How To Use Mental Imagery for Any Clinical Condition:

Some Relevant Pointers

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Imagination is more important than knowledge.

—Albert Einstein

Over the years, numerous imagery exercises have been developed by clinicians to deal with a variety of diseases (Sheikh, 2001). This chapter offers suggestions to create imagery procedures regardless of the name of the disease. Names of diseases, in my opinion, are merely descriptors of the physical situation that's diagnosed. They don't inherently convey information beyond that unlike other medical systems, e.g., the Chinese or ancient Hebraic where patterns are discerned by taking pulses (Chinese), looking at the face (Hebraic), or smelling bodily excretions (Tibetan). However, these descriptors are useful in guiding us in a direction we might take to apply the imagery technique. Once the area for action has been defined, we can then set about to devise an imagery exercise.

Basic Imagery Exercise:

Cleaning the Airways

Close your eyes and breathe out three times slowly. Taking a light with you, enter your body through your mouth and see your way to your bronchial tree. See the mucus that has accumulated there and its color. Now see a big glass syringe with a golden bulb at the end, suck up and out all the mucus deposits, and put the waste in a container that you have with you. After

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finishing, imagine a golden air gun and spray a jet of warm air throughout the bronchial tree, making the whole area dry. Use your light to see everything that you are doing. Then, breathe in pure oxygen in the form of white light. See and sense your chest wall and rib cage expanding, the lungs expanding like a bellows in all directions - up and down, front to back, left to right allowing your lungs to fully expand and fill with this white light. Sense your diaphragm descending to receive the full lungs. Then, see your lungs contracting, as the bellows contracts, forcing out all the carbon dioxide that comes out as a black stream. At the end of exhalation, squeeze your lungs with transparent fingers to get rid of the last bit of trapped carbon dioxide, expelled as a jet of black smoke. Repeat this "bellows breathing" two more times. Then, come out the way you came in, using your light to see your way, and take the waste container with you. When you are outside of your body, bury this container in the earth. Then, breathe out slowly and open your eyes.

Close Your Eyes = closing of the eyes allows you to shut out the external world, permitting you to turn your senses inward to access the imaginal experience in a directly vivid manner. It's important to note that the senses are turned inward, for imagery practice is sense-dependent, in that focusing inside to apprehend something is equivalent to apprehending something outside. The senses are required as the starting point to establish our encounter with any experience. Of course, with the imagery method we want to leave the habitual perceptions of everyday existence to participate in the non-habitual life-mode of inner life.

There may be some people who don't feel comfortable shutting the eyes. For those who are resistant, I don't push it, although I do feel this may limit the intensity of the inner experience.

Breathe Out Three Times Slowly = The significance of this factor cannot be emphasized enough. Long, slow exhalations have the effect of quieting us down inwardly, reducing anxiety and creating a moment of relaxation where the attention can be placed squarely on the imagery

process without distractions by tangential thoughts or wandering off into habitual fantasy life. There is also a physiological mechanism at play here to which I draw your attention. There is a nucleus in the brain called the Blue Nucleus. This is a group of cells that turn blue when they are actively engaged in sending their neurotransmitter substance to various areas of the brain to enhance the functioning of those areas. What is of particular interest for us here are two such regions called the amygdala and the hippocampus. They are charged with mediating our emotional and thought life respectively. When they are in receipt of the neurochemical sent by the Blue Nucleus, they can process new data, allowing us to respond in new ways, not in the same reflexive habitual manner (Foote, 1991; Usher, 1999).

Most of the time the Blue Nucleus is deactivated and is actually pale, or is absent the blue color. When this happens, no new data can be processed, and we are consigned to the same habitual activity. What makes the Blue Nucleus pale is a substance secreted by the adrenal gland called "nor-epinephrine." This chemical is activated in our usual, daily, chronically stressful, repetitive life situations. It is, perhaps, the most destructive chemical substance produced by the physical body.

How can we remove this toxic material, thereby resuscitating the Blue Nucleus's beneficial action? Two of the more significant ways available to us are: 1) imagery activity, and 2) long, slow exhalations coupled with normal inhalations — not exaggerated. Hence, the importance of long, slow exhalations to the efficacy of imagery work, notwithstanding the direct benefit of imagery, which itself conveys new data and activates the Blue Nucleus at the same time. We have here a continuation of a physiological function exhalation and a mental function imagery acting in concert to create the possibility for/of change within us. Deep inhalation creates a stimulation of the adrenal gland, prompting an outpouring of adrenal chemicals that actually negate the effect we are trying to achieve (Porges, 1995a and 1995b).

The Diseased Area Itself

To begin with, the patient is generally provided with a photocopy of the organ or region

in question. It can be a surprise at first how little most people know about the inside of their bodies. Not only do they not know what the organs look like, but they don't know where they are located. Once the photo is provided, imagery effectiveness is enhanced.

In addition to working on the diseased area itself, it is advisable to include a generalized cleansing exercise to create a clean field in which the healing is taking place. It has come to my attention that some people teaching mental imagery state that the organ in question should not be directly addressed, only the environment surrounding the organ. I have not found this to be true in my, or my students', experience. The purpose of using imagery in the disease process is to create change directly in the organ. *Every* organ of the body has a brain which can take instruction and direction from the inner imagery intention. This presence of multiple brain existence derives from the migration of neural crest cells in early embryological development and is an established embryological fact (*Langman's Medical Embrylogy,* 2000). The implication for imagery therapy is that by ordering the brain of the organ to come into order, it in turn orders the organ to come into order. When we are in order we are healing.

Something may be mentioned here akin to working on the environment imaginally. In the ancient spiritual tradition of the West has come to us the dictum "As above, so below." This is the law of analogy that forms the underpinning of how images are to be read and thereby understood. In terms of the body, one might understand that the upper and lower parts of the body correlate to each other with the diaphragm serving as the dividing line between the two. For instance, the fingers correlate to the toes, wrists to ankles, forearms to lower legs, and so on. In this regard I've found commonly correlation between the prostate gland and the sinuses around the eyes and nose. When the prostate is enlarged, the sinuses appear to be unusually stuffed. So, when I give imagery for prostate enlargement, I might give exercises as well for cleaning out the sinuses.

It is important to keep these correlations in mind; taking care of one area has an effect on its corresponding region. Knowing this is of inestimable value, for instance, in treating neurological problems. For there is always an area of normal neurological functioning, even in

those severe insults to the nervous system. Using imagery in these normal areas to create movement can result in a message sent to the impaired area to become activated. In imaginal therapy movement means life, and imagery is the function that brings movement and life to one's being.

The Structure of Imagery

Composing imagery exercises is an art that enriches the process immensely. There are points to bear in mind about creating imagery exercises that I have found helpful in their construction. Here are four points worth covering in this condensed format of a book chapter:

1) It is absolutely necessary for one to know anatomy and physiology. As may be noted in the asthma exercise, the bronchi and lungs are brought into play. Also, some understanding of asthma breathing has value, viz., the need for that extra imaginal exhalation to release that last held bit of carbon dioxide. At the same time that one is are schooling oneself in these subjects, it may be helpful to also educate students (this term is preferable to "patient" or "client," as what is done is to *teach* people to become their own healers) about their biology. As mentioned above, each person is given a photocopy (or computer graphic printout if one has that technology available) of the anatomical area being worked on. The student looks at the photocopy for about 30 to 60 seconds. Afterwards he/she can close eyes and do the imagery exercise. The reports have been quite favorable about the enhancement of imagery experience following this method.

When one knows anatomy and physiology, it becomes much easier to know what exactly has to be required and how to do it. Such understanding naturally leads into constructing exercises specifically and naturally tailored for that person. In the asthma exercise, I indicate natural breathing in describing how the rib cage and diaphragm respond to expanding lungs. This gives a way to cue into an internal process to which attention has not been paid, but once attended to gives the student a greater sense of control over the process.

2) Imagery exercises have a threefold aspect to their usage that provides a useful orientation for understanding how to write them. These three elements are worth paying

attention to in incorporating them into the imagery exercise. They are: a) stimulation of conflict. That is, create a slight shock that puts the person in a confrontational position with the disturbance. This stimulation phase is to be followed by b) a resolution of conflict where the shock is quieted and the conflicted situation is overcome. This resolution is followed by c) a triumph where one experiences a real sense of victory and/or accomplishment.

Put in physiological terms one begins by stimulating the sympathetic nervous system. Creating the shock mobilizes the fight-flight-fright system preparing for the challenge about to be faced. The adrenal-pancreas-thyroid-pituitary axis is thrown into action. In the second phase the parasympathetic nervous system is activated. This is the quieting system of the body and is intimately connected to the vagus nerve and its activity. This mother nerve sends branches to the heart, lungs, abdominal viscera, amongst other centers, to slow down physiological activity such as heart rate, respiration, blood pressure, intestinal peristalsis. It is here the real forces are mobilized to handle the challenge, and the way is shown, via imagery function, how to effect change. Change is denoted by action. Without action no change is possible. Up till now in the therapy field insight has been equated with change. But this isn't true in my experience. Insight may be a preliminary to taking action. It does not necessarily translate into action. In fact, the reverse is more apt to be the case. That is, take action and insight will come. This has certainly been my experience, as I have had the chance to compare both sides of the coin with regard to the insight-action pivot, as I was, formerly, a psychoanalyst trained in the tradition of its axiom: don't act until one understands the reasons or the promptings underlying the action one is about to take. In making the switch from a psychological orientation to a phenomenological one acting in accordance with the presence of the present without preliminary interpretation I have been able to observe the differences. Action brings healing in a hurry! Action means movement. And, movement means life!

Imagery creates an inner movement that brings life to oneself, reflected in the beneficial physiological and biological activity taking place as one moves toward healing. Creating inner movement is a key to how imagery brings about the results it does. In forming imagery exercises

one must always keep the necessity for movement in mind. Images have to reflect motion. It's this *new* action that gives us the way to effect new behaviors (described below).

The next and final element in the process is the triumph. The triumphant aspect is tantamount to beginning the imprinting process that starts embedding this new possibility into one's biomental being. One is giving oneself a message that the challenge has been faced and conquered. It is a mental appreciation without arousing doubt (as many verbal ones mentally and vocally do). One has mastered something in oneself by oneself for oneself and has, thus, reinforced one's self-authority. Here a synthesis is struck between sympathetic and parasympathetic activity as one comes away a more balanced and clear individual, self-empowered and more attuned to the present moment and the fullness of life it offers.

The resolution and triumph is then repeated on a daily basis to create an imprinting into one's biomental being whereby a new habit is created. In effect, one is dosing oneself with a new medicine that is given three times a day at certain prescribed times for a period of 21 days. The best times for daily practice is early morning upon awakening first thing. Only having to urinate should be done first, otherwise nothing else comes first. Next is 5–6 p.m. Finally, last thing before going to bed. *All* practice is to be done sitting up straight in a chair, feet flat on the floor, arms on the arms of the chair, eyes closed, *always* breathing out long slow exhalations through the mouth and breathing in normally through the nose. The 21 days refers to the time it takes to break a habit and to create a new one. When you read the exercise, do it then, and start the next day to start counting 21 days. The total number of times you'll have done the exercise is 64. Sixty-four is the number of life; for example, the DNA molecule is comprised of 64 strands; the *I Ching* (Chinese book of life) contains 64 hexagrams.

3) In constructing imagery exercises it is well to keep in mind that the way they are written have import. The saying of them are evocative (or not) of inner imagery. The more poetic the exercises are written, the closer they are to the imagery process per se. It is not intended here to go into length about the writing of imagery exercises, but I would like to pass along some pointers. Among these are: make sure that the exercise contains movement; the

wording like poetry doesn't have to make logical sense; it is helpful to have the movement words contain an "ing" ending, viz., climb*ing*, runn*ing*, walk*ing*, etc. The gerund ending denotes movements in the English language, and using language in this way gives a prompting to the inside to respond in an active fashion.

4) The sources for use as that material upon which to draw ideas or direction for constructing imagery exercises are numerous. These sources are described in my book *Healing into Immortality* (Bantam Books, 1994; ACMI Press, 1997), but there is one I would like to comment on here. This has to do with taking images from the person's own conversation. In the imaginal therapeutic process I conduct and teach, there is no vital interest in the content of what the person says other than to note to him/her that what is being said has no validity if it refers to the past or the future (both areas are illusory in that they don't exist other than in the story-making functions one applies to them in order to create explanations to account for the disturbing elements confronted in life at a particular moment) and not to waste time in dwelling in either place where truth is not happening. Also, as attention is not paid to the content of conversation, one rather listens for the images used to describe the situation, internal or external, troubling the student. Almost invariably one will hear images used to describe a state of being. For instance, a depressed woman said: "I feel like I am in the bottom of a pit." An anxious man having difficulty at work said: "I feel like I'm strangling in the situation" Another anxious young man said: "I feel like I'm tied up in knots." These examples can be echoed a thousand-fold. A young woman who suffered from sacroiliac spasm said: "I bent over backwards to be patient and kind to this person who took advantage of me." When you hear these image words or phrases, they essentially speak for themselves in terms of what imagery exercises one would create on the spot. Making up exercises is an essential creative element in imaginal clinical work. Making them up "on the spot" in the instant of the student's suffering presents an interesting and enriching challenge; one of the aspects of this work that makes it never dull or boring, but rather endlessly creative.

In the case of the woman in the pit I asked her to look around the bottom of the pit using

a light, if she couldn't see clearly, to find something to help her get out. She discovered a ladder which she climbed to make her way out, finding a bright sunny day in a beautiful landscape when she emerged. From this point on the depressed state began to recede. Repetition of this experience saw the depressed state give way altogether. In repeating the exercise she had to begin at the pit. The shock of that starts the process described above about the threefold process of imagery experience. For the man "strangling in the situation," I asked him to see the strangulation. He saw a noose tied around his neck which he removed and noticed not only a sense of relief but also noticed a perceptible change in this breathing: deeper and slower. As he repeated this exercise over the ensuing days he found a way to straighten out the job circumstances to his benefit.

As one comes into balance through imagery experience, new ways of apperceiving and approaching life take shape that lead to new action or behaviors that bring about desired change. For the young man tied up in knots, he simply saw a rope full of knots that he methodically proceeded to untie. I asked him to sense and feel what was happening during this process. He reported afterwards the reporting is done *after* the exercise is completed that he felt a straightening of his spinal column and that he was standing more erect. He also felt a release of tension in his upper abdomen. Feeling more in touch with an equilibrated, embodied self, his entire mental and emotional outlook brightened and he could face life in a more optimistic, life-affirming way. For the woman who bent over backwards, she imaginally corrected that exaggeration by bending over forwards to touch her toes with her hands without bending her knees. She found herself coming to a natural upright position and also becoming more "upright" in her relationship to that person whom she decided no longer to coddle or appease, but rather to "stand firm" toward, to not be ruled by that person's imbalance.

By following the direction coming from the person him/herself, one is reinforcing a fact that is a cornerstone of imaginal therapy: each one has the answer inside for healing. One merely reflects back the genuineness and authenticity of that discovery. At the same time one is preserving that individual's freedom and autonomy by showing them their own innate capacity

and independence. This builds an inner sense of self-caring and self-empowerment. In effect, one is teaching the student to become his or her own healer by teaching them how to heal themselves. This teaching function lies at the heart of this clinical work, moving it from a realm of therapeusis to one of education. The clinician supplies the education, the student supplies his/her own self-therapy.

In going back to the imagery exercise described above for a closer examination of its structure, it first may be noticed that it is not "scripted," as imagery exercises are often depicted. That is, one is not told what will be found at the end of the exercise, or what has to happen at the conclusion of the exercise. What the exercise creates is within the province of freedom, the individual's personal freedom, which we seek to honor and not trespass into. I believe it is critical for the healing process that it is realized that a person's freedom includes that of choosing to be well *or to be ill*. It is not for clinicians to be insistent that those who work with them follow a preexistent standard of what has to be achieved and what must be shed. The choice is left up to the student, who opts to use or not use the tool(s) provided.

Next, in the asthma exercise, one may notice the use of light in two ways: 1) taking a light with you to see your way; 2) seeing light coming into the area to be healed. With respect to the first: bringing a light to examine an internal organ or any interior aspect of the body is most helpful. The illumination afforded by such light has a most salutary effect, revealing to the seeker an area shrouded in obscurity. This light is used to find one's way to the area in question and allows one to not disturb any other structures one may find along the way. It is valuable to use the light to examine the afflicted area from every angle. Often, such examination allays anxiety felt about the ailment as well as anxiety about directly confronting the diseased part. This latter face-to-face contact is essential for healing. The general tendency in medical treatment is to treat sickness as an enemy to be avoided at all costs, such as taking aspirin for a headache to get "quick relief," avoiding further examination of the source of the pain; for once the pain is eliminated, the person really has no further interest in exploring its meaning. It is not being suggested that the pain remain infinitely. But while trying to eliminate the pain through

imagery process as described in my book *Healing Visualizations* (Bantam Books 1989), we can look at its meaning at the same time, a process that just doesn't happen when immediate relief is sought through resorting to an external synthetic medication right away.

In regard to the second point, the direct relationship between light and healing cannot be stressed enough. Inner light drives out the darkness and introduces the domain of the holy into the healing process. It's worthy of note that the word *heal* comes from the same etymological root that gives rise to the words *health, whole, holy*. To become whole is to become healthy. To become healthy requires that the healing process allow the entrance of the holy. The holy comes as light entering one from an invisible source that promotes natural growth and sustenance, just as the visible sun creates a similar process in the external world. It is a common occurrence in imagery experience to spontaneously discover light, and often to be bathed or immersed in light. We know innately the beneficent effects of light. Internally (and on the skin as well), light stimulates the growth of normal healthy cells and the repair of organs.

Using light of various colors can be significant. In the exercises presented here, white light was employed. For the brain and lungs white light seems to have a powerful effect. Blue light is the generalized healing color for the West and Middle East (green for the East). Red blood cells emit blue light as can be seen under electron microscopy where the blue light shows up as halos around the red cells (*Blood,* 1985). In fact, *all* cells emit light as do all organs (they all emit sound as well). When cells and organs are dying, the light becomes extinguished. Blue light also naturally neutralizes the red of inflammation. Green light will still pain. Gold light gives life and vitality to organs. Violet light helps to regulate the insulin output of the pancreas. Blue-green light brings relief to the nasal region and sinuses, quite effective for colds and chronic sinus congestion.

One may notice how active the person becomes in the exercise. S/he enters the bronchial tree, carries a light, has a bulb syringe and an air gun to actively cleanse the mucus and dry extraneous mucus that remains, putting the waste there for disposal later on. Not only is an active engagement in the process taking place, but also an active cleansing happening as well.

The need for cleansing is of preeminent importance in healing. It is paramount for healing. The way must be cleaned for something new to take place. Making room by creating space may be a deep thought to contemplate about what makes imagery effective. The process of cleansing takes away clutter that gets in the way of change. Clutter can be understood on a mental level as old habits reflexively operating and acting as hindrances to change. No matter what level one is speaking of physical, emotional, mental, social, interpersonal, moral some sort of contaminant, pollution, dirt, or uncleanliness has inserted itself into the garden of one's personal reality that needs to be removed.

When the contaminant enters, light is shut out or off. Light is necessary for life, the sun being an obvious example. One must act to allow light to enter as it is the natural healing force. Preparation for light to make its entrance is cleansing: 1) allowing light to enter; 2) making a space for something new to happen. This space I call the "space of freedom," where myriad options become possible. In the asthma exercise, cleaning out the mucus makes space available for a normal physiological exchange of gases in a free-flowing way. Then the restoration back to a natural and normal respiratory physiology becomes possible.

On the subject of habits, in my view, they are always with one. It is a matter of whether they are constructive or destructive. When an unproductive habit is rooted out it comes to be replaced by a productive one. One really can't be absent habitual activity, so one wants to put in place the ones that work to give one a harmonious and happy life. By the repetition of an exercise, as was mentioned above, the imprinting is pushing out the old habit. The will changes its direction to push our responses differently to the usual stimuli encountered in everyday life. One has established patterns, but is now able to respond in ways to which one had not been accustomed. In inner life, just as it happens in outer life, two objects cannot occupy the same space at the same time. Therefore, two habitual tendencies cannot coexist together.

The continued accumulation of new ways of responding eventually forces out the old reflexive tendency. As this happens, one begins to feel the shift(s) taking place. Using this understanding one may begin to view physical illness from a certain perspective: as the building

up of habit reflecting itself as a physical disturbance. As this may be the case, the advent of the new habit brings with it the erosion of the old and with it the removal of the habit's physical reflection. Bearing this point in mind, one may note that the student is asked to repeat the bellows breathing twice more in the exercise, making a total of three. Here there is reinforcement of a new habit — having the lungs behave in a certain way, while giving an instruction to the inside, via the number three, itself having the meaning of synthesis.

Finally, the waste is buried in the earth after the student leaves the body, coming back out the way s/he went in. Whenever a person enters the body to work on a physical area, the exercise must end with a return to outside the body, exiting *by the same route* as was entered. In keeping to the same route, the overall homeostatic physiology of the body is maintained and the person returns to full waking-life consciousness as existed before the exercise without alteration while the physiology of the diseased part has been repaired *at the same time*.

For many exercises, used for affecting a disease process, some waste product is produced, of which disposal is required. In cancer exercises, the debris created by breaking up the tumor may be removed, for example, by a river of white cells, or insects eating the tumor, or a tornado removing the cells. In the imagery portrayed in this chapter, the waste is sucked out and buried. Images of air, earth, fire, or water can be used as means of ridding oneself of the waste products. Remember, the removal of wastes is a decontamination and cleansing effort so vital to the healing from illness.

Concluding Remarks

Mental imagery is a venerable and ancient tradition associated with healing in Western civilization. The imagery process has been and still is a significant form of practice in the Western spiritual tradition. Here, it is germane to this tradition that the individual's freedom is maintained and preserved. Every effort is made to this end, realizing that every intervention or intrusion, no matter how innocent or brief, may coopt freedom. In my understanding we are all 100 percent open to suggestion 100 percent of the time. The clinician does well usually not to

exploit that situation and to leave that space of freedom untrespassed. Teaching others how to use their minds to shape their realities and fulfill their possibilities honors that urge to freedom inherent in everyone. Once one understands how to use this powerful mind medicine tool, one no longer has to be dependent on the clinician, another way to promote the urge toward freedom.

It is hoped this overview has been of help in thinking about what to do in treating all sorts of disorders; the success rates from applying these principles in both the author's and clinical students' practice has been extremely high. What is wished for and envisioned is for similar results to happen for the clinicians who experiment with the principles outlined in this chapter. They are derived from a perennial and ancient wisdom that has been transmitted over centuries — actually millennia — so that these principles can be adapted and applied in any particular cultural circumstances at any time in any era of our humanities' lived experience.

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