The Image and The Unconscious

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Introduction

Verbal language has long been the most widely used source of data for clinical inference; recently, however, an increasing number of therapists have turned to images for both diagnostic and therapeutic purposes. This paper focusses upon the use of mental imagery in analytically oriented therapies. The first segment presents a brief discussion of some important psycholinguistic questions that bear upon the use of images in psychotherapy. The second part discusses the observations of spontaneous images by analytical therapists and shows the relation of these images to linguistic-rational cognition and to unconscious organization. The third section brings out the unique function of certain images as symbols containing a wealth of affect-laden material and the fourth portion illustrates the potency of these primarily visual symbols with the work of several depth-therapists who have made extensive use of induced imagery.

Language and Psychotherapy

Language with its implicit logic and classificatory organization is the medium of psychotherapy; for through it the clinician contacts, knows and interacts with his target structure, whether he calls it 'personality', 'libidinal organization', 'cognitive structure' or 'behavior'.

Pavlov (1927) expressed the belief that humans are always engaged in conditioning themselves to the internal signals of covert speech or linguistic images. The relation of inner speech to perceptions, values and beliefs, connects the individual to his social universe. Internal speech is not original, but has its origin in the utterances of others, particularly of the parents. The child learns the vocabulary involved in his socialization and also a linguistic syntax that amounts to a set of rules for logical thought. From this linguistic matrix emerge the perceptions, values and beliefs the individual holds about himself and other persons. It is from this connection that the psychological importance of the Whorf-Sapir hypothesis (Whorf, 1956) derives. Is it true that language 'determines' cognition; that is, can linguistic form significantly limit logical progression, conceptualization and perception and thereby profoundly affect emotional reactions and behavior?

It is probably correct that an individual's classifications, habits of logic and, especially, internalized utterances, imposed or freely selected, are ,important in mediating between his raw sensations and his organized perceptions and between these perception and his emotional and behavioral reactions. It may be true that the linguistic system becomes inseparable even from unconscious classificatory systems as soon as the individual progresses ontogenetically beyond 'primitive' cognition in sensory representations. But it should be remembered that a remarkable choice of elements and combinations exists within the linguistic set, so that countless contrasting philosophical and psychological positions may be embedded within it; and that, to an extent, highly original modifications of linguistic elements may be made and communicated.

In spite of the remarkable flexibility of linguistic systems, unique conceptual combinations are quite rare; clinicians have therefore been able to identify, on the basis of the self-reported inner speech of patients, certain clinical syndromes that function as vague statistical 'laws' of psychopathology. Although the syndromes are very imprecise, ill-defined, and overlapping, they are at least substantial enough to permit clinicians to communicate with one another.

Varying degrees of correspondence between an individual's psychpathology and inner speech may be claimed. Nevertheless, most clinicians would agree that much about the function or malfunction of a motivational or self-reinforcement system may be inferred from an individual's verbalizations, apart from the pure content of his words. Although therapy may occur and be evidenced chiefly through a reorganization of inner speech, most therapists, with the possible exception of the rational-emotive therapists, (Ellis, 1959), would not consider linguistic manipulation a direct attack on the target structure. A person's covert affirmations probably evolve along with affective responses in the course of therapy, but it is usually necessary to transcend face-value linguistic communication in order to effect therapeutic change. With all the attitudinal choices available to a person within a linguistic system, he is far from free to take his choice on purely intellectual grounds; the movement from one set of premises to another is not achieved purely through logico-linguistic progression. Argument may convince him intellectually, but that will often not be sufficient to bring about a change in his perception of experience. Generally, therapists recognize that argument, standing on 'its own, is futile as a means of leading a person to change the way he experiences a situation.

Most therapists do not attempt to argue their patients out of their positions through logic. Rather, they are interested in treating language as 'indirect and partial evidence of underlying processes of reactions and change. Nevertheless, most would not deny that a patient's reactions and perceptions are embedded in inner speech, both as symbolic encoding of socialization sanctions and as a potential feedback mechanism through which change may evolve and be traced.

Language is the most common and precise means of interpsychic communication available. Clinicians do, however, recognize other forms of intrapsychic representations, which are sometimes encoded so as to be not fully understandable to the individual in terms of his conscious linguistic cognition, although they may be perfectly describable. The most commonly recognized form of such representations is the nocturnal dream. Freud and Tung gave notable attention to these representations; they saw in them useful sources of information about the patient's motivational system. Furthermore, they recognized that the same type of intrapsychic representation that occurs in dreams also occurs in the waking state. After Freud (1955) had begun to be dissatisfied with hypnosis and before he had fully developed free association, he used waking images as an uncovering procedure. The images were primarily in the visual mode, although auditory or other sensory elements could have been present. After the development of free association, Freudians considered the images to be merely a form of resistance. Jung (1923) made some use of waking fantasy images by asking his patients to reproduce them in drawings or paintings and then analyzing these images much as he did dreams. Jung's literary and anthropological eisogesis formed the basis of a system and image interpretations much broader than Freud's. Many of the procedures that now use waking images for analysis and depth therapy, work upon the principle of Jungian symbolism and transformations.

Observations of Spontaneous Images

To the present time, psychoanalytic clinicians have been the most attentive observers of the spontaneous imagery phenomena that occur during psychotherapy. They have contributed theoretically to the understanding both of the relation of these phenomena to the linguistic mode of cognition, and of the syntax of the image representations themselves. Psychoanalytic clinicians divide into two schools of thought about the functions of these images with respect to unconscious motivation. Traditionally, images arising spontaneously in the course of free association have been treated as resistance (Kanzer, 1958); alternatively, some therapists consider them to be communications from the unconscious in its own language (Desoille, 1965; Jellinek, 1949; Leuner, 1966). The work of Mardi Horowitz (1967, 1968, 1972) in this field, notable for its objectivity and breadth, appears to indicate that spontaneous images may have either function or both. Specifically, much of the potential value of images, whether for resisting or uncovering, depends upon how image phenomena are handled by the therapist.

Spontaneous images have been observed to occur in some persons at times of verbal blockage; the images fill in with perceptual representations, usually pictorial, when the individual is unable to continue to formulate his experiences verbally. The occurrence of spontaneous images during verbal association is commonly considered to be a shift in cognitive mode from verbal to perceptual; traditionally, this shift is regarded as regression to a more primitive mode (Kapecs, 1957). Freud felt that the shift offered resistance to free

association and guarded the patient against awareness of some unacceptable impulse about to emerge, usually one containing elements of transference.

Kanzer (1958) and other analysts who share the resistance viewpoint believe that spontaneous images represent an innocuous end-product resulting from the transformation of a negatively loaded impulse; as such these images serve to dissipate the attached affect in the very process of representation. Such images are like symptoms in that they simultaneously gratify and conceal the underlying impulse. In free association the appearance of these images is stimulated by the weakening of secondary process thinking. The image, in addition to gratifying and concealing the impulse, resists and fulfills simultaneously the demands of free association.

The idea of a regressive transformation of the impulse into imagoic cognition presupposes that the image is a representation of a 'latent' or unconscious verbal idea. Sensory imagery is thought to represent a phylogenetically and ontogenetically preverbal stage of cognition close to, but not identical with, primary process thinking. Since an adult is no longer at that stage of development, it is assumed that his appropriate cognitive mode is linguistic and that the laws of language are the proper expression of constructive thought. Therefore, cognition in the imagoic mode is thought to be regressive, an evasion of adult communication.

Interesting correspondences are found between dream and image elements and linguistic structures; hence a certain interaction between the two systems is undeniable (Assagioli, 1965; Crampton, 1969; Goldberger, 1957; Jellinek, 1949; McKellar, 1972). Most analysts who hold the 'resistance' viewpoint of images, contend that spontaneous images are images of what is ultimately verbal thought. Goldberger (1957) has called images 'plastic representations of verbal thought' and believes that the method by which a verbal thought is transformed into a visual image may be studied step by step. Others are not in agreement with giving the language this primacy, but consider imagery to be rather the special language of the unconscious.

In the process of shifting from a linguistic to an imagoic mode numerous changes take place. A radical shift in syntax occurs: while verbal logic is linear, the image is a simultaneous representation. McKellar (1972) identifies imagoic cognition with what he calls A-thinking, which is distinguished by its unreality function, its disregard for logic and a confusion of symbol with reality. The imagoic mode, furthermore, is primarily associative and characterized by the law of identity, on the basis of the predicate in common. Reyher (1963) and others observe that spontaneous images manifest the principles of dream production, although they ordinarily lack the vividness and sense of reality. Like dreams, waking images may be organized around the principles of symbolism, condensation, equality of a part with the whole, allusion and displacement. The image is therefore enigmatic to the conscious understanding of the individual; and it may thus escape self-censure. Kanzer (1958) and other analysts consider the image to have much the same function as the production of art: it is an amelioration and mitigation of the underlying conflict.

Other therapists note that while images may indeed absorb and dissipate repressed material, they also contain a good deal of information and are themselves forms of communication that may be used in uncovering procedures. Horowitz (1968) observes that the image may contain information about affect and fantasy that is not available to the individual in verbal thought and may even be denied. The image may represent an attempt to retain the information in a concealed

state, but it nevertheless does contain the material. Whether the therapist can decipher it is another matter. Horowitz (1967) has called the image an important 'way station' for material arising from the unconscious. Horowitz (1967), Goldberger (1957), and Kapecs (1957) have found that the probing of spontaneous images that are considered to act as screens or barriers often leads to important early memories, which are sometimes intimately connected with an impulse on the verge of consciousness. Imagery may be the major access route to important preverbal memories or to memories encoded at developmental stages at which language, while present, was not yet predominant.

Imagoic cognition may occur when an individual lacks the verbal facility to express an experience emerging into consciousness. Within the continuum that extends from the conscious to the unconscious, one may assume a wide penumbric area of partial and vague awareness. It may be, as Jellinek (1949) and other analysts believe, that the imagoic mode is a level of consciousness mediate between the conscious and unconscious which serves to connect the two areas. This group of analysts feel that the verbal and imagoic cognitive systems are independent although capable of interaction, and that imagery, because of its primordial forms, has a special function as the 'direct voice of the unconscious'. Images should therefore not be thought of as distorted plastic representations of latent sentences, but rather as communication in a mode appropriate to the content of the unconscious idea. Jellinek reports that the special properties of this mode allow a therapeutic effect to take place through the manipulation of symbols, without accompanying verbal insight; even though the individual may not understand the pictorial language, he may somehow integrate its message into his life. In this way, even if verbal awareness is bypassed entirely, emerging repressed material may be integrated and sometimes spontaneous 'insight' may follow. Jellinek further notes the intrapsychic prophetic function of imagoic cognition: ideas and responses often occur initially in imagery and appear only later in verbal cognition and behavior. It has also been demonstrated that 'free imagery', an analogue of free association, is effective in uncovering repressed material where resistance seems to be especially tenacious (Reyher, 1963; Reyher and Smeltzer, 1968).

Many investigators report that when images arise they appear to have little affect attached to them (Goldberger, 1957; Kanzer, 1958). The images, however, quickly lose their innocuous quality when focussed upon and may uncover intense affective charges or generate emotional reactions (Horowitz, 1972; Shapiro, 1970). Reyher (1963) believes that anxiety occurs as the symbolism of the image breaks down. Reyher and Smeltzer (1968) obtained higher physiological measures of anxiety for 'free imagery' than for free association. Sheehan (1968) found evidence in the literature that intensity of affect is one of the most important variables influencing imagery phenomena. It appears that the affect variable may alter the very function and structure of images. Goldberger suggests that elements distorted by the image are related to areas of strong affect, although this is only one simple relation among many complex ones that may exist. The practices that use induced images extensively are theoretically valid on the assumption that the image in one way or another is capable of being the focal point of strong affect. The 'transactional' relation of imagery and affect is partially described by Horowitz (1972) who shows that the image itself may generate and transform affect, as well as release or express it. The transforming function of images may be used as a form of resistance; person trying unconsciously to ward off one emotion may produce an image that generates another. Horowitz, for example, reports that a mother who experienced violently hostile impulses towards her daughter also experienced obsessive images in which she herself was being

accused and verbally persecuted by an old man; thus she alleviated her guilt. Conversely, rage may be evoked to assuage feelings of guilt or anxiety. Often the basic role structures and elements of the repressed dynamics are present, but in reversed order or displaced forms. Horowitz (1972) suggests that since images may generate or transform feelings, they may be instrumental to emotional learning. Images that succeed in producing a desired change in the internal experience may become operantly conditioned, and this conditioning may occur outside that awareness of the individual.

Behavior therapists use images as stimuli for extinction and reciprocal inhibition of maladaptive responses because it has been observed that the image behaves as the functional equivalent of actual stimuli. It is upon this very important aspect that the capacity of imagery to create changes may be based. Various explanations exist for this phenomenon. The 'unconscious' theorists explain it with the mediary function and symbolic process. Behaviorists may not attempt to explain it at all. Sarbin (1972), however, in his etymological analysis, has provided a cogent alter- native to unconscious theory with his hypothesis that imagining is 'fruitfully regarded as a form of hypothetical or "as if" behavior, namely muted role taking.' Thus, there exist various degrees of involvement in the muted role-taking, as might be the case in actual role performance. Contrary to current practice, Sarbin asserts that the Pavlovian model does not hold for 'stimuli in absentia'.

On the basis of his extensive study of the field, Horowitz (1968; 1972) concludes that whatever may give rise to the imagoic mode, be it verbal blockage, resistance, pre-verbal encoding or an altered state of consciousness, the image itself has psychodynamic determinants and its elements reflect the current motivational state. In addition, images may combine material from various internal and external sources, and observers tend to agree that elements of the images are overdetermined and may well have multiple functions. It seems probable to observers that the structure and function of imagery may change with several variables, such as the attention given to the image, the amount of affect attached to it and the therapist's understanding and treatment of image phenomena. Imagoic thinking may be considered a regressive mode that depends on verbal thought for its forms. It seems more probable, however, that the two modes are separate but capable of interaction. Imagery appears to have feedback relationships with verbal cognition, affect and physiological or somatic states (Sheikh and Panagiotou, 1975).

The Potency of The Symbol

If the imagoic mode is a special functional level and is the medium most sympathetic with unconscious organization, then images should hold a particular appropriateness, a special efficiency of expression within a specific domain. Images ought to express relationships in certain spheres of experience more elegantly than sentences. It may be that images have a capacity for attraction and focussing of emotionally loaded associations in forms more concentrated than verbal linearity readily permits. It appears that imagoic forms carry more determinants than can be expressed conveniently by verbal forms. Jung found in the image the nexus of many experiential currents, including external perception as well as unconscious fantasy activity. To Jung the image represented: '... material coming from the most varied sources . . . a concentrated expression of the total psychic situation, not merely nor even pre-eminently of unconscious contents pure and simple ... not a conglomerate but an integral product with its own autonomous purpose' (Gordon, 1972, p. 71). He believed it was the function of the symbol to concentrate and channel psychic energy.

The image representing collections of interwoven associations highly loaded with emotional energy may be viable at several levels: it may be meaningful in concrete personal terms. as well as at abstract, aesthetic and universal or mythological levels. The levels of meaning may be hierarchically organized : the broader levels may include those below; thus an individual beginning with mundane, individual forms may move along an axis of broadening significance, enriching and expanding his images until he experiences aesthetic or religious meaning. The observation of this extension is shared by investigators who work with intensive imagery methods. including Ahsen (1968). Desoille (1965). Jellinek (1949). and Leuner (1966). They report that symbolism at this level of meaning becomes a universal language: although it contains some idiosyncratic elaborations, its forms are basically the same across individuals and across cultures.

The investigators also note that a profound emotional experience often accompanies the images in their expanded forms. In addition, Jellinek observes· that this level of imagery may he accompanied by a full-blown catharsis with violent emotional reactions, which leaves the individual with a profound feeling of renewal or psychic rebirth. Extensive examples of common mythical elements are unfortunately not available, for the purpose of evaluation. Some cases are offered by Ahsen in *Basic Concepts in Eidetic Psychotherapy* (1968), but they are only a few and his sample is not specified. Ahsen's mythological images are most often forms of the mother and father figures in their expanded sense of meaning. Other investigators, such as Leuner, occasionally offer case studies in which symbolism has taken mythological forms; the interpretation of these forms is usually similar to Jungian symbolism, which is based upon recurrent themes from anthropological, literary and psychopathological sources. Desoille remarks that in the course of therapeutic imagery, an apparent shift of style occurs as the images progressively depart from the historical and idiosyncratic in the direction of the universal. Images of profound forms appear to sharpen sensitivities and lead to the intuitive realization of abstract concepts. The universal meaning which some therapists attach to certain image forms may, if indeed reliable, allow them to follow roughly standardized procedures in the use of psychodiagnostic and psychotherapeutic images. Ahsen (1968) and Leuner (1966), for example, consider their procedures systematic and to some degree standardized. Ahsen, in particular, believes his findings uniform enough to permit controlled research and has even developed psychological tests that use his images (Panagiotou and Sheikh, 1974).

Symbols in their universally significant forms are actually less commonly encountered than are the idiosyncratic variety. It appears justifiable to refer to idiosyncratic images as symbols, for these forms, too, are condensed and hold, for the individual, meaning broader than their literal significance. A mundane article may become the focus of emotionally charged associations or the representation of the contents of conflict (Ahsen, 1968). The 'symbol' is not to be distinguished by its content, but by its function. It functions as the focus of emotional energy or motivational vectors. As such, concentrated attention to it may release information, stimulate abreaction and produce transformations. Jellinek (1949) writes quite confidently:

> In therapy, imagery serves several purposes such as suggestion, catharsis and release (projective psychodiagnosis might be added) …. If nothing else is done than continuous imagery, day after day without interference by the therapist and with the possibility for the subject to read and eventually interpret his own imagery, tremendous effects can be achieved ...   emotional outbursts … If continued day by day, these productions combine

to form a consistent story, showing very often the person's progress from depression, disintegration and conflict to reorganization, optimism, hope and a feeling of inner certainty that everything will fall in place (p. 382).

According to Jellinek's account and the accounts of others, significant emotional transformation may take place on a non-rational level through the use of symbols. Therapists who use symbolic images extensively believe that communication with the unconscious may be facilitated by the use of images, through stimulation, suggestion and release. The mechanisms by which images are probably structured are the same as those ascribed to 'dreamwork': symbolic representation, condensation, substitution of a prt for a whole, hints and allusions and displacement of accent. Through these structural mechanisms it is possible for the image to carry in condensed form a complexity of contents, focussed and integrated into a simultaneous expression. In this structure may lie the potency of the image for storing affective meaning that can be released. Due to its overdetermination of elements, the image may approximate motivational states more closely than does the forced logical linearity of linguistic expression (Lipkins, 1970). Since imagery is un- hampered by logico-linguistic rationale, it reveals interesting characteristics of psychic functioning. The experience of quasi-reality of the image to a greater or lesser degree suggests that, experientially, the psyche draws no distinct lines between what is 'real' (objective) and what is 'imaginary' (subjective). Ahsen includes this experiential similarity of reality and fantasy in his developmental theory and in his theory of neurosis. Leuner (1966) considers the experiential quasi-reality to permit the vivification of affect in response to the images and attributes to this vivification the efficiency of his catathymic imagery. The experience of the reality of the images may be slight or subjectively indistinguishable from the external event.[2] In addition to the experiential reality of images, certain principles of their function-ing suggest that imagoic cognition is a symbolic level with qualities peculiar to it. Akhter Ahsen has identified four principles which he calls the 'magical laws' of the psyche: (1) Part is Whole; (2) Contact is Unification; (3) Imitation is Reality; (4) Wish is Action. According to Ahsen, these principles, most evident and most effective in imagery, are nevertheless typical of psychic functioning throughout. It is only that our culture, with its emphasis on rationality, has chosen to distance itself from human irrationality. Ahsen offers some anthropological data and a few examples of the operation of the same principles in modern Western civilization, which illustrate the preponderance of this kind of thinking.

Imagoic cognition, which combines subjective reality, highly compressed affective meaning and the irrational cognition, seems to have enormous appeal, in spite of cultural disapprobation. This combination lends to the image its power to transform and thus bypass the tangle of rational understanding, gives it the appearance of functioning as a differentiated level and leads certain investigators to liken its functioning to the magical world-view. Imagoic cognition may best be thought of as a mode rather than a level, for actually it can manifest the principles of conscious thought if the subject takes control, for example, when one uses memory images to locate an object or an event rationally in time and space without the play of unconscious distortions. Images may therefore occur on all levels of the conscious-unconscious continuum. Symbols, however, while appreciable at all levels, probably have special potency and vitality for reaching the unconscious; and these occure mostly spontaneously in hypnoidal states, which may account for their potency and their claim to a special 'domain' mediary to the conscious and unconscious. The imagoic mode, therefore, probably permits the spanning of the conscious-unconscious continuum more readily

than does overt or covert language; elements from the unconscious more easily 'slip in' to imagoic cognition and imagoic forms more readily act as symbols.

Induced Imagery: A Review

The methods here described should be read with cognizance of the variables and relationships expanded in the preceding segments. Most of these methods are analytical insight therapies which use the image in place of verbal communication for psychodiagnosis, abreaction, suggestion, integration and the expansion of the boundaries of the ego through integration of elements once relegated to the outlands of the unconscious. It is perhaps noteworthy, that none of these methods has its origin in the United States: it is the European outlook on psychology that is most heavily represented in these approaches; and the chief proponent, Akhter Ahsen, who now researches and practices in the United States, developed his theory and method in Pakistan, influenced primarily by European and Indo-Pakistani psychology. Within this segment descriptions are ordered so that the first contribute to the understanding of those which follow.

The *Image Interview* as set forth by Mizushima (1968) begins as a procedure of free association, but as the patient develops his associations in free imagery, Mizushima permits the sequence of images to acquire a progressively evolving character and to expand spontaneously. Images are treated as projective responses for psychodiagnosis and as structures for therapeutic manipulation. Although Mizushima refers to the Image Interview as a test, the procedure seems very unstructured at every point, with intervention by the therapist occurring only at points of special necessity or opportunity. The patient is in a passive state of concentration when imagery is initiated. The therapist may suggest a theme, usually neutral, to initially stimulate images and to accustom the patient to them. The therapist may intervene with a neutral or positive image, if the unchecked flow of images begins to provoke anxiety greater than he thinks the patient can sustain. In other cases intervention seeks to accelerate and guide the process of emotional development: in the language of the patient's idiosyncratic symbol, the therapist offers suggestions congruent with the freely occurring procession of images. If successful, the latter type of intervention at peaks of emotional development may be followed by disappearance of the symptoms, albeit without accompanying insight.

Among the advantages cited for free imagery over its corresponding verbal procedures are the effect of a rapid 'warming up' of the emotions, an increase in emotional suggestibility and the circumvention of censorship and resistance. Some therapists, such as Mizushima and Lipkin, observe that the use of images improves motivation in certain patients, notably those who have begun to be bored or find it difficult to express themselves adequately verbally; the use of images thus enhances rapport and stimulates effort towards progress.

Assagioli's (1965) *Psychosynthesis* is a structured eclecticism; Assagioli draws upon many image techniques that represent the principles of Desoille (1965), Leuner, (1966) and Jung (1954), as well as cognitive and conditioning approaches. Application of the methods is selective and most often less extensive and less intensive than it is in the context of its origin. Crampton (1968), a follower of Assagioli, describes the elicitation of undirected images for projective psychodiagnosis: often the therapist simply requests the patient to 'picture' what he is trying to describe.

If a patient needs encouragement before images readily come, the therapist gradually approaches the use of images by first focussing upon a dream or a drawing the patient has

made. As in Mizushima's method, there is no structured stimulus. The images are dealt with interpretively on the basis of other available data and verbal association accompanying the images.

An assumption of primary importance in the analytic interpretation of images is that every element of the image represents, at one level or another, a characteristic of the personality, albeit projected, distorted or displaced. Thus, the entire image, in addition to reflecting interpersonal responses, reveals dynamic relationships between elements of the personality or the psyche. Figures that may represent actual persons and express the quality of the patient's relationship with them still ultimately characterize projections of his own needs and motives. It is upon this assumption that the therapeutic principle of assimilation of these elements finds basis. Identification with all elements of the image drama becomes a way of assimilating repressed elements, in socialized form, and expanding the boundaries of the self. This rationale of integrative expansion is applicable to eupsychian endeavors as well as to the treatment of pathological adaptation.

If the signification of an image is not readily apparent, because the image is inadequately elaborated or superficial, a method based on directed association from the image, appears to be effective in expanding information and thus clarifying the significance of the image :

> A subject who visualized a shallow stream that did not run to the sea was asked why she stayed on the surface of life and in answer she saw a prickly cactus plant, spontaneously commenting, 'Prickly to keep people away'. She was then asked why she was afraid to let people get close to her, and this time she saw a prickly pear, adding 'It is a tropical delicacy, very sweet but soft and fragile inside. It could easily be hurt or destroyed if pressed too hard' (Crampton, 1968, p. 6).

When necessary, a more academic approach is taken to the interpretation of symbolic material that is difficult to decipher in accordance with overt content and personal data. Jung (cited in Crampton, 1968) approached interpretation through 'amplification' of the symbol. To amplify the symbol is to expand upon its significance through a detailed rational analysis of the function and nature of the elements (Crampton, 1968). This method, used in the interpretation of dreams, drawings and literary material, is equally applicable to images. Crampton's example of amplification is interesting, and illustrates one of the most sophisticated methods of deriving information from images:

> A patient saw an image of himself carrying a plank with five lamps on it, connected by a cord to the East Indian shop where he had obtained it. It reminded him of a Jewish menorah or candlestick which is used for religious purposes, though the number of lights was five rather than the traditional seven and the lights were table lamps rather than candles. His association to five lamps was five working days. In amplifying the notion of table lamps, they were seen as something used in a living-room where one might have a social gathering. In other words, they were lights used for a profane rather than a religious purpose. In amplifying the image of East Indians, he said they were associated with Oriental spirituality or mysticism and ideas of inner light, but they were also great talkers and tended to talk things to death rather than acting. This corresponded with his feeling of pride in carrying the lights and a wish to display what seemed to be a sort of trophy he had won. He was then able to see that this image

expressed his own spiritual pride. He had been so concerned with talking about his experience, with displaying his 'accomplishment', that he dispersed the energy which otherwise might have led to inspired action and profanated what had been a sacred experience by making it the object of 'living room' conversation, the product of the five 'working days', a personal achievement rather than a gift of the Lord on the day of the Sabbath (Crampton, 1963, p. 6).

In the framework of psychosynthesis a number of image exercises are directed towards eupsychian development. Auto-suggestion, through the use of symbol in self-induced hypnoidal states, may be employed to create 'peak' experiences and heighten individual experience and awareness of feelings of serenity, vital energy and goodwill. Contemplation on mythological or religious symbols may help in achieving what Assagioli terms 'transcendence experience.' With the help of such symbols, conflicts reach resolution at a higher level of integration: the resolution seems to have much in common with artistic composition, in which conflicting elements are integrated into a whole of harmonious movement. The effects of symbol contemplation occur in the later stages of extended oneirodramatic practices like those of Desoille, Leuner and Ahsen. Crampton believes these experiences compare with the frequently reported effects of LSD and other psychedelic drugs.

The oneirodramatic technique of Desoille (1956) is known as the *Rêve Éveillé Dirige* or *Directed Daydream.* In theory Desoille's method is based upon a Pavlovian model and is concerned with the removal of conditioned reflex arcs and dynamic patterns which Desoille believes to apply at every level of the psyche. The actual procedure, however, bears no resemblance to conditioning techniques and appears to be primarily analytical. Desoille's method has a great deal in common with Leuner's (1966) procedure with catathymic imagery, which is called *Guided Affective Imagery.* Both take the patient through a series of symbolic image dramas, intended first for projective psychodiagnosis to determine the patterns of the patient's perceptions, reactions and areas of distortion, and second for psychotherapeutic manipulations and re-education. These methodologies acknowledge sub- conscious motivation and treat images as the symbolic and universal language of the unconscious.

Leuner ascribes primary therapeutic value to the very close correspondence of the images to even minor fluctuations in emotional states. These correspondence permits what he calls 'microdiagnosis,' which is the following of the process of emotional reaction and change in minute detail. When a relevant suggestion is made by the therapist, moreover, it is followed by an immediate alteration in the image. This phenomenon renders possible the prediction of changes likely to result from any of the therapist's strategies. Long-term therapeutic gains are reflected in the graphic detail and atmospheric tone of the landscapes that form the stages for Leuner's symbol dramas. Leuner gives much importance to the catathymic nature of the image, that is, to its close accordance with emotional forces and its experiential quasireality within the hypnoidal state of the oneirodrama. Leuner teaches his patients, by means of the detail, atmosphere and feeling-tone of the images, to recognize their feelings in flux. Desoille emphasis the technique of ascent and descent through which the therapist directs the patient's imaginary movement in space. Imaginary changes in position on the vertical axis result in transformations of elements of the images, slanting them towards euphoria or disphoria. The first session always begins with an ascent through which it is sometimes possible to predict the course of therapy; later the ascents may result in aesthetic or transcendent experiences and the

resolution of conflicts in symbolism. Descent represents the probing of elements repressed in the unconscious.

Desoille and Leuner use standard images as projective stimuli. Six themes are used for starting images for the *rêve éveillé:* 1. the sword or vessel, representing masculine or feminine identity; 2. the ocean, representing the repressed personality; 3. the witch, representing the mother; 4. the magician representing the father; 5. the cave of the dragon, representing social prohibition; 6. the palace of Sleeping Beauty, representing the oedipal conflict. The themes are chosen on the basis of observations of universal meaning of certain images (at least within a very broad culture), and they are essentially Jungian in character, although Desoille diverts from Jung in some of his interpretations. These themes, according to Desoille, represent 'rather precise questions' put to the unconscious, each involving a specific sphere of the personality. They are used as starting images, each to be expanded into an ongoing fluid oneirodrama. Their purpose is to uncover and resolve the patient's habitual patterns and distortions.

Later, images envisioning ascent and descent along a vertical axis are used for the discovery and potential establishment of new response patterns. The patient's elaborations upon the relatively unstructured stimuli are treated interpretively by Desoille, who collaborates with the patient on interpretations made on the basis of all available data. It is Desoille's belief that the patient's assent is necessary for corroboration of the validity of interpretation. Desoille accepts no interpretation to which the patient fails to agree fully.

Leuner uses ten stimuli as starting points for oneirodrama. These, like Desoille's, correspond both to broad and fine spheres of the personality. Leuner's images actually seem heterogeneous in breadth and orientation, some representing the broadest and most vague personality processes, others rather specific areas. For example, the oneirodrama always begins in a meadow, which Leuner proposes may represent a fresh start, the Garden of Eden or the mother-child relationship, signifying the ground of emotional life; the climbing of a mountain taps feelings of aspiration; following a brook upstream to its source represents regression in the service of the ego; a house symbolizes the contents of the personality; a lion confronting its enemies represents the handling of aggression. Selections from the ten stimuli may be used in projective diagnosis, in a rapid scanning of perceptual and response patterns. During diagnosis, the images proceed too rapidly for intense emotional reactions to develop. The diagnostic material may proceed into therapeutic imagery or may be used as data for a psychoanalytic procedure. In the actual therapeutic procedure the enhancement of emotion is the most important component. Leuner believes that the efficacy of imagery lies in the juxtaposition of 'repressed aspects associated with the regressive mode to the mature ego'. The result of this juxtaposition is their integrative interaction. For this interaction Leuner has six techniques of symbolic transformation, to which he refers collectively as 'Symboldrama.' The symboldramatic procedures represent various ways for the ego to deal with repressed elements which come to its attention, recognizing that these elements belong to the personality. Because they are parts of the personality, the repressed elements are usually not treated with violence, except in specific cases when the symbolic destruction of a personality element seems advisable.

Leuner sometimes permits the patient's imagery to develop freely with no direction from therapist: he does not interfere even when the development of the image is accompanied by

extreme anxiety; he merely helps the patient to see his experience through. Vivid oneirodramas of spontaneous development reportedly occur only in patients with a particular propensity for fantasy or in those who have participated in therapeutic imagery for a long time. During free imagery, spontaneous age-regression phenomena are observed to occur, sometimes leading back to periods as early as the first year of life. Leuner believes these age regressions to occur because two or more images from different periods of the patient's life are linked to one another by a common 'feeling-tone'. This linkage is also recognized and exploited systematically by Ashen (1968, 1972) to reach Eidetics, which he believes are central to the persistence of maladaptive patterns. Eidetic therapy once underway, appears to be self-determining; for one image leads to another.

Leopoldo Rigo (1968) has developed an analytical technique based upon Desoille's *rêve éveillé*. According to Rigo, the neuroses are 'conditioned' by unconscious fantasy formations to which he gives the term 'phantasms'. From these derive the particularities of a multiplicity of images (as well as the neurotic symptoms) which reiterate the themes of the phantasms, just as an idea may be expressed in many variations of words. The goal of Rigo's therapeutic imagery is the modification of the phantasm, or as Uberto Rigo (1968) alternatively phrases it, the reconstruction of the profound image. The phantasms that manifest themselves in the images are also subject to modification through them. This theorizing is particularly interesting because it corresponds most clearly to the idea of the image as an intermediary. Phantasms are the target structure of therapy, reachable, as it were, by an image that is intermediary between the phantasm and the conscious. A similar idea occurs in Jung (1923) who described mythological characters as well as idiosyncratic symbols as derivatives of universal archetypes. Rigo's conception is not the same, however, since the phantasms are historical, originating in the developmental course of the individual.

Phantasms may be discovered by means of the standard projective instruments, such as the Rorschach and TAT stimuli, treated in conjunction with mental images in a specific manner that is not elaborated by Rigo. The method of therapy, though based upon Desoille's technique, is not identical with it. Rigo places little importance on the ascension of the vertical axis for the treatment of pathology, although he sometimes uses it in a secondary manner for the enrichment of the personality, when the maladaptation has been resolved. Rigo prefers to lead the patient in the form of the 'imaginary' on the imaginary horizontal plane, proceeding to the left and right or straight ahead. The horizontal expanse provides the field for exploration of the "I-imaginary" on the imaginary horizontal plane, proceeding to the left and imagery, imagined movement to the left is observed to provoke an age regression, to which Rigo, as well as Desoille and Ahsen, attach great importance. Age regression permits the abreaction of significant events from the personal history of the patient. If a fantasy elaboration follows the age regression, the lost connection between the event and the psychological reactions ramifying from it becomes perceptible.

Rigo's therapeutic strategy is to take the I-imaginary from a position of ultimate threat and despair, through a dramatic sequence to a final position of 'omnipotent control of the inner world.' The I-imaginary is the principal character, the center of the dramatic events. It is with reference to the I-imaginary that the image has a feeling-tone, as of sadness or triumph, for example. Other elements of the image, in accordance with Rigo's interpretation, also represent parts of the personality; these may also have real interpersonal or historical meaning, yet ultimately their signification is intrapsychic. Central to Rigo's technique is the reconstruction

of the unconsciously perceived self. The change in the position of the I-imaginary is accompanied by a corresponding change in the corporeal phantasm. Rigo classifies five orders of phantasms: the kinesthetic and anesthetic (which he believes to be the earliest), the vectorials (presumably related to motivational patterns), the somatropic and the relationals. The corporeal phantasm appears to be among the somatropic, although Rigo does not specify it as such. Rigo's interpretations and approach to the images clearly illustrate the images as the representation of intrapsychic elements and relationships.

Eidetic therapy as developed by Ahsen (1965, 1968, 1972, 1973) is unique in a number of its characteristics. Ahsen has drawn theoretical elements from widely varying sources and combined them in a system that is highly original. His personality theory is unusual in its emphasis upon the multiplicity of conditioned events that comprise the personality rather than upon the unity of the ego that makes them adhere. His Eidetic images do not involve special standardized symbolic scenarios but are indigenous to the unique history (event and fantasy) of each patient. Yet each image is invariable; there is one image that symbolizes the conflict, and Ahsen's procedures for finding this image are among the most standardized to be found in therapeutic imagery. The tri-dimensional unity centered about the visual image is called the ISM, for 'image, somatic pattern and meaning.' It is the psychic encoding of significant events. The perceptual components of experience cluster representationally about some element of the visual field. This visual element is the Eidetic image through which the somatic pattern and meaning can be retrieved. According to Ahsen the elements of the triad become 'desociated' but not irretrievably separated; it is merely that the connection between them becomes imperceptible, although the response patterns remain and the image is readily called to conscious- ness. The Eidetic image is the visual component through which the connection may be recovered and the entire experience repeated. Two or more ISM's, more- over, may merge around a single visual nucleus, if they are similar in meaning.

Ahsen believes that at the inception of the ISM, the elements of experience tend to fission into ego-positive and ego-negative poles, each clustered about a visual nucleus, in which case the ego must select one or another of the poles upon which to fixate. Therapeutic strategy may therefore involve the achievement of a new and balanced visio-fixation upon a newly formed central nucleus. This is the basic strategy of Eidetic therapy, but in practice solutions are highly individualized and quite variable.

The Eidetic image is idiosyncratic but not arbitrary; it is fixed with its own incipient tendencies to change or move in a particular direction determined by the interplay of psychic forces involved in the conflict. The incipient movement is discovered through repeated projection of the images. Eidetic images, as such, occur only in areas of conflict; furthermore, there is one Eidetic which represents a conflict and it is determinate. The patient, it seems, cannot make the image move, nor prevent it from moving; he can only discover and experience its movement. This observation is in keeping with Jung's conception of the image as an integrated entity with a life and purpose of its own. The purpose of the Eidetic image is to live the interplay of forces to completion. Eidetics, once elicited, are used to abreact and work through conflicts. Ahsen holds that there is a lawful correspondence between the Eidetics and emotional processes so that the manipulation of the Eidetic results in therapeutic change. This is achieved through the four 'magical laws' of the psyche, which are, to repeat: 1. the part is whole; 2. contact is unification; 3. imitation is reality and 4. wish is action. Eidetic therapy is

resolution in deep fantasy, possibly because of the subjective equivalence of fantasy and reality at the level of consciousness which accompanies Eidetic experience.

Ahsen's developmental theory attaches importance to the relationship between the parents as a determinant of developmental conflict. Consequently, his method for eliciting Eidetics at the level of developmental conflict is based upon perception of interparental relationships and is called the 'Eidetic Parents Test'. The develop- mental conflicts pertain to problems that develop in early life, frequently due to overt or covert interparental antagonisms. The patient who has gone through this phase of analysis may continue to another phase in which he comes to realize the universal symbolic contents of unconscious fantasy, often again dealing with the parental images expanded to the mythological or divine. Exploration of these contents may help him to achieve a superior integration and understanding of the meaning of psychic contents of all levels. At the mythological level of imagery, Ahsen claims an essential similarity in the images experienced by all patients and speculates that these images are somehow a part of the psychic heritage of man.

In Ahsen's method we again find a primary emphasis upon the figure which corresponds to Riga's I-imabinary, but which Ahsen terms P^1. This is the imagined self as it participates in the images. The patient may experience with it and share its emotions, or periodically transcend it and take a critical posture toward the behavior of P^1. Images are not given interpretation in accordance with the principle of intrapsychic representation, for they tend to be self-explanatory. Underlying Ahsen's technique is the assumption, once again, that conflicts represented by parental antagonisms have ultimate meaning as antagonistic factions of the personality. Ahsen's therapy is the discovery, experience and ultimate transcendence of the developmental current.

Ahsen's methodology is distinct from others in that it becomes a more standardized procedure, although retaining considerable flexibility. Unfortunately it is not possible to go into detail about the procedure in this paper; the single example given in the preceding segment must suffice.[3] The Eidetic Parents Test is a standard set of image stimuli into which the patient is presumed to project his perceptions of interparental dynamics. The rationale of this instrument is intriguing and is avail- able in Ahsen's *Basic Concepts in Eidetic Psychotherapy* (1968) and *Eidetic Parents Test and Analysis* (1972). It is the first purpose of Eidetic therapy to discover the relevant image, either by means of the Eidetic instruments or by spontaneous elicitation in the course of the interview; once elicited, the image is projected again and again in order to permit its incipient tendencies to express themselves. Some- times the image gradually undergoes a metamorphosis as conflicts are worked through. At other times an image is prescribed by Ahsen to neutralize the influence of the dominant pole of the Eidetic; this image would represent the neglected pole. Through repetition and realization of the direction of the image-drama change occurs; the image changes as its meaning is released.

Comments In Conclusion

The extensive attention to mental imagery in its clinical application is rather recent and the body of related data small. Important theoretical and methodological discoveries cluster around a few names, most of whom are contemporary. Freud's principles of symbol interpretation are still current, although his conclusions concerning the function of images are under dispute and face probable revision due to the investigations of modern theorists such as Horowitz (1967, 1968, 1972), Goldberg (1957) and Rey her and Smeltzer (1968). Jung's theoretical contributions to

symbol interpretation in artistic products, dreams and images are seminal to the analytic treatment of images used by Desoille (1965), Leuner (1966), and Ahsen (1968). Pavlov's models also have been important in the current use of images (Wolpe, 1971, Stampfl, 1971).[4] Although other behaviorists (Sarbin, 1972) dispute the applicability of these models to images, Desoille and Ahsen demonstrate that Pavlovian or similar conditioning models are fruitfully included in basically analytic methodologies. The therapists who use induced images extensively, give them primacy on the belief that their properties make them especially appropriate for the expression of unconscious functioning.

A number of variables emerge from the data, to define minimally the nature and function of images. An undeniably important connection exists between images and affect, and it is probably a feedback relationship. In therapeutic procedures images are frequently used for the excitation and discharge of affect. Some theorists claim even minute correspondences between the details of induced images and the affective developments in the course of therapy. Images appear to have a great ability to concentrate, focus, evoke and influence affect; and affect influences the form of images. It is apparent, moreover, that images have an affinity to states of passive concentration or hypnoidal states. The induction of a hypnoidal state facilitates the experience of intense affect associated with images, perhaps by increasing suggestibility and loosening ego control of the cognitive contents. Deep relaxation is part of the preparatory training for most intensive image methods. Goldberger has suggested and Ahsen has shown that images have important applications in psychosomatic medicine. These involve the release of affect represented by the psychosomatic symptoms, and the possible facilitation of operant control of physiological response. Ahsen explains convincingly how the image may be a point of connection between psychological and physiological responses. He has found a way, furthermore, to apply the three-way influence of affect, somatic response and image to psychosomatic, hysterical and other pathologies. The use of images for therapeutic intervention seems to depend upon the degree of experiential reality of the image. The subjective involvement in the images, along with the functional characteristics of symbols, allows for transformations of feeling and experiencing, which by-pass laws that resemble magical thinking. Because of this resemblance some theorists suggest that images have a special isomorphism to unconscious processes and may constitute an intrinsic 'language' of the unconscious. Those clinicians who prefer to use induced images consider imagery to be not merely a representation of underlying verbal ideation, but rather a language in its own right, one especially appropriate for the expression of unconscious activity that does not seem to fit the rules of cerebral logic. Images are therefore, thought to free ideation from linguistic distortion. If this is so, one must ask with Sheehan (1968), however, whether images have an inherent brand of distortion of their own.

The observations of the theorists discussed suggest that images do not function uniformly but rather have characteristics and tendencies that allow them to be used in different ways ranging from analytical interpretation to operational control of bodily states. It seems possible, furthermore, that images may be meaningfully classified according to varying properties. Another source of variance, perhaps a powerful one, is individual differences in cognitive style, which includes the number and character of the images that typify the individual's normal thought sequence in both problem-solving and fantasy-life. Most therapists who use images seem convinced that almost everyone can be taught to experience them in the required way, although some subjects learn faster than others. No systematic observations of

individual differences and their relationship to the therapeutically successful use of images have been made. In fact, the possible nature of such difference has not been specified except in the broadest sense: some people ordinarily use a great deal of imagery in their thinking and others do not. Ahsen has had notable success in dealing with psychosomatic diseases through the use of images. Persons susceptible to psychosomatic disorders are generally known for their lack of fantasy production (Nemiah and Sifneos, 1970). This interesting relationship may be worth examining. One further consideration is whether the use of images frees the therapist rather than the patient from verbal logic. It may be that the patient's communication via the description of visual images leads the therapist to be more creative in his interpretations and quicker to establish empathy. The images may appeal to his own primary process thinking, helping him to 'regress in the service of the ego' (Kris, 1952); or the use of images may simply be more comfortable for therapists who have a preference for dealing with the concrete. All of these procedural, patient and therapist variables are largely unexplored in the therapeutic use of imagery. Yet, all must be considered before an assessment can be made of the extensive use of imagery as a psychotherapeutic method.

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Footnotes

1. For reprints write to Dr. Anees A. Sheikh, Department of Psychology, Marquette University, Milwaukee, Wisconsin, 53233.

2. Tantric initiates in Tibet practice profound imagery for years in the solitude of cells with the wish to make their images seem more real than perceptual reality.
3. For a detailed account of the procedures we refer the reader to two other articles by the present authors (Panagiotou and Sheikh, 1974; Sheikh and Panagiotou, 1975) or to Ahsen's works (1965, 1968, 1972, 1973).
4. For a detailed discussion of the use of imagery in behavioristic therapies the reader is referred to Sheikh and Panagiotou (1975).