

Psycho-Imaginative Therapy (P.I.T.)

Introduction

Imagery is the formation of mental pictures, sounds or smells from memory or from the imagination. Imagery occurs during many types of remembering and thinking, and can be used consciously to assist learning. A person trying to learn a story or poem, for example, will be helped by visualising the action which he or she is describing by forming a mental picture of the event. People with exceptional memories use visual images to help them.

Francis Galton, a British Scientist and cousin to Charles Darwin, established an anthropometric laboratory in London in 1884. Using volunteers he conducted tests to provide information on basic human attributes. His investigations included tests on imagery, recall, free association and the formation of habits. Many memory tests have since been developed based on the theories of Galton and Ebbinghaus.

Imagery is linked to perception because, in general, the things you can create an image of are things you have actually seen or extensions and variations on those things. It is a creative process.

Images can occur in every sense modality you can imagine; sights or sounds, tastes or textures.

The use of imagery in therapy is widespread and is limited only by the therapist's imagination. Image work is a valuable and powerful addition to any practitioner's tool-kit.

Freud used a form of psycho-imagery in 1892, but abandoned it just as he abandoned hypnosis. He never worked with imagery alone, always encouraging his patients to *talk-out* their problems, which lead to a greater reliance on the patient's ability to verbalise than on the more powerful uncovering of the patient's mind.

With a few notable exceptions, psychoanalysts seem to have rejected the therapeutic value of *imagery*. Behaviourists in the U.S.A. and therapists in Europe have a longer tradition of exploring and accepting imagery within therapy, such as with desensitisation, implosion techniques and in dream therapy.

Among the many techniques described, there are two techniques that provide the practitioner with therapeutic tools, which are not only invaluable in themselves, but which can be adapted to many other situations. These are *Psych-Imagination Therapy* and *Guided Affective Imagery*.

Psycho-Imaginative Therapy

PIT was founded by Dr. Joseph E. Shorr, Ph.D of Los Angeles, who believes that there is a movie constantly running through the mind in an ever-changing, never-ceasing stream. He says that we are often unaware of the existence of these pictures until we become involved in an intense daydream, are suddenly startled by a nightmare or find an unexpected image intruding into our consciousness.

The technique of psycho-imagery offers a more direct *royal road* into the unconscious, in other words, it helps the practitioner to assess how the client *organises his inner world*, an inner world of conflict and fears. Rather than attempting the interpretation of dreams (Freud) and relying on the ability of a client to verbalise his thoughts, wishes, conflicts and fears, psycho-imaginative techniques offer an easier path for the therapist as images rarely, if ever, alert the critical faculty.

The basic philosophy of Psycho-Imaginative Therapy was summed up by Shorr (1974) as follows: “The Therapist may suggest scenes which have symbolic and therapeutic importance relating to the basic difficulties in the individual’s intrapsychic or interpersonal functioning.” He added: “It is not the patient’s verbal reports (of the images) that form the basis for aiding him to reveal and ‘work through’ his conflicts. Good results have been reported, strongly suggesting that the verbal is not a necessity in psychological change.” Hanscarl Leuner (G.A.I.) and other later modern day psychotherapists, supported the claim.

M. Hammer wrote ‘whatever is psychically unresolved will, in the description of a scene, manifest itself through symbolic visual forms and resolve itself at a symbolic level independent of conscious control.’

Therapeutic Techniques.

These are many and varied. As a starting point, the therapist asks the client to tell him/her the next three images that come into the mind. Taking the strongest image, or alternatively, each image in turn, the client is asked to imagine that they are the image, and to answer the following as that image:

1. I (it) feel
2. The adjective that best describes me (it)
3. I (it) wish
4. I (it) must
5. I (it) secretly
6. I (it) need
7. I (it) will
8. Never refer to me as

(defining self – image, wishes and desires.)

The next step is to isolate the conflict areas, and Shorr's preferred method is to set up a dialogue between parts of the body (i.e., defining self-struggle):

'Imagine what your head says to your heart.' 'What does your heart say to your stomach (guts)?' 'What do your guts say to your penis/vagina?' The therapist can then pair off the head with other parts and back again from one part to another, for a total of twelve interactions. An important question in this series had been found to be 'What does your head say to your stomach (guts)?' and 'What does your stomach say to your head?' It is also helpful to discuss with your client prior to the setting up of the dialogues, where they feel the most tension e.g., 'my stomach feels all knotted up' or 'I get a pain in my chest' etc.

The above can also be useful when using dialogues between the parts of the client's body in relation to another person's body parts. An example might be 'Which is the most difficult heart for your heart to talk to, in this world?.'

Another imagery technique using dialogue is the use of the mirror image, also useful for isolating conflict within the self. For example, asking the client to imagine seeing someone else in the mirror instead of seeing themselves, then 'What doessay to you?' 'What do you say to?'. Then, 'Imagine you are the person in the mirror, and answering as the person in the mirror' ask the 8 incomplete sentences set out above.

Other images include asking the client to imagine an animal coming out of his/her head and to describe the animal, including its personality, then imagine one coming out of the stomach and describe it. Suggest that the two animals are walking down a road and having a conversation. 'What do they say to each other?' A very useful imagery would be to ask the client to imagine something on their back or chest.

A useful imagery technique that reveals much about a client's personality is 'The Three Boxes'. Imagine three boxes one inside the other, then take each one out and place them in front of you, and imagine something inside each box. According to Shorr the larger of the three boxes relates to the outer aspect of the personality, how the client deals with the world. The medium box to the client's defences, the barriers inside the person and the smaller box appears to refer to the true, core-self.

Where there is reason to believe that sexual conflicts are involved in the presenting problem, 'Imagine a man/woman standing on a six foot mound of earth. What does he/she look like?' 'What do you say to her/him?' 'What do they say to you?' 'What do they think...think about her/him?' Alternatively, imagine walking into a room and that there is a hole in the middle of the floor, 'What do you see?' (Hole in the wall.)

Task Imagery

For the most part, Task Imagery involves non-symbolic or concrete imagery, though it may take on symbolic form at certain times. Shorr's use stresses the use of dialogue between 'myself and the client'. As you gain experience with Task Imagery, you will develop your own creativity and flexibility in the choice of imaginary solutions.

Task Imagery reveals the client's internal conflicts, his style and manner of approach and his defences and fears. It also serves as a vehicle for focusing on a changed self-concept in the 'working through' of the imaginary task. The important ingredient following the initial flow of imagery is to re-experience or re-do the imagery in a manner that leads to a possible healthy conflict resolution.

Task imagery offers the client a way of facing him/herself and attempting to change his/her self-concept.

Examples of Task imagery:

Imagine going down a road and doing something worthwhile (what kind of road, where does it go, are there any obstacles in the road, is there a person/building/etc?)

Imagine cleaning an oily, scaly piece of metal.

Imagine starting at ten inches of height and growing to your present size.

Imagine walking down a road and confronting a stranger.

Imagine hacking a road through a dense forest.

Imagine descending/ascending 1,000 steps.

Imagine you are invisible and cannot get anyone to recognise you.

There are countless other task imageries that you can use as part of a focusing approach. The important part of task imagery is to ask the person to face the part of the imagery that is difficult for them. You must then ask your client to re-do the imagery in a way consistent with an attempt to change his or her self-image.