Türk Psikolojik Danışma ve Rehberlik Dergisi
2010, 4 (33), 71-80

SPONTANEOUS AND GUIDED IMAGERY IN COUNSELING: PUTTING FANTASY TO WORK

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Abstract: It has been argued that one of the qualities that makes all of us human is our imagination. The daydreaming of a bored student in classroom and the ability to imagine riding on a particle of light as Albert Einstein is said to have done in creating his special theory of relativity are fundamentally the same processes. This article describes fantasy and imagery as wonderfully rich sources of content, affect, and energy that can be harnessed in the therapeutic process to promote insight and positive behavioral change in clients. Fantasy is described in terms of spontaneous imagery that can provide insight into the needs, values, and knowledge possessed by a client. The techniques associated with the use of guided imagery are also described along with applications for their use with clients. The processing of spontaneous fantasy and the purposeful use of guided imagery experiences are presented as safe, versatile, and powerful tools for working with a variety of clients and in a variety of settings ranging from classroom guidance activities (career exploration) to highly specific behavioral rehearsal and stress management strategies in individual therapy. Techniques for creating guided imagery scripts are provided along with a sample script for guided imagery exercises.

Key Words: Imagery, guided imagery, guided imagery in counseling.

Özet: Psikolojik danışmada spontan ve yönlendirilmiş hayal: hayal etmeyi işe koşmak. İnsanı insan yapan niteliklerden birisinin hayal edebilmesi olduğu düşünülmektedir. Sınıfta canı sıkılan bir öğrencinin hayale dalması ve bir ışık partikülüne bindiği imgesini beyninde yaratabilme becerisi Albert Einstein'in özel görecelik kuramını oluşturkenki süreçlere temel oluşturmuştur. Bu makale, danışanların olumlu davranış değişikliklerini ve içgörülerin artırmak için çok zengin içerik, duygu ve enerji kaynağı olarak fantazinin ve hayal edebilmenin/imgeleyebilmenin terapötik bir süreç olarak nasıl kullanılabileceğini tanımlamaktadır. Bu tanımlamada ayrıca yönlendirilmiş hayalin kullanımıyla ilgili tekniklerin danışanlara nasıl uygulanabileceklerine de yer verilmektedir Spontan hayal etme olarak tanımlanan fantazi, danışanın sahip olduğu bilgileri, değerleri ve gereksinimleri konusunda içgörü kazanmasını sağlayabilir. Bu amaçla yazıda, spontan hayal etme süreci ve yönlendirilmiş hayal deneyimleri, mesleki keşif gibi sınıf içi rehberlik etkinliklerinden bireysel terapideki stres yönetimi taktikleri ve yüksek derecede belirgin davranış provalarını uygulamaya dek giden farklı ortamlarda, farklı danışanlarla, farklı amaçlarla kullanılabilecek güvenli, güçlü araçlar olarak ele alınmaktadır. Bunların yanında yönlendirilmiş hayal senaryoları oluşturmak için kullanılabilecek teknikler bir örnek senaryo aracılığı ile sunulmaktadır.

Anahtar Sözcükler: Hayal, yönlendirilmiş hayal, psikolojik danişmada yönlendirilmiş hayal.

Arguably, one of the things that makes us human is the ability to anticipate or expect the future, to use our intellect to imagine things that do not exist or could not possibly happen. This uniquely human trait is the foundation for what is called creativity. The ability to imagine and to create events and situations solely through the use of our thought process is both a wonderful tool for invention and creation as well as terrible weapon that clients often wield against themselves as they imagine all sorts of horrible future events. This ability to imagine or to create alternative realities in our minds is the topic of this discussion. Fantasy, which is the term most often applied to this most natural of processes, has long been regarded as a waste of time, something that is frequently described as "off- task" behavior among teachers, and discouraged by parents. In western, English speaking cultures, there is a saying that some parents often recite to their children; "An idle mind is the Devil's workshop." The implication is clear and reinforced by many social conventions, especially in schools, where teachers often encourage students to be creative while at the same time demanding strict attention to them and what they are saying or doing. Numerous recent studies suggest that

Portions of this article were presented in a training seminar for European Branch of the American Counseling Association, Speyer, Germany, May, 2006.

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there is continued interest in finding ways to increase "time on task" or to reduce off-task behavior among students (Kercood & Grskovic, 2009; Randolph, 2007; Crawley, Lynch, & Vannest, 2006). This is true for even very young children in kindergarten (Wood, Mabry, Kretlow, Ya-yu, & Galloway, 2009).

We are often taught from an early age that daydreaming or fantasy is not productive, not useful, and should be punished and eliminated whenever possible. If there were a single idea to be communicated in this discussion it is that fantasy can be very useful, productive, and represents an enjoyable, rich, and exciting tool that can be used to gain understanding of a client and his/her world of experience and as a mechanism for enhancing personal performance and promoting behavior change. Thirty years ago Owen and Wilson (1980) described how imagination, expressed through fantasy and imagery could be harnessed to become effective and versatile tools for growth, insight, and change particularly with school age children.

Understanding Fantasy

It is commonly believed that our central nervous systems have evolved to respond to stimuli. While technically true, it may be more useful to speak in terms of how our nervous systems respond to modulations in stimuli. Through the process of sensory habituation and neural adaptation (Martinez-Conde, Macknik & Hubel, 2004) even the most dedicated among us will soon lose the ability to respond in conditions where the level, type and intensity of a stimulus is never changing. Memories of boring teachers from school, droning on and on about some long-dead poet or military general will probably trigger flights into fantasy. This process can be demonstrated by nearly anyone who has been faced with a long, monotonous drive in a car. After a time behind the wheel, traveling down a highway that disappears into the distance without a curve or anything of interest, one's mind will tend to wander. Anyone who has experienced a difficult confrontation with someone at work is quite likely to have imagined alternative or modified versions of that event while driving home at the end of the day. Such modified versions are likely to end with "…..and that's what I should have told her/him!" In the presence of relatively constant and unchanging levels of stimulation the mind turns inward and begins to create its own source of stimulation. This process of self-stimulation and would appear to be useful in maintaining responsiveness. Stimulus deprivation studies of the 1940s and 50s effectively demonstrated that when one is cut off from external stimulation, the human mind creates its own through vivid imagery creation that can ultimately progress to active hallucination if stimulus deprivation occurs for extended periods (Suedfeld & Vernon, 1964).

Mental imagery or fantasy can be regarded as a normal and adaptive response boredom and to situations that fail to adequately stimulate our nervous systems. Essentially in those situations where constant focused attention is not required, our minds are free to wander and create. These internal mental images have been described as seeing with the mind's and have been further categorized as voluntary or involuntary, past or future oriented, and positive (pleasant) or negative, generating upset, anxiety or depressed mood (Kosslyn, Ganis, & Thompson, 2001). This idea of imagery being a positive experience for some and a negative experience for others has been more recently explored by Holmes, Lang & Deeprose (2009) who describe these how mental imagery lies central to a number of psychological disorders. Those voluntary fantasies that individuals create during times of boredom are frequently positive in nature and future oriented. These events are quite different from memories in which individuals conjure up images of real events from our past. This is perhaps most easily seen among individuals suffering from post-traumatic stress disorder (PTSD) who experience, vivid, intrusive, and affect laden mental images which are described as "flashbacks" (Holmes, Grey & Young, 2005; Jones et al., 2003). Hirsch and Holmes (2007) describe intrusive mental images as being associated with a number of other mental disorders such as depressive disorder, social phobia, obsessive-compulsive disorder, bulimia, and substance abuse. Memories are generally stored, not as lines of text from some sort of internal computer screen, but as a series of visual images. Fantasy must be recognized as distinctly different from dreams, as well since they are completely under our control and we can create them with infinite variations.

The author has frequently asked workshop participants to relate their own personal experiences with fantasies of an alternative life or career. Over the years participants have expressed latent desires to be rock stars, famous theater performers, sports celebrities, wealthy international business magnates, or even famous authors or poets. In every case, when an individual describes a common and spontaneous personal fantasy, they describe themselves as competent, successful and achieving. What has never been expressed is a fantasy about failure, of being homeless, hungry and alone. The point to be made here is that when fantasy occurs, it is under the complete control of the individual and, as such, is far more likely to express positive and highly desired characteristics rather than failure (Holmes, Coughtrey, & Connor, 2008).

There are negative fantasies, as well, and we tend to give them a rather special name: Worry. These differ from positive fantasies in that they are far more intrusive, are likely to occur even when an individual is not preoccupied with a more pressing task and are far more likely to represent catastrophizing thought content. Individuals in the midst of trauma, loss, or

psychological stress are far more likely to begin to anticipate future events that have distinctly negative consequences. Imagining the worst possible outcome for the future is a common occurrence in which the individual takes bits and pieces of real events and distorts them through selective attention and exaggeration to create an extraordinarily negative imagined future. The process of exaggerating and distorting bits and pieces of reality and creating the expectation of a terrible future consequence has been discussed by many theorists such Perls (1969a, 1969b), Ellis (1973) and Beck (Beck & Emery, 1985). This process has been described as one of a series of cognitive distortions characterized by arbitrary inferences and refers to making conclusions without supporting and relevant evidence (Beck & Weishaar, 1995; Beck, Rush, Shaw, & Emery, 1979). Whether the series of imagined images is positive or negative, the spontaneous fantasy is under the control of the individual and thus, provides insight into what the person knows, believes, cares about and values. This idea will be discussed later when describing spontaneous fantasy but first, perhaps a few definitions might be useful.

The Mind-Body Connection

Our bodies and minds are not separate entities but appear to have evolved in such a way that our adaptive behaviors and our emotions are a fully integrated and life preserving system (Pally, 1998). The use of mental imagery to influence physical performance in athletics or medical skills (Rogers, 2006; Thelwell, & Greenless, 2003) and even to enhance muscular strength without physical effort (Ranganathan, Siemionow, Liu, Sahgal, & Yue, 2004) is well documented in the scientific literature. Our bodies and our minds work together and this can be both wonderfully functional and miserably dysfunctional. Consider the Freudian concepts of objective anxiety and neurotic anxiety (Hall, 1954). Whether the source of anxiety is external (objective) or internal (neurotic) both result in the perception of threat. As this threat is sensed, processed, and interpreted, the rest of our physiological system responds in ways that are generally adaptive and functional. Perceived threat triggers a host of physiological responses all of which are designed to prepare the body to flee or defend itself through what Selye (1956) described as the General Adaptation Syndrome. The problem is that the physiological response to an objective physical threat like the presense of a deadly poisonous snake or an armed attacker is fundamentally no different from what is experienced when one imagines failing an important test or looking like a fool while making a public speech. The triggering of a fight or flight response by a poisonous snake is entirely functional and generally results in a rapid resolution of the situation. The snake is killed or at least avoided by running away.

The problem is far more complex when that same response is triggered by a threat that originates within the individual as the result of a threat to the ego structure or as the result of irrational thought, exaggeration, or distortion of life events (Beck et al., 1979). Unlike the threat generated by an external triggering source, threat which originates from within a client results is an elevated state of physiologic arousal that does not resolve quickly. Just as the body can respond to internal images that can trigger increases in cardiac rate, blood pressure, respiration rate, galvanic skin response (GSR), oxygen consumption, and all of the other physiological responses to threat, by properly training the "relaxation response", internal images or fantasy can be used to reduce or control these same responses (Benson & Klipper, 2000; Wolpe, 1973).

One of the most common issues for therapists is the fact that in most cases, individuals coming for counseling or therapy are doing so because of events in their lives which have resulted in stress, anxiety, or depression. Whether the client's problems are chronic, long-term difficulties or an acute response to a life change event which is overwhelming them, in the opinion of the author nearly all clients will show up with some degree of stress and aggitation. Now there are many chemical solutions to this problem and most psychiatrists and even family physicians rely on their use. For the non-medical counselor or therapist these solutions are generally not available. There is an alternative however and its origin lies in two ideas. The first is that it is impossible to be stressed and relaxed at the same time since they are competing physiological responses (Wolpe, 1968). The second idea is that relaxation, as a physiological response, can be taught, trained, or conditioned (Benson & Klipper, 2000; Wolpe, 1973).

Relaxation, while desirable for most clients in and of itself, is essential for imagery since it allows the mind to be open and receptive to new information (Vines, 1998). It not only reduces muscle tension but also enhances the production of images and the affect associated with them. Fundamentally there are two ways to utilize the fantasy experience in the counseling process. The first is to listen to and then "process" spontaneous fantasies that a client is already having. Since fantasy is entirely the creation of your client's imagination it will quite naturally reflect who and what your client is, rather like a projective assessment instrument. The key is to learn how to "listen" to the client's fantasies in a way that will promote change, insight, and growth. The second way to harness fantasy and imagery is to become more actively involved by guiding or leading your client on fantasies for specific purposes such as behavioral rehearsal, anxiety or stress reduction, exploration, relaxation, or to teach. Each of these will be briefly described below.

Spontaneous Fantasy (Imagery)

This is nothing but a series of mental images or visualizations which occur spontaneously and usually when our attention is not demanded elsewhere. Unlike the dreams of sleep, fantasy is entirely under one's control. Generally, if this series of mental images has a positive or favorable valence it is called fantasy and is quite pleasant and even enjoyable. If the images have a negative or unfavorable valence it is referred to as worry. Because spontaneous fantasies are entirely under our own control they will be constructed out of what an individual knows, understands, values, cares about, and wants. In that sense having a client pay attention to his or her fantasies and share them becomes a kind of projective assessment tool. By listening to the spontaneous fantasies of clients one can gain insight into many aspects of a client's thought processes including the level factual knowledge, misunderstandings, magical thinking, exaggeration, irrational as well as rational thought, maturity, values, mores, needs, wants, logical confusions....ad infinitum.

Guided Fantasy (Imagery)

This is the process of providing a structure in the form of a series of suggested images for some therapeutic purpose. This structured approach to suggesting specific events, situations, location, or conditions is typically done to improve mood, induce relaxation, teach, or enhance physical and/or psychological well-being. There is extensive documentation that the practice of guided imagery has been embraced by the medical community and used in such widely diverse applications as pain managenent (Ackerman & Turkoski, 2000; Ball, Shapiro, & Monheim, 2003), treatment of menopausal symptoms (Irvin, Domar, Clark, Zuttemzeister, & Friedman, 1996), cardiac rehabilitation (Collins & Rice, 1997), in combating pain and the effects of chemotherapy during cancer treatment (Kolcaba & Fox, 1999; LeShan & Worthington, 1956; Solman, 1994; Walker, et al., 1999).

Guided imagery can be used to teach, rehearse, relax, and and even facilitate recovery from psychological trauma and loss (Owen, 2004; Classen, Butler, Koopman, Miller, DiMiceli, Giese-Davis, et al., 2001; Owen & Wilson, 1980). What follows is an example of how the two forms of fantasy can be used as well as a description of the procedures the reader may wish to follow if you choose to use this technique. The use of spontaneous and guided imagery has been a part of the authors practice for more than 30 years.

A Case Illustration

The following description is of a client the author encounted while serving as a staff psychologist at a university counseling center. The client was a 21 year-old pre-med student who had recently begun to experience difficulty with his studies. His grades were not as good as he wished and he came to the university counseling center asking to meet with a counselor to discuss his poor academic performance. After a few sessions it became clear that the client, although bright and fully competent, was experiencing a great deal of stress as he approached the end of his undergraduate program and confronted the process of gaining admission to a medical school. Unlike in the Turkish system, most American doctors must first complete a pre-medical undergraduate degree with heavy emphasis on chemistry and biology prior to being admitted to medical school. A brief inquiry indicated that both of the client's parents were successful physicians and that there was a great deal of parental pressure for the client to follow them into the medical profession as well.

On the third session, the client was asked if he ever had fantasies of being a physician. He indicated that he often thought about his future and imagined being a doctor and so the author asked if he would be willing to relate some of those experiences. He was eager to share and began the following scenario. He explained that all of his fantasies involved arriving at work in a beautiful Mercedes convertible. He would park in a space that was reserved for him, the chief of medicine at a large metropolitan hospital. His description of his day at work was filled with many details that included meeting with hospital administrators, giving speeches at local fund raising gatherings, meeting with the board of directors of the hospital to discuss a planned expansion and the creation of a cancer treatment center. As the client continued to describe his imagined future career in medicine, it became clear that the client's idea of his future was filled with ideas of prestige, power, money, control, and success. None of these are especially unusual for many of us who have dreams of future success during such "fantasy trips". However, it was quite clear that the client had never mentioned treating a patient or anything even vaguely related to the practice of medicine. At the end of the description of his career fantasy, the author commented that he had heard much during the story but that there was no mention of a sick or injured patient. The client sat for a moment and finally said, "Wow, that's interesting." The observation was made that the client seemed to value the things that are often associated with physicians but he had avoided mentioning the work of a physician. At this point, the client was asked if he would be willing to try a guided imagery exercise. The process was described to him and he was asked if he would be willing to allow the author to guide him through a day as a physician. The client was eager to participate and readily agreed.

After a brief induction, the client was asked to visualize a series of three scenes in which he was an intern who had already been at work for more than 20 hours without rest. The first of these scenes involved being asked to assist an emergency room physician treat

a young boy who was the victim of a serious motor vehicle accident. The child was described as having been hit by a car while riding his bicycle. The condition of the boy was described in detail and the client was asked to imagine reaching into an open wound to apply pressure to a torn artery and attempt to stem the loss of blood. He was asked to imagine the smells, the sounds, the sensations of warm wetness as he attempted to apply pressure to the artery. The process continued for about 20 minutes and the client was lead through two additional scenes that included assisting with abdominal surgery on a woman with a burst appendix and the speaking with the family of an elderly cancer patient within minutes following the patient's death.

When the guided imagery experience was concluded the client was instructed to sit quietly and open his eyes when he felt ready to do so. As this story is remembered the client immediately opened his eyes, sat for a moment, and then said, "I don't really want to be a doctor, do I?" This brief guided imagery exercise and the feelings it stirred in the client formed the basis for 3 or 4 additional counseling sessions that ultimately resulted in the client confronting his parents with his decision to change to a program of study leading to a Business degree. This client corresponded with the author for several years following and ultimately completed an MBA degree and became an executive with a large bank in Miami, Florida. This is but one illustration of how imagination, both spontaneous and guided, can be harnessed and put to work in a therapeutic setting.

Basic Principles of Fantasy and Imagery

Fantasy and imagery are fundamentally human processes that represent significant components of personal and private mental experience, Owen (2005) identified a number of underlying qualities and characteristics that suggest its use as a tool in counseling.

1. It is normal and everyone does it: This can be an issue for some who may appear to be resistant to the idea. Far from being a "New Age" or somewhat magical event, fantasy is as normal and natural as breathing. Within the context of counseling, fantasy can be a window through which clients can learn about themselves and explore options for change and even confront frightening or anxiety provoking events in a controlled and relaxed fashion and the technique can be used in both individual as well as group settings.

2. It's free: One of the benefits of using fantasy and imagery as a therapeutic tool is that it cost nothing and it is always available. Rather than being the trash on the floor of the mind as our teachers would have us believe, it is the stuff we make for ourselves and is a rich source of energy, information, and insight. Fantasy can be used virtually anywhere and anytime. It is also something that can be taught to a client in a relatively short period of time after which it can continue to be used with little or no direction on the part of the counselor. In that sense it becomes a gift that keeps on giving.

3. It's versatile: With fantasy and imagery one can:

a. Assess: The processing and discussion of fantasies (spontaneous and guided) can provide a great deal of insight into a client's world including such aspects as social and vocational maturity, vocational knowledge, values, needs, wants, drives, fears ways of interacting with the world and others all can be revealed by listening to the spontaneous fantasies of clients.

b. Teach: Through fantasy a counselor or teacher can take a client anywhere, to any time, to do anything. A counselor, through guided imagery, can take a client by the hand and introduce him or her to new ways of behaving, reacting, and being. For school-age children, it is an extremely versitile and useful technique for career exploration since through guided imagery a child can be introduced to virtually any kind of work or activity.

c. Rehearse: Through guided fantasy a client can rehearse new and more functional behaviors and responses to situations time after time until new patterns of thought are deeply ingrained and reflexive. This is the process frequently used by atheletes and other performers.

d. Relax and Calm: The use of fantasy lends itself to very effective and fast acting relief from stress and anxiety. The effectiveness of this technique is now well documented in both the mental health and medical literature and the almost total lack of side effects make its use highly desirable.

The Process of Using Guided Imagery

Using fantasy and imagery in counseling and therapy is a wonderfully easy process and generally involves four basic phases (Owen, 2005), each of which will be described briefly below.

Step I. Introduction. The goal of this first phase of the process is to de-mystify the entire process and encourage participation in the experience. A counselor should explain what fantasy and imagery are all about. For many clients who come to counseling the idea of sharing their fantasies or personal images may at first seem a bit strange. Remember all of the teachers who told us we should not be doing that sort of thing? The best idea is to acknowledge openly that everyone has fantasies and they are as normal and natural as breathing. Far from being something to be ashamed of, by paying attention to fantasy and imagery one can

learn to relax, learn new things, and even have some fun. Listen to the client and follow the lead. Generally the author has found it useful to portray fantasy and imagery as non-mystical, non-religious, and having nothing to do with yoga, meditation, eastern religion or anything that is "New Age". Basically, listen to your client and answer any questions posed but a reassuring statement of how normal, natural, and useful the process is can put a client's concern at rest.

Step 2. Induction/Warm-up/Relaxation. The purpose of the second phase is to assist the client to a relaxed and receptive state. There are quite a number of relaxation techniques available ranging from short ones to quite long and involved sequential and progressive muscle group exercises. The primary aim of this phase is to gently "guide" an individual to a state where his/her mind is calm, silent, and still. A common guided imagery technique begins with a general relaxation process of asking the person to slowly close his/her eyes and focus on breathing. Since training a client to relax will take several sessions, beginning with a short and very easy relaxation exercise is usually best. It will allow a client to experience relatively quickly a moderate level of relaxation with very little time or effort. The process you might try is the following:

a. Create an environment conducive to relaxation. This means to lower the light level if possible by turning off some lights, and drawing the window shades or curtains. To limit the amount of auditory stimuli, try to find the quietest location available and by all means, place a "do not disturb" sign on the door, turn off your telephone ringer and ask clients to do the same with their cell phones. If there is extraneous ambient noise, the use an instrumental musical recording as a background will help mask the noise.

b. Ask your client(s) to get into a posture which can be maintained for about 10 minutes without moving. This can be done in a chair, a recliner, or in some cases by asking the client(s) to lie on a carpeted floor with the knees slightly drawn up. Sitting, for example, with one's legs crossed can be perfectly comfortable initially, but ten minutes into a fantasy when the offending leg has gone to sleep and is now tingling it will be difficult to attend to internal images.

c. After a bit of practice counselors will tend to adopt their favorite induction script but the following one represents a short, simple and generally effective way of creating the right environment for continuing the process of guided imagery.

Brief Form Induction Script

Goal: *To relieve tension and to prepare for deep relaxation or guided imagery*

Time: *1-2 minutes*

Warm-up: *Breathing is a powerful building block for relaxation. The quick breath technique can be used any time, any place, for rapid relaxation and mental focusing.*

Script: The easiest body-only technique for relaxation is something you have been doing since your arrival in the world....breathing. Everyone breathes, but few know how to breathe for relaxation.

Stop now, slowly close your eyes, and take a truly relaxing breath.....

Inhale through your nose with a shallow breath...

And exhale through your mouth....

Inhale slightly more deeply now....and exhale now with sound....

Inhale more deeply....and again exhale forcefully....

Inhale to capacity.....

And exhale completely, emptying your lungs all of the way...

Repeat this breath cycle ten times...

Or until you feel completely relaxed....

Maintaining a steady rhythm of inhalations and exhalations as you breathe.....

Step 3. Guided Fantasy and Imagery. This third phase represents the real working part of the entire process. There are two options available. The first is the use of fantasy scripts which have been prepared and designed to accomplish a specific task. The second is the use of a fantasy script the counselor has created specifically for the client.

Whether a stock fantasy is used or one is created for your client(s), the fantasy will need to be delivered. The "story" that will form the basis of the fantasy exercise may be read from a script or may be pre-recorded with soothing background music or sounds. When reading a script the goal is to gently suggest images for the client(s) without being too intrusive. A soft, monotone, and soothing vocal pattern is best. Always have client(s) or participants close their eyes. Humans are highly visual creatures and tend to get a huge amount of information through that modality. The process of guided fantasy and imagery will rely on suggesting images to be created in the mind's eye. By closing the eyes, a client is more open to suggestion and the process of generating images.

Using a "Stock" fantasy. The stock fantasy that appears below is offered as an example of one such fantasy. This fantasy script was first prepared and used to assist victims of domestic violence begin to examine and gain insight into their self-concept and to examine issues of self-acceptance and self esteem (Owen, 2006).

A Sculpture of Me

Goal: To allow for personal inspection and self-awareness

Time: 6-8 minutes

Script

Focus on your breathing....breathing with your belly...

Let your breath find it own most comfortable rhythm. (pause)

Imaging breathing in wonderfully clean air as you inhale...

And imagine releasing tensions as you exhale...

Breathe this way for three very slow and deep breaths....

Inhale the cleansing air....and exhale the tensions....

Closing your eyes as you breathe deeply...

Become more and more present in this place...in this moment...

With each breath you inhale and exhale....

Let your thoughts move in and out of awareness

as easily as you breathe in and out....

No resistance....no attachment....

Imagine for a moment that you are walking up to a large art museum....(pause)

As you approach this museum take a moment before you

go in and pay attention to how large this building is....(pause)

Go inside now and begin to look around.....what do you see here? (pause)

What is it like here in this museum.....

Are there others around? What are these people like...how are they dressed?

Take some time now and walk around...take in as much as you can.....(pause)

As you walk around this museum you notice a long corridor to your left....

Walk down that corridor and as you do you notice a large dark room at its end....

Walk slowly down the corridor and enter the room....It is dark here but as your

Eyes begin to adjust you notice a statue in the middle of the room illuminated by a single

Dim light above it....walk toward that statue and, as you do, notice that it is a statue of you.....(Pause)

Take some time and walk around this statue....take it all in....

How are you posed....how are you dressed....how old are you in this statue...

What color is this statue of you.....what is the facial expression on this statue.....

As you continue to look at this statue you notice that a large group of people are now entering the room...and they all begin to look at the statue...this statue of you....

Can you hear what they are saying to each other? What is their reaction to this statue.

Take a few moments and try to just listen to what they are saying.

The group of people is now leaving and I want to follow them out but take one last careful look at this statue....What is it like seeing a statue of yourself like this....?

Follow the people out of the museum and as you do find a comfortable place to sit for a few minutes and just enjoy the warmth of the sun on your face.....
When you feel ready to return...just open your eyes and sit quietly for a few moments.....

Step 4. Processing. The fourth and final phase of this process is perhaps the most useful of all for it is through the processing and sharing of these experiences that additional meaning and significance for the client is achieved. When it comes to interpreting, analyzing or evaluating a client's fantasy there is one rule: Don't Do It! Always allow plenty of time for discussion after an exercise. Fantasy experiences should be immediately shared with someone else. Doing so deepens the feelings of identification with the experience and reinforces the idea that the fantasy is an important expression of self. This is best done by inviting the client(s) to share the experience with the counselor. Please remember that the counselor's role in all of this was to assist the client to experience a rich and vivid fantasy. It was the client's experience and the counselor's task was only to guide and gently suggest so it would be totally inappropriate the to infer or suggest that the counselor could explain, interpret, or somehow analyze the client's experience. The only person who is really in a position to analyze, interpret, or evaluate such a personal experience is the individual who experienced it. This is particularly important when

using these experiences in groups and so it is always wise to remind group members to honor and respect the shared experiences of their fellow group members. Gently guide the client through a fantasy experience and also through the process of finding meaning and significance in it.

A note of caution: Because everyone's life experiences are unique, it is difficult to anticipate which scenarios, images, or situations may trigger discomfort, fear, or upset in a client. Keep in mind that the client is really in control and if the suggested images or fantasy script is general and non-specific enough the client can create a series of images consistent ith his or her comfort level. As the counselor gets to know the client better and better, the content of the fantasies can be modified to allow the client to confront fear provoking or upsetting situations in gradations while maintaining the obvious and always available escape route of opening one's eyes.

Creating Fantasy Scripts

Creating fantasy scripts for clients is a rather simple procedure, but a few suggestions are offered which might help.

1. Record or write out the experience before using it. The sequence of images must be logical and orderly.

2. Use words in the imagery experience that connote texture and try to suggest as many sensory modalities as possible.

3. Refrain from too much structuring, and use as few modifying words as you can.

Over-structuring interferes with image generation and inhibits imagination. For example, if in the midst of a fantasy exercise you refer to a flower, refrain from describing the flower and do not refer to color, species or size. Just say flower and let the client do the rest. Again, in an attempt to invoke as many modalities as possible it is suggested that instead of telling the client(s) what the flower smells like, simply ask if the flower has an aroma and let the client decide what to do.

Conclusion

Visualization is the process by which mental images are attended to and represent the ways in which we "think" and "remember." The use of imagery can trace its beginnings to the time of Freud (Hall, 1954) and has been used in therapy over the past 100 years. Guided imagery or guided fantasy takes this natural process one step further by guiding the images toward specific and therapeutic goals such as relaxing, healing, exploring alternatives, clarifying goals, stimulating creativity, managing stress, vicariously rehearshing behavioral options and doing many other things. Performers use imagery to improve concentration. Athletes use it to enhance performance. Precision aerobatic teams such as the American Air Force Thunderbirds and the British Royal Air Force Red Arrows utilize guided imagery to rehearse complex aerobatic routines before air shows. As far as the body is concerned, internal mental images have nearly the same impact as actual sensory experiences. The body reacts physiologically to the imagined smell of baking bread in much the same way it would if walked into a bakery. Mentally anticipating a fearful event can be just as frightening as the event itself. This link between between that which is imagined and a physiological response has been applied in a variety of medical treatments to assist in the management of anxiety, pain, and even immune response (Utay & Miller, 2006).

This paper has sought to call attention to imagery as a natural and spontaneous human event that has powerful consequences on our emotions and behavior. Wolpe (1973) effectively demonstrated that guided imagery can be an effective tool for harnessing the power imagination. This tool can be taught by counselors and learned by clients and used to facilitate relaxation and promot changes in attitude, perspective, and feelings.

Fantasy and imagery are clearly powerful, personal events, experienced by everyone, and can be harnessed within the context of a counseling relationship to promote insight, create an awareness of options, permit rehearsal, encourage self-understanding, and to relax and calm. The process described in this paper gives control back to the client by first relaxing the individual and then giving them a vehicle in which to explore and experience themselves in a completely safe and enjoyable fashion. The idea of harnessing the power of a client's imagination and putting it to work in the process of healing and change is one that has a long-standing tradition in the medical professions and there is no reason why the same techniques cannot be used equally well in therapy, counseling, and especially school guidance. Imagination can be a wonderfully flexible and versitile tool to teach, unlock and promote insight, enhance awareness, and behavior change as counselors engage individual clients, groups of clients and even entire classrooms of school children.

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