Guided Imagery:
From Accrued Wisdom
to State of the Art Practice

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### Chapter 10:
General guided Imagery wisdom and tactics

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Chapter 10
General guided Imagery wisdom and tactics

(excerpted from Belleruth Naparstek’s Invisible Heroes: Survivors of Trauma and How They Heal)

Many people in need of healing, whether physical or emotional, manage to intuitively come up with their own homegrown imagery to help in their recovery. Some are able to consciously construct these healing images, proactively drawing from a combination of daydreams, memories, and fantasies that they know will strengthen and support them. For others, the process is more like a magical visitation. Images bubble up to the surface of awareness, seemingly of their own accord. These profound experiences, served up from the lush bounty of the imaginal world, provide assistance in powerful ways—sometimes subtly and incrementally, and sometimes with bold panache.

SPONTANEOUS IMAGERY

Here is a sampling of some of the spontaneous imagery experiences that came to the aid of a wide range of trauma survivors.

One survivor of childhood terror methodically shifted her reaction to a terrible memory through imagery of her own devising. This memory involved a night when she watched some terrible rituals performed on others and was herself raped, assaulted, and threatened with death:

The most graphic way I can explain my own process is to say that one of the memories that I needed to deal with on my healing journey was a particularly harrowing night in a barn at my uncle’s farm . . . even after resolving many of the existential dilemmas this experience posed for me, and after the intense flashbacks had subsided . . . I would still notice physical anxiety if I thought about that memory.

With an intention to truly heal that space, a gentle process emerged over a few months . . . I moved through the “close call” aspect for the final time and saw myself rejoin myself rather than leave a part of me behind in that barn.

A week or so later I had the notion that it was time for the barn to burn down in my internal picture of it all, but I also didn’t want to create “more harm.”

That dilemma resulted in the notion of having a fire chief come and do a controlled burn. For several weeks, when I would go to the place in my imagination, I was aware of the “burned earth” waiting for something else. Then I noticed green starting to pop up, and I seemed to be growing a garden.

In the garden there were primarily wildflow-
ers and paths winding through. Near the “front” of the garden was an old bench where someone could sit if they chose. Near the “back” corner of the garden, if you were to look closely, you would see a small bunny statue with a commemoration of the healing journey that transformed the space. (I had watched a rabbit being sacrificed the original night.)

Now when I find myself thinking about what used to be the “barn memory,” my awareness is first of the garden, which always has a light energy and fresh smell to it. If I go further into this place, I am next aware of the final time I visited the memory and the new ending of rejoining myself (as opposed to the fracturing that occurred at the original time).

And if I go further than that, I do have a vague awareness of the original trauma. But my physical and emotional experience is one of the peaceful garden and a whole self. And my heart rate does not get faster, and my breathing does not stop the way it used to when I used to remember this place.

Psychologist Beverly Donovan, Ph.D., coordinates the Transcend program at the Louis B. Stokes VA Medical Center in Brecksville, Ohio. This impeccably designed and highly successful treatment program for combat-related PTSD and addiction, co-created with Edgardo Padin-Rivera, Ph.D., yields many stories of spontaneous imagery from the veterans.

Dr. Donovan describes one vet’s healing journey, filled with transformative grace, which still moves her as she tells it:

Sometimes these visualizations are like a spontaneous spiritual healing . . . something emerges that is exactly what is needed in order to heal. This is an amazing thing to witness. It’s as genuine as anything in “real time.”

One man had a recurring nightmare of being chased by a faceless tribe. It always left him terrified, breathless, and sweaty. So this one time, as he was describing the nightmare with closed eyes, he was clearly reexperiencing it. He became panicky and out of breath, so I asked him what he needed to do, right then and there, about the situation.

With his eyes still closed, he replied, “I need to ask them why they’re chasing me. I have to turn and face them.” So he did. He asked them why they were chasing him.

The chief of the tribe said, “We will stop chasing you, if you will stop destroying your life.” They put down their weapons. And he made a solemn resolution right there on the spot, with great emotion, to stop destroying himself.

Then he wanted to know why they were faceless. So he asked them to take off their masks. He said to the chief something like “I need to know who you are. I need for
you to take off your mask.” And it was his friend Chicago, who was killed on the base during a good-bye party. He had left the party early, and his face was blown off by incoming fire. This man had been the one to stumble upon him and find him, as he was leaving the party.

He understood right away that this was Chicago, trying to reach him, trying to tell him he was okay and to stop punishing himself for still being alive. It was one of those amazing moments, when everything really did shift for him.

Many of the spontaneous imagery experiences of the vets have this theme of forgiveness and permission from fallen comrades to go on and live their lives. Another example occurred when one of the men was listening to a guided imagery narrative.

This happened while Jim was listening to an imagery tape. His imagination broke away from the text, and he saw the man who had been his friend and mentor come right into the room with him. He’d been talking about this friend earlier, when he’d come to realize that he wasn’t just grieving for him; he was actually very angry with him for leaving him and dying on him, when he still needed him.

The friend had been hit by sniper fire, right in front of Jim, and his brains had splattered all over him. The next day, when he went back to look, he couldn’t find his body, and this bothered him greatly.

During the imagery, Jim saw him in the room, laughing, teasing, and telling him to move on . . . that it was hard to see him suffering all these years, and that he was okay . . .

After that imagery experience, Jim quit having nightmares about him. Once, on an anniversary date, it came back, but he again invoked this imagery and again got a pep talk from his friend, and that particular nightmare never came back again. Absolution happens.

One twelve-year-old boy in protective custody in New York City had had an unusually harsh life. He’d lost his father when he was still quite small, and shortly afterward his mother became sick. He stayed with her while she was dying and then, after he lost her, went to live with the very decent man who had married her during her illness. He was very attached to this man, who looked after him like a father, but within a year he too had died of cancer.

This child had enormous grief and anger, and his sadness ran so deep that it was hard to get close enough to him to help him. He started to become more emotionally accessible when he began daydreaming about his favorite room in the house he used to live in when he was very little, before all the troubles started. This was the only way he could settle himself.
down. He described his daydreams to his therapist, who reports:

He started imagining himself in that room, back in his earliest years, when his father was still alive. He could see all the paraphernalia in one room, the shelves, the tabletops, his toys stashed in a corner. He could feel the nub of the sofa fabric, and he could smell the room quite vividly, too. His favorite item was a picture on the wall of him with his mother and father, all smiling. In his imagination, which is very vivid, he is playing with one of the toys in his hands, on the sofa, and he expresses surprise at how small and pudgy his little boy hands are.

Returning to this time and this room helped him to find safety, and he reinhabited it again and again to calm himself. He outgrew the need for inhabiting this spot until the attacks of 9/11 re-activated his fearfulness, and then the first place he went back to was his room.

Dawn, who as a child had been thoroughly abused and terrorized, liked to conjure this image for herself as she thawed from her chronic numbness, to help herself deal with a host of emerging feelings she was only beginning to sort out and understand. The imagery didn’t have to make sense to anyone but Dawn:

I still do visualizations when faced with emotions I don’t understand. One of my favorites is imagining the outline of myself on a carpet. On the carpet, I visualize different colors of paint, each representing a different emotion (to me, emotion is best expressed in color). I then find the super-duper vacuum, and with the help of friends, I vacuum the carpet until it is sparkling clean. The mess that is in the vacuum is then turned into beautiful opalescent glitter that I shoot into the air. I let the sparkles float until they cover me. The glitter represents joy and learning. I think it is important to recognize that any pain we experience can and will change as we are willing to work with it and allow those who can help to do so. I can’t change the memories; they happened. But in allowing myself to learn, I can find purpose in the pain and, I believe, eventual joy from the growth that comes from adversity.

One woman felt her agitation so viscerally that imagining her activated nervous system made the most sense to her:

I visualize the nervous system as you see it in anatomy drawings, branching out everywhere, and then I look at it as all lit up, which is not hard, because of its electrical nature. I think most trauma survivors actually identify with feeling like the trauma is right in their nervous system, which it is, so this also has logical appeal. Sometimes I pull the trauma out through my head, sometimes I let it flow out the fingertips (where some of
A man in his fifties suffered a traumatic shock years earlier as a little boy when his mother, a recent immigrant from China, had a psychotic break. The memory that kept flashing back for him was of his mother standing over him (looking absolutely huge), wielding a large, flashing kitchen knife, while he remained mute and paralyzed with terror. His imagery, as reported by his psychologist, Anne Chapman Kane, Ph.D.:

I imagine the scene again, just as it occurs in my flashbacks. Only this time, my adult self goes right over to the little boy (also me), picks him up, and takes him away, saying soothing, kind words and holding him gently but firmly close. I am protecting him (me) from my crazy mother. Crazy as it sounds, it feels wonderful.

According to Dr. Kane, an expert in hypnosis and imagery, this simple homemade scenario helped more than any other intervention she had offered her patient. It alleviated his anxiety, sleeplessness, depression, and fear.

Another survivor elicits even more potent protective forces to look after her:

Trauma survivors can shift dramatically from feelings of helplessness to a place of empowerment through guided imagery

I choose people I would like to have had as parents, and then I feel them around me, filling me with their being. Each time I have done this, I have felt permanently changed. I always choose saintly figures on the other side, because it was so clear to me about the magnitude of the energy I would be needing in order to heal.

Another homegrown, spontaneous imagery experience, designed to help make the shift from helplessness to empowerment, was reported in this way:

One practice I have started goes like this: I consciously get in touch with one trait I have, even if in small measure, like peace. Then I feel it growing inside, using whatever images help it to grow, drawing from all the energy in the cosmos, and increasing it until it is very large inside. Then I consciously focus on radiating it outward. I might send it to someone who has asked for help, or for world conditions, or anywhere that comes to mind. As I send it out, I keep the inflow coming so I can keep sending more. I sense this will help me to continue the transition from feeling passive and helpless to a sense of my own energy and ability to serve.

Therapists themselves can make good use of imagery, to help them maintain their resilience and keep from absorbing too much pain. Manhattan-based psychologist Dr. Anne Chapman Kane, in the months following 9/11, felt the secondary trauma that came from hearing in disturbing
detail the terrible things that people saw or experienced. The repeated stories were taking their toll, and so she devised this imagery for herself:

I find I need to do my own imagery these days, to keep from absorbing all the horror. So before, during, and after my sessions, I imagine that I am a lightning rod. The horror goes right through me and into Mother Earth.

Frannie still remembers the imagery she used to lull herself to sleep as a child, when she needed to retreat into something that offered beauty and safety:

When I was a young child, in the dark of my room each night, on all four walls, near the ceiling, about eighteen inches high, marched many colorful animals, all following each other as in a parade. They moved and danced and moved their heads from side to side in unison. They let go of each other and turned around in a regular rhythm, to the beat of an exotic and beautiful chant with stringed instruments and reeds and ancient Asian and African pipes. There were beautiful, massive but agile elephants, so strong, yet so delicate, trumpeting the way; and swans in flight, so graceful; and fearless lions and tigers; giraffes so silent and gentle and tall; ibis and heron and hummingbirds and butterflies, dolphins and whales, all in a chorus line for me! All connected to each other by their trunks and tails—an awesome, powerful, and supportive group of sentient beings of the universe.

Their song was for me, to entertain me, and for that time the fear would go away. I would gaze up and follow them with my eyes and ears around the room, and I was transformed as they sent their nods of affirmation toward me. I sang with them while they moved in slow motion and in unison. I looked forward each night to this escape, to be with these loving creatures that knew how to keep me safe from harm, and to bring me the light of their hearts in that dark room.

SCRIPTED GUIDED IMAGERY vs. SELF-GENERATED IMAGERY

Some people are not comfortable devising their own imagery, or don’t feel confident in what they come up with on their own, even when they produce excellent material, entirely made to order, and of the utmost compatibility with their personal agenda, taste, and needs. Others like to start out with an “official” expert version, just to be sure they are getting the hang of it, then launch with greater assurance into imagery of their own devising.

When Phaedra Caruso, Ph.D., and Trudy Helge, Ph.D., were doctoral candidates in psychology, they studied chemotherapy patients at the Mt. Zion Infusion Center at the University of Califor-
nia at San Francisco Medical Center. In their study they compared two kinds of guided imagery—the self-generated, unique, fill-in-the-blank type, and a standardized, physiologically based imagery narrative that was completely scripted—along with a third technique: a progressive relaxation tape. All three interventions were recorded by the same person—imagery expert Martin Rossman, M.D.—and offered to three different intervention groups of randomly assigned cancer patients in the context of a four-session course.

When the data were analyzed and broken down, Caruso and Helge found that both kinds of guided imagery performed equally well, and significantly better than the progressive relaxation, in reducing depression and anxiety for the patients—indeed, increasingly so over time. But there was an interesting internal difference between the two kinds of imagery. After one session the personalized imagery group seemed to have less anxiety and feel more excited and hopeful about the intervention. But over the course of the four sessions it was the standardized, scripted imagery group that showed the steadiest improvement, and unlike the self-generated imagery group, these patients stayed with their technique. The self-generated imagery group, on the other hand, had several dropouts.

Dr. Caruso thinks this difference in usage and efficacy has to do with the placebo effect of having greater confidence in the “expert” version. Over time she felt that the self-generated imagery group became less and less confident about whether they were in fact on the right track and coming up with what they needed, which interfered with their wholehearted usage. The group with the scripted imagery suffered no such doubts. This confidence factor holds true for therapists, too. Many start out working with someone else’s scripted, recorded version until they can figure out the basics of structure, content, and style, and sooner or later they feel that they are on firm enough footing to take a crack at creating their own imagery with their clients.

**ONE-ON-ONE IMAGERY vs. RECORDED IMAGERY**

Some practitioners feel very strongly that the best kind of imagery is personalized, one-on-one imagery, where a guided imagery practitioner works directly with an individual, continually modifying and adjusting the narrative through ongoing give-and-take dialogue and corrective feedback from the client. This certainly is an excellent approach. It has the advantage of making the client a fully empowered co-writer and collaborator, and it unquestionably produces imagery that is uniquely designed for the end user.

But it doesn’t work for everyone. Some people don’t want a professional appointment with a practitioner, and others can’t afford one. Many people—trauma survivors in particular—prefer to do their inner work in private, away from even the kindest sort of scrutiny by a therapist.
have had clients take a recording and ask to be allowed to listen in a vacated office next to mine, so that they know I’m nearby but not watching them. They feel self-conscious.)

Some are so sensitive to what they think the therapist needs or wants to see from them, by way of a positive reaction, that they get all bollixed up in those expectations and lose sight of who they are doing this for. And of course some people with PTSD are too phobic to leave the house altogether, and that fact alone makes a portable recording the intervention of choice, short of a home visit.

Of course, the recorded guided imagery should do its best to offer fill-in-the-blanks imagery that allows its listeners to customize what they hear; and up front it should instruct its users to be the executive editors of the imagery, inviting them to delete or add content as needed. And people really do this: they hear different portions or images when they are ready for them. I have actually had people ask me if a certain image or phrase was always on a recording, because they only just heard it for the first time after weeks of listening. This is the genius of the unconscious, always looking out for its owner. People generally hear what they need to hear, when they need to hear it. So even on a scripted recording, they titrate the dosage of what they take in.

Nonetheless a general, scripted recording needs to be carefully field-tested, because even the most sensitive writer of imagery has inevitable blind spots and is sure to blunder into tender areas that are best avoided. For instance, after our trauma imagery passed muster with the combat veterans and was presented to groups of rape survivors, they were understandably distressed by the word penetrating, which I hadn’t even realized was in there, to describe a quality of light. Needless to say, that word was excised. And when the same imagery was then tested with a group of domestic violence survivors, they made it clear that the image of being seated while surrounded by helpers and guides had to go. As one woman said, “Honey, if they’re standing, I’m standing. Nobody stands over me anymore. And no one comes up from behind me, either. I want to be able to see who’s coming.” These concerns do not come up with one-on-one imagery, but with scripted imagery extra care is necessary.

THE LISTENER’S VOICE vs. ANOTHER’S
Another variable that people frequently wonder about is whether it isn’t inherently more effective to have people record their imagery in their own voice. The assumption is that surely the timbre and cadence of a person’s own voice would be the most congruent, compatible, and absorbable sound going into their ears. In fact, this is often a wonderful idea and absolutely right. And if the person can add his most preferred, simpatico music underneath his own voice, better yet.

But again, it’s not that simple. Some people hate the sound of their own voices. Others get distracted by evaluating their “performance” instead of immersing themselves into the imagery. Some feel awkward or self-conscious doing the recording, and others just don’t have the energy—they much prefer to be given something that’s already made. These are case-by-case situations that need to be evaluated on the merits and practicalities at hand.

**ADULTS vs. KIDS**

Imagery is not just for adults—on the contrary, children love it and are especially skillful at it. Flexing their imaginations is a natural activity for them, and they’ll do it with or without our assistance. Younger kids prefer shorter words and shorter sessions, and there are some wonderful children’s audios available, but in a pinch they will manage to benefit even from inappropriately adult-sized recordings with polysyllabic words. They naturally get the flavor, intention, tone, and mood. Some parents and grandparents actually hold a preverbal baby in their laps while listening to imagery themselves, and swear that the baby absorbs the imagery from them, almost by direct induction, through their skin.

Contrary to popular assumptions, teenagers make the best guided imagery end users of all. I suspect this is because they are already awash in an age-appropriate, hormone-induced trance state that is just a natural part of adolescence. I’ve had the secretly amused privilege, many times, of watching surly, slouching, teenage boys and girls—kids whose tough exteriors, scary, indifferent looks, and weird headgear have become semi-permanent accessories—drop like stones into their imaginal world. Once there they would be horrified to know that their faces became disarmingly and angelically sweet.

The trick with teenagers is to not be fooled by the shriveling disdain and contempt they so skillfully direct at adults (therapists and community workers who themselves affected this look when they were teenagers are

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least likely to be fooled, as they understand all too well the mush that lies beneath), and to offer them imagery with an end goal they can get behind—imagery geared to help with peak performance at sports or music, for instance.

Staff at one residential treatment center for chemically dependent teens—some with severe behavior problems who are court-ordered for a thirty-day stay—report that a favorite activity for these tough kids is Spirituality Group, where they listen to various guided meditations. It has become a tradition for many of them to bring blankets and stuffed animals to the session so they can curl up and listen like the children they are and still need to be.

**SOME BASICS OF SCRIPTED GUIDED IMAGERY**

The guided imagery narratives that follow can be read quietly and then re-imagined; spoken aloud to someone; or recorded for yourself or someone else, then listened to on tape or compact disk.

Ideally, they are spoken over compatible music and recorded in such a way that the words and music provide a relaxing, immersive experience, carrying the listener effortlessly into a calm, receptive state, and making the lush, rich world of his or her imagination even more accessible than usual. This combination of relaxed reverie, heightened receptivity, and healing images allows alchemical changes to occur in mind, body, and spirit.

For those who prefer to speak or record in their own voice, or who wish to make changes to the words or phrases, here are some key pointers.

**POINTERS FOR THE NARRATOR**

**VOICE**

If we’ve learned anything from accumulated feedback over the past decade and a half, it’s that, as important as your words are, they will never be as critical as the quality of your voice and the intention behind it. Most people start out a little too fast, high-pitched, and too effortful, but usually after reading a few paragraphs they automatically slip into the relaxed cadence and gentle flow of their own natural rhythm and timbre, which is so essential to effective guided
meditation.

If you are creating a recording, the best thing to do is to keep on going and then go back and rerecord the beginning to match your now-slowed-down, more natural pace. If you are reading to someone, chances are they have also started out a little too speedy, and you’ll just be starting where they are and slowing them down along with you into a more relaxed, immersive pace.

The most important thing to remember is to speak naturally, the way you would to a friend sitting next to you, during a relaxed, quiet conversation. Your voice is low and soft, the way it always is when you are relaxed. (The more tense we are, the higher our pitch.) This not only entrains a calmer pacing but encourages listeners to match you by getting their awareness back down into their bodies, through the example of your own low, embodied voice. Under these conditions, even if your voice is somewhat strained starting out, your throat will relax and you will probably wind up sounding fairly smooth.

This is not a dramatic reading, so you want to be free of artifice and emotional punctuation. In fact, you very much want to keep out of the listener’s way by maintaining a fairly even emphasis—they’ll know for themselves what content needs their attention and what is irrelevant, and they will supply their own emotional flavoring. Your voice is there to provide a quiet, trustworthy, undistracting platform from which the listener can access his or her unique reactions and responses. So your voice can’t be calling attention to itself. Neither should there be even a hint of seductive, manipulative, or controlling flavor. Have some other people listen to it as a check if you are not sure about the tone you are communicating. It goes without saying—but I’ll say it anyway—that the last thing on earth you want to be doing is issuing an unconscious sexual invitation to your listener.

Of course, if you are recording in a studio or using a good microphone, you have ideal conditions for communicating a gentle intimacy. Your voice can be as soft and low as you please, and the microphone will take care of the volume.5

A personal supply of room-temperature water, tart Granny Smith apples, and throat-soothing tea with honey and ginger revives even the weariest, scratchiest voice. Keep away from the lemons, though. They may appear to be helping your voice initially, but ultimately they will dry out your throat.
MUSIC

Music plays a powerful and underappreciated role in increasing the power of guided imagery, and just as with the voice, effective music does not draw attention to itself or compete with the listener’s images by being too interesting in and of itself. Appropriate music stays under the words, supporting their relaxed, emotional impact without creating anything additional on its own. Most people have no idea how helpful the music is to the whole experience, precisely because of the way it stays in the background and doesn’t ask for attention.

In one study by guided imagery expert Lucille Eller, R.N., Ph.D., with HIV clinic patients at University Hospitals of Cleveland, the recorded interventions tested were guided imagery and progressive relaxation. The music track was removed from the imagery tape, so that both treatment conditions would be “pure” and would match each other. The study found that the guided imagery was less impactful than anticipated. The HIV patients still reported a reduction in anxiety and depression, but the results were far less dramatic than previous reports had led investigators to expect. The best explanation was that without the music, the imagery had lost some of its potency.

In most cases where relaxed listening is the goal, the music does well to offer slow, spacious chords (like breathing) with a rhythm that matches a strong but relaxed heart rate of about sixty beats per minute, give or take. Most people intuitively choose music that does this. The exception is when you are devising imagery to increase energy, motivation, or physical movement—then you want to use rhythm that is faster and stronger, and possibly more emphatic instruments, such as horns and drums, or an ostinato of strings.

There is a danger of overthinking all of this, however. Most people are guided by wise intuitive preferences, if they have the opportunity to choose their music. Therapists who work one on one with individuals like to have a selection of background music CDs from which the person can choose. Or they use music that they know doesn’t create objections in most people.

There are a few exceptions to this music-is-better rule, however. Professional musicians can get sidelined by their tendency to analyze the music (“Why on earth is he using an oboe in there? What was he thinking?”), so that the music actually impedes their ability to immerse themselves into a relaxed, receptive state for the imagery. Similarly, people with great sensitivity to music or strong musical tastes may have such a powerful evaluative reaction that they are better off without it. In addition, people used to the quiet of mindfulness meditation may also prefer some
quiet space between words.

All that being said, I strongly recommend musical accompaniment for most people. It adds greatly to the experience and enhances the healing power of the images. Indeed, scores of studies show that an intervention of music in and of itself will lower heart rate, blood pressure, respiration, and anxiety as well as improve mood. This includes trials with people undergoing various disturbing medical procedures such as colonoscopy, breast biopsy, radiation therapy, ventilator therapy, and coronary bypass surgery as well as with people suffering from chronic diseases such as COPD (chronic obstructive pulmonary disease). With music we can increase the impact of the imagery with a synergistic and potent intervention that boasts its own fine track record.

REINFORCING THE SENSE OF MASTERY AND CONTROL

In any imagery session it is important to make sure people understand they can stop the session at any time. As with any approach or technique, but especially with survivors of trauma, people must be able to set their own pace and feel free to call time out or stop participating altogether at any point along the way.

If a person is listening to a recording, having her finger on the pause button is powerful insurance. If the imagery experience is with a practitioner, that clinician is of course obliged to show sensitivity and flexibility, deferring to the wishes, needs, and concerns of the client. This is always true but is especially true for trauma survivors, who are striving to reclaim ownership over themselves as the first order of healing.

Some will feel safer if they can leave their eyes half open and just stare down at the floor, rather than close them completely, the way most listeners like to do, during an imagery session. That works fine. In fact, some forms of meditation specifically ask that the eyelids be kept at half mast.

Similarly, it’s best to use language that communicates an easygoing acceptance of whatever images care to show up in the listener’s inner world. The listener is not there to follow authoritative instructions but rather to explore his own journey with the help of some gentle, external support. Imagery always works best in a permissive, relaxed, unforced atmosphere, processed as it is in the right hemisphere, where dualities of right and wrong, correct and incorrect, are irrelevant.

So, too, it is best to avoid the imperative verb form, so that inadvertently “bossy” language doesn’t marshal unnecessary fear or resistance in the listener. This is the difference between the
Directive “Feel the air on your skin” and the suggestion “And you might notice the feel of the air on your skin” or perhaps “Allow yourself to enjoy the feel of the air on your skin” or even “Feeling the air on your skin.” Sentences needn’t be complete. Gerunds and hanging adverbial clauses work just fine. The right brain is not concerned with syntax. The idea is simply to communicate that all of this imagery business is a choice.

This is in sharp distinction to traditional hypnotherapy technique, which is authoritarian by choice. Hypnotherapy tells the listener, “Feel the air on your skin,” and assumes he can and will do so, building in some automatic “success.” Standard hypnotherapy worries that saying “And you might notice the feel of the air on your skin,” leaves room for doubt and suggests to the listener that he might not be able to do this. To complicate matters further, there is another method of hypnotherapy, devised by Milton Erickson, that is entirely antiauthoritarian in style and far more compatible with what I am calling guided imagery.

As a rule of thumb, I am fairly certain, based on years of feedback from many quarters, that people—at least in the United States—have far more trouble with being told what to do than they have with an inferred implication that they maybe won’t be able to follow the suggestions put forth. And that goes double for trauma survivors.

Finally, some traumatized or highly anxious people may feel better or safer reading the imagery script first, before the actual experience of listening to it. Leslie Root, Ph.D., and her team at the Gulf Coast Veterans Health Care System in Biloxi, Mississippi, used this approach with their support groups of twenty-two male veterans with PTSD and found that the men were more amenable to using the highly evocative and intense imagery once they’d first had a chance to read it over and discuss it with one another. In addition to reading it over, the men also felt the group support lent a sense of safety as well.

**IMAGERY CONTENT**

Content is best left open-ended, in order to allow listeners to fill in the blanks with meaningful images of their own. People’s imagery needs to be congruent with their personal values, aesthetics, experiences, and comfort zone, so you always want to encourage people—either in a recording or in an individual session—to let their own images come up for them, rather than yours.

Words and phrases that recruit all the senses are most effective, especially those that address the kinesthetic or feeling sense. Evocative sensory images—sight, sound, touch, feel, taste, and...
Guided Imagery: From Accrued Wisdom to State of the Art Practice

smell—activate the power of the right hemisphere, intensify the reverie state, and make the imagery more potent.

It is also a good idea to liberally sprinkle your narrative with symbols, similes, and metaphors. This kind of poetic language has a deep impact on the receptivity of the right brain and at the same time is oblique enough to sidestep terrifying literal images. In content areas where people are skittish, resistant, or fearful about approaching the actual idea of something, they will often be able to work with a symbolic representation of it. Like Frannie and the stone, the effect can be quite magical.

Another simple but very effective tactic that can help with fearfulness, reluctance, or resistance is using the imaginal device of a stage, a movie screen, a TV set with a remote switch, or a telescope upon which the images occur—anything that offers an imaginal layer, one that provides additional distance from the imagined content.

Imagery that elicits emotion is generally more effective than imagery that does not, and when a listener responds with emotion (usually tears), it is a good sign that the imagery is working in a deep way. Some trauma survivors in a numbed phase may pull back from having their feelings evoked, and it is of course up to them to decide if they are ready. But the majority welcome the return of emotion with relief, even when the feelings aren’t pleasant. There is a sense of coming back to life again with the return of grief, anger, love, longing, shame, regret, fear, helplessness, and sorrow.

ADDITIONAL IMPACT

Groups potentiate the effects of imagery, and increase its impact on individual members, because of the contagious nature of the reverie state. I mean this literally. I like to seat people close together for this reason. If I’m given a large room to work with a small group, I’ll cluster the chairs in a corner. If people are sprinkled around an auditorium, with space between them, I’ll ask them to please come forward and clump together. Cancer and cardiac patients commonly report that after experiencing imagery with their hospital support group, they were much better able to use it at home by themselves.

For trauma survivors especially, listening to guided imagery with a supportive group of people who have survived similar horrors lends an extra measure of safety, support, and trust to the experience. For this reason support groups, family groups, therapy groups, and training groups are an ideal platform for offering guided imagery.
Touch is a powerful accompaniment to imagery, both to help with relaxation and grounding and to increase the images’ kinesthetic power. When a person is being encouraged to breathe deeply into her belly, for instance, it can be very powerful for her to put her hands over her belly and feel the rise and fall of the abdomen; or to imagine that the warm energy from her hands is gently being absorbed by the skin, softening and calming any agitated places inside. Imagery for opening the heart can be assisted by putting the flat palm of the hand over the breastbone or center of the chest.

Some trauma survivors who are already working with therapeutic massage, energy work, or other touch therapies as part of their treatment regimen may want to play their imagery during these treatments as a valuable added component. Of course, this can only work with trustworthy practitioners who display sensitivity, respect, and good boundaries in their work.

**OBSERVABLE RESPONSE**

Numerous nonverbal cues let a practitioner know when people are responding to guided imagery. Participants become preternaturally still, and even if they temporarily interrupt their immobility to scratch, shift position, sneeze, or yawn, they return to that unusual stillness. Their faces become very smoothed out, and regardless of their coloring, their skin acquires a pinker undertone as blood moves into the face. Their expression becomes very soft and calm—beatific, actually. Sometimes when I am working from a stage and looking out over a large audience of people immersed in imagery, I feel like I am in a room full of angels.

**POINTERS FOR THE LISTENER**

For the person who is listening to healing imagery—whether in a live session or from a professional or homemade recording—this basic information can help make the experience as powerful, comfortable, and effective as possible.

Many clinicians who work individually with clients record their imagery sessions, so that their clients can take a tape or CD home to work with, between sessions. The suggestions that follow are not intended to trump their individual instructions but rather to serve as a general guide.
GENERAL DRILL—RULES AND REGS

I like to encourage people to pick the same corner of the house, or the same chair at the office, for their imagery sessions. Closing the door, shutting off the phone, and doing whatever is possible to avoid disruption (or worrying about disruption) is also a good idea.

Try to listen to the same imagery once or twice a day for at least three or four weeks. Developing a routine with it will ensure that it gets scheduled into your day. An inherently impactful time is when waking up or when falling asleep, that dreamy time between wakefulness and sleep, when you already have a powerful reverie state working for you.

But here’s an important rule of thumb: any time spent with the imagery is better than no time. Even five minutes can confer a significant benefit. So don’t pass on a daily session just because you don’t have the full twenty or twenty-five minutes.

If an entire narrative feels like it’s too much to take in, do just a small piece of it and try to add a little more each time you’re ready. Over time you will adjust to it and it might seem less impactful, but in actual fact it will be affecting you more and more profoundly.

Listening to the same imagery for several weeks may produce what is called a saturation effect—you feel tired of it and don’t want to listen to it anymore. This is a good time to switch to another narrative and let the new one soak in. Eventually you may have several to choose from, each of which will sound fresh to you again after a break.

On the other hand (as we once learned from a quirky experiment with a guided imagery/weight-loss group, artificially configured for a national TV news program, which met for a year and doggedly listened to the same weight-loss imagery every day of that year), if you choose to continue to listen to imagery you are thoroughly sick of, it will continue to benefit you, even as it annoys you and drives you to distraction.

HOW TO SIT

It is best to sit straight, with your head, neck, and spine aligned. This is better for you physically, as you will be fairly motionless for a while and you don’t need to be acquiring kinks and cricks; and it helps you to be more open and receptive to the imagery.

Try positioning your hands in the same way, each time you listen to the imagery. You might
fold both hands over your belly, or place one palm flat over your breastbone—any comfortable, accessible position that you can later use anywhere. Over time this hand placement will become a kind of conditioned response, a postural cue that will help you move immediately to a place of relaxed calm, with or without the audio. This can come in very handy when you’re out and about and something distressing happens. You can then access relaxation and healing very quickly, simply by placing your hands the way they were when you were relaxing to your imagery.

Some trauma survivors are happier keeping their eyes half open during their imagery rather than shutting them completely. That works fine.

**CONSCIOUS ATTENTION**

You don’t need to pay perfect attention as you listen. As you relax more and more deeply, you are likely to drift in and out of focusing on the imagery. If you notice your mind wandering, you can gently guide it back, but it’s not essential. This spacey kind of awareness comes with the territory, so don’t feel you must sharply focus on the content in the same way you would study for a test. This process uses a different part of your brain, and it likes to meander.

In fact, it’s a good idea to let go of any rigorous expectations about how to do this exactly right. Imagery works best in a permissive, relaxed, unforced atmosphere. There are many ways to listen effectively, so don’t get stuck on feeling you have to do this in just one “correct” way. The right hemisphere doesn’t understand the idea of “correct” anyway, so never feel that you must follow a suggestion or do exactly what is said.

Even if you fall asleep while listening, the imagery will still have a cumulative, healing impact on you over time. Certain hard-driving Type A sorts of people are incapable of being relaxed and awake at the same time. They nod off immediately and never hear a conscious word. Yet a few people with diabetes, who track their blood glucose measurements each day, have assured us that their levels zigzag down in a steady progression from daily listening, even though they fall asleep before the introduction is half over. One such person was determined to stay awake to hear what was on the imagery, so she listened to it while walking around her kitchen table. She reported that she immediately recognized every image on the tape—even the
physiologically detailed cellular imagery of which she had no previous knowledge was entirely familiar to her, just below her conscious awareness. If, like her, you prefer to stay awake just to know what you are listening to, you too might try sitting up with your back away from the chair, standing and leaning against a wall, walking, or listening with eyes half open to help you stay awake.

Because of its ability to produce deep relaxation and inattention in the listener, you shouldn’t listen to guided imagery while you are driving or doing anything that requires alertness.

SELECTIVE HEARING

Different parts of the imagery will capture your attention at different times. You’ll tend to notice what you are ready to hear. Let your unconscious provide this service for you—it tends to be a wise and compassionate editor.

Of course, give yourself permission to ignore or change whatever is on the narrative that doesn’t suit you. Your “inner editor” will tend to do that for you anyway, as well as fill in the blanks with your own personal, appropriate images on an as-needed basis. They may change over time, depending on what you need, and they may not make immediate sense to you. Try to keep an open mind, and avoid immediately judging or analyzing what shows up. Let the images evolve in their own way, rather than forcing meaning on them too soon. Sometimes you can get more mileage out of letting the symbols or images stay ambiguous for a while. Trying to figure them out before their time can lead you down forced, artificial paths.

If your unconscious mind wants to take over and supersede the narrative, let it. Don’t get stuck in following the literal recording unless you want to. And always feel free to stop anytime—that’s what that pause button is for.

LESS BECOMES MORE

Keep in mind that skill and efficiency increase with practice; people improve dramatically. Over time they find themselves moving more and more quickly and deeply into a healing reverie, on an as-needed basis during a working day. After a few weeks of regular use, most people are able to access a level of deep healing imagery in the time it takes for a traffic light to change. In fact, you could say that guided imagery functions in a way that is the opposite of addictive substances—the more you use it, the less of it you need.
UNIVERSALITY AND ACCESSIBILITY

The good news about imagery is that just about anyone can use it. It’s an equal-opportunity intervention. You don’t have to be smart, rich, grown up, psychologically sophisticated, mentally balanced, physically strong, supermotivated, or well educated for it to work for you. It likes everybody.

For most people, imagery is a far easier form of meditation than mindfulness, mantra repetition, or following the breath, as it requires less discipline, tends to more easily capture attentional focus, and is inherently more interesting.

Nor do you need to believe the imagery will help you for it to work. Even a skeptical, reluctant willingness to give it a try is quite enough. Imagery has a lot of adherents who started out with negative assumptions about it.

On the other hand, a small minority of people find imagery taxing and annoying. Some people hate to sit still and get agitated when they are invited to relax. There is no sense in torturing them with twenty minutes of guided imagery, twice a day. They have a host of far more compatible interventions to choose from—walking meditation, biofeedback, qigong, yoga, and many brief, behavioral approaches described in detail in Chapter 14.

RECRUITING ALL THE SENSES

It’s best to engage all your senses, imagining sights, sounds, smells, tastes, and feel as fully as possible. The rule of thumb here is the more sensory avenues the better. In fact, the term visualization is misleading because it implies that we’re limiting our imagery to visual imagination. The fact is, only about 55 percent of the population is strongly wired visually, and the other 45 percent could get the wrong idea that they are incapable of using imagery because they don’t “see” things in their imagination.

If anything, it’s best to focus on the kinesthetic or feeling sense as the premier perceptual avenue for healing. Remembering or imagining how something feels in the body is especially powerful for trauma survivors who need more grounded body awareness, and whose symptoms are located in their bodies.
EMOTIONAL AND PHYSICAL REACTIONS

Don’t worry if the imagery brings forth unexpected emotion. It has a way of making people tearful, either because their hearts are touched, or because they are releasing grief, or both. The onset of emotion means that the imagery is reaching you the way it was designed to. Let the tears rinse through you—it’s good for you.

You may find you have other physical responses. Some people get a runny nose, cough, yawn, feel heaviness in their limbs, get tingling sensations along the top of the scalp or in their hands and feet, or experience minor, involuntary muscle movements. These are all normal, transitory reactions. Don’t worry about them.

Expect to become unusually still when you are listening to imagery, although you probably won’t be aware of it at the time. (This is one reason it is a good idea to sit straight—to avoid cramping.) Your face and hands may become a lot warmer or, in some people, cooler. Your voice is likely to be deeper and lower immediately after the imagery, and your speech slower and more relaxed. Irritations and worries that you had when you started are likely to vanish, and you will probably feel more open and receptive. You may notice people responding to you differently. Imagery usually makes people more attractive and more approachable.

CONDITIONS THAT ENHANCE IMPACT

It often surprises people to know that imagery is more impactful on a person in a group than alone. There is something contagious about the reverie state. When people are surrounded by others, in close proximity, in a group where everyone is listening to the same guided imagery, their response goes further and deeper than what happens when they are alone. This is even true of people who are uncomfortable in groups. It’s as if they are able to hitch a ride on the powerful coherence of the group brain wave. Once the group achieves a new, deep level, individuals can repeat it alone. So, listening to imagery with a whole support group, study group, therapy group, or family group is an extrapowerful way to experience it and very helpful for people who have trouble meditating on their own. The opportunity for discussion afterward, with people who have had similar experiences, can provide even more support.

Music usually increases the power of the imagery, adding interest and emotional flavor to the experience. It is important to choose music that is compatible, pleasant, and not too obtrusive, because you want it not to compete with the imagery but to support it. A small percentage of people prefer no music at all, especially if they are professional musicians or are extremely sensitive to music—they become distracted by their natural tendency to analyze and evaluate it.
Touch is a powerful accompaniment to imagery, both to help with relaxation and to increase your ability to absorb the images with your whole self. If you are already using methods such as therapeutic massage, energy work, Reiki, Zero Balancing, or other kinesthetic modalities, you might consider doing that work while playing the imagery.

SIDE BENEFITS

Keep in mind that the act of listening to imagery is very likely to yield additional benefits, by its nature and regardless of its content. Because it elevates endorphin levels, imagery will lift your spirits, reduce anxiety, and alleviate pain from headache, arthritis, and other chronic conditions. It can also do a nice job of pulling you out of obsessive rumination or preoccupation with old resentments, slights, and injuries.

PERSONAL ADJUSTMENTS

Some people like to open their imagery session with a personal prayer or request for help and guidance. The heartfelt invoking of divine assistance sets intention, adds to the feeling of relaxation and calm, and invites spiritual assistance to come calling. It can only help.

Now we can look at the specific guided imagery narratives designed to heal the three stages of recovery from traumatic stress: after the immediate impact; during the heart of the healing; and for whatever residual aftereffects might remain after the core trauma is healed.
Notes:


3. Training Programs for this sort of practice are offered by the Academy for Guided Imagery and by NCPI, both of which are listed in the Resources section.

4. See the Resources section.

5. The intense amplification of a superior microphone, however, will result in the need for good digital editing as well, because every pop and click, slurp and smack, will be amplified as well. It’s quite a symphony!


8. Trial and error experience has taught me to be partial to Steven Mark Kohn’s Music from Health Journeys, track 1, for the closest fulfillment of these requirements without losing universal appeal to a broad audience. I would recommend it under any circumstances, but full disclosure requires I mention that my company produces this CD.


About the Author

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Psychotherapist, author, and guided imagery innovator, Belleruth Naparstek is the creator of the popular, Time Warner Health Journeys guided imagery audio series. Her first book, Staying Well with Guided Imagery, is a widely used wellness primer. Her second, Your Sixth Sense, has been translated into 8 languages and called one of the most thoughtful and sophisticated looks at intuition. Her most recent book on imagery and posttraumatic stress, Invisible Heroes: Trauma Survivors and How They Heal, won the spirituality and Health Top 50 Books Award in 2006.

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For more on-line information about Ms. Naparstek’s books and other resources, as well as a link to her blog, please visit http://www.healthjourneys.com/

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