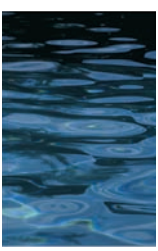
GUIDED IMAGERY



Psychotherapy and Healing Through the Mind-Body Connection

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FOREWORD BY ERNEST ROSSI, PH.D.

Guided Imagery

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Crown House Publishing Limited
www.crownhouse.co.uk
www.chpus.com

First published by

Crown House Publishing Ltd
Crown Buildings, Bancyfelin, Carmarthen, Wales, SA33 5ND, UK
www.crownhouse.co.uk

and

Crown House Publishing Company LLC
6 Trowbridge Drive, Suite 5, Bethel, CT 06801, USA
www.chpus.com

First published in hardback 2000 (Original ISBN: 1899836446).

Published in paperback 2007

British Library of Cataloguing-in-Publication Data
A catalogue entry for this book is available
from the British Library.

10-digit ISBN 1845900383
13-digit ISBN 978-1845900380

LCCN 2006939994

Printed and bound in the UK by
Cromwell Press, Trowbridge, Wiltshire

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Chapter 1

Introduction

1.1 Introduction

The purpose of this book is to share with helping professionals the approaches that I have found to be useful in working with people who have life-challenging diseases. Part One is designed to systematically teach how to do guided imagery work. Part Two details the psychotherapy-based approaches which I consider to be necessary for comprehensive work in healing. Part Three is concerned with related approaches.

A broad definition of guided imagery for healing might be: any internal work that you do that involves thoughts (uses the "mind") and has a positive effect on health. This can range from "thinking positive" to elaborately structured processes involving relaxation, meditation, and body postures. It can include biofeedback and various enhancements of mood via music, electrical or vibrating stimulation, massage, acupuncture, magnetic (or other) fields, or ingested supplements of drugs and herbs. The common denominator is thoughts, and their effects on body function. There is currently a great deal of evidence for this assertion. Scientific evidence is presented in the first part of the book. There is then a systematic presentation about the theory and practice of guided imagery, with an emphasis on the "how to." The latter will involve excursions into rapport building and hypnotic language forms. The overall intent of the book is to provide practical methods in such a way that workers in the field can use them with their own clients. Exercises will be introduced where appropriate. One example of this approach is the detailed linguistic analysis of transcripts of guided imagery. Examples of recommended language usage and the design of guided imagery are also provided. Finally, the audiotapes accompanying this book contain examples of generic and specific guided imagery sessions.

Welcome!

1.2 A Personal Note

I have spent most of my professional life as a professor of chemistry, dividing my interest between chemical education and "hard" research in the area of the thermodynamics of solutions, which I continue in retirement. This has been a rewarding career, and includes two co-authored books on thermodynamics and many technical publications.

A number of years ago I was in treatment with a Gestalt Therapist. After I completed my significant personal work with him, I approached him about doing some more group work. Instead, he invited me to join a training group in Gestalt Therapy. I did so, and was the only lay person in training. This involvement led me to obtain a master's degree in mental health counseling in 1978. I have had a small private practice specializing in very brief therapy since that time. (I am licensed in Ohio and a national board certified counselor.) In addition to Gestalt Therapy, I have had training in bioenergetic analysis, Neuro-Linguistic Programming (NLP), Ericksonian hypnosis and hypnotherapy, and solution-oriented approaches among other modalities. T.L. South and I recently (1999) have had published *Ericksonian Approaches: A Comprehensive Manual*. For over fifteen years I have taught specialty workshops for the Department of Human Services (counseling) at Wright State University as an Adjunct Professor. This book is based on one of those courses.

How, then, did I become interested in healing and working with people who have life-challenging diseases? About seven years ago I read Bernie Siegel's first book (1986)—*Love, Medicine & Miracles*—and afterward asked myself the question, "With your skills and training, why aren't you working with the kinds of people Bernie describes?" A phone call to ECaP (Exceptional Cancer Patients, 522 Jackson Park Drive, Meadville, PA 16355: (814) 337-8192) put me in touch with the Charlie Brown Exceptional Patient Support Group of Dayton. They kindly let me sit in on their semi-monthly sessions. With what I learned from them, I started a support group in the village of Yellow Springs. This group ran for two years while I continued to attend meetings of the Dayton group. Eventually, I became one of the facilitators of the Dayton group. (The way the Dayton group functions is described later for those interested in establishing similar groups.)

It has been my practice to "adopt" two or three members of the support group for more intensive follow-up and individualized work. (All of this is done as a volunteer.) The individual work involves teaching guided imagery, information, and the clearing up of unfinished business. My personal philosophy can be summarized in two statements, "I always have hope" and "I believe in miracles." Certainly, some miracles have occurred. In some ways, this book is about facilitating miracles.

Is this work wearing and depressing? Most emphatically NO! There is always laughter and joy in our support group. Of course, there is also some sadness and crying and depression. But, the overall mood of these exceptional people is one of hope and unconditional love. I invariably leave a meeting feeling renewed and inspired by their incredible courage. It sounds paradoxical, but everyone I know who has a life-challenging disease has said at some time that their disease was a *blessing*. For most of them, life was pretty routine, even dull, up to that point. Now, every day, every hour, every minute is important—they are really living in the here-and-now, experiencing life, moment by moment, with an unprecedented intensity. Someone pointed out that the "present" is called that because it is indeed a *gift.* To be alive *now,* rather than dwell in the past or the future, is what my friends have taught me.

Through the very nature of this work many of my friends have died. Yet, I would not trade getting to know them and being part of their lives for anything—they have all become part of me.

1.3 Disease/Cure and Illness/Healing

Despite the ancient adage of "sticks and stones can break your bones, but words can never hurt you" words can have powerful positive *and* negative effects on the human mind and body. Since this book is primarily about the careful use of words to help people (see Chapter 7), it is important to define certain words carefully. We will start this process with a few significant words.

It is popular in some quarters to write the word "disease" as dis-ease, implying that it describes a state which is the opposite of being at ease, in comfort, or relaxed. In this book we define a *disease* as something that is physically wrong with the body. That is, a disease is the pathology itself. Examples are: cancer, infections,

hormonal imbalances, diverticulitis, ulcers, strokes, myocardial infarctions and insufficiencies, and broken bones. The reversing or fixing of a disease (in Western societies) typically involves a "mechanical" intervention of some sort: surgery, chemotherapy, radiation, antibiotics, supplements, dieting changes, physical rehabilitation, and drugs. When the disease is fixed or has gone away, the person is said to be "cured." So, a *cure* is the reversal of a disease, the disappearance of its physical manifestations, and a return to normal healthy functioning. We are fortunate that there are a great many diseases that can be cured in a straightforward manner.

The title of this book uses the word "healing." How is healing different from curing? To clarify this, we first need to make a distinction between an illness and a disease. We define *illness* to be the *meaning* that you personally attribute to the disease. These meanings are unique to you and are determined by your history, culture, religion, ethnicity, belief system, intellectual predilection, upbringing, heritage, philosophy of life. Siblings are more likely to interpret a given disease in the same way than people from different cultures. Yet, due to different life experiences, sisters may react in very different ways to a preliminary diagnosis of breast cancer. *Healing* applies to the *meaning* of the disease, i.e., the illness. The root of healing signifies "to make whole." Healing is more related to internal feeling states than physical states.

For example, when I was growing up in the Bronx in a Greek-Jewish subculture, the word "cancer" was rarely mentioned, or spoken in only a whisper. There was a belief that saying the word out loud (or even *thinking* it!) would catch the attention of the "Evil One" and you would then be more susceptible to getting cancer. Evil Ones or devils were part of the belief system of my relatives. This reaction to a word colored all of our thinking and responses. A person who had CANCER was doomed to a horrible death, but it also bore connotations of shame and pity. The *illness* was worse than the disease; it led to a helplessness and hopelessness on the part of the afflicted person, as well as care-givers and well-wishers. Thankfully, many of our attitudes towards cancer-the-disease have changed. Bernie Siegel sums it up best by saying, "Cancer is not a sentence, it is just a word."

Chapter 4

The Placebo Effect

4.1 Introduction and Definitions

In the first outline of this book a discussion of the placebo effect was incorporated as part of the previous chapter. Then, I researched the subject and found an extensive literature of literally thousands of papers, and a number of very good books. Since the effectiveness of guided imagery work may be largely due to the placebo effect, it made sense to devote an entire chapter to the subject. *All* of the alternative treatments for cancer, for example have helped *some* people. These treatments do not hold up to the modern standard of double-blind studies, but they have had *some* success. Is it possible that the common denominator is the placebo effect? Read on.

There are several important books that this chapter is based upon. A. K. Shapiro was perhaps the most consistent and long-term student of the placebo effect. His wife, E. Shapiro, completed their book (Shapiro & Shapiro, 1997) after his death. We will write more about his contributions later, but a major one can be summarized as "… *until recently the history of medical treatment was essentially the history of the placebo effect*." [emphasis added] (Shapiro & Shapiro, 1997, p.2). White, Tursky and Schwartz (1985) are the editors of a book on the placebo effect whose contributors emphasize theory, research, and mechanisms. Harrington (1997) is the editor of papers contributed by participants at a symposium on the placebo effect—this book includes as a last section an edited discussion. Spiro's book (1986) is a good introduction. A popular article by Brown was recently published (1998).

Shapiro and Shapiro's preferred definitions with regard to placebos follow (1997, p. 41)

- A *placebo* is any therapy (or that component of any therapy) that is intentionally or knowingly used for nonspecific, psychological, or psychophysiological, therapeutic effect, or that is used for a presumed therapeutic effect on a patient, symptom, or illness but is without specific activity for the condition being treated.

- A *placebo* when used as a control in experimental studies, is a substance or procedure that is without specific activity for the condition being treated.
- The *placebo effect* is the nonspecific psychological or psychophysiological therapeutic effect produced by a placebo.

They state earlier (p. 31): "According to its original definition and the definition used during most of its history, the word placebo describes a medication often commonly in use, knowingly prescribed by a physician 'to please a patient' rather than for its specific effect on a symptom or illness."

The following etymological history of the word "placebo" is based on Spiro (1986, pp. 10–11). Apparently, the first use of *placebo* literally meant "I shall please." One illustration of early use is from the *Oxford English Dictionary*, "He earned a miserable livelihood … By singing placebos and dirges." From this beginning the word "declined" and took on connotations of flattery and of being a sycophant. A. K. Shapiro has written that the first medically related use of the word was in 1785 where it meant "commonplace method or medicine." The modern use of placebo came into use first in 1811 as "all medicine prescribed more to please the patient than for its therapeutic effectiveness." (How many of us find it difficult to leave our doctor's office without a prescription?) Spiro further states (1986, p. 75): "Fisher distinguishes the placebo *response,* which is the behavioral change in the subject receiving the pill from the placebo *effect*, that part of the change which can be attributed to the *symbolic* effect of being given a medication. As the placebo affects the patient, and not the disease, it is very important to distinguish response from effect."

Benson (with Stark, 1996) recommends the use of the phrase "remembered wellness" rather than the placebo effect. His book has an entire chapter (pp. 25–45) on this topic. He states (p. 32) that there are three components to *remembered wellness*: (1) belief and expectancy on the part of the patient; (2) belief and expectancy on the part of the caregiver; and (3) belief and expectancies generated by a relationship between the patient and the caregiver. In fact (p. 32), "Belief in or expectation of a good outcome can have formidable restorative power, whether the positive expectations are on the part of the patient, the doctor or caregiver, or both." He quotes

(p. 34) the 19th century French physician Armand Trousseau as saying, "You should treat as many patients as possible with the new drugs while they still have the power to heal." Benson's phrase adds an interesting perspective, but will probably not replace the placebo effect. Later in this book (p. 206) Benson states, "We are beginning to be able to explain the way that physiologic mechanisms transmit and materialize faith to produce healing. This leaves us to ponder the truly remarkable fact that our brains/bodies are so equipped. And rather than thinking that science debunks miracles, I choose to believe that science underscores the awesome, and perhaps even miraculous, design of the human body."

Sometimes the language that people use in their writing implies that the person is separate from the disease. This misses the point that somehow *within* the placebo effect a person has the capability of using one part of their mind/body continuum to affect another part. The placebo effect cannot be separated from the totality of the human being.

You will note as you read this chapter that I decided to treat the subject by incorporating many quotations from the original literature. There is a separate section (4.5) on the related nocebo effect. Since the effectiveness of prayer may be due to the placebo effect, there is also a separate section (4.6) on prayer.

4.2 The Placebo through History

Shapiro and Shapiro (1997, p. 2) categorically state: "The great lesson, then, of medical history is that the placebo has always been the norm of medical practice … *until recently the history of medical treatment was essentially the history of the placebo effect."* (emphasis added). In their first chapter (pp. 1–27) they give examples of the placebo throughout history. The following are a sample:

- The Ebers Papyrus … about 1500 B.C. … contains 842 prescriptions and mentions more than 700 drugs of mineral, vegetable, and animal origin—all, with a few possible exceptions, worthless. (p. 4)
- The ancient Egyptian healers were fond of dung, recommending excrement from humans and eighteen other creatures. (p. 4)

Chapter 7

Language for Guided Imagery

7.1 Introduction

Perhaps the most useful exercise my students perform in learning how to construct guided imagery sessions is the micro-analysis of the language used in published imagery scripts and audio tapes. Following the preparation in the previous chapters and the material in this one, they become quite sensitive to both the language and the method of delivery. The next chapter is devoted to analyses of published scripts. This chapter is devoted to a study of language for guided imagery and is an abbreviated version of Chapter 5, "Language Forms," in Battino and South (1999). Since there is so much in common between hypnotherapy and guided imagery, it behooves the serious student of this work to get training in hypnosis. Within the United States the three most reputable sources of training in hypnosis (in the author's judgment) are: (1) The Milton H. Erickson Foundation, Inc. (3606 North 24th Street, Phoenix, AZ 85016-6500; (602) 956-6196); (2) institutes affiliated with the Milton H. Erickson Foundation—write or phone them for a list; and (3) The American Society of Clinical Hypnosis (2200 East Devon Avenue, Suite 291, Des Plaines, IL 60018-4534; (312) 645-9810).

The most common mistake found in scripts and audiotapes for the general public is that they are *too* specific in their imagery. Going to the beach and listening to the mesmeric pounding of the waves may be *your* special place for relaxing, but it will be frightening to someone who nearly drowned or who lost a loved one to drowning or who got a very bad sunburn on their last outing or…. Being in the woods can be relaxing; or scary if you got lost in the woods as a child, are afraid of the outdoors, are allergic to bee stings, etc. Language for guided imagery tapes for a general audience needs to be open, vague and permissive. This chapter will explore systematically the structure of such language. In large part this style of language usage was popularized by Milton H. Erickson, M.D. through his use of *indirect* language for hypnosis. It has been said that Erickson was a master of the ***precise*** *use of* ***vague*** *language*. We especially emphasize both the word "precise" and the word

"vague" in this description. By *precise* we mean conscious choice of the exact word(s) for a particular purpose. But, the words are *vague* in the sense of comparing "going to the beach" to "going *somewhere* that is *safe* for you." The word "somewhere" is open and vague and the listener creates or finds that place. I have a sense of what "safe" means to me, but *your* idea of safety is unique to you and your experience.

Another way to examine these ideas is to use the transformational grammar concepts of surface and deep structures. As a class exercise we state, "Jo(e) hurt me," and after the students have considered their reaction to this sentence for one minute, we ask them: (1) Is Jo(e) male or female? (2) Is the "hurt" physical or mental? (3) What is the relationship (husband, wife, significant other, relative) between Jo(e) and "me"? (4) Who is "me"? The sentence, "Jo(e) hurt me," is an example of a *surface structure* which contains only the *partial* meaning of the communication. The full linguistic meaning is in the *deep structure* and may be a sentence like, "My husband Joe hurt me by holding onto my left arm very tightly." This sentence is more specific and detailed and could probably be made even more complete. Yet, the *real* meaning (internal reality) for this woman is well beyond the deep structure sentence since it incorporated her: (a) physical sensations; (b) her memories of other similar incidents of hard connection; (c) her memories of related incidents; (d) the words that she uses to describe the experience to herself; and (e) her entire life's experiences and memories to that point in time.

When we attempt accurate communication using language, we can at best use deep structures. The implied "but" here is that even deep structures are only an approximation of the *real* meaning to the listener. In fact, *the meaning of any communication is the* ***response*** *that you get*. It is the nature of language that you can only hope that the response is connected to your intention in the communication. How many times have you been misunderstood or had to repeat yourself, particularly when you thought you were being very clear?

Fortunately, good guided imagery language is more often surface structure rather than deep structure. When you are designing a guided imagery for a particular person, you specifically incorpo-

rate *their* words and phrases and images into your delivery. If known, you also use words that are part of their representational system.

Another way of emphasizing the importance of vague language is to consider the differences in your experiences of *reading* a novel, *listening* to it on audiotape, or *seeing/hearing* it as a movie. How many times has a movie made from a favorite book disappointed you because they didn't get the characters or the scenes just "right," i.e., the way that *you* pictured the scene in your mind, and heard the dialogue in your mind? Good novels and short stories are successful because they provide only sufficient information for you to fill in the details.

There are three more common mistakes in general audience guided imagery audiotapes. A good tape is usually built around just one image. Poor tapes use too many ideas and images. After all, if fifteen minutes is a good length for a session, there just is not sufficient time to develop more than one image. A related idea is that most deliverers of guided imagery talk too much and too continuously. (This is also a common problem with neophyte hypnotherapists.) The listener needs time to develop his/her image and a response. In Transformational Grammar the search for response and meaning is called a *transderivational search*. Effective tapes and deliveries incorporate both short and long pauses. The last common mistake is to incorporate music into the tape—the music may be too loud and intrusive, and it may be of a style and from a period that is foreign to the client. Tastes in music differ so much that it is best to leave the music out. If music is important for your client, then they can play their own special music in the background using separate equipment. It is my practice to *not* use music.

Practitioners of neuro-linguistic programming (NLP) have contributed much to the systematic study of language. Some accessible NLP sources are Lewis and Pucelik (1982) and McLauchlin (1992). For a more linguistically oriented approach read Bandler and Grinder (1975) and Grinder and Bandler (1976).

"This is a book that will open you up to new ways of seeing and magnifying your healing power. Combining the wisdom of ages with contemporary research findings in psychoneuroimmunology, Rubin Battino takes us on a healing journey that transforms dreams into possibilities."

Carl A. Hammerschlag, M.D. Author of *The Dancing Healers, The Theft of the Spirit,* and *Healing Ceremonies.*

"It is gratifying to see the spate of excellent, new work being done to refine what we understand about the art and science of guided imagery. Our knowledge base is at last broad enough to invite sophisticated distinctions and analysis, and this is Rubin Battino's substantial contribution in ***Guided Imagery: Psychotherapy and Healing Through the Mind-Body Connection.*** Leaving the "art" of the technique to others, Battino, grounded in Ericksonian hypnosis and general science, examines methodology and content in a careful, rigorous way. Well chosen, illuminating clinical examples abound, with eminently useful imagery suggestions for practitioner and patient. Even those who don't entirely agree with his assumptions will acknowledge the necessity and value of this masterful book to a brave and burgeoning field."

Belleruth Naparstek, L.I.S.W. Author of S*taying Well with Guided Imagery,* creator of the *Health Journeys* guided imagery audio series and *www.health journeys.com,* The Guided Imagery Resource Center.

This book explores in detail the most powerful methods of healing. While focusing on Guided Imagery, a healing technique that fully exploits the connection between mind and body, it also extends its analysis to other healing techniques, including psychotherapy-based methods and alternative therapies, encouraging a multi-modal approach to healing.

An essentially practical and useable healing manual, ***Guided Imagery*** presents a breakdown of published guided imagery scripts, while investigating the language used in guided imagery, the skills required in rapport-building, and the most effective methods in inducing a state of relaxation. Pioneering new bonding and fusion healing methods, ***Guided Imagery*** also incorporates a useful section on preparing patients for surgery, and a chapter on Nutrition and Healing, provided by nutrition expert H. Ira Fritz, Ph.D., plus a chapter on Native American Healing Traditions, supplied by Native American healer Helena Sheehan, Ph.D.

Designed as a resource for health professionals, ***Guided Imagery*** will prove to be an invaluable guide to doctors, nurses, psychologists, and counsellors. Meticulously researched and authoritative, this book is essential reading for all those involved or interested in healing.

Rubin Battino, M.S.has a private practice specializing in very brief therapy in Yellow Springs, Ohio. He teaches courses in The Department of Human Services as an Adjunct Professor at Wright State University, and is President of The Milton H. Erickson Society at Dayton, Ohio. Professor Battino currently serves as a facilitator of The Charlie Brown Exceptional Patient Support Group at Dayton. He is the co-author of *Ericksonian Approaches: A Comprehensive Manual*, and author of *Coping: A Practical Guide for People with Life-Challenging Diseases and their Caregivers, Meaning:* a play based on the life of Viktor E. Frankl, and *Metaphoria: Metaphor and Guided Metaphor for Psychotherapy and Healing.*

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ISBN 978-184590038-0

9 781845 900380 90000