

# The Miracle Role of Imagery in Hypnotherapeutic and Psychotherapeutic Practice

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A study encompassing exploration of the nature, history, purpose and utilisation of imagery in therapy, and an evaluation of imagery as a psychotherapeutic tool.

**Abstract** – The main purpose to write this article is to show the importance and the role of imagery in Psychotherapy and Hypnotherapy practice. Different therapeutic approaches and theories that have been mentioned and the way imagery in the past and at present has served the purpose in therapeutic settings explored. The way in which imagery works and does the magic in therapy explained and also examples were given to make this article more explanatory. Since the Unconscious mind can not differentiate the real from unreal and accepts everything as real, the imagery can help our patient to change negative thoughts to positive thoughts and then create positive feelings and then positive bodily functions. An image or series of images may also be a symbol, having both meaning which can be learned from, and have power to transform energies in the psyche, thereby offering the potential for change on emotional, mental, and behavioural levels.

**Keywords** – Cure, Hypnotherapy, Imagery, Outcome and Therapy.

## I. INTRODUCTION

Imagery is an activity that all of us engage in much of the time, even without being aware of it and it precedes almost everything we do or achieve. Having a goal of outcome in mind helps us to achieve it. We pre-rehearse an interview, meeting or task and mentally polish our performance. We can escape unpleasantness by imagining winning the pools and anticipate a happy event with images of a wedding or holiday. The more compassionate among us can imagine ourselves in another's shoes in order to appreciate their point of view. Positive mental images also help performers excel themselves and athletes to break records.

Imagery also affects our moods. The image of a particular smell can evoke specific emotions and produce psychological changes. When we identify with the hero/heroine in a film, the images internally absorbed create pain or happiness in us.

Although common to all, imagery is rarely actively used by individuals to generate positive changes in life or health outside the therapy room. Yet Jeanne Achterburg, author of 'Imagery in Healing' says:

'Imagery... is the communication mechanism Between perception, emotion, and bodily change.

A major cause of both health and sickness, the image is the world's oldest and greatest Healing resource.' [1]

The term 'imagery' is used to denote the material of the imagination – those pictures or symbols which both arise spontaneously in our minds and the images we choose to entertain. Mental images are not merely visual, they can

also be auditory, kinaesthetic, gustatory or olfactory, or a blend of these.

Imagery occurs naturally when received in dreams, visions and in art. Symbols or meaningful images may also be actively sought from within the psyche, brought into awareness and consciously worked with. This generally takes place in a psychotherapeutic setting. Furthermore images may be consciously chosen for the purpose of visualisation in order to create specific changes in response to certain stimuli.

Images are the components of imagery, those thoughts from which occupy the mind. An image or series of images may also be a symbol, having both meaning which can be learned from, and power to transform energies in the psyche, thereby offering the potential for change on emotional, mental, and behavioural levels.

In exploring role of imagery in therapy, this study first puts modern imagery usage into an historical context. From the lineage traced (from Shamanistic practices to modern psychotherapy) and a discussion on the harnessing of right brain functions and the alpha state, a rationale for the various applications of imagery therapy evolves. Hypnosis, as an altered state of consciousness, is explored as a special application of imagery.

The central part of this work studies both passive or spontaneous imagery and more particularly, the active use of imagery in therapy with reference to case histories. The applications, value and contra-indications of imagery are considered and finally an evaluation of the use of imagery as a transformative tool is made.

[1] Achterburg, J. Imagery in Healing. New Science Library 1<sup>st</sup> edition 1985 p3.

## II. CHAPTER 1: A BRIEF HISTORY OF THE USE OF IMAGERY IN THERAPY

Shamanism has been called the medicine of the imagination. For at least 20,000 years, the Shaman has engaged in visualisation in which he descends into the lower world, perhaps via an imaginary opening in the earth, and seeks out the sick spirit of his patient, makes it whole and returns it to its host. Although these medicine men have knowledge of herbs and natural medicines, their main characteristic and tool of trade is the practice of ecstasy or altered states of consciousness. By means of ritual involving drums, monotonous chanting, and dance, the Shaman enters an altered state and experiences vivid imagery.

The object of inner journeying which might equally be ascending to the sky as descending to the underworld, is that of obtaining power or knowledge for the benefit of the community or to effect healing in the patient. The Shaman interacts with guardian spirits which are often power animals helping spirits, totems or fetishes. He also places great importance on dreams which he finds full of meaning and precognition. He considers dream experiences and fantasy to be just as real as the external world.

In the Grecian era, dreams and visions had eminence in standard medical practice. A dream therapy was named after Aesculapius in which Divine Sleep was ritually induced. Diagnosis and healing took place via hypnagogic images occurring in the patient just before sleep in which Aesculapius would appear as a healer who either cured him or advised a particular treatment.

The second century physician Galen understood the body/mind relationship and recorded the effects of imagination on health. A patient's imagery or dream content offered diagnostic clues in the form of images, for example, images of loss and grief pointed to an excess of melancholy (black bile), images of terror or fright were indicated by too much colour.

In the sixteenth century, Paracelsus saw the imagination as: 'Sun in the soul of man ... The spirit is the master, imagination the tool, and the body the plastic material. The power of the imagination is a great factor in medicine. It may produce disease...and it may cure them.'

There was recognition in the eighteenth century by Mesmer of the role of imagination in therapy, and he operated amid a high degree of ritual. In addition to tubs of bath water containing iron fillings which constituted the technical side of his therapy, Mesmer's rooms were hung with mirrors, both on walls and ceilings. Soft music issued from a glass harmonica, piano and 'magnetised' flutes. Mesmer himself wore a lilac robe and carried a wand.

The placebo effect is a well-known and documented phenomenon. The prescription. The chemically inert pill becomes the symbol of change for the patient. In the case of pain, the placebo is taken and relief is experienced due to the increased production of pain-killing chemicals in the brain called endorphins and enkephalins. The active ingredient here is the patient's own imagination which links expectation or belief with the symbol (pill) and the desired outcome. This process enables the body to respond in the expected and hoped-for way, for instance, to feel less pain. It is clear that the imagination produces physiological changes.

The placebo effect is not only confined to physical cases. Psychiatric patients also have been seen to improve on a number pill upon which these positive effects were to depend. The effectiveness of the placebo is related to the recipients' expectations. (Interestingly, anxious/phobic patients respond best to green placebos and depressives to yellow ones).

Carl and Stephanie Simont pioneered the use of imagery in the treatment of cancer in the 1970s. Their first case was a sixty-one year old man with inoperable throat cancer and a prognosis which estimated his chance of surviving

beyond five years at five percent. He could hardly swallow, had difficulty breathing, and had lost thirty pounds in weight. According to the Simontons instructions he meditated three times daily, relaxing himself in an imaginary tranquil place before picturing his cancer being overcome by the clean, powerful light of radiation therapy. He visualised the cancer monsters being bombarded by millions of tiny energy bullets. Healthy cells were shielded from the attack. His own army of white blood cells were then seen rushing in and mopping up, flushing the battle debris away.

The man's responses to imagery were; subsidence of the negative effects of radiation treatment, after one month he was putting on weight and gaining strength, at two months he showed no signs of cancer at all. The same man went on to use similar methods to cure himself of the arthritis and impotence he had suffered for twenty years.

Visualisation has been shown over and over again to be a viable treatment or adjunct to the treatment of physical diseases. [2]

In the psychotherapy field today, Gestalt therapists make use of the imagination in the 'empty chair' or 'shuttle' technique where for example, different parts of a conflict may be acted out by the client. Full use of the imagination is brought into play where the client becomes first one part in one chair and then in turn becomes the other part or person when sitting in the other chair.

Even the analytical nature of Freudian therapy of Psychoanalysis is balanced by the unstructured flow of the free association technique where the client is encouraged to express thoughts and images as they enter his mind. One might consider projection or transference to be a kind of unconscious manifestation of the imagination and as real as any conscious projection into the Gestaltist's empty chair.

Jung encouraged many of his patients to listen to their unconscious, communicating to them through dreams, visions, and fantasies. Dreams, according to Jung may contain material from the personal unconscious and symbols encountered as unique to the dreamer. Archetypal or universal symbols from the collective may also be experienced and are recognisable by their vividness. Therapists and clients working in the Jungian tradition find significance in these images by means of examining parallels from mythology, folklore, mysticism and religion.

Jungian therapy encourages the client to record and illustrate the symbols and images of his dreams and visions. It also promotes 'active imagination' the means by which a client can consciously re-enter a dream and pursue its course, thereby accessing, making conscious the contents of the unconscious.

More recently, use of the imagination has been utilised to great effect in behavioural therapy in the technique of 'systematic desensitization' developed by Joseph Wolpe. This method makes use of images of the feared situation and other incompatible, and more positive images such as those of relaxation, to effect the elimination of phobias or fears.

Psychosynthesis\*utilises imagery to achieve several different Psychosynthesis is a humanistic and a transpersonal psychology.Its purpose is to help integrate the many aspects of personality around a personal core or ego and further to effect greater synthesis between the personal ego and a deeper identity – the transpersonal self. For further information the reader is referred to:

Whitmore, D. Psychosynthesis Counselling in Action. Sage 1991.

Ferrucci, P. What we may be turnstone press 1<sup>st</sup>ed. 1982 Here are some examples:

- To release repressed material, giving it shape and form
- For evoking and developing desired qualities
- To gain perspective and understanding of an issue and what determines attitudes and actions
- To gain freedom from the control of unconscious energies
- To contact the transpersonal self

Psychosynthesis imagery techniques are employed using free drawing, writing, visualisation, meditation, and inner dialogue. Psychosynthesis proposes that we all have subpersonalities or autonomous parts which can be given form and voice through the use of imagination and imagery. In doing so the thoughts and attitudes of the different ‘characters’ which comprise the personality are exposed. Through the use of imagery, these often conflicting and disparate parts can speak and negotiate with each other and become integrated.

Psychosynthetic mental imagery technique will be considered in detail in Chapter six.

Modern Cognitive Behavioural Therapy makes use of imagery, as do other therapies as a means to explore the problem, situation or activating event. In this system the feelings, automatic thoughts, and underlying thoughts present in the activating event are often uncovered with the help of visualisation. Alternative, functional thoughts can then be generated and practised into the problem situation using imagery.

Imagery figures in Neurolinguistic Programming techniques to employing the modification of submodalities in the visual mode such as: colour/black and white, brightness, contrast, size, and shape: in the auditory mode: volume, pitch, tempo, and rhythm. In the kinaesthetic mode: duration, location, and temperature to desensitize the client to a feared or difficult situation. By finding the submodalities which weaken the feared ‘picture’ and those which strengthen the positive one, changes can be induced in the client’s response.

This is by no means an exhaustive history of imagery use in therapy but it serves to show the applicability of imagery to many widely varying medical/psychological systems.

[1] Hartman F. Paracelsus: Life and Prophecies: Blauvelt, N. Y. Rudolf Steiner 1973 page 111-112

[2] For further examples and evidence: Siegel, B.S. Love, Medicine and Miracles. Rider. 1st ed 1986 page 147-160

### III. CHAPTER 2: EXPECTATION, RITUAL AND SYMBOL

From Chapter One it has been seen that imagery and the imagination have played a significant role in therapy and healing and continue to do so. There are certain recurring features which link in with imagery in the healing context. These are: expectation ritual and either image or symbol.

No one can doubt the power of the imagination or of ‘mind over matter’. Firewalkers, quite ordinary people who change their expectations and perception, change their images, feelings and physiology, walk unharmed over hot coals. Contrarily, subjects under hypnosis who have been told that a lighted cigarette is being applied to their skin when in reality it is only a pen tip have responded with a real burn, demonstrating the physiological results of expectations. Belief in the power of curses as in voodoo and faith in the healing power of holy shrines also tends to reap results consonant with expectations.

There is a saying ‘Where there is life, there is hope’ but its converse is equally if not more true: ‘Where there is hope, there is life’. Expectation precedes results.

‘Ritual is performance using symbols of what is thought to be powerful in the cosmos’. Although not so obviously present in therapy today, ritual nevertheless does exist. Torrey cites the ritual of the trip made by the patient to therapist, the demeanour of the therapist, his qualifications, and authority, and ‘a pervasive air of power, mystery, even fear’ [2] as characteristics that serve to create trust and positive expectation in the patient.

A Shaman wears the skin of his power animal and dances round the fire, and it is the power animal that is doing the dancing, not the garbed Shaman. The therapist does not dance round the fire, but he/she becomes the therapist and images to the client a powerful agent of healing and transformation in exactly the same way. The client or patient participates in the ritual by travelling to see the one whom he believes, or at least hopes can help him.

When we have both expectation and the environment in which change can happen, all that is needed to empower the process is the symbol.

We have seen how the placebo pill becomes the symbol of positive change. It is both the hook upon which the patient’s expectation can hang and the bridge between expectation and the wished for result.

Symbols can be external as in the placebo, and then internalised by the combined action of swallowing the pill and the inner acceptance of its health-giving meaning. Symbols can also arise internally, perhaps from Jung’s collective unconscious. Diana Whitmore describes symbols or images as ‘accumulators of psychic energy carrying a qualitative charge’ and explains that ‘there is a dynamic relationship between the symbol and the reality which it represents’. [3] Further, Assagioli, the founder of Psychosynthesis has said: ‘Images and mental pictures tend to produce the physical conditions and the external acts corresponding to them.’ [4]

So the formula is complete:

Expectation + Ritual + Symbol = CHANGE

- [1] Kaptchuk, T. And Croucher, M. The Healing Arts BBC publication 1986 page 101
- [2] Torrey, E. F. "What Western Psychotherapists can Learn from Witch-doctors" American Journal of Orthopsychiatry 42:1 1972 Page 69-76
- [3] Whitmore, D. Psychosynthesis in Education. Turnstone Press. 1<sup>st</sup> ed 1986 page 28
- [4] Assagioli, R. Psychosynthesis. Turnstone Press, 1<sup>st</sup> ed 1975 Page 144

#### IV. CHAPTER 3: AN ALTERNATIVE REALITY

In order to understand how imagery can effect change and why it is such a potent force in therapy, it is necessary to enter first into some technical detail.

The brain is physically divided into two hemispheres, each of which has its own characteristics and functions. The following diagram is adapted from that presented in Ronald Shone's book 'Autohypnosis' and augmented. It shows the differing features and associations of the right and left sides of the brain.

LEFT RIGHT

Conscious mind	unconscious
Logic	recognition
Reason	metaphor
Analysis	synthesis
Mathematics	imagery
Words/language	pictures
Facts	instincts
Concerned with consequences	concerned with relationships
Aware of time	no sense of time
Disoriented in space	well oriented in space
Intellect	emotions
rhythm	
creativity	

#### V. CHARACTERISTICS OF THE RIGHT AND LEFT BRAIN

Conscious or left brain reality is largely what is seen, heard and experienced directly, within the context of all other previous experiences. It therefore allows for discriminations and judgements to be made regarding the present experience.

Right brain reality is what is experienced without reference to other experiences or logical data.

To the extent that the reality-testing left brain is suspended whilst the process of imagining is going on the substance of that imagination becomes the only reality. Imagery is experienced as real with all the accompanying sensory and physiological responses relating to the experience. For instance, as one imagines lying on a beach, relaxing in the sun, the right brain takes this to be reality and the body becomes more relaxed and feels warm. The more vivid the imagery the greater are the responses. Imagery therefore can re-create reality for an individual.

Phobias are products of the imagination too and the aim of desensitization is to give the client a different reality in the face of a feared situation, and exchange the fear for feelings of relaxation, confidence etc.

The therapeutic potential of being able to induce an alternative reality for people will begin to be seen.

The left brain exerts conscious control over the musculoskeletal system, the verbal command of 'open hand' will result in the body responding to open its hand. Right brain imagery can achieve the same response by sending pictures to the appropriate muscles for example by imaging a hand opening like a flower. By visualising certain pictures both physiological and psychological changes can be produced. It can be deduced that imaging the work necessary for healing the body will help facilitate just that and evidence supports this. [2]

One important distinction between the two hemispheres needs to be constantly borne in mind when considering the efficacy of imagery in its many applications in therapy. If one selects a single feature of the right brain such as mathematics and adopts a mathematical mode, it does not put one into contact with language, words, facts or an awareness of time or other modes of the left brain.

The characteristics of the right brain however are more diffuse, are inter-connected and overlap. This should not be surprising as the right brain is concerned with relationships and synthesis are the less 'concrete' qualities. So if one engages in imagery for instance, there is at the same time a sense of timelessness, a freeing of the emotions, recognition of instincts, a language of metaphor and so on.

Jacobsen in 1929 demonstrated that if one thinks strongly about a particular body movement, the appropriate motor neurons are activated at a very low level. [3] Thinking about swinging a tennis racket therefore actually produces activity in the appropriate muscles. Sports performance is an area in which imagery can be utilised effectively. The act of imaging not only rehearses the sportsman in his particular activity; imagery also automatically connects him with those right brain features so essential to his improved performance, namely: movement, rhythm, co-ordination, and synchronisation.

Another concept relating to the workings of the brain which is relevant to the creation of an alternative reality is that of brainwaves.

We spend most of our conscious life emitting beta level brainwaves of between 17-25 Hertz (Hz). This signifies an awake and active state. When we sleep we enter the delta range of 1-3 Hz. Between these two states lie theta waves at 4-7 Hz, often associated with emotional stress and alpha rhythms of between 8 and 12 Hz which connote an awake and relaxed state.

Babies and young children up to the age of 2-3 years show a predominance of delta/theta waves. From the age 2-3 when alpha rhythms appear and up to about 7, before beta rhythms become dominant, imagery is most vivid and children show a great capacity for absorbing information. As Laurie and Tucker suggest in their book 'Centering, the power of meditation' [4] alpha rhythms

have great implications forenhanced learning ability. A non-stop barrage of sensory stimuli as in a continuous beta state, moreover results in stress. In beta levels we operate on the five senses to cope with our environment. In alpha state we focus away from extraneous external stumuli and on to the task in hand such as becoming absored in a bookor turning inward as in meditation. In alpha state, healthy physiological changes take place. Breathing and heart rate slow down and we relax.

Dr HansBerger, the German psychiatrist who discovered and named alpha brainwaves, found these to be nearly always of greatest amplitude at the back of the head where the nerve signals from the eyes reach the brain. They are also usually more marked and regular when the eyes are shutand the left brain is dormant.

- [1] Shone, R. Autohypnosis. Thorsons 1st ed 1982 page 13
- [2] Siegel, op. Cit. page 147-160
- [3] Jacobsen, E. "Electricalmeasurments of Neuromascular states. During Mental Activities: Imagination of movement involving Skeletal Musclu "American Journal Of Physiology 91 (1929) page 597-608
- [4] Laurie, S.G. and Tucker, M. J. Centering, the power of Meditation Excalibur Books. 1st ed 1982.

## VI. CHAPTER 4: HYPNOSIS, AN ALTERED STATE OF CONSCIOUSNESS

The alpha state is an altered state of consciousness, that is a state other than the everyday beta state. There are many reasons why the alpha state is useful to access in a client during therapy. In an awake, relaxed state, unconscious material is more accesible; insights are more likely to be experienced; underlying feelings are more recognisable; creativity can be tapped; and indeed the whole array of riches available in the often underused right brain can be experienced and utilised, offering the client the greatest potential for change.

Hypnosis is an altered state of consciousness in which alpha waves are emitted. In the induction of hypnosis, one objective is to shift awareness from left brain activity and render the client more susceptible to suggestions. This can be achieved by utilising any of the right brain characteristics. For instance a rhythmic delivery on the part of the therapist may be used with smooth linking between suggestions e.g. '...because the muscles in your arm are so relaxed, your arm is feeling heavy...' Both rhythm and relationship are concerns of the right brain and by employing these the therapist stimulates the right brain and all of its functions. The above suggestion can be made even more powerful by introducing visual imagery and suggesting for exapmle that the client imagine his arm is a piece of lead.

The induction of relaxation automatically moves the client into the alpha state and makes the right brain more accessible. Other ways into the right brain are through repetition, and confusion, leading the client verbally away from awareness of external stimuli and to an awareness of internal stimuli such as the breath. Music, particularly in

the baroque style with a tempo of approximately 60 beats per minute and words such as 'down' and 'deeper' which can only be meaningful to the right brain.

One important way the therapist can gain right brain response in the client is by means of guided imagery and this is especially effective as a way of deepening the hypnotic state. Appropriate mind pictures 'painted' by the therapist for the client both stimulate the right brain and assist in shutting down the rational left brain, thus inducing in the client the most receptive state.

Imagery can take many forms. Visual imagery might consist of natural scenes such as a beach or meadow and may be combined with kinaesthetic imagery such as going down on an escalator or walking down steps. Going down steps or in lifts creates the opportunity for going down to a deeper level which is a suggestion the right brain responds to. Auditory imagery is commonly introduced as an adjunct to visual scenes but can be emphasised if the client finds visual scenes but can be emphasised if the client finds visualising difficult e.g. the sound of waves ebbing and flowing (which also introduces rhythm) can be used to induce relaxation and be developed as a vehicle for carrying away tension or unwanted thoughts. Evoking the sense of smell for some people is very powerful particularly if a certain fragrance or smell has special significance already and arouses emotions appropriate to the situation.

Autogenics, a branch of self-hypnosis, makes use of the kinaesthetic sensations of heaviness and warmth which are generally present during relaxation of the blood supply. Many clients also respond well to images which generate feelings of lightness, floating, drifting etc.

The arousal of emotions which are a right brain activity induces a suggestible state. Useful ones to evoke are: peacefulness, tranquility, sense of beauty, delight, elation etc. Imagery may be effectively used by the therapist to arouse these feelings in the client by perhaps suggesting images of a calm, peaceful lake, a beautiful rose garden or majestic view from a hill.

## VII. CHAPTER 5: SPONTANEOUS IMAGERY

Imagery happens naturally and spontaneously when we dream, have visions or just before/after sleep.

Hypnagogic images which occur before sleep are autonomous in nature and are apparently outside voluntary control. Visually, these images in dreams which appear as in a 'film' and tend to have an underlying theme. According to one study, auditory hypnagogic images were found to be more commonly experienced than visual ones or those which combine both senses. Wanger said he composed the overture to Das Rheingold from auditory hypnagogic images.

Sensory deprivation experiments suggest that a withdrawal of sensory input which naturally occurs before sleep, may be an important factor in the production of such images.

A special kind of hypnagogic experience is when the subject has the impression of body changes of 'hypnagogic body schema experiences'. Commonly the

body is felt to be swelling up in size, it may also be felt shrinking down in size. It is also possible for one part of the body to feel it is becoming much larger than usual. These effects are reminiscent of Alice's experiences in Wonderland and Pinocchio's nose, and perhaps the ideas for these stories evolved out of the writers' personal experiences.

Certainly science too has benefited from hypnagogic occurrences.

Kekule, Professor of Chemistry of Ghent, evolved the concept of the benzene ring from the image of a snake eating its own tail perceived in the hypnagogic state.

Hypnopompic images which occur between sleep and waking can be considered as the lingering on of the dream state. These images are less commonly experienced than those before sleep and appear not to have any special characteristics beyond those of the hypnagogic state.

Dreams can be worthwhile to work within therapy and meaning can be sought in the images portrayed there by the unconscious. Many psychotherapeutic schools find this both valid and useful. The imagery of dreams can be insightful, healing, prophetic and may also come to assist the client (and his therapist) along the path in therapy.

Visions occur whilst we are awake. They may come 'out of the blue' or when sitting in meditation. Imagery may be in the form of a single meaningful symbol e.g. a cross or tree, or like a dream, manifest as a flow of images with a theme. Visions may be explored in the same way as dreams.

These are instances in which imagery occurs spontaneously. There are many more ways in which imagery can be consciously applied or generated in therapy and we consider these in the next chapter.

[1] McKellar, P. *Imagination and Thinking*. Cohen & West. 1st ed 1957 page 34-35

## VIII. CHAPTER 6: IMAGERY AS A TECHNIQUE

In essence the purpose to which imagery may be put is three-fold. It may be used as a means to explore the unconscious and as a diagnostic tool or way of focalising the problem. Imagery may also become the agent of transformation of healing by providing the medium through which symbols imbued with the requisite power and purpose, emerge and act.

To facilitate getting to the root of a problem and exploring around it, the therapist may ask the client to relax and allow a symbol or image to emerge which represents the issue.

A client whose cousin had died felt great inconsolable grief. In her own words she was 'tied by the grief'. The image that emerged for her was that of a balloon tethered to the ground by means of six guy ropes and pegs. The dead cousin was in the balloon basket asking to be set free. It was impossible for the woman to sever the ropes but over a period of four weeks she was enabled to gradually loosen the pegs in her imagination until she was finally able to untie each rope, so releasing her cousin who was smiling and happy, and her own grief. [1]

In this case the unconscious mind presented a symbolic picture of the problem and arising from this came the unique means by which this particular client could release her grief. She was able to do this in a manner that was effective and meaningful for her and in a time period that was right. The image showed loosening of the ties as they occurred psychically and therefore enabled both client and therapist to be aware of how the process was progressing at any one time.

Imagery can be used to explore resistances and to find ways of overcoming them. A therapist may take the client on a guided journey through a wood for instance, where the way through can be assessed, obstacles be seen and explored, and ways found over, under, through or round which the unconscious will accept. Tools for the task may be discovered along the way, or helpful guidance from animals, plants or beings may be received as part of the journey either spontaneously or with the guidance of the therapist.

Psychosynthesis offers several imagery techniques which are classed as 'meditation'. One such method is that of 'reflection' where the mind is focused on a particular topic or idea for example reflection may be on a quality such as courage of joy, or on a seed, through such as 'courage is mastery of fear, not absence of it'. Associated images are generated by the client in order to gain insight, perspective and to get in touch with the desired quality and experience. Since it is impossible to think of an emotion without experiencing it, regular reflection on such images produces an increase in the given quality in the client's emotional repertoire.

When one seeks the meaning for say, the word 'sad', it is only made understandable by actually feeling sad. Otherwise the word remains a word and conveys nothing at all.

'Symbolic imagery' in the psychosynthetic framework is the visualisation of images with deep symbolic significance and regenerative properties such as the blossoming of a rose or the transformation of a caterpillar into butterfly, by which means the energies of the psyche are directed towards positive evolution.

A third technique of meditation is that of 'silence' or stilling the mind which is more in line with Eastern mystical tradition. Here the individual becomes open to insight and receptive to creative inspiration. This technique is part of the Montessori school system today.

As mentioned in Chapter One, Psychosynthesis is perhaps best known for its contribution to psychotherapy or 'subpersonality work.' One way of meeting a subpersonality is for the client to consider one of his most prominent traits of attitudes and allow an image to emerge which represents it. The image may be human of either sex, any age, or an animal, plant, fairy, object or monster. Having allowed the image to form and show itself, it can be good to talk and express itself. A dialogue between the client and his subpersonality can then develop. Insights are often experienced in this way, conflicts can be brought to light and experienced in this way, conflicts can be brought to light and a movement toward resolution can be made with this kind of imagery.

It was not until a client discovered her rather exuberant dog subpersonality which galloped about enthusiastically licking, tail-wagging and begging for the approval of everyone, that she realised just how much she depended on being liked by others and how she strove to please. The images were so much more expensive than any analysis of her own behaviour could be and had immediate impact. Almost immediately the dog began to change and the client's attitude and behaviour along with it. [2]

The imagery technique of 'inner dialogue' or 'psychological mountain climbing' as it is sometimes called, employs imagery which takes the client to the top of a mountain to a timeless place where they meet a wise person. The person, symbol of the self, is loving, has a holistic view of life and its problems and is able to offer wisdom and insight superordinate to that of the subpersonalities. The ascent often produces a sense of joy and liberation and a higher perspective.

Psychoanalysis acknowledges a transpersonal self, capable of generating spiritual, though not necessarily religious experience. In my own practice a client entered a sublime experience whilst in hypnosis, in which she experienced images that were almost inexpressibly wonderful and which made her feel whole for the first time in her life. Imagery was able to give my client a highly valued healing experience which fifty odd years of external life had denied her.

The ultimate aim of therapy is to assist the client in becoming who he is. Whom he wishes to be already lies within him in potential. Imagery can be a powerful tool in removing obstacles to the client's goal and in bringing what lies in potential within him into life.

The therapist acts as a guide allowing the client's own images to emerge and remains receptive to the process. The images themselves may indicate the way forward and this should be honoured. By means of suggestions and appropriate questions the client can be enabled to discover for himself what needs to be done. In some cases therapy takes place entirely on the symbolic level without the benefit of intellectual understanding.

A client who possessed a high degree of physical fearlessness was upset by a series of unpleasant incidents and accidents which resulted in her feeling jinxed. She was unable to throw off her negativity and came for help. On being asked to let an image which represented the issue emerge, she became terrified. In her imagination she saw a hooded, faceless being all in black coming towards her. The client was encouraged to stand her ground and guided to give, to being a gift. She managed with difficulty to throw a glowing crystal at the empty hood. The hood fell off the client. The being disappeared and the woman gained an eye, hot in the centre of her fear and from that day on has felt energised and well. [3]

Sometimes the reason for psychological change is obscure, this does not invalidate the effectiveness of imagery, however.

There is also value in 'concretizing' an image, or grounding an experience. It is said that symbols have both an expressive and an impressive character. [4] Once objectified such as in a drawing, the symbol becomes

possessed of power, rather like the amulets of ancient times and in its turn influences the intra-psychic process, Martha Crampton, psychosynthesis counsellor, says:

'An intellectual formulation, provided it is not an intellectualisation and does not precede or substitute for emotional and intuitive insight, seems to consolidate and make more complete the process of understanding.' [5]

Other ways of grounding the experience are expression through writing, poetry, sculpture and dancing.

Negative imagery can trap us in unwanted attitudes and behaviours which have repercussions in life and with others. For instance, if we have low self-esteem we perceive ourselves as dull, boring and unattractive and this self-image will mould our physical bearing to a stooped and shrunken posture and contort our facial features into the unattractive person we feel ourselves to be. Such a deportment and visage ensures others will find us unappealing and keeps friends away. We have literally become the outer manifestation of our internal image. Therapy can help a client to reverse the process by enabling him to develop a different and more positive image that is acceptable at the time. Images can be updated as progress is made.

A client 'tried on' an image of herself as slender and graceful (she considered herself fat and uncoordinated). She exclaimed in horror 'this isn't me!' We found a more appropriate image to work with that made her feel good and which felt comfortable to achieve. [6]

'Ideal model work' is used when a client wishes to develop a particular quality in themselves such as love, strength and joy. The technique consists of the client imagining he already has the quality he desires. The client is guided to look at the eyes, facial expression and body language expressing the quality. Next he associates with the image, literally walking into it and becoming one with it. In the last stage the client envisions expressing the quality in various everyday situations as vividly as possible.

Imagery can therefore put a client in touch with his self-image or how he really views himself. It can establish the extent to which change is appropriate and right, and motivate the various psychic processes towards the positive development of character.

It may be construed that imagery is akin to day-dreaming. This is an erroneous conception. Day-dreaming tends to be compensatory and too much of it can create a sense of unworldliness and encourage withdrawal. The 'ideal model' technique has its own grounding method in which the client visualises the chosen quality being expressed by him in everyday life. Expression in real circumstances follows as the client feels he possesses this equality and has it to give. True satisfaction of imagery experiences lies in the gradual manifestation of wished for change in everyday life, quite unlike the wish-fulfilment of the day-dreaming experience.

A particular kind of imagery, is that of metaphor which is a speciality of the right brain. When a client absorbs the meaning of what the therapist says, particularly under hypnosis his unconscious mind will tend to 'understand' in the light of all possible meanings, associations and

interpretations of the word or phrase. Just as a symbol arising from within can speak to us on many levels, so word images created by the therapist can arouse responses on many levels.

Ericksonian techniques take advantage of this to bypass client resistance. An impotent client may be told to think “long and hard” about his problem, and an overweight client invited to sit and “take weight off your legs”. Indirect suggestion or metaphor is a very powerful tool in psychotherapy because it eludes the critical censor of the left brain.

Metaphor may take the form of a story, anecdote, analogy, allegory, pun, joke or simile and through these media images, for the client certain truths. A therapist may speak in terms of natural events such as the changing seasons and how gracefully a tree adapts and changes with its environment, how it is natural to have rain following sunshine and both are needed for growth and development.

Here is an example of Milton Erickson’s own use of metaphor:

“I’d like to tell you something. Everybody is like his fingerprints. They’re one of a kind. And never will be another like you. And you need to enjoy always being you. And you can’t change it just as fingerprints can’t be changed.” [7]

Metaphor appeals to the right brain and is a vehicle through which teaching can be communicated in a way that is irrefutable because it is recognised directly as truth. The advantages of metaphor are various. It suggests solutions and new possibilities evokes resources and aids understanding. It is non-directive, enabling the client to attach his own meanings which are consonant with his goals and needs. Metaphors also stimulate right brain activity and encourages hypnotic responsiveness.

- [1] Case-history supplied by C. Campbell, a Leicestershire psychotherapist.
- [2] Case-history from my own practice
- [3] Case-history supplied by C. Campbell
- [4] Jacobi, J. The Psychology of C G Jung. Routledge & Kegan Paul 7th ed 1968 page 94
- [5] Crampton, M. “The use of mental imagery in psychosynthesis” New York : Psychosynthesis Research Foundation, reprint no 12 1969 page 7.
- [6] Client material from my own practice
- [7] Videotape: The Artistry of Milton H. Erickson

## IX. CHAPTER 7: THE VALUE OF IMAGERY

A lot of people are left brain orientated, major in the intellect and have little expressed emotional life. For these individuals, imagery as a function of the right brain has a balancing effect in its own right and can provide them with another, valuable type of experience. Imagery induces an alpha state which is good for health, enhances learning ability and links the individual with this source of creativity. Modern life demands constant change of its society and use of imagery can enable one to be more flexible, in touch with resources and creative ideas, thereby generating confidence in self.

As a single therapeutic tool, imagery has a great deal to offer in its many applications. In addition to those already mentioned, it can be used to help a client get in touch with future goals, to help him clarify relationship difficulties or heal the inner child. Imagery can effect physical healing and pain relief and assist in establishing a purpose in life, important decision making and in choosing a rewarding career.

Therapeutic use of imagery can cut through the need for a lot of verbal material. It is especially useful when the client has already talked at length with a previous counsellor or therapist. A novel way that gets directly to the problem can regenerate hope and confidence in the client.

Symbol emerging through imagery carry a far more condensed meaning within them than can generally be accessed by analysis or the more rational approaches, because symbols have significance and power on many levels.

As well as playing a role in exploration and transformation of unconscious material, imagery can also act as a monitor, showing where the client has got to in his process. Image changes, correspond with progress or regression.

Since the client does work in his own imagination, the power of transformation and healing is felt to be in his own hands and this can bring a wonderful sense of accomplishment and fulfillment. The client also experiences his self first-hand and not through the medium of the therapist. That greatly minimises the opportunity for projection onto the therapist.

These are some of the many good reasons for using imagery in therapy. There are however some contra-indications for its use.

There are some occasions when imagery may be inappropriate such as in a case where the client suffers from epilepsy. Assagioli advises caution with clients who have an over-active imagination and who seek escape from reality [1] Imagery should not become a substitute for normal life. Clients without a solid sense of identity will be at risk should too much unconscious material be stirred up for the personality to handle. Where a client already has an over-abundance of free-flowing images, imagery work may only confuse, here the need is for order, structure and integration greater left brain activity.

- [1] Assagioli, op.cit. page 189

## X. CONCLUSION

In following the path of this work, it is seen how imagery has been widely used in therapy since ancient times. In the distant past, imagery perhaps assumed its role of importance whilst there were few material tools. The advent of science and the explosion of rational thinking in the later centuries, may have temporarily had a demoting effect on imagery. This study I hope shows that it is not only alive and kicking today, but that the increased popularity that imagery presently enjoys with therapist is warranted and valid.

We have seen how the ancient formula of expectation+ritual+symbol =change, and that this is just as true in therapy today. That imagery creates the means by which subjective realities can be exchanged for better ones, has been amply demonstrated. In describing the dual nature of the brain with its right and left hand functions and the nature of brainwaves, scientific explanations of how imagery works in its many therapeutic applications has been presented.

Exposition of the role that imagery plays in hypnosis shows that it is indispensable in creating that altered state. Indeed the value of imagery is seen throughout the whole psychotherapeutic process. Much of its applicability is due to the fact that imagery both accesses and stimulates the right brain and all its functions, including the unconscious.

The interesting but uncontrollable images of the hypnagogic and dream states show that meaningful images are there to be received and can be responsible for both artistic composition and scientific discovery. The main thrust of this study however, has been in consideration of the active use of imagery where there is a well defined goal in mind. Case-history examples clarify the utilisation of imagery for certain purposes and perhaps also illustrate that imagery in therapy is somewhat idiosyncratic. There is always the unknown factor because a person's imagery and his understanding of it is unique to him.

In enumerating the manifold advantages of imagery use in therapy it can be seen that imagery is highly applicable to many diverse situations and for many reasons. Although there are some contra-indications, these are greatly outweighed by its value and suitability for a majority of clients.

When all the facts and reasoning are done, one is left with the exciting, magical quality of imagery. It has been written: 'The power to image is the power to create' [1]. The word 'image' can be expressed as I-mage, meaning I-magician. The Shamans in common with many modern therapists believe that the real disease in man is a loss of personal power which allows sickness in. How fitting it is that man should regain his power and become more fully himself by becoming his own magician, creator, healer, through his own images.

[1] Macbeth, J. *Sun Over Mountain. A course in creative imagination* Gateway Books 1st ed 1991 page 3.

### REFERENCES

[1] Jeanne Achterburg, author of 'Imagery in Healing' says: Achterburg, J. *Imagery in Healing*. New Science Library 1<sup>st</sup> edition 1985 p3.  
 [2] Achterburg, J. *Imagery in Healing*. New Science Library 1<sup>st</sup> edition 1985 p3.  
 [3] Hartman F. Paracelsus: *Life and Prophecies: Blauvelt*, N.Y. Rudolf Steiner 1973 page 111-112  
 [4] Siegel, B.S. *Love, Medicine and Miracles*. Rider . 1st ed 1986 page 147-160  
 [5] Kaptchuk, T. And Croucher, M. *The Healing Arts* BBC publication 1986 page 101  
 [6] Torrey, E F. "What Western Psychotherapists can Learn from Witch-doctors" *American Journal of Orthopsychiatry* 42:1 1972 Page 69-76  
 [7] Whitmore, D. *Psychosynthesis in Education*. Turnstone Press. 1<sup>st</sup> ed 1986 page 28

[8] Assagioli, R. *Psychosynthesis*. Turnstone Press, 1st ed 1975, Page 144  
 [9] Further, Assagioli, the founder of Psychosynthesis  
 [10] Shone, R. *Autohypnosis*. Thorsons 1st ed 1982 page 13  
 [11] Siegel, op. Cit. page 147-160  
 [12] Jacobsen, E. "Electrical measurements of Neuromuscular states. During Mental Activities: Imagination of movement involving Skeletal Muscles" *American Journal of Physiology* 91 (1929) page 597-608  
 [13] Laurie, S.G. and Tucker, M. J. *Centering, the power of Meditation* Excalibur Books. 1st ed 1982. [1] McKellar, P. *Imagination and Thinking*. Cohen & West. 1st ed 1957 page 34-35  
 [14] Case-history supplied by C. Campbell, a Leicestershire psychotherapist.  
 [15] Case-history from my own practice  
 [16] Case-history supplied by C. Campbell  
 [17] Jacobi, J. *The Psychology of C G Jung*. Routledge & Kegan Paul 7th ed 1968 page 94  
 [18] Crampton, M. "The use of mental imagery in psychosynthesis" New York: Psychosynthesis Research Foundation, reprint no 12 1969 page 7.  
 [19] Client material from my own practice  
 [20] Videotape: The Artistry of Milton H. Erickson Assagioli, op. cit. page 189  
 [21] Macbeth, J. *Sun Over Mountain. A course in creative imagination* Gateway Books 1st ed 1991 page 3.

### AUTHOR'S PROFILE



Assistant Professor **Dr. Aysin Sinal**, graduated in Biochemist from Institute of Science Technology in 1990, 3 years at Royal Free Hospital in London. In 1996, graduated from [Derby] Buxton, in Psychology and also received a Masters in Hypnotherapy/Parapsychology in 2000 from the same university. He started his private practice in 1996 as a Psychologist/Psychotherapist, in 2002, Completed his Masters in Psychoanalysis from Middlesex University in London. In 2005 he completed his PhD in Clinical Psychology/Clinical Hypnotherapy at the University of Berkeley in conjunction with APA. In 2006 he passed his exams with The American Academy of Experts in Traumatic Stress Disorder and achieved Diplomat status. He is still doing continuous development post doctorate and other relevant courses with APA. Currently he is the director of Newest Dimensions Psychotherapy and Training Centre in Northern Cyprus and also the director of the Counseling and Guidance Centre at Girne American University, where he is also a lecturer at the Faculty of Humanities and Head of Psychology at Girne American Universities Psychology Department. He has full membership with APA, NACHP, GHR, IST, CNHC, IBMS and GHSC.

Regression Therapy employs a range of hypnotherapeutic and psychotherapeutic techniques, with special focus on regression and on working with transpersonal experiences to transform them. The terms "age regression"<sup>1</sup>, "hypnotic regression"<sup>2</sup> or "regression hypnotherapy"<sup>3</sup> are often used when the memories involve early childhood. When past life stories appear, the therapy has been referred to as past life regression. However, regression therapy does not try and prove the truth of these stories; rather, it uses the client's interpretation as a metaphor, a means of providing a powerful transpersonal The main purpose to write this article is to show the importance and the role of imagery in Psychotherapy and Hypnotherapy practice. Different therapeutic approaches and theories that have been mentioned and the way imagery in the past and at present has served the purpose in therapeutic settings explored. The way in which imagery works and does the magic in therapy explained and also examples were given to make this article more explanatory. Since the Unconscious mind can not differentiate the real from unreal and accepts everything as real, the imagery can help our patient to change negative th

"The Relationship Between HR Practices, Empowerment, Support and Employee Motivation Among Bank Employees in Vehari, Pakistan". IJRES 3.6 (2016): 412-418. [More] [Full text].

"The Miracle Role of Imagery in Hypnotherapeutic and Psychotherapeutic Practice". IJRES 3.2 (2016): 171-179. [More] [Full text].