

# **Suggestion and Imagery: Personal Power in Health, Business and Personal Life**

Presented by

**Brian D. Carr, Ph.D.**

**Behavioral Health & Counseling  
Associates  
Lubbock, Texas**

All information provided in this workshop is intended to provide an overview of the topic. Each particular situation requires further evaluation and consideration.

## Workshop Presenter

***Brian D. Carr, Ph.D.*** is a licensed psychologist with a specialized practice in health psychology. As a part of his graduate training he was involved in a variety of practica in a primary health care setting. He served as consultant to the Department of Adolescent Medicine in the Division of Pediatrics at the University of Texas Health Science Center at San Antonio as well as to the Family Practice Residency Program affiliated with Union Hospital, Terre Haute, Indiana. He received his Ph.D. in Counseling Psychology from Indiana State University in 1988. From 1988-90 he held a joint appointment to the Department of Psychology and Rehabilitation Science at the University of Texas Southwestern Medical Center at Dallas. From 1990-91 he was Director of Bio-Behavioral Medicine at St. Mary's Hospital in Lubbock. Since 1991 he has been in private practice in Lubbock with staff privileges at all area hospitals. He maintains an adjunct professorship at the Texas Tech School of Medicine in the Department of Psychiatry.

Dr. Carr is a full member of the American Society of Clinical Hypnosis (ASCH). Trained in hypnosis under the mentorship of Harold Crasilneck, Ph.D. (past president of both ASCH and ISCEH) Dr. Carr has presented extensively on applications of imagery, suggestion and hypnosis in primary health care.

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# ***Suggestion and Imagery: Personal Power in Health, Business and Personal Life***

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# I. Historical Aspects of Suggestion and Imagery

## Ancient Wisdom, Modern Science

All experience, including the experience of pain, joy, or sadness, is in the domain of the mind. Although we can speak of the biochemical nature of neurotransmission the essence of who we are as people goes far beyond that of a chemical reaction.

In simple language, all experience is subjective. It's a personal perception. What hurts one person may not bother you a bit. And the pain that wracks you today might seem to disappear tomorrow. Awareness is whatever the mind decides it is.

In Western cultures, there are numerous examples of the mind's power to control pain. During wars we now that this unique experience leads to differing reaction regarding the wounds of soldiers. A surgeon during World War II discovered that only a third of the seriously wounded soldiers experienced enough pain to request morphine. Then, after the war, that same physician treated civilian patients who had wounds as severe as those suffered by the soldiers. Yet nearly 80 percent of these patients needed morphine to control their pain. Why? It was suggested that the soldiers responded to their wounds with "relief, thankfulness at the escape alive from the battlefield, even euphoria," rather than pain while the civilians saw their wounds as "depressing, calamitous" events.

G. Gordon Liddy, the famous Watergate conspirator, mentions in his book Will that he could supercede the sensation of pain while holding his hand over an open flame. He theorized that this was achieved by his "not minding" the pain. It would seem that in a sense what he did was to focus his mind so that the pain was removed to another aspect of his awareness.

Sports history is rich in stories of athletes who have overcome pain and injury to continue performing, often extremely well. Chicago Bear's former quarterback Jim McMahon has played in severe pain for several years and

has excelled. One of McMahon's predecessors, Bobby Douglas, once threw a seventy-yard touchdown pass with a broken arm. Mickey Mantle played baseball for more than a decade on legs mangled by injuries and outfield fences. Former heavyweight champion Muhammad Ali fought Ken Norton furiously, toe-to-toe, for eleven rounds after Ali's jaw was broken.

Stories from the media note the incredible power of the mind to transcend what would be considered normal abilities. The mother who lifts a car so as to free her child. The victim of an assault who runs several blocks despite having been wounded. The accident victim who is able to block pain so as to rescue others trapped in the wreckage.

The evidence is clear: the mind's extraordinary power can heal and soothe the body. Thousands of people across the United States demonstrate these powers daily as they employ a variety of mind-based techniques to control pain, improve lifestyle and excel in business.

Research has proven that a long list of healing processes have been facilitated by "mind modulation" of various body tissues and cells. In *The Psychology of Healing*, E.L. Rossi gives an extensive summary that includes the following:

- \*headache relief
- \*blood coagulation in hemophiliacs
- \*amelioration of hypertension
- \*amelioration of cardiac problems
- \*enhancement of the immune response
- \*healings of burns and bruises
- \*control of bleeding during surgery
- \*improvement of Reynaud's disease

Rossi and several other psychobiologists assert that mind-based therapies are effective because they influence the hypothalamus, a tiny region of the brain that regulates most of our allegedly "involuntary" maintenance functions (heartbeat, breathing, circulation, blood pressure, etc.). Nerve fibers from almost all other areas of the brain enter the hypothalamus, so there is a physical network capable of carrying mind-body communications. These messages trigger the stimulation of blood flow, the increase or decrease in gastrointestinal activity, or the regulation of body temperature. Lending

credence to the theory is the recent discover of a direct connection between the hypothalamus and immune system via limbic-hypothalamic pathways. In laboratory studies with guinea pigs, lesions of the hypothalamus have been found to suppress certain immune functions.

"The mind," Ernest Rossi states in *Psychobiology of Mind-Body Healing*, "can regulate functions within the cells of all major organ systems and tissues of the body via the autonomic nervous system." He believes that the intricate interactions between mind and body, which extend down to the cellular level, may take us decades to completely understand. Yet Rossi is convinced that such interactions occur regularly in a three-stage process through which the mind activates and manages "hundreds of incredibly complex biochemical reactions."

In stage one of the regulatory process, the mind generates images in the cerebral cortex. In stage two, these images are filtered through the hypothalamus, in the form of neural impulses. They emerge as neurotransmitters, or "messenger molecules," capable of influencing functions of the autonomic nervous system. Stage three finds these messenger molecules such as serotonin and adrenaline triggering biochemical changes such as improved circulation and more efficient metabolism within individual body cells.

The mind-body interaction seen by psychobiologists can be compared to the operation of a computer. The mind, like a computer programmer, creates operating instructions. The mind's instructions are in the form of imagery, while the computer's instructions are in the form of the numbers and symbols of the computer program. In the mind, the hypothalamus converts imagery into neural impulses, just as the computer's central processing unit converts programs into electronic impulses. Finally, the body's organs, tissues, and cells understand and act upon the impulses they receive, just as the computer's operating circuits do.

The key to mind-body communications is imagery. The sights, sounds, fragrances, tastes, and textures we experience through our physical senses are interpreted in the mind as images. These images define and regulate our existence and our relationship with our environment. Imagery provides the only "messages" our body's operating systems recognize and respond to. If

we can control the imagery that constitutes our body's operating language, we can control our pain, our mood, and our lifestyle.

Imagery and suggestion, as the focus of this workshop, are the gateway by which we attempt to understand that which is less tangible and more subjective in our living experience. Imagery is the method by which we sort and identify our world and experience the results of the multiple realities around us.

Imagery is our dominant sensory faculty and the mind's primary vehicle for interpreting, organizing, and processing experience. It employs the other senses, which we will refer to as *connections*, as channels to collect the raw information and begin the process of storing and analyzing information into understandable components.

Imagery allows our sensors to operate as an integrated system of interpretation and response. Our senses of sight, sound, taste, feeling, and smell operate to give us access to the world around us and bring that information into the "inner reality" of our minds.

Many of us think of imagery as strictly a visual process, but all the senses contribute to the mind's interpretation of experience. The ability of the mind to encounter reality and to manufacture an internal perspective goes far beyond any one sensory modality. The richness of a memory through imagery extends to a greater summation than the singular contribution of any one sense.

An image should not be thought of as just a mental photograph. Instead, it is a full-bodied, three-dimensional experience, complete with sounds, smells, tastes, and textures. For example, the vacation photograph of a happy couple on the beach is bland compared to the imagery used to recreate that scene in one's mind. Hear the ocean waves as they sweep over the flatten wet sand. Smell the crisp salty air as the coldness of the water wraps around your feet. Picture yourself taking a long cool drink on that beach and the enjoyment of quenching your thirst. Feel the warm sand underneath your feet. So much more involved are the images we produce through our mental awareness.

An image can be seen, heard, smelled, felt, and tasted by the mind all at once. You can experience yourself from deep within your body or from a thousand miles up in space, or from both perspectives at once. You can be sitting at a table in your home and at the same time be climbing the steps in Rome, or crossing the Rockies in a hot-air balloon, and it takes no special creativity.

It is important, however, not to confuse imagery with imagination. Imagining, or fantasizing, is often aimless and unfocused. It is directed outside yourself and need not have any basis in reality. Imagery is much more focused. When you use pure imagery, you are using your primary sense. You can marshal the forces of your sensors to control the only thing in this world you can control: yourself-your own body and your own mind.

Zahourek (1988) cites several trends that have influenced health care's evolution away from the theory of separation of mind and body. Health care scientists and practitioners came to believe that: (1) psychic problems were felt in bodily tension and were manifest in maladaptive behaviors; (2) physiology influenced thinking and feeling; (3) mental mechanisms altered physiological processes; (4) an individual's expectation of results could influence outcome; and (5) learning a new skill could influence perception, emotions, physiologic responses, and behavior. This movement, often termed *holistic* or *humanistic*, intrigued nurses as well as other health care givers.

## **Definitions of Basic Concepts**

As noted by Zahourek it is important that in appreciating the following definitions it must be remembered that each concept (1) entails a set of beliefs and theories, (2) describes a specific state of being, and (3) is a set of techniques and interventions.

### **Relaxation**

*Relaxation* is usually defined by what it is not-the absence of tension. Both a state and a set of techniques, relaxation is defined by Jacobsen as a "muscular lengthening as it occurs within a common natural, physiological process requiring internal energy expenditure and giving off heat" (Jacobsen, 1929).

Although many exist, two techniques are primarily associated with relaxation: Benson's "relaxation response" and Jacobsen's "progressive relaxation". Jacobsen's technique has found broad application within accepted health practices and is widely used in childbirth preparation. Imagery techniques are often employed to enhance the relaxation process, and relaxation subsequently promotes images.

## **Imagery**

Imagery is a mental process. It draws on the senses and consists of mental representations of external reality. Imagery provides communication between perception, emotion, and physiological change (Achterberg, 1987). Images are the "go-between" of our environment and our inner awareness or being.

This definition describes the *imagic state*, but *imagery* is also a set of procedures. Some therapeutic approaches using imagery include: guided imagery, guided affective imagery, visualization, self talk, inner dialogue, and focusing, desensitization, cognitive therapy, and neurolinguistic programming.

## **Altered State of Consciousness-Trance, Hypnosis, Suggestion**

Relaxation and imagery techniques are often used to induce an altered state of consciousness or a hypnotic trance state. An altered state of consciousness or awareness differs from the normal waking state and occurs normally throughout wakeful periods. Typically the individual is more focused on inner processes. Mental imagery may be active and vivid and the person appears less physically active and reactive, and generally more relaxed. The daydreaming student, the preoccupied subway traveler, and the patient in a waiting room are all good examples of individuals who are probably in an altered state of awareness. Clinically it is important to recognize this state, as the individual is typically more suggestible and this increased suggestibility can be used constructively if recognized.

A modified sensorium, altered psychological state, and minimal motor functioning characterize the "trance". A *wakeful dissociative* state of intense focal awareness, a hypnotic trance maximizes involvement with one sensory

precept at a time (Spiegel & Spiegel, 1978). In this altered state the individual is more receptive to suggestion, the acceptance of new ideas, and initiation of new behaviors. According to Milton Erickson, the "limits of one's usual frame of reference and beliefs are temporarily altered so one can be receptive to other patterns of associations and modes of mental functioning that are more conducive to problem solving" (Erickson, 1979). The word *hypnosis* "refers to an induction procedure performed by a hypnotist, to a state of consciousness called a 'trance' and to several effects which can be achieved in this state" (Horowitz, 1983). These "effects" include visual images, dreams, and even hallucinations. Hypnosis enhances image formation because of the purposeful use of suggestion and the regressed state of consciousness in hypnosis.

### **Suggestions**

Although often associated with hypnosis, *suggestive techniques* may be independent of trancework. Four types of suggestions are relevant to implementing relaxation/imagery: (1) verbal suggestion, which includes words and sounds; (2) nonverbal suggestion, which applies to body language and gestures; (3) intraverbal suggestion, which is the intonation of words; and (4) extraverbal suggestion, which utilizes the implications of words and gestures to facilitate the acceptance of ideas. Suggestions are also categorized as obvious and direct or indirect (metaphor, stories, double binds, and embedded commands).

## **Current Applications of Suggestion and Imagery**

Clinically both relaxation and imagery have been purposefully used to promote an altered state of consciousness and to alter maladaptive behavior, negative feeling states, tension, and physical or psychological pain. Relaxation and imagery are often employed together in different patterns and with varying emphases. For example, biofeedback, meditation, hypnosis, cognitive therapy, and behavioral rehearsal all incorporate R/I (relaxation/imagery) techniques but in slightly different ways and with slightly different theoretical frameworks.

Relaxation focuses on a physiologically progressive softening of muscles and a subsequent relaxed mental state; imagery is a mental representation of "reality," fabricated or "real." Imagery utilizes and depends on mental

processes that may or may not potentiate relaxation or physiological responses. When imagery occurs spontaneously it may or may not be associated with physiological relaxation. But when imagery is used therapeutically it is most often preceded by some form of relaxation exercise, such as progressive relaxation. Imagery may also be used to enhance a relaxation experience. For example, progressive relaxation focuses on attending to muscle groups. Imagery can augment this process by encouraging a visualization of the muscles as soft or as "like bread dough" and easy to mold.

Hypnosis differs from relaxation and imagery in purposefully striving for evidence and use of a trance state and on emphasizing therapeutic suggestion. Suggestive communication can and should be integrated into all interventions.

When implementing these techniques patients may ask how relaxation and imagery differ from hypnosis, which is of concern since hypnosis still connotes magic, a deep sleep, relinquishment of control to another, or the idea of being put "under a spell." Some respond positively to these "magical" misperceptions, feeling as if something powerful and special is being done to them. If suggestive techniques are mentioned, some may have a similar reaction or may interpret the word *suggestion* to mean that their symptoms are all of a psychogenic nature and are experienced on purpose for secondary gain.

### **Comparison of Relaxation, Imagery, and Hypnosis (Zahourek, 1988)**

<b><i>RELAXATION THERAPY</i></b>	<b><i>GUIDED IMAGERY</i></b>	<b><i>HYPNOSIS-TRANCE</i></b>
Muscle and/or physiologically oriented	Mentally and/or imaginatively oriented	Muscles, mental, or both
Directive in approach	Direct or indirect	Direct or indirect
Involves the patient's trying	Usually involves the patient's trying	May or may not involve patient's trying
Expectation of specific physical results	May or may not be geared to specific expectations of mental process	May or may not involve specific results
Alters physiological processes	Usually alters physiological processes	Usually alters physiological processes

May alter mental processes	Usually alters mental processes	Usually alters mental processes
May stimulate imagery	May stimulate relaxation	May stimulate relaxation and/or imagery
Provides mental distraction	Provides mental distraction	Provides mental distraction
<b><u>RELAXATION THERAPY</u></b>	<b><u>GUIDED IMAGERY</u></b>	<b><u>HYPNOSIS-TRANCE</u></b>
May promote creative thinking	Promotes creative thinking	Promotes creative thinking
May use direct suggestion of comfort and relaxation	Usually uses direct suggestion of comfort associated with a specific image	May use direct or indirect suggestions for comfort
May be used to promote healing	May be used to promote healing	May be used to promote healing

The extent to which imagery and suggestion are finding application in primary care and other settings is rapidly expanding. Nursing literature has included work with specific patient populations, including the following: music and imagery to combat nausea and vomiting with cancer patients (Frank, 1985); relaxation for pain relief after open-heart surgery (Horowitz, Fitzpatric, & Flaherty, 1984); relaxation for cardiac catheterization (Rice, Caldwell, Butler, & Robinson, 1986); R/I techniques (sensory information to increase postoperative comfort and coping (Johnson, 1978); relaxation with anxious patients (Trygstad, 1980); hypnosis for pain management (Zahourek, 1983), and pain management with the elderly (Hamm & King, 1984).

Zahourek notes that "working with obstetric and gynecologic patients, nurses have numerous opportunities to use these tools not only during labor and delivery but also with breast feeding mothers and during pelvic and other potentially uncomfortable examinations or procedures. Pediatric nurses similarly can help children relax or use distracting imagery during painful procedures and when sleep is difficult. Likewise, in community health and outpatient setting snurses have opportunities to apply these techniques with longer-term patients suffering from chronic illnesses and disabilities. Nurse educators have found R/I exercises valuable in teaching concepts through role playing and in supporting their students during

stressful times. In preventing or combating burnout supervisors and consultants utilize these tools with other approaches."

## **Explanations for Suggestion and Imagery**

### **Physiological Explanations and Evidence**

Crasilneck and Hall (1988) outline in their classic text Principles of Clinical Hypnosis that there are multiple theories concerning how imagery and hypnosis may have an effect on the central nervous system. Raikov (1975) emphasized the reticular activating system, while Barlett (1966) suggested that hypnosis may alter the relation of cortical and subcortical communication, particularly involving the hypothalamus, the reticular formation, and the limbic system.

While there have been many speculations about the role of the nervous system in imagery and hypnosis, there have been few direct observations on humans. One striking clinical observation strongly supporting the neurophysiological basis of hypnosis was reported by Crasilneck, McCranie and Jenkins (1956). A patient under both hypnosis and local chemical anesthesia of the scalp suddenly awakened during brain surgery when the neurosurgeon touched the hippocampal area. She was quickly rehypnotized, but she again abruptly terminated hypnosis when the hippocampus was touched once more. Hypnosis was again induced, and the surgery continued. It seemed obvious that the mechanical stimulus to the hippocampal region somehow abruptly interfered with the hypnotic state, strongly suggesting that the hippocampus is involved in whatever neural circuits underlie hypnosis.

### **Psychological Explanations and Evidence**

Those theories that are considered psychological take the position of such processes are related to such factors as role expectations, subject motivation, and the nature of ego-states and underlying processes.

Suggestions may be considered in terms of (1) directed, goal-oriented striving, and (2) role-playing. These variations differ only in the degree of conscious or unconscious motivation.

In a scholarly and careful clinical study Josephine Hilgard (1970) has made the point that hypnosis itself is on a continuum with other states of experience. She found that some tendency for hypnotizability seems to "go along" with a history of emotional involvements in reading, drama, religion, scenery, music, imaginary experiences, and real or imagined adventures. Some positive correlation was also noted with a childhood history of severe punishment, similarity of temperament to the opposite-sex parent, and some aspects of a "normal" and "outgoing" personality. Ernest Hilgard (1967) emphasized that hypnosis is a state of heightened response to the type of suggestions given in hypnotic inductions.

## **Applications of Suggestion and Imagery**

There are three basic ways to use imagery (Samuels & Samuels, 1975):

1. Receptive-to help become more aware of feelings, dissatisfactions, tensions and images that are affecting body functioning.
2. Healing-to help erase bacteria or viruses, build new cells to replace damaged ones, make rough areas smooth, hot areas cool, sore areas comfortable, tense areas relaxed, drain swollen areas, release pressure from tight areas, bring blood to areas that need nutriment or cleansing, make moist areas dry or dry areas moist, bring energy to fatigued areas, and enhance general wellness.
3. Problem solving-to consult with one's intuitive source of wisdom in a structured way.

### **Receptive Guided Imagery**

Clark (1988) discusses the use of these three types of imagery. His framework is presented over the next section. Diagnostic guided imagery can be used as an assessment procedure, but can also help patients become aware of feelings they have been "holding" in body areas, creating undue stress on body tissues. A number of research studies have shown that inhibiting emotions about traumatic events results in increased autonomic activity including increases in skin conductance, increased heart rate, and blood pressure. It appears that diagnostic guided imagery has potential for assisting clients to uncover hidden feelings and provides a context within which to discuss them.

Since the conscious mind is bypassed when using imagery, this approach may stimulate strong emotional reactions. Thus, an occasional patient may seem confused by the strong feelings experienced. It is wise to suggest to patients that they need only become aware of feelings they feel comfortable handling at that time. Such a comment reduces resistance to becoming aware of feelings they feel comfortable handling at that time and also gives patients permission to protect themselves from painful feelings they are not yet ready to face.

Some questions that have been used during the quieting process to assist patients to develop diagnostic images and that can be used clinically to help elicit feelings, dissatisfactions, tensions, or unhealthy images are:

1. Close your eyes and go inside yourself. Locate where any feelings or anger or resentment are in your body. Tell me what you see. Anything else?
2. Where in your body are there feelings of guilt? What are you picturing? Anything else?
3. Where in your body are there any feelings of sadness? What do you see? Anything else?
4. Now scan your body once more for any feelings or images you might have missed. Describe what you see now.

During this procedure patients may become aware of strong feelings that they were not aware of previously or may discover the image of their body is misshapen or of distressing color or texture. Some patients may comment

that they knew about some of the feelings or images but had not been able to intergrate them into an understandable whole until using the imagery approach.

Sometimes it is useful to ask patients to picture how the feelings are affecting their muscle tension, blood flow, homonal secretions, or general body functioning.

### **Healing Guided Imagery**

The clinician can choose the therapeutic image for the patient, ask the patient, "How would the area look if it were healthy?", or the two can collaborate to develop an individualized healing image. It is usually more efficient and effective when the patient chooses a healthy image.

#### *Diagnostic Guided Imagery Problem*

1. Stomach contracted, shrunken, sucked in, oozing HCL, spasm.
2. Plates metal, cold bone ends jagged.
3. Can't read professor, trip is tendious, monotonous, beautiful at end.
4. Heart tense, fibrillating, working too hard, snapping.
5. Torn, ragged red muscle.
6. Throat moving around, trachea huge, sticking out, hard, white; lungs too small; scarred.
7. Tightness in intestines, anger tightening shoulders and back, heart/lungs chaotic and partial.

#### *Therapeutic Image*

1. Stomach full, relaxed, healthy
2. Plates are warm, soft, bone ends are connected.
3. Reads what professor has written on board, journey becomes less tedious and monotonous.
4. Heart beating nicely.
5. The torn edges of the muscle are moving together, color changing to pink, anger is placed in a container and put away.
6. Throat at rest, trachea smoothing and softening, lungs expanding to fill available space
7. Loosening and widening of muscles in gut, shoulder, back; standing back from body to be able to see other lung, heart and lungs are pink, expanded, orderly.

Another way to form therapeutic images is to ask the patient to think of images of love, peace, joy, and harmony and to picture each one's effect on muscle tension, blood blow, hormonal secretion, and body functioning.

Health/Stress Problem:

Therapeutic Images:

- |  |   |
|--|---|
| 1. Headache                            | 1. Picture a hole in your head near the area of the headache; on exhalation, imagine the pain going through the hole as a color.  |
| 2. Nasal or sinus congestion           | 2. Imagine tubes opening and draining like a sink unclogging.   |
| 3. Hemorrhoids                         | 3. Imagine the pelvis becoming warm as you picture blood flowing into it; see your anus cool, and becoming cooler, perhaps sitting in a cool relaxing bath.                                       |
| 4. Anger                               | 4. Locate the place(s) in your body where you see the anger. Now choose a container of some sort. Put all the anger in the container, cover it, and put it some place where it cannot affect you. |
| 5. Sadness or ending a relationship    | 5. Locate all your feelings of sadness or ending in your body that you want to get rid of. Put all the anger in the container, cover it, and put it some place where it cannot affect you.        |
| 6. Excessive gastric secretion         | 6. Picture the texture and dryness of blotting paper in your stomach area; picture absorbant dryness.   |
| 7. Gynecological or menstrual problems | 7. Picture your pelvis warm and healthy.  |
| 8. Ineffective immune system           | 8. Picture healthy white blood cells moving in to attach invading viruses or bacteria.  |

Another way to use healing guided imagery is to picture the entire body healthy, whole, and relaxed. This kind of image can be used universally, despite the symptom or problem. It is most useful as a preventive image. Patients can be asked to picture their bodies healthy whole, and relaxed several times a day, each day. A good time to use preventive imagery is when taking a shower or bath. The water provides the relaxation and the task allows for nerly total concentration on the therapeutic image.

### **Problem-Solving Guided Imagery**

Imagery can be used in a number of structured ways to assist patients to solve problems.

#### *The Closed Box (Bry, 1978)*

Picture yourself locked up in a giant wooden box with a securely tied lid. Picture what you would do to get out of that box (This exercise can be used to help patients discover what's wrong with their lives and how to change it. As patients begin to picture how to get out of the box, new insights about how to change their lives will occur to them.)

### *The Blue Frames (Bry, 1972)*

Clearly define the problem. Place it in a blue frame. Pretend you're telling the problem to a friend. Be very specific about all aspects of the problem. See the solution to the problem in a white frame. It is suggested that a patient ponder the following questions prior to attempting to solve the problem: Do I really want to know the answer to the problem?; Do I feel I deserve an answer to this problem?; Am I willing to accept the solution even if it's not what I'd hoped for?

### *Inner Adviser*

Inner dialogue is based on the idea that everyone has an intuitive aspect that knows what to do to be healthier and happier. There are a number of different ways to get in touch with this intuitive, self-healing aspect. One way is to enter into a dialogue with an archetypal or mythical figure. The dialogue focuses on physical symptoms and what they represent and on ways to reorder one's life, thereby releasing oneself from the symptoms. The theoretical basis of this approach is that the body is the battleground for conflicting attitudes, beliefs, and ideas. Once the patient dialogues about the conflict, that conflict changes form and there is potential for a healthier body.

Before using the inner adviser approach, patients can prepare themselves by asking a series of questions.

1. If I had an inner adviser, what would he, she or it look like?
2. What characteristics would my inner adviser have that would be helpful to me?
3. What is the best way to communicate with my inner adviser?
4. What familial body vulnerabilities might I be getting messages about? (For example, do people in my family tend to show conflict by getting colds, backaches, diarrhea, or some other symptom?)

5. What are my usual body symptoms that may be giving me messages about imbalances in my body/mind?

6. In what ways have I been misusing my body/mind lately?

7. In what direction is my life going that I do not want it to go?

The answers to these questions provide valuable clues about what to expect and provide the beginning experience for inner dialogue. Suggestions for consulting an inner adviser include the following?

1. Choose a time when you are not rushed. Relax your body completely using a relaxation exercise.
2. Totally focus on picturing your inner adviser. Go to a place where you are comfortable and at peace. Wait peacefully and expectantly for your inner adviser to appear.
3. Picture very clearly what your inner adviser looks like, including size, shape, age, dress.
4. Find a comfortable physical distance between you and your inner adviser.
5. Begin to communicate with your adviser. Find out what kind of an adviser you have. Ask questions about your health or life problems.
6. Realize that communication with your inner adviser may seem silly or stilted at first or that it may be perfectly natural; take whatever happens in stride. Give yourself permission to continue and to work toward optimum communication with your inner adviser.
7. When you have obtained answers to your questions, return to the here and now.
8. Allow yourself to feel good about your progress and what you have learned.
9. Make a plan for using what you learned and be confident you can change.

Inner dialogue may be of the most help to patients with psychosomatic symptoms. They are usually the least aware of the meaning of their symptoms. If they were more aware of their inner conflicts, they may not have developed the symptoms in the first place. Inner dialogue may also be of great help to patients who are unable to verbalize their thoughts and feelings directly. Patients who use self-blame or guilt may find help through inner dialogue too; it is a structured way of providing positive new direction without focusing on self-destructive feelings that may interfere with wellness.

## **Planning for the Intervention**

The following summarized the process of intervention as described by Zahourek (1988).

1. Explain the rationale and what you are going to do. Encourage the active participation and invite questions from the patient. Explain that further interventions will be based on his or her feedback of the experience. Phrase anticipated results as a positive suggestion. This builds expectations of a positive outcome.
2. Choose a procedure based on the assessment: progressive relaxation, guided imagery, inner dialogue, or a combination of techniques. Generally precede the technique with some sort of relaxation procedure.
3. Observe the patient's reaction during the process. Did the patient look more relaxed and comfortable? Observe breathing rate and depth, muscle tension and relaxation in the face and shoulders.
4. Evaluate the experience with the patient. Was it relaxing and pleasant; how did the images chosen fit for providing relaxation and/or comfort?
5. Alter the technique based on the patient's feedback.
6. Plan for the subsequent process of intervention, i.e., make a tape of the process, involve other staff or family members, give instructions to the patient for practice, make plans to return.

Nurses and others are learning biofeedback, therapeutic touch, hypnosis, and cognitive behavioral techniques. Their approaches incorporate imagery and suggestion for patients experiencing acute and chronic pain to help modify patients' perceptions of illness, to enlist their active cooperation, and to reduce anticipated pain postoperatively.

Begin with the experience of pain. Then, you interpret the pain, seeking images and terms that your mind's apparatus can recognize. Next, you develop an autogenic prompt—a powerful image your mind can use to attack your pain. Finally, you use this prompt and your imagery skills to overcome, or escape from, your pain.

The key to this formula is the prompt. By developing a powerful image to counter your pain, you create a force that your mind—and then your body—can respond to. If you work diligently to make the prompt a fixed image you can call upon at will, this control image will become an autogenic prompt—a self-generated, specially coded message that can deal with your pain.

"Autogenic" means self-generated or self-produced. Making your prompt autogenic involves a synthesis of the imagery skills you have been working on.

To give you an idea of how simply it can work, here's one case history reported by Gary Schwartz of Yale University, who has written extensively on imagery in pain control. Several years ago, a three-year-old boy who suffered severe migraine headaches was treated at the Yale Behavioral Medicine Clinic. His therapists knew that a major cause of the migraines was too much blood rushing through the arteries in the boy's head. They reasoned that the migraines could be alleviated by redirecting the flow of blood. They decided to teach the boy to use imagery to make his hands feel warm, hoping that would channel the flow of blood to his fingers and thereby lessen the severity of the migraines. The boy was told to image "hot thoughts" in order to warm his hands.

The procedure worked. But the therapists were amazed when the boy went one step further on his own. He figured out a way to compress the imagery technique into a verbal command. By simply saying out loud, "Hands, you're hot," the boy could raise the temperature on his hands by ten to fifteen

degrees. For this boy, the phrase "Hands, you're hot" had become an autogenic prompt.

### *Guide to Subjective Imagery*

<u>Experience</u>	<u>Interpretation</u>	<u>Autogenic Prompt</u>
biting	vicious dogs	muzzles
burning	searing flames	cool water spray
crushing	vise	metal bar to jam vise
grinding	rusty gears	oil/lubricant
stabbing	sharp knife	armor
heaviness	stack of bricks	hoist/pulley
numbness	ice	heating pad/hot pack
piercing	sword	shield
pounding	bass drum	thick cotton to muffle impact
throbbing	blood pulsing	valve on vein to slow blood
squeezing	clenched fist	uncurl hand one finger at a time

### *Guide to Objective Imagery*

<u>Experience</u>	<u>Interpretation</u>	<u>Autogenic prompt</u>
arthritis	inflammation of the joints	soothing lubricant
gout	deposits of uric acid crystals in joints	warm water to surround area and dissolve crystals
migraines	sudden vascular dilation; rush of blood to brain	clamp to slow the flow of blood
Reynaud's syndrome	poor circulation to hands & feet	electric gloves and socks to promote warmth and increase circulation
lower back pain	acute ligament (sprain) or muscular (strain) problems	tight wrap around spinal cord for support and to reduce tension
cancer	rapid generation of mutant cell tissue	Pacmen gobbling up mutant cells
spastic colon	excessive production of gastric acid	sponge to soak up acid

## **Focusing on Relaxation**

### Effective Breathing

The first step in the relaxation process is learning to breathe properly. Slow, deep, and regular breathing is essential to relaxation. You may not think of breathing as something you need to work at, but most of us do not breathe very efficiently. Most of us breathe through our mouths instead of our noses. We breathe too quickly, as if someone were going to take the air away. And our breathing is too shallow, involving only our upper chest and throat.

The following exercise will help you improve your breathing and increase your body's receptiveness to the relaxation process.

Sit comfortably in a chair, or lie down on a bed, a couch, or the floor. Put your hands on your belly. Close your eyes and breathe in slowly through your nose. Inhale, making your belly expand, not your chest. Feel your belly move out as you draw in the air. Inhale as much air as is comfortable not necessarily as much as you can hold. Exhale slowly. Feel your belly move in. When you think you are finished exhaling, try to force out just a little bit more air.

Breathe these deep breaths for a minute or two. Breathe slowly and deeply, from the bottom of your abdomen. This is called belly breathing. If your stomach is moving up and down with your breaths, you're doing fine.

### Detachment

Detachment is the process of releasing your mind from your body, allowing it to float freely and weightlessly. Learning to achieve detachment is the pivotal point of the relaxation regimen, just as learning your autogenic prompt is the key to stress management.

To begin, make yourself comfortable. Find a place where you won't be disturbed or interrupted. Take the phone off the hook, if necessary. Loosen any tight clothing.

Put yourself in a comfortable posture. Finding the right position is an individual decision, but keep these suggestions in mind.

1. Whether you're sitting or lying down, rest your hands comfortably at your sides. Make sure your muscles are not tensed or flexed. Your legs should be slightly apart, and your toes should be pointed out.
2. Part your lips slightly, and let your tongue rest against your upper teeth, as if you were about to say "la."

Now you are ready to proceed. Begin belly breathing, using an easy, regular cadence. Now, let your body go limp. Let go of all of your muscles, making your body feel like just dead weight. To find out how well you are doing, it is helpful to have a partner assist you. When you think you are fully detached, signal your partner by raising a finger. At that point, your partner should raise one of your arms and then release it. The arm should flop to your side, as if it weren't even a part of your body. It should be a good feeling, a feeling of total freedom from the burden of your body.

### Using Imagery to Relax

So you have established a cadence of belly breathing and reached a state of detachment. Now you will use imagery to crowd out unpleasant thoughts and immerse yourself in a state of serenity, security, and comfort.

Begin by thinking of a pleasant image. It might be a place you are fond of or an activity you enjoy. For example, you might image fishing on a clear blue lake, or walking through a luscious garden, or gently rocking a sleeping baby.

Once you have a clear image in mind, close your eyes. Some people are distracted by anxious thoughts when they close their eyes, so repeat to yourself three or four words related to your image. For example, if your image is fishing on a clear blue lake, you might say, over and over, "clear, blue lake, clear blue lake..." Repeat the phrase, almost as if it were a mantra. Use it to crowd out any free-floating negative thoughts.

Continue the process for about fifteen minutes. Thirty minutes would be even better. the goal is to train your mind and body to relax.

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