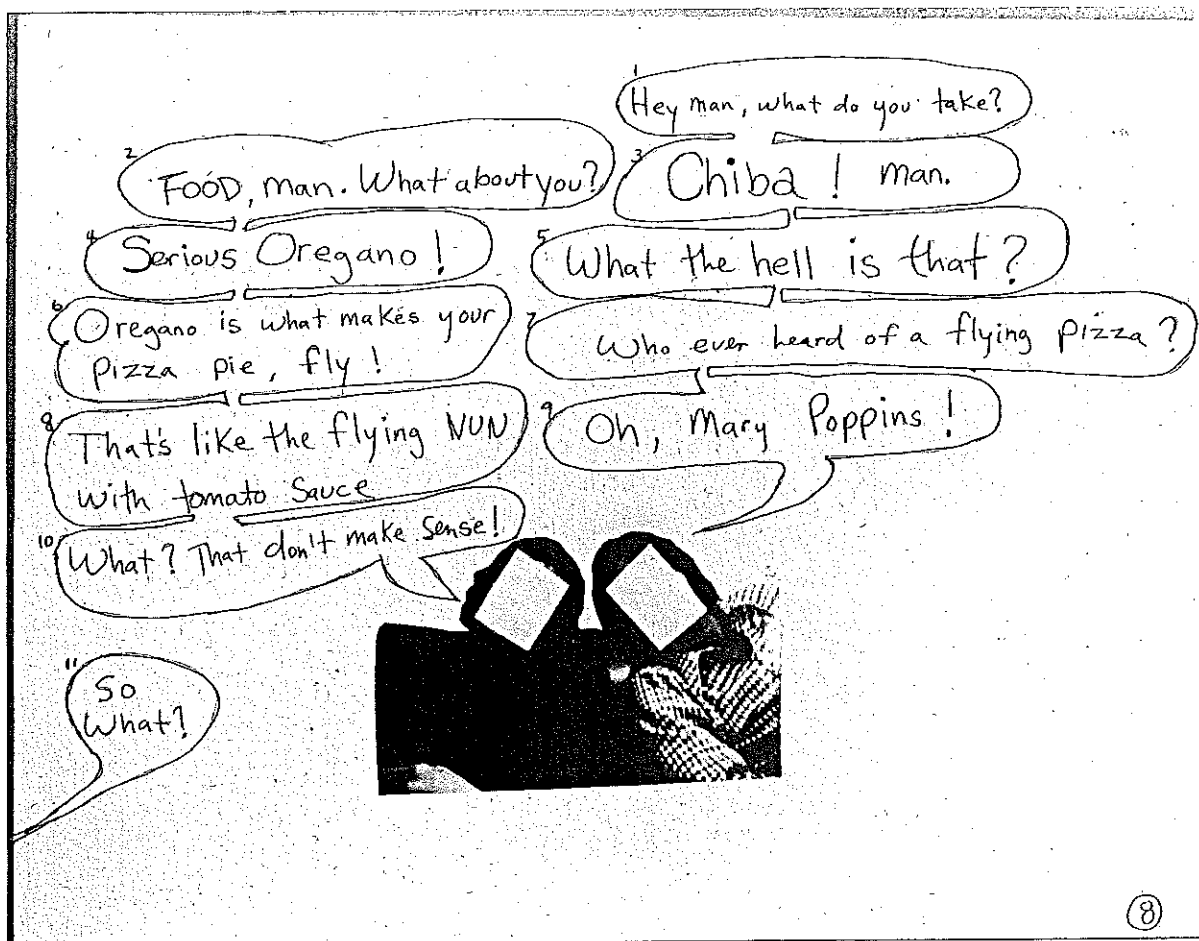Figure 16 illustrates the use of this technique in a

FIG. 8

small group. The top patient expressed insecurity by needing a double image to reinforce his presence.

Fig. 16   Pt. A: "We are the DINO BROTH-ERS. We are lookin' for 'ELET' NESS."

Pt. B: "Them two nuts over there think they're serious gangsters. Never fear, 'ELET' NESS and the UN-TOUCHABLES are here."

Th: "You can't see them, that's why you can't touch them!"

Pt. A: "We want some more of the money!"

Pt. B: "So you think the money's yours, eh? It's not that easy!"

Th: "Oh, it seems easy to me!"

Pt. A: "It's easy enough for the DINO BROTHERS."

The therapist engages in the dialogue as an instigator, saying just enough to mirror what has been said and to set a playful tone for the interchange. Here the use of hats and sunglasses enhances the fantasy production.
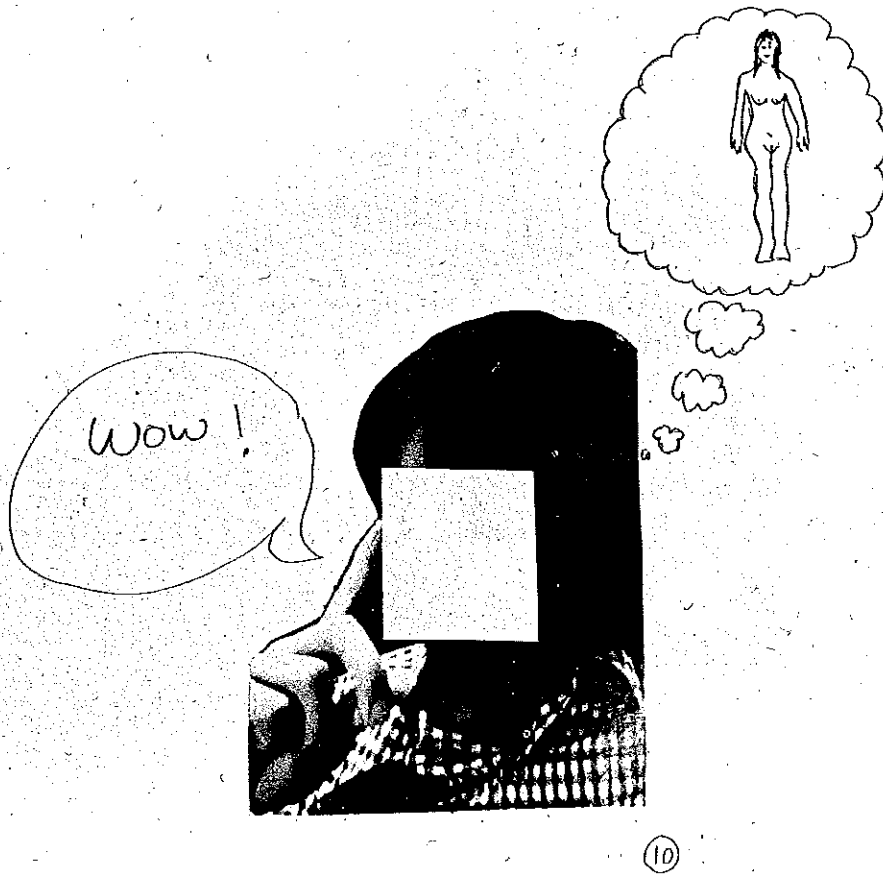
FIG. 9

FIG. 10

FIG. 11

In our final illustration, Fig. 17, we see the same group. The therapist has asked each member to make a "funny face" and photograph each other. This serves as a springboard into a fantasy dialogue.

Fig. 17   Pt. A: "Boy, have I got a headache."
           Pt. B: "You mean you stayed at your mother's house last night?"
           Th: "What d'ya think gave him a headache?"
           Pt. A: "She always try to kill me!"
           Pt. B: She trys to kill everyone else too!"
           Th: "She sure sounds dangerous!!"
           Pt. A: "She's the biggest monster in the whole world."

Pt. B: "Yah, she smells like one too!"
Th: "We're lucky she's not here with us now!"

The therapist reflects what has been said and questions just enough to keep the dialogue moving and elicit material from the other group members. As a result of this interaction one group member ultimately became aware that his chronic tendency to stay out late at night was connected to his ambivalent feelings for his mother.

CONCLUSION

Through the aid of 'instant' Polaroid photographs, the therapist, using innovative techniques, can engage even resistant patients in an exciting and entertaining
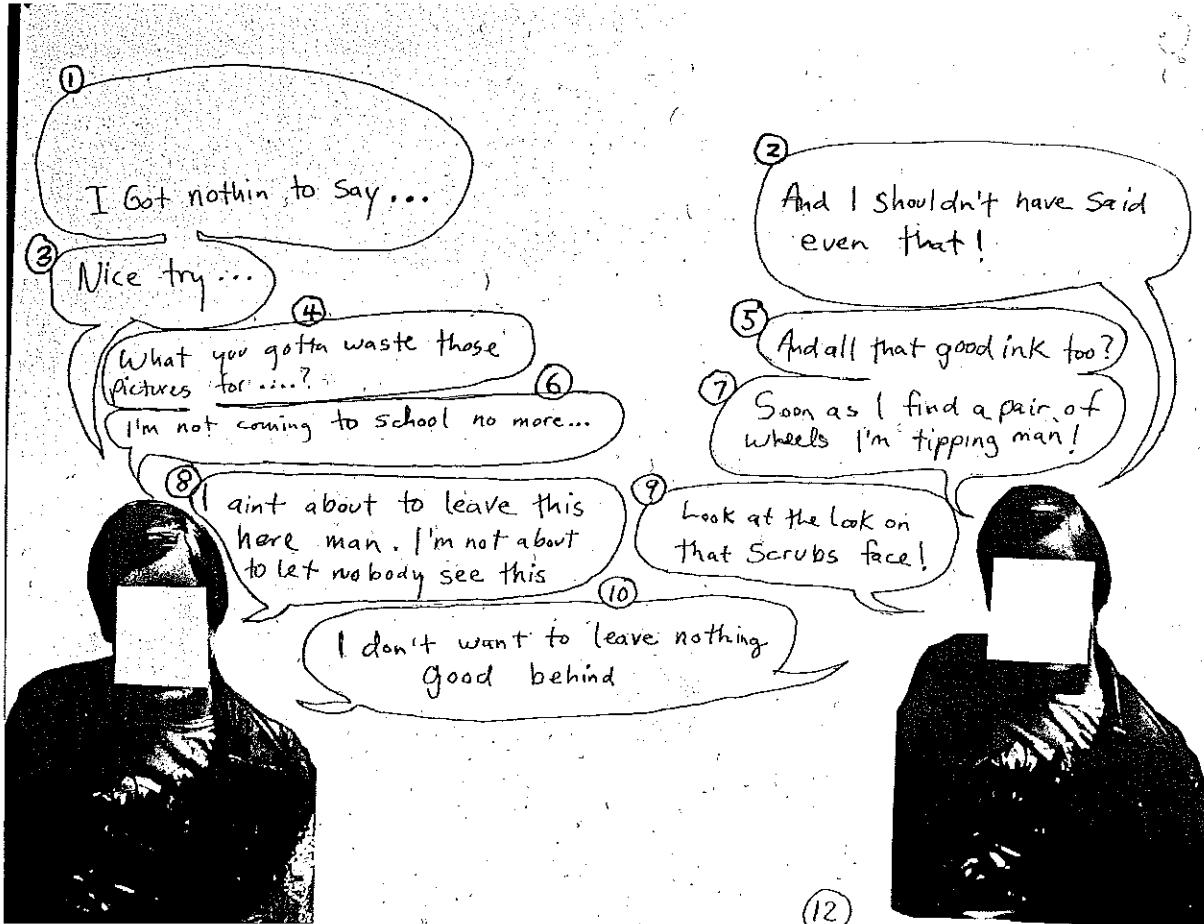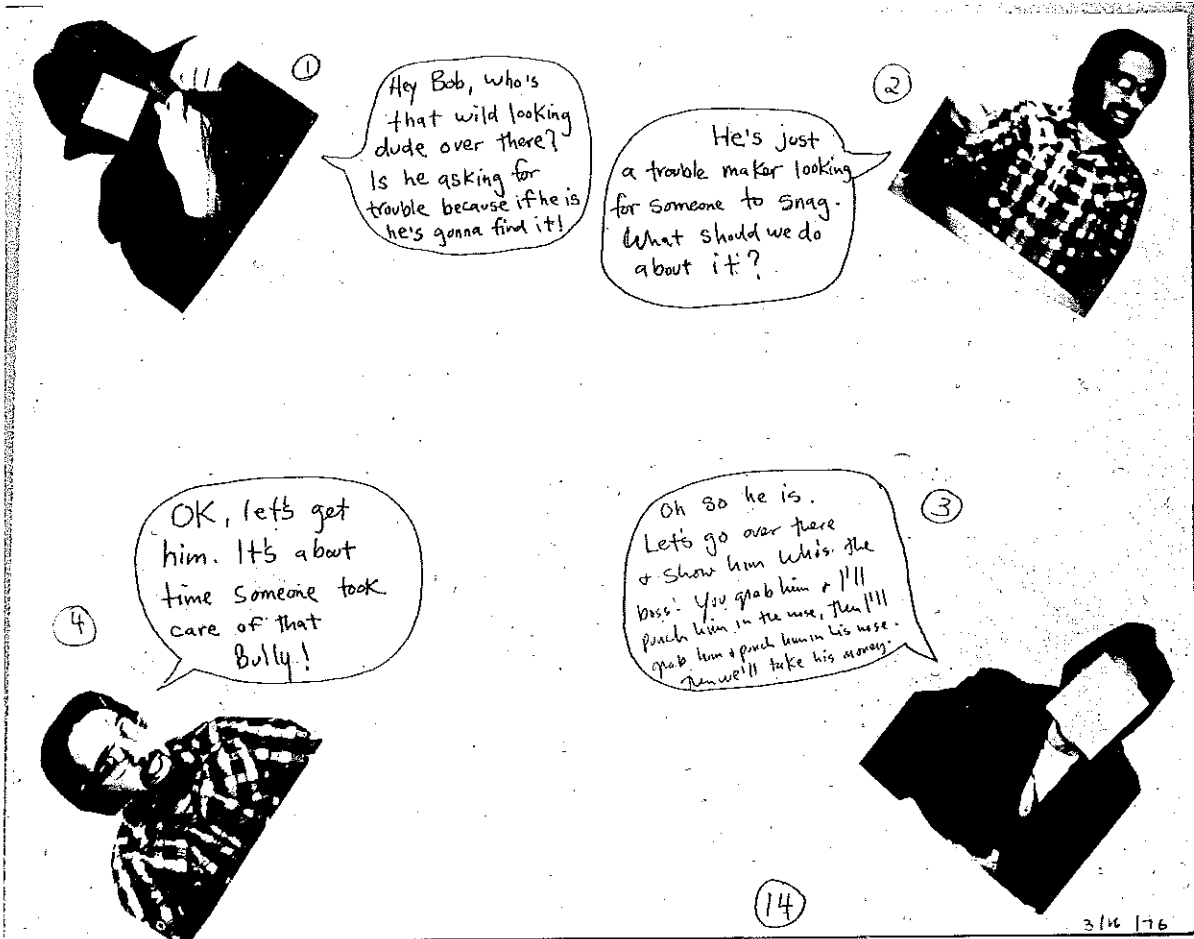
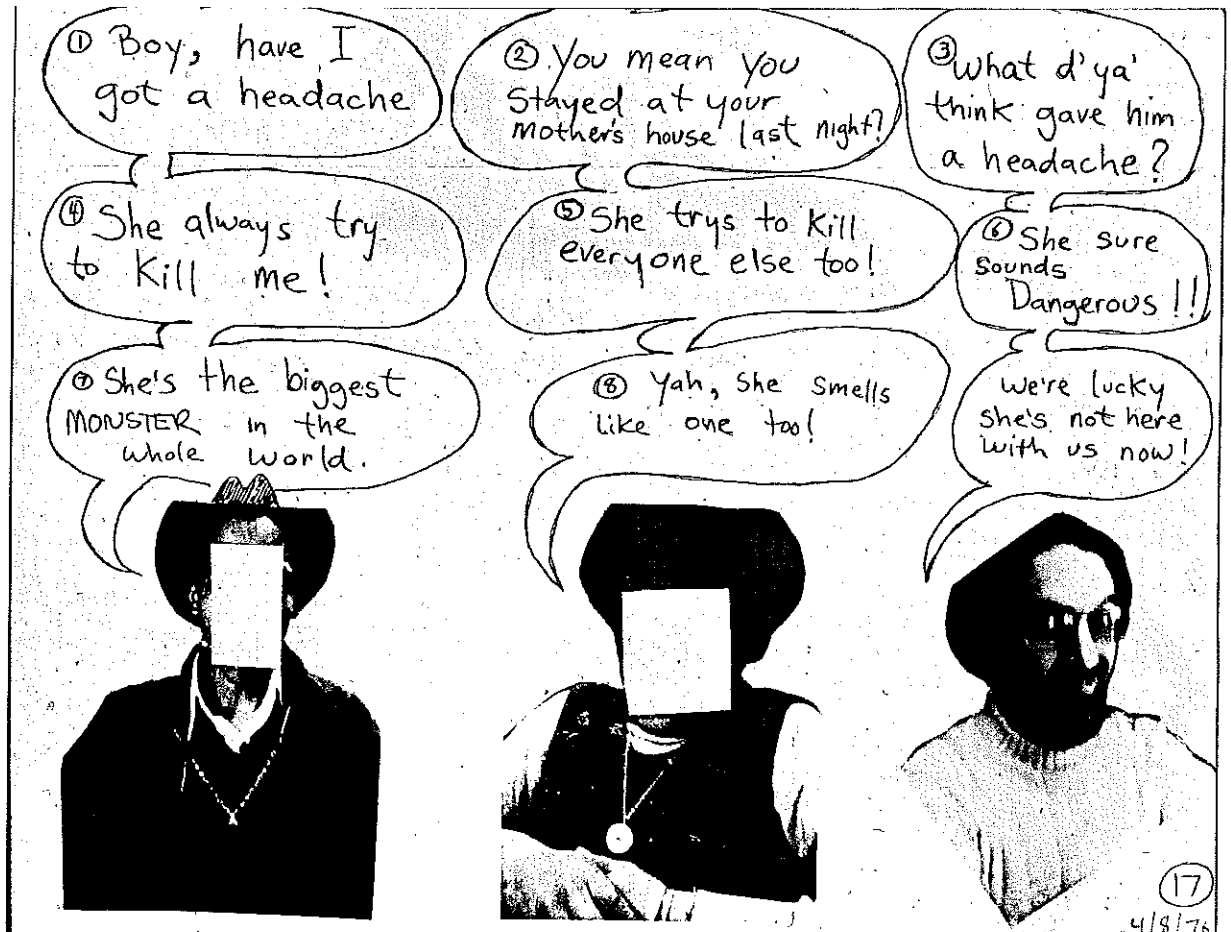FIG. 12

FIG. 13

FIG. 14

FIG. 15

FIG. 16

FIG. 17

process aimed at allowing unconscious material to rise to a conscious level at which they are more easily recognized. The photographs allow the therapist to give a concrete form to each of the various elements of the patient's unconscious conflicts and thereby familiarize him with his own fantasy productions and unconscious processes. Thus, the long journey toward resolution is begun.

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