

Guided Imagery and Beyond - Stories of Healing and Transformation by Susan Ezra, RN, HNBC and Terry Reed, RN, MS, HN-BC

Edited by Jan Maxell, RN, BA, HN-BC

Pub. Date: June 2008

Publisher: Outskirts Press, Inc.

Format: Paperback, 208pp

Excerpted from Chapter ONE: **In the Realm of the Imagination**

Sources and Types of Therapeutic Imagery

Most forms of meditation, hypnosis and dream analysis use some kind of imagery process. The process may be active, in directly engaging with the images, or may be receptive in just letting images arise spontaneously. Tibetan meditations, for example, often focus on an image of a deity, contemplating certain qualities or powers. In actuality, just about any insight process uses some form of imagery. We have included some definitions that might be helpful to the reader:

Imagery: Imagery is a natural thought process, using one or more of the five senses and usually associated with emotions. Just as we all dream, we all use imagery to picture a scene in our mind's eye, remember a pleasant childhood memory or recall a favorite piece of music. The creative process in writing, painting or developing a new idea cannot take place without imagery. One first imagines, then one creates. For many years, athletes have been using imagery rehearsal to visualize the activity and the end outcome of their sport with recognizable advantages.

Guided Imagery: Guided imagery is a therapeutic process that facilitates working with the power of the imagination to positively affect mental attitude and potentiate positive outcomes. In general, this process is scripted, structured and directed by a practitioner. For instance, a group may be guided on a journey in a hot air balloon to view the landscape below and see the "big picture." Commercial audiotapes and CDs are also examples of scripted "guided" imagery. Most people in the general population and in health care are already familiar with this style. As a matter of fact, guided imagery is one of the most accepted complementary therapies in medical centers and hospitals worldwide.

Integrative Imagery: This model takes the therapeutic process to an even deeper level by eliciting and working with a person's own images, both positive and negative. This process is best facilitated by a practitioner, guiding a person to bring to mind an image for something, then directly engaging with this image, often in dialogue. For instance, an image of healing is elicited. Then by communicating with this image, one may uncover what is needed in order to heal. This process is somewhat like conscious dreaming in that we are able to communicate and interact with symbolic representations of our inner self and glean information. Judie Heinschel, PhD, RN, describes this as a "lived experience" in that "it is an experience that occurs as the client interacts with images." [4] (Heinschel, 2002)

Communication between the client and the inner images may be in an interactive dialogue or

in a sense of “knowing,” a more intuitive sensing. Each person’s imagery process is unique to them. However, most people access “images” through one or more of the senses. The majority of the population is visual and will see, picture, or envision an image. Some have very elaborate scenes and figures. Kinesthetic imagers, on the other hand, will primarily feel or sense something without “seeing” anything at all. Musicians and singers will often have a strong auditory presence. Closing your eyes and concentrating on a favorite piece of music is one way to experience imagery. Overall, images can be seen, felt, heard, touched, smelled or sometimes even tasted. The more senses that are recruited the richer the experience.

The dialogue component is one of the most important factors that distinguish integrative imagery from guided imagery. Direct interaction between the client and the images is dynamic and powerful, leading to insights and wisdom from within that is less common in a receptive “guided imagery” process. The dialogue between the client and the guide is also crucial. Generally, the “right” brain conceptualizes in images and the “left” brain formulates language. While experiencing the imagery process in the right brain and describing that experience verbally to the guide using left brain function, the client seems to have an integration of the experience at a much deeper level. The interactivity between the client and the images can happen by engaging in the imagery process without a guide and some do this very well. However, for most of us, an essential element in the depth and power of the work lies in the guide facilitating the process, bearing witness and holding a safe and sacred space for the client.

Interactive Imagery or Interactive Guided Imagerysm: In concept and structure, this imagery modality was developed by David Bresler, PhD and Marty Rossman, MD, co-founders of the Academy for Guided Imagery. It is very similar and is the predecessor of integrative imagery. This specialty of active and interactive imagery is primarily based on the body of works of Carl Jung, MD, (Active Imagination) Roberto Assagioli, MD (an Italian psychiatrist who developed Psychosynthesis) and Irving Oyle, MD (a Bolinas, CA based physician.)

Both Interactive and Integrative Imagery:

- Are client-centered, focused and directed, leading to client empowerment.
- Are non-scripted (or minimally scripted), using language with few words.
- Facilitate the client in accessing and interacting with his/her own images, resources and wisdom.
- Use dialogue/communication between client and images and client and guide.
- Fosters a sacred, safe and therapeutic space for the client to work.

In one of the few research studies of this interactive process, Judie Heinschel, PhD, RN, reported the outcome of ten client experiences. Five patterns of response emerged: major personal transformation, specific life changes, expanded awareness, healing, and the wholeness of the experience. One client stated “Unequivocally it has to do with healing. You cannot separate a connection, an alignment, intercommunication with the self, from healing.”[5] (Heinschel, 2002)

Similar Models Using Imagery

Hypnosis: Hypnosis has many similarities to the imagery process. It is defined as a state of physical relaxation and heightened mental concentration, where the mind is focused internally and is open to suggestion. There are many schools of hypnosis. Some are very similar in the

client-centered approach and non-directive style, while others are quite directive. Often people want to know if they will be in control if they are hypnotized.

Meditation: This is also a focused state of mental concentration, more passive than the other processes. The focal point in meditation may be the breath, a word, phrase, object, etc. The goal of meditation is not to clear the mind of all thoughts for that is a difficult, if not impossible goal. One simply allows thoughts to come and go. The aim is to reach a deeper level of awareness, neutrality and inner peace. Out of this emerges wisdom and compassion for oneself and others.

Integrative Imagery Techniques

This section will describe some of the imagery techniques referred to in the stories within this book. This will give the reader some understanding and context and is not meant to be instruction for the individual techniques. Full instruction and training is provided in our certification program called the Certificate Program in Imagery, referenced in the Resource section.

There are many techniques that are used in the Integrative Imagery process. The technique is chosen based on the issue presented by the client and how it can best be addressed. All of the techniques rely on the premise that there is wisdom and insight within our deeper self that can help us address our own issues. The technique, *Working With An Image*, is perhaps the quintessential technique, for in imagery we are always working with some kind of image. In this process, the issue is identified, be it pain, a symptom, a problem, or a conflict. Then in a relaxed state, the client forms an image in their imagination that represents the issue. In a step-by-step process, the client explores the image, noting its shape, size, color, qualities, feelings and what it conveys. The image may even be given a voice and communicate what it wants, needs, or has to offer. Information gleaned can be very helpful to the client. For instance, based on the notion that pain is a message from the body, an image for one client's chronic back pain was "a gray, cold, hard vice in her back." By opening communication, the client was able to verbalize to the image that "there are not supposed to be vices in my back!" The image conveyed that it could offer the client strength since *it* was so strong. This was a completely different meaning for the pain than the client had previously believed, so she was able to feel stronger inside as the pain softened some. Remarkably, the pain went from a level of 9 down to a level of 1 (using the visual analog scale of 10 = worst and 0 = none) during the session. Over time the pain became manageable.

Accessing our inner wisdom is essential to our health and personal growth. We so often forget to utilize that inner knowing or sometimes even believe we have it. Two techniques, *Inner Wisdom* and *Inner Healer*, are exquisite in bringing us in touch with intuitive knowledge. There is a wise part of all of us who guides us every step of the way along our life's journey. Intuition is a part of intelligence. Most everyone can relate to a "gut sense" or "intuitive hit" or even hearing an inner voice. By giving a form (an image) to this wisdom we can more easily develop a relationship with this part of ourselves. In this way, it can better inform and guide us. There is absolutely no end to how this form may take shape in one's unique imagination: a wise old man named Methiades; an eagle; a band of animal allies; water flowing through a stream; a very versatile spirit called Esmeralda; a rock; or special tree; or the color purple. Each symbol carries a gift or guidance. Having a "form" for this wisdom allows us to more easily

communicate and interact with it. Some people have developed a deep and ongoing relationship that lasts years or even a lifetime.

Accessing Inner Strengths is another technique in which we can draw upon strengths and inner qualities that have helped us in the past. These strengths and qualities enable us to get through a challenging occurrence in the present. We can learn to call up courage or compassion or whatever quality is needed. Through imagery exploration, we can re-experience a past time when we felt the desired quality strongly, then bring that quality forward with us through an embodied feeling and practice using it where we need it in a current situation. This way we call upon our life experiences and our strengths that have served us through previous challenges. There is a vast reservoir of positive resources inside all of us.

Human beings are made up of a collection of parts, roles and identities, called in psychology “sub-personalities.” All the parts of the self have individual functions, needs, feelings, and a unique voice. Some we know, some we like and identify with, others we deny or banish to a realm well below our conscious awareness. Two examples that are more commonly known are the “inner critic” or the “inner child.” When we identify and work with these many aspects of ourselves, self-acceptance, conflict resolution and ultimately, wholeness occurs. In ***Parts Work***, the client calls forth an image that represents the identified part and then, through dialogue, the client has an opportunity to get to know and understand that part better. In a more complex technique called ***Polarity Work***, two images that are the polarized aspects of an inner conflict are called forth in the imagination so that each part is able to “speak its mind” and be heard by the other part. This is powerful and enlightening work.

Lastly, ***Transforming Pain*** is a technique using drawing and imagery of pain at three levels: “worst;” “least;” and “gone.” Drawing here is not about being an artist; its purpose is to express a representation of one’s experience of pain, including feelings and sensations. Through imagery, the client is then able to “transform” the pain in their imagination, thereby altering the mind’s perception of pain. This creates a template for the mind/body to actualize a pain-free state. This technique is easily adapted for use with stress, anxiety, emotional pain, and even other physical problems.

Mind-Body Research and Imagery

Psychoneuroimmunology (PNI) is the mind-body science that is the foundation for how and why imagery works. Since the 1970’s, with the advancement of neuroscience, knowledge has emerged that verifies that the central nervous system, the endocrine system and the immune system are not separate systems but, in fact, are interlinked. PNI represents the scientific study of the interaction of the mind, the nervous system and the immune system. This current paradigm presents a new way of thinking about outdated anatomy and physiology theories that separate the mind and the body.

For those who are imagery practitioners and educators it is important to know the basics of PNI and the holistic approach it represents in order to introduce the concepts of imagery to client and patients. It is also important for clients and patients to understand

the basics of PNI so they know how the use of imagery allows them to have control over decreasing the risks of disease and improving well-being.

Imagery is something we do all the time. It is an innate ability that has many applications. From imaginary playmates as children to inner critics as adults, we are continually running “movies” in our head. Unfortunately, we use our imagination more often to conjure stressful thoughts about the past, or to fantasize about terrible events in the future. These thoughts are so automatic that we can go for long periods of time worrying away, unaware of how we are feeling or what is occurring in our bodies. The body’s response is no different whether the event is actual or imagined. When an individual worries about losing a job, for example, the body releases potent chemicals such as adrenaline and cortisol, as if the individual already was unemployed. The body also responds when a person is thinking of a special someone or happy event. The body releases healing bio-chemicals such as endorphins, in response to positive emotions such as love and joy.

Emotions, associated with thoughts or images, start a cascade of bio-chemicals called peptides. These messenger molecules send information throughout the body. For instance, someone may experience being cut off on the freeway, think “what a jerk” and feel the emotion of fear and anger. Signals, by way of peptides such as adrenaline, lead to physiologic changes of the “fight or flight” response, increasing blood pressure and heart rate. Behavioral responses such as making angry gestures and yelling often follow. This process is referred to as the mind-body connection. Peptides are the messenger molecules that travel throughout the body and receptors are the docking stations on the surface of the cells. The receptors are often referred to as the “locks” and the peptides as the “keys.” The entire surface of all cells have many different receptors on them. When the receptor binds with its own unique peptide a link is created, like a key in a lock, that causes the peptide to change its shape allowing the chemical (with its information) to enter the cell.

Our bodies truly have an “inner pharmacy” which is under our control through the imagination. We can either push the adrenaline button or turn on the endorphin button, depending on perceptions, behaviors, thoughts and self-talk. Through recent research, we now know the body is listening and responding. PNI research has shown that chronically high levels of stress hormones such as adrenaline and cortisol interfere with immune system function. This results in decreased numbers of lymphocytes and killer T cells which defend the body against infection and disease. [6] (Hillhouse JE, Kiecolt-Glaser JK, Glaser R, 1991.) Stress bio-chemicals also have been linked with delayed wound or surgical healing [7] (Kiecolt-Glaser J K, McGuire L, Robles T F, et al, 2002) and heart irregularities. [8] (Kop W J, 2003)

Cells not only have many different receptor sites- the receptor sites secrete and store many potent bio-chemicals. Therefore communication can originate in the mind and the body. Not only is there ample evidence of chemical communication, the communication is also bi-directional. For example, the immune system has been shown to not only have endorphin receptors on its cells but can also secrete endorphins. In addition, many cells

in the brain have endorphin receptors and can secrete endorphins [9] (Pert, 1997). Research has proven that the “mind” is not just in the brain but exists throughout the body. As Candace Pert, a well-known peptide researcher so eloquently puts it, “Peptides are a constant aqueous solution that makes a continuum of the mind and body.”

Continuing to use endorphins as an example, we now can understand that through shifting from an adrenaline state to an endorphin state through the use of imagery, we influence the physiology of our brain and the immune system. Using imagery to consciously shift to an endorphin state, we can shift our mood, increase the ability of the killer T-cells to destroy pre-cancerous cells (reference), and decrease the amount of medication required to control pain. [10] (Lang, et al, 2000)

The endorphin peptide and its opiate receptor represent two of the hundreds of peptides and receptors residing on the surface of all the cells in our body. Endorphin is used here as just one illustration of the mind-body connection. The myth of the mind being disconnected from the body can no longer be believed. What we think, how we feel, the images we hold in our mind, physiological responses and the state of the body are intrinsically entwined. The use of imagery as a complementary approach in health and healing has a real place in the new medical frontier.

Since the focus of this book is on the healing stories of imagery, the complex subject of PNI has been kept as brief as possible. Yet, we include it here because it is important for the reader to have a fundamental understanding of the science that supports imagery in the lived experience. For those who are interested in further exploration, additional PNI resources may be found in the resource section of this book.

References

1. Watson J. *Caring Science as Sacred Science*. Philadelphia: F.A. Davis Company; 2004.
2. Rossman M. Imagery: The body’s natural language for healing. *Alternative Therapies* 2002;8 (1): 83.
3. Artress L. *Walking a sacred path; rediscovering the labyrinth as a spiritual tool*. New York: Riverhead Books; 1995. 111-112.
4. Heinschel JA. A descriptive study of the interactive guided imagery experience. *J Holist Nurs* 2002;20:325-47.
5. Heinschel JA. A descriptive study of the interactive guided imagery experience. *J Holist Nurs* 2002;20:337.

6. Hillhouse JE, Kiecolt-Glaser JK, & Glaser R. Stress-Associated modulation of the immune response in humans. In N. Plotnifoff; 1991;Murgor, Faith, & Wybran (eds) Stress and Immunity 3-27. Boca Raton, Fl. CRC Press.
7. Kiecolt-Glaser JF, McGuire L, Robles TF, Glaser R. Emotions and Morbidity: New perspectives from psychoneuroimmunology. *Annu Rev Psychol* 2002; 53: 83-107.
8. Kop WJ. The integration of cardiovascular behavioral medicine and psychoneuroimmunology: new developments based on converging research fields. *Brain Behav Immun* 2002(4): 233-7.
9. Pert, CB. *Molecules of emotion*. New York: Scribner; 1997.
10. Lange E, Benolsch E, Fick L, et al. Adjunctive non-pharmacological analgesia for invasive medical procedures: a randomized trial. *Lancet* 2000; 355: 1486-90.

To hear an example of Integrative Imagery click here

<http://www.integrativeimagery.com/guided-imagery-book.html>