

The Use of Ambiguous Photographs as a Tool for Overcoming Resistance

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ABSTRACT. The use of ambiguous, artistic photographs to enhance patient awareness and overcome patient resistance is described. Consideration is given to why this approach worked where more traditional techniques were unsuccessful. The unique contribution of these images appears to lie in their combination of artistic and ambiguous material.

The concept of resistance is central to all psychodynamically oriented therapies, and a variety of techniques have evolved for helping a patient overcome these resistances (Greenson, 1967). These techniques, which include confrontation, clarification, interpretation, and working through, have in common helping the patient recognize the resistance and the motives behind it.

The purpose of this paper is to describe the use of ambiguous artistic photographs as a tool for overcoming resistance. The images themselves are attractive photographs, having been shown in several galleries across North America, Mexico and Europe, where they were viewed by several thousand people. Viewer reactions were often themes related to power, death, sexuality and relationships. Such images can be used to overcome patients' resistance about particular issues which can block therapy.

CASE REPORTS

Case 1

Mr. A. is a married man in his early thirties who is studying for his degree in optometry. He was referred because he thought he was dying of a heart attack and had been to several cardiologists, none of whom could find anything wrong with him. He complained of a persistent burning pain in his chest.

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Any time a psychological interpretation was made, it was met with resistance and he would go running off to see his cardiologist again. He accused the various professionals involved of withholding information from him and of being incompetent and not able to determine the source of his "illness". As this cycle kept recurring over several sessions, I began to feel increasingly frustrated. After asking Mr. A. to respond to one of the images on my wall, a tremendous amount of fury and rage 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 of us. The image really triggered this awareness. He spoke of his anger at his father who was often absent and unable to give of himself to the patient. 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 emotional block that was producing his symptoms.

Case 2

Mrs. B. is a married nurse, in her mid 40's, presenting with acute anxiety attacks. She appears to be a very outgoing, good natured lady, with a good sense of humour. She is very well motivated and wants desperately to resolve her problems as these attacks, which have occurred for 12 to 13 years, can be quite debilitating.

She has a history of losses in her life, her mother having committed suicide, and as a nurse she experienced the death of many patients. She appears to be a very warm, and sensitive individual, but had no one with whom to share her feelings. We talked about her early experiences as a child growing up at home with a mentally ill mother who was absent for several years during Mrs. B.'s early years. When anything traumatic happened in the family, Mrs. B. was always left in charge. She had learned to do her job well, without having any outlets to express her feelings.

She somehow felt that the anxiety must have something to do with her mother, but continued to block around this issue. One day I showed her an image with two human forms involved in some sort of activity. Her response was "it's just like men, they expect women to do everything for them". In the image she perceived a woman being submissive to a man. Following this session, she went away on a trip for a month and on returning said she had a disturbing dream about the image. She asked if she could please see the image again, but when I placed it on the wall, she said "that's not the image you showed me before!" In fact, it was the same image. But when she didn't recognize it as being the same, I asked her to please describe the thoughts, feelings and fantasies it did evoke in her? It didn't take her long to recognize that she was feeling quite uncom-

fortable with the image. She felt she was witnessing something that she shouldn't be seeing. It looked like two people doing something to a third. She persevered with the image even though it was making her feel exceedingly uncomfortable and she said "Oh my God! That's a woman doing something to a baby—that's my mother and she is killing me". She had recalled waking one night and seeing her mother bending over her with a knife in her hand. Her mother seeing her awake, told her that she wanted her daughter to help her kill her father. Only now, that the memory of this event came back to her did she recognize that her mother was there to kill her.

With the discovery of this event and the ensuing dialogue around it, her anxiety attacks quickly subsided. The image had helped remove the block regarding her mother and the memories relating to her. She was also able to accept the fact that her mother was really dead and no longer a threat to her.

DISCUSSION

The experience of using these images with patients, as well as the reactions of thousands of participants at galleries where they have been exhibited, have convinced me that they have considerable potential for overcoming resistance and enhancing an individual's self awareness. These images represent another tool to help patients in a variety of ways. They can be used to gather information and explore themes or they can be used to release a significant emotional block as in the examples above. They also help some patients to understand aspects of themselves which were previously not in their awareness. This new awareness can often help a patient reduce anxiety, or develop self-esteem, thereby helping them out of a depression.

There are several levels of analysis of the patient's responses to the images. Process information is made available regarding how imaginative or concrete the individual is, and the extent of the individual's cognitive flexibility as revealed by the number of themes or responses made to a single image. Content information is also made available, and as seen in the above examples, this may be very specific content of immense emotional significance.

Both traditional techniques for overcoming resistance (1) and the use of these images involves assisting individuals to become aware of new material. However, the use of these images is very different from the use of confrontation and interpretation techniques, which often arouse the individual's defenses.

The use of the images is similar to free association techniques, but differs in several important ways. The images give the individual a concrete

stimulus to interpret, and the stimuli themselves have artistic interest and are evocative of many primal themes.

In reacting to an image, the patients feel as if they are reacting to something outside themselves, and it is only as they are describing that external object that they come to the awareness that they are describing themselves. The self awareness which occurs is a self-discovery, arrived at through the patient's own efforts. Because the patients themselves are involved in generating this discovery, they experience the effect involved and are therefore more likely to accept responsibility for the discovery and accept it as true.

The images deflect the defenses which are typically aroused by the more traditional tools for overcoming resistance. In practice the images have been useful when other traditional techniques have not worked well.

REFERENCE

1. Greenson, RR: *The Techniques and Practices of Psychoanalysis*. Vol. I, New York, International Universities Press, Inc., 1967.

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