

SPONTANEOUS CREATIVE IMAGERY



ABOUT THE AUTHOR

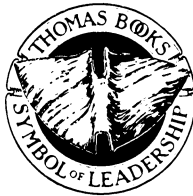
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SPONTANEOUS CREATIVE IMAGERY: Problem-Solving and Life-Enhancing Skills

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FOREWORD

Imagery is probably the most underutilized health resource in the modern world. Unconsciously, it lies at the core of our beliefs about who we are, why we are here, what the world is like, what we deserve, and how we take care of ourselves. It is found at the center of our beliefs about how we fall ill, and what will help us get better, and it influences the actions of all our medical and psychological interventions in a profound way. The ubiquitous placebo effect, to which we compare all other modalities (and find relatively few more powerful), is perhaps the strongest evidence of the power of the imagination in healing, yet until recently imagery had been formally ignored in western culture as a source of information, problem solving, and healing.

In other cultures and times, imagery played a conscious role in healing. The Greeks at the time of Hippocrates had a psychophysiologic model that characterized the imagination as an organ at the literal heart of healing. In this model, the senses apprehended reality, subtracted its matter, and took it into the psyche where it formed images. Some of these images stimulated emotional reactions, which in turn moved the four humors which were believed to influence the balance and health of the body. Depending on the strength and nature of the particular reaction, the patient's health could be influenced for better or worse. Interestingly, if you substitute the term "peptide molecules" for "humors," this model makes quite a bit of sense in light of what we now know about the interplay of the immune, endocrine, and nervous systems.

Dr. David Bresler, Co-Founder and Co-Director of the Academy for Guided Imagery and Associate Professor of Psychology at UCLA, likes to describe imagery as one of the two higher order languages of the human nervous system. Dr. Nucho terms these two modes as discursive on the one hand and the presentational on the other. Another way to describe them is as the sequential information processing system which underlies linear, analytic, and verbal thinking, and simultaneous information processing, which underlies holistic, synthetic, imagistic thinking.

Years ago, Dr. Robert Ornstein of Stanford University captured the essence of these two thinking modes with the metaphor of two observers watching a train come around a curve in the track. The first observer, analogous to sequential thinking, is standing on the outside of the curve at track level and experiences the train rolling by as a series of separate cars, following one after the other. The second observer, our simultaneous thinker, is in a balloon three hundred feet above the track, and sees the entire train, as well as several miles of the track in either direction. It may see the town the train came from, and the town it's going to next, as well as the rolling hills the train is passing through, the cows in the pastures nearby, and the distant mountains with the sun rising behind them. This observer apprehends this gestalt at once and while none of these elements causes the other, they are still meaningfully related, just as the threads of a tapestry all join to form its pattern.

This latter type of thinking, subserved by imagery, is one in which we have had very little education. Linear thinking, where most of our educational programs focus is, of course, essential if you are to balance your checkbook, plan a research project, or write a book. Pattern thinking is likewise essential if you are creating, envisioning, or looking to grasp the larger context of a situation. This ability of imagery to present us with the "big picture" allows us to see connections within and between events, emotions, and physiologic responses in a way we often can't when we try to "figure them out" in the usual way. It can allow us to imagine alternative possible responses to the challenges of life. It allows us to tap into our intuitive, emotional, and even somatic awareness, giving us a better chance to creatively and effectively respond to problems and opportunities alike.

Imagery is the dominant natural language of the unconscious mind, and can often seem to the clinical therapist like a glass-bottomed boat that allows them to directly see into their client's inner world. Even more importantly, it allows the willing client the same view. Perhaps the most important and exciting aspect of learning to better use the imagination is that it is not only a powerful therapeutic tool, but one that translates naturally into more effective self-care.

Whatever outer events an individual experiences, their personal reality is very much created and accessed through imaginative processing and that is where the treasure of self-knowledge can be most easily found. The talents of dispassionate observation, interactive exploring, and inner inquiry are skills that can be developed with time and

practice, and the imagery that we then encounter can provide powerful guidance for healing and living more effectively. By utilizing content-free prompting and guiding, helping professionals who understand imagery and its principles can help their clients quickly develop an appreciation of their inner resources and help set them on the path to greater autonomy and self-efficacy.

In addition to its many uses in psychotherapy, the uses of imagery in medicine and nursing include, but go beyond, helping people deal with the psychological stresses of illness or understanding psychophysiologic phenomena. Imagery can have profound physiologic effects on many of the major control systems of the body. It is very exciting to read Dr. Nucho's review of the emerging research that is finally being done on the effects of imagery on physical as well as emotional and psychological healing. As we understand these effects better, mental health professionals are likely to find new roles for themselves in the medical field, as providers of not only adjunctive services, but of therapeutic interventions that have direct effects on physical healing.

The limits of this type of healing through imagery are unknown, both in general and certainly for any individual. It is, however, an inexpensive, always available, and nontoxic approach which can have profound effects. I often tell my patients that they'll never know what they can do with their minds until they try, and they don't need a million dollars and a research protocol approval from NIH to do their own personal experiments with imagery. Through imagery, they are often able to relax and gain respite from stress, and are frequently successful in relieving suffering from a wide variety of symptoms. Perhaps even more importantly, it allows them to better understand how their thoughts, emotions, and physical symptoms are linked, and gives them access to creative solutions to difficult problems that impede their ability to support their own healing. As long as they do not ignore necessary medical care, imagery provides an approach to self-awareness and self-healing that offers significant benefits at minimal risks.

One of my favorite ways to think about imagery is as a navigational tool of the self. It allows us to see where we've been, and remember formative patterns of not only distress but creative coping and strengths. Imagery also allows us to look into the future, not as fortune tellers, but as creative beings exploring possible alternatives. It allows us to take our inner bearings and to set our sights on where we want to go. With this landmark book, Dr. Aina Nucho brings this powerful navigational tool

clearly to light as the multifaceted health resource it can be. By providing a thorough history of its uses and functions, a thoughtful analysis of its mechanisms and an updated review of current research and applications, she makes a major contribution toward helping us reclaim a major and much needed resource for health.

MARTIN L. ROSSMAN, M.D.

PREFACE

The purpose of this book is to make imagery techniques readily accessible to professionals in the health and mental health fields. It is addressed to practitioners and students in the various helping and healing professions. Social workers, psychologists, counselors, nurse practitioners, and others will find this work useful. It may also be of interest to the general reader who intends to preserve good health or cope more effectively with some persistent health concern.

Imagery techniques are a relatively new development in the health and mental health fields. Imagery techniques have been used with excellent results for acute as well as chronic illnesses. These techniques have also proven effective in easing predicaments of interpersonal relationships. Empirical research studies have accumulated to show that imagery techniques are cost effective, short-term treatment procedures. In the current climate of health care reform and managed care, it is imperative that helping methods be employed that conserve the time and efforts of both the help provider and receiver. So far, our health care has been actually disease care. Help is usually offered after the illness has reached full bloom. Now the various Health Maintenance Organizations (HMOs) are discovering that there are financial incentives in helping people maintain good health rather than waiting to provide treatment after the person has developed an illness. Imagery techniques are tools, in conjunction with conventional medical care, for both the prevention and the treatment of illnesses of various kinds.

The book is organized in two parts. Part I deals with the theoretical foundations of imagery techniques. Part II discusses the use of imagery techniques in the therapeutic process.

The phenomenon of imagery is clarified and its relationship with cognition is considered in Part I. Chapter 1 discusses the changing assumptions in health care and introduces the notion of infomedical paradigm, one aspect of which is imagery. Chapter 2 covers the different forms of imagery and provides definition of terms. The next three

chapters deal with the main theoretical frameworks of imagery techniques. The sources of theoretical approaches to imagery stretch from the ancient Eastern sages through the Psychodynamic theories to Learning Theory.

Chapter 6 explores the tasks of the therapist when using imagery techniques in treatment. The three subsequent chapters discuss specific imagery exercises. One chapter is devoted to Restorative forms of imagery, useful to people who suffer from various types of physical ailments. Another chapter presents Problem-Solving types of imagery. A third offers Maturational types of imagery procedures. The final chapter in Part II reviews the empirical research evidence concerning the effectiveness of imagery techniques. The book concludes with a summary of currently available training opportunities and resources in work with imagery.

Although seemingly novel, imagery techniques have roots that stretch all the way back to antiquity. It behooves the present day practitioner to be aware of these roots so that efforts are not squandered in trying to reinvent the wheel, as it were.

Imagery techniques are starting to seep into the various health and mental health professions, but they have not yet become part of the regular curriculum in professional education. Practitioners acquire these skills in occasional workshops that are still few and far between. So far imagery techniques have remained confined to the outskirts of professional education. Now is the time to make imagery techniques accessible to every professional clinician in the health and mental health fields.

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The mysteries of imagery have fascinated many thinkers and practitioners long before me. I am grateful to all who have helped me expand and sharpen my ideas. I am particularly indebted to Drs. Akhter Ahsen, Hanscarl Leuner, Carl Simonton, and Martin L. Rossman. Dr. Rossman has my gratitude for writing the Foreword.

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My special thanks to Dr. Arnold A. Lazarus for granting me permission to reproduce the Imagery Vividness Scale and the Inquiring Method of Relaxation from his book, *In the Mind's Eye* (The Guilford Press, New York, 1984).

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SPONTANEOUS CREATIVE IMAGERY

PART I
THEORETICAL FOUNDATIONS

Chapter 1

CHANGING PARADIGMS

Which Way to Health?

Which way to health? As we mature individually and as a nation, this is among the most burning questions we encounter. The ancient Greeks proclaimed, “Mens sana in corpore sano!” A healthy mind in a healthy body. If the body is healthy, so will be the mind. Contemporary medicine largely accepts this assumption. We are advised to eat nutritional meals, exercise, have regular physical checkups, and, it is hoped, our levels of stress will remain manageable.

Divergent views increasingly assert themselves. Adherents of the various forms of holistic medicine maintain that it is not sufficient to care for the physical body alone. The mind has to be taken into account, and what is more, the spiritual aspects of living cannot be left outside the equation of health. The dominant contemporary paradigm of biomedicine has no adequate explanation for the placebo effects and spontaneous remissions. These and other phenomena will bedevil the medical practitioner until not just the physical aspects, but the whole human being is treated.

The notion that the body and the mind are interconnected goes back to antiquity. What this connection consists of and what to do about it, however, still remain a mystery. Psychosomatic medicine was one way of conceptualizing the connection between the body and the mind. Negative mind states were thought to be implicated in a number of so-called psychosomatic illnesses, such as ulcers, colitis, arthritis, high blood pressure, and even cancer. This point of view has fallen in disrepute now for several reasons. For one, this point of view appears to assume that body and mind are two distinct, separate entities. Second, some of these so-called psychosomatic conditions, it turns out, are due to physical causes, like viruses. And third, if the negative emotions can affect the body negatively, is it not logical to expect that positive emotions would affect it positively? This was Norman Cousins’s argument, and he was

able to demonstrate that positive emotions indeed had a beneficial effect on his own life-threatening illness (Cousins, 1981). He devised a program whereby he could experience a full range of positive emotions in order to enhance his blood chemistry. He found that ten minutes of genuine “belly laughter” provided an anesthetic effect that gave him two hours of pain-free sleep. When the painkilling effect of the laughter had worn off, he made sure he had a next supply of positive emotions either through watching a funny film or having someone read a funny story to him.

Psychoneuroimmunology is the new field that is replacing the psychosomatic paradigm in medical thinking. Psychoneuroimmunology (PNI for short) investigates the impact of mind (“psycho”) on the body (“neuroimmunology”). PNI is the research branch of biomedicine, and as such it shares the basic assumptions and propositions of biomedicine. These propositions and assumptions are analytical and reductionistic (Cassidy, 1994). According to this paradigm, behavior is to be explained by microstructures, such as organs, cells, organelles, genes and ultimately, perhaps by elemental particles. The interaction among these entities is thought to account for complex behavior. Casualty is assumed to proceed upward (Foss, 1994). Here, according to this paradigm, the validity of life sciences, such as physiology, bacteriology, cell pathology and others, is rooted in the basic physical sciences. The processes of the organic world are thought to be explainable by the laws of inorganic physics and chemistry. Medicine, as currently taught in medical schools, is essentially a branch of applied biology (Wyngaarden, 1982). Patients are dissected and analyzed into their component parts. As one textbook puts it, patients become essentially a “bundle of cells cast in the form of a biped” (Robbins et al., 1984). Conventional medical practitioners consequently are often accused of being more concerned with the disease than with the person who has the disease. Trained in biomedicine and sharing its assumptions which are rooted in the now reigning reductionistic paradigm, the practitioners of PNI do not have the necessary conceptual tools to build the bridge between the states of the mind (“psycho”) and the body’s defenses (“neuroimmunology”). To solve the ancient puzzle of how the mind affects the body, a new paradigm is needed.

Information and Cybernetics

A new paradigm is gradually emerging. In this paradigm, the mind and the body are regarded as one, essentially cybernetic, self-regulating entity. In this entity, the essential regulator of biological processes is information. According to this paradigm, not only chemicals and electrical charges are understood to carry information around the body, but also semantic entities. "Not only red blood cells circulate through the patient's body, but positive and negative messages as well" (Foss, 1994). Foss proposes the term *infomedicine* for this new paradigm. It was not just the sight of the bell or its sound, Foss reminds us, that made Pavlov's dogs salivate, but rather the interpretation of the meaning the dogs attached to the bell. The somatic or physiological reaction, salivation, which belongs to a matter-energy modality, was generated by a semantic or informational modality. The message, "Food ahoy"! occasioned a physiological response (Foss, 1994).

The body may be thought of as a system. As any system, the body has feedback loops that regulate the course of the system. Feedback is a process whereby a portion of the energy or informational output of the system is channeled back into the system to stabilize or direct its actions. In this manner, a system can rearrange its own circuitry as it were. Energy exchange with the environment can steer the system to new levels of organization. These are known as "system-breaking bifurcations" (Foss, 1994).

According to the *infomedical* paradigm, the body is a cybernetic, self-regulating entity in which information is the essential regulator of biological processes. Both an upward and downward mutual causation is recognized, instead of just an upward causation as suggested by the current mechanistic and reductionistic medical paradigm. The germ and gene theories of disease alone can not explain adequately the intricate mind-body connection. The *infomedical* paradigm postulates that a person is a biosemiotically closed, self-referential information processing system with multiple programs, psychosocial and biophysical among them. These program control and shape the state of the system. Patients can not be regarded as mindless "homeostatic automatism to be treated only physically from outside, important as these treatments are" (Foss, 1994).

Patients can refocus their minds and revise their message processing programs. They can participate actively in the therapeutic or in the