

# *The Walker Visuals*

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**J**OEL WALKER ES UN PSIQUIÁTRA y fotógrafo canadiense, pionero en la foto-terapia, quien ha usado sus imágenes fotográficas y cámara interactiva para evocar sentimientos, pensamientos y memorias de sus pacientes en su práctica clínica de mas de 30 años.



*Photo 1*

The Walker Visuals are a set of four 13"x19" color, ambiguous, abstract, dreamlike and evocative images with a semblance of reality produced by the author. (*Photos 1-4*) The esthetics invites the viewer, the ambiguity invites the unconscious. What you see is the reflected light that enters your eyes. What you perceive is what your mind makes of the information received, this depends on your history, expectations, needs, beliefs, feelings and what happened just before you viewed the image.

The images evolved serendipitously from observing how my patients responded to a range of ethereal photos I had photographed and placed on my office wall. I wanted to collect a larger data base in a non-clinical setting to see what themes would emerge with these images. So, I had an interactive exhibition in Rockefeller Centre in New York City entitled 'See & Tell' I then presented this exhibit in four languages at the World Congress of Psychiatry in Vienna in 1983 and I was encouraged by the psychiatrists to create a kit with four photographs and a manual for them to use.

These images had the greatest range of themes from the most positive to the most negative. The image acts as a catalyst, a metaphor, a graphic representation encapsulating the patient's inner world. The images help patients verbalize, uncover repressed feelings and memories, identify core conflicts and explore more sensitive issues as sexuality and death.

These photos can be used throughout the therapeutic process from assessment to termination. They can be used with a variety of diagnostic categories such as anxiety, depression, panic disorder, post traumatic stress, loss and grieving, terminal illness, suicidal potential. They are being used in individual, conjoint, family and group therapy. The images are universal crossing culture, language, education and class.

I often introduce the images by saying this is not a test, but another way for me to get to know you. I would like you to select the image which speaks the loudest to you today. Then describe your thoughts, feelings and fantasies. If you were to express the feeling of this image in a

title, what would it be? I might suggest a title for them to work with such as Mother, Father, The Old Me, The New Me... and then ask them to elaborate talking about your thought, feelings and fantasies about the image through this title. What would you change about this picture if you could?...The timing of the use of these images depends if you the therapist is at an impasse in the therapeutic process, to test out a hypothesis, exploratory, to re-engage the client/patient and quicken the pace of therapy and when countertransference becomes too intense, the images help to disengage the therapist while allowing the client to retain affective involvement (by focusing it on the image).

### *Case Example: Photograph as Lifeline-Facing Mortality*

Ann is a 39 year old married therapist presenting with anxiety and depression. Three years prior, she had been diagnosed with breast cancer and treated with surgery and chemotherapy and was given a clean bill of health.

Her father had died at 35 of a brain tumor and she had been protected from his illness by the family. I saw Ann weekly in psychotherapy while she coped by intellectualizing, conceptualizing and suppressing her emotions. To break through this barrier, I presented her with the Walker Visuals and asked her to select the one that spoke to her the loudest.

She chose *Photo 3* and was asked to talk about her thoughts, feelings and fantasies evoked by it. She responded immediately that it was a chest, a rib cage, and the outline of a breast. Ann began to cry and described the insidious darkness taking over more and more of her space. This was the third treatment session, but the first with the image.

"I could go through a narrow, dark passage and more darkness but eventually to ore light and life. The dark parts represent the cancer not just in the breasts but spread elsewhere. You can focus on the cancer or focus on the lighter and happier parts. The dark parts don't take over the whole picture. I'm feeling bloody angry, like a swirling rage, that the cancer damn-well happened. I feel like taking the picture and crushing it and breaking





*Photo 2*



*Photo 3*

it in two. If I would have allowed myself to feel that way, I would have been broken in two. I've now shifted to middle zone, not exactly dark ... Now I'm blocking it I've dried up. But I'd like to stay with it and come back to it."

After this catalytic reaction Ann adopted the image as her own. She made a conscious decision to use the image throughout the course of therapy. Between sessions and after therapy concluded, the image remained with her, providing continuity and focus which encouraged her to reveal her emotional self. This interiorizing of an image allows patients to go back to it for help in solving their problems in a way that they trust.

In the next session, "The whole picture looks different. It looks darker more depressing and deathlike. Death and darkness are coming over the breast. Part of me wants to stay with it (the breast) and part wants to run. I don't want to die. It's crazy because I'm so alive and so really afraid of dying. I'm not afraid of death itself but of dying."

When asked where she would place herself in the image, she continued "I want to stay in the middle between life and death. I don't want to let go of life. The darkness is heavy and I'm struggling to keep it away."

Asked how she would entitle the picture, Ann responded, "The tunnel of life." "I would focus more on the light, the dark patches are part of life. To get to the light on the other side of the tunnel, you have to go through the dark part. I feel like we hit another chord today."

In the next session it was suggested that she call the image "Anger." Ann resorted to intellectualizing about her anger, indicating that thinking about her anger blocked its expression. She was frustrated at her inability to get in touch with her anger. At this point I suggested the image of a raging bull. "The raging bull storms out, it's wild and it's free. If I was the raging bull for the last three years, it was that energy that kept me going through all the barriers.

*I didn't see it as anger. I saw it as taking control."*

It was then that she began to recognize her feeling

of anger and see it in a positive rather than in a depressing sense as she had done before. She was angry that the malignancy had created a focus on her breasts when there was so much else in life. Her doctors focused only on her body. She was enraged that her spirituality and individuality were ignored. She rebelled and fought for the self that she felt was being diminished by the emphasis on her body. As her anger was externalized, her depression lifted. She started to assert herself and express her own needs within the significant relationships in her life and thus she began to express herself more fully.

In the two years following psychotherapy, Ann came for a session every six months and it was through these visits that I became aware of the recurrence of cancer. Ann was told she had one year to live. She recalled how protected she had been around her father's illness and was determined it would be different for her own family. Therefore she discussed her impending death with family and friends, actually helped them to deal with and said goodbye to her loved ones.

When I visited Ann the day before she died, she spontaneously told me how the image had enabled her to confront her mortality and in so doing gave her the strength to cope. In the last years of her life she had chosen to live on the light side. Ann had let the darkness fade into the background and had lived life to the fullest.

"... Sex and death are taboo subjects. The responses to the images give a concrete point to come back to—a projective objective... The photographs are beautiful in themselves and fascinating, yet seem not to intrude themselves into the work but to return us to ourselves... It's a pleasure to have a tool that is non-threatening in that it is outside of both my clients and myself and yet evocative of such a range of inner experience."

*Alex Isbister, M.S.W.  
Sex and Marital Therapist,  
Toronto, Canada*

"The inner psychic landscape of any incest survivor is easily accessible through the Walker Visuals. The





*Photo 4*

dreamy-like photographs act as a safe holding environment for their repressed memories making it possible for the therapist and patient to work together in putting the pieces together.

*The Walker Visuals are an extremely valuable tool."*

*Marcia Miller, M.S.W.*

*New York, New York*

"With the current understanding that trauma is primarily "remembered" as emotional states and bodily sensations, with limited verbal representation. The Walker Visuals come as a welcome addition to the therapists' armamentarium to help patients access on a deeper level the feelings and personal experiences that can keep them stuck in living the present as a mere extension of the past".

*Bessel A. van der Kolk, M.D.*

*The Trauma Center at HRI*

"The use of the Walker Visuals provided an opportunity for the focusing of some intense issues in a short period of time in a manner which the patient experienced as safe and exploratory. For patients who need order and control in their world this may provide for ordering, understanding and experiencing a sense of mastery over their otherwise chaotic lives."

*Arnold Rubinstein, Ph.D.*

*Toronto, Canada*

"...Walker's approach may very well become a new diagnostic tool for assessing personality... It could be used to show what aspect the patient pays attention to and what he ignores ..."

*Paul Lerner, Ph.D.*

*Rorschach Method Expert*

*Ashville, North Carolina*