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Online Option for Therapeutic Uses of Photography and Creative Processing of Dreams in Clinical Supervision and Treatment

Robert Irwin Wolf
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We've come a long way since Lisa Kudrow made "Web Therapy" popular in a rather infamous way, creating a stigma that has taken time to overcome. Over my years of experience in private practice I have had opportunities to offer phone sessions for clients who had special need for ongoing contact while unable to come into my office. My first encounter with phone sessions happened many years ago when a patient who was in psychoanalysis had a sudden medical issue that required complete bed rest for several months. Although I was reluctant at first to use phone contact to complete the analysis, I was open to exploring its efficacy. My first impression was that my ability to listen was more focused when I had no visual contact with her. I found that I was able to pick up subtle nonverbal elements within our exchange that enabled me to work this way for several months. As a result, we were able to complete a successful analysis. Other examples have been from patients who travel for work. Continuity is important in analytic work so to keep the treatment sessions consistent, we would regularly schedule phone sessions while traveling, enabling patients to maintain their focus on their treatment.

Perhaps we can better understand this phenomenon if we look at brain research that shows that when one sensory mode is denied, the brain is able to compensate and other modes of sensory input become stronger. Current brain technology has also provided validation to psychoanalytic process as well as understanding the importance of nonverbal communication.

Today, with the opportunity to add visual content to remote communication, we have opened a new era of further possibilities for clinical treatment. Applications such as Skype, Google Hangouts and Zoom, (and many others) are excellent resources for attaining both visual and auditory remote contact. I must admit that I've been reluctant to offer this to my patients or supervisees, since my training has been designed around being in the same space as my people, enabling me to pick up and integrate into my treatment, all kinds of nonverbal queues. We often communicate more significant unconscious material through body language, than we do with words. Primary process, our first method of early experience, was nonverbal. We learn language at a later developmental time so much of the unconscious pre-verbal content of our communication; implicit memories, feelings and conflicts; are not as readily exposed to the same degree of censorship by the ego that verbal communication is filtered through, and therefore more easily expressed through nonverbal means of communication. I initially questioned whether adding video to the remote voice of a phone session would enable me to perceive subtle nonverbal elements as well as I might be able to do in person.

However, after much deliberation and consultation with colleagues who have begun to use online options for remote treatment, I have begun to appreciate how this form of treatment might bring opportunities for access to people unable to work face to face in an actual office setting. Several

colleagues had become members of an organization where they offer ongoing psychoanalytic treatment over Skype, to patients in China. They have reported great interest on the part of potential participants as well as great success in the treatment of those who would not have otherwise been able to obtain psychoanalytic treatment. I have therefore become more open to the possibility of expanding my work within a remote treatment framework.

In a recently published article on how I integrate expressive art within the psychoanalytic treatment frame, ([“A Mind’s Eye View: Processing Psychoanalytic Sessions with Artwork”](#), *The Psychoanalytic Review*, April, 2017), I demonstrate how the use of patient artwork can help deepen the analytic process and I have come to realize how this highly creative, unique method of clinical treatment may benefit many more potential clients if it becomes more widely available through remote access.

Over my many years of graduate level teaching and supervision, I have developed curriculum and coursework in the areas of creative processing of dreams and the therapeutic uses of photography. My many years of clinical supervision of both creative art therapists and psychoanalysts may also now be available remotely. I also now realize that by opening this remote access of treatment and supervision to a wider range of potential clients, I can offer these various forms of application including the opportunity for clients to process dreams using creative art and use photographic images in a less intensive therapeutic structure than depth oriented, ongoing psychoanalytic treatment. So, I am prepared to now offer these unique modalities online. I offer my services as a clinician, with many years of clinical work, teaching, training, supervising and conducting research, and apply this experience with using visual images to understand unconscious process to help people learn more about themselves (and their clients) in these creative ways. Hopefully, by utilizing video conferencing and emailing artwork, I will be able to integrate this format for use in various forms of long and short term expressive therapies, creative consulting*, phototherapy, dream analysis *and in particular, clinical supervision of both LPs and LCATS*, on an expanded scale.

Referrals and inquiries may be sent to: rwolfnyc@aol.com

* outside New York State