> …it is possible for thought-processes to become conscious through a reversion to visual residues [and] in many people, this seems to be a favorite method…Thinking in pictures…approximates more closely to unconscious processes than does thinking in words, and it is unquestionably older than the latter both ontogenetically and phylogenctically."
>
> Freud, *The Ego and the Id*

Guided Affective Imagery.(GAI)

A Method of Intensive Psychotherapy
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I. HISTORY

The use of hypnagogic imagery in psychotherapy has a long history. It was first reported in the famous case of Anna O. in Studies in Hysteria by Breuer and Freud in 1895 (1). But Freud went on to develop his psychoanalytic therapy on lines other than those which the first experiences with hypnagogic states would have indicated. In 1913, the Viennese psychiatrist Frank reevaluated the spontaneous occurrence of hypnagogic visions under deep relaxation. He called his technique the "Cathartic Method" (2), using Breuer's old term. In 1922, the famous German psychiatrist Kretschmer (3) offered a new description of the phenomenon. He called these inner visions *Bildstreifendenken*, which means thinking in the form of a movie. He showed how closely they are related to the dream-work studied by Freud.

In 1948 I started a long-range experimental study of the efficacy of imagery in psychotherapy. My first publication, which came out in 1954, presented a new psychodynamic method useful for both diagnosis and for checking on the progress of therapy. It was called "*Experimentelies katathymes Bilderleben*" (EkB), which means experimentally induced catathymic imagery (4, 5). The term "catathymic imagery" refers to inner visions which occur in accordance with and are related to affect and emotions. It was coined by Ernst Maier, a co-worker of the late Eugen Bleuler. In the following years, I developed a clearly defined system of practical psychotherapy which is known in Germany under the name of *Symboldrama* (6, 7). The method was first introduced into the United States by William Swartley. His article (8) stressed the diagnostic use of the method, which he called "Initiated Symbol Projection" (ISP). Focusing more attention on the therapeutic aspect, R. Krojanker published an article on Symbolic Drama (9). This paper presents a brief, general survey of the method with special reference to the various therapeutic tools that are used for intensive, analytically oriented psychotherapy. The present paper is my first published description of the method, Guided Affective Imagery (GAI), to appear in English.

On the basis of broad clinical experience, psychoanalytic training, and research done by my group and other interested therapists over the past 18 years, I have formulated and crystallized a sensitive system of psychotherapy which can provide the psychodynamic material needed for a genuine depth psychotherapy. This therapy is able to relieve acute neurotic disturbance in a short time (10). Chronic cases can be treated in much less time than is usually needed for psychoanalysis. Cases of as long as 15 years' duration have been treated successfully (11-13). The favorable results which have been obtained with this method have persisted for follow-up periods of as long as six years. The average treatment took 40 hours, and the range was from one to 160 hours. The method is designed for step-by-step application so that even students in training can obtain good results when supervised. Despite its broad applicability and efficacy in a variety of disorders, I have found that it is not useful with psychotics and addicts.

II METHOD

The technique for applying the method of Guided Affective Imagery is simple. The patient lies down on a couch. Outer stimuli are reduced as much as possible. The room should be quiet and the lights dimmed. He is then asked to relax. It may be advisable to offer some verbal suggestions that help to deepen the relaxation. One then starts with the first standard situation, the meadow. The patient is asked to imagine a meadow, any meadow that comes to mind. No further comment is given. Everything is left as open and as unstructured as possible so that the patient can develop his own image of a meadow with its associated feeling quality. The therapist gently persists in asking the patient to give detailed descriptions of his imagery and of the feelings associated with it. The therapist is, so to speak, always the companion of the patient in his world of imagery.

How does GAI use the process of projection for therapeutic purposes? The vague suggestion offered by the therapist, for example, that of a meadow, serves as a kernel or core around which the patient's fantasy production will crystallize. Subsequently, the patient's well-developed theme of a meadow will also serve as the stage or screen onto which other actions will be projected.

It is essential to understand that when the patient is in this state of induced relaxation, the mind is functioning differently than in situations of alert consciousness. During GAI, the patient's state of consciousness is similar to that which occurs in meditative states. It is often surprising to hear him excitedly describe vivid colors and detailed forms which are experienced as parts of a totally new world. The patient paradoxically seems to be living in this fantasy world while he simultaneously knows that he is doing this with his therapist for purposes of treatment. It is this experience of a "quasi-reality" with its concomitant feelings and associated affects, occurring within a state of altered consciousness, that we call catathymic imagery. This enhancement of emotions is the most important component of the therapeutic process. By no means is it to be explained simply in terms of abreaction.

III. TOOLS

Let me now consider the specific therapeutic tools used in GA!. In total, there are different kinds of tools in this system:

A. Ten standard imaginary situations or symbolic themes are suggested by the therapist as starting points for the patient's daydream (5).
B. Five general methods for evoking and interpreting imagery, namely:

1. The training method.
2. The diagnostic method (ISP) (5, 8).
3. The method of associated imagery (14).
4. The symboidraniatic method (7).

Six specific techniques for guiding and managing the course of the on going symboidramatic events:

a. The inner psychic pacemaker.
b. b. Confrontation.
c. c. Feeding.
d. d. Reconciliation.
e. e. Exhausting and killing.
f. f. The magic fluids.

5. The psychoanalytic method.

These methods overlap each other and are often used in conjunction with one another.

A. *The Ten Standard Imaginary Situations*

There are different kinds of standard situations. Some are weakly structured while others are highly structured. The latter is the case with themes which are designed to explore a special behavioral area, for example, sexuality. An example of a very weakly structured theme is the meadow. Nearly every acute problem can be projected into this image. There are other themes whose only purpose is to evoke deeply repressed dynamic material. This spectrum can be broadened so as to provide more information about specific dynamic patterns (5). Here are the various themes which comprise the ten standard situations. The first three comprise the basic "training method" which will be discussed in more detail later in this paper.

1. For every session, the starting point is a meadow. The symbolic meaning of the meadow is manifold. It may represent a fresh start or it may be a screen onto which one's current mood and most pressing problems are readily projected. It can also stand for the Garden of Eden; and, in this case, it may have deep connections with the ground of one's emotional life, namely, the nature of one's mother-child relationship.

2. Climbing a mountain and describing the view of the landscape is the second theme. To facilitate the manifestation of the second standard situation, the mountain, the patient is asked to look for a pathway on the meadow. The therapist suggests that, as he follows the path, it will lead him to a forest in the foothills of a mountain. The patient is then asked to traverse the forest, to climb the mountain, and to describe the view from the top. This symbolic situation is relevant to the patient's feelings about his ability to master his life situation and to succeed in his chosen career. It may also evoke any repressed wishes for extraordinary achievement and fame. In this connection, Kornadt (15) has shown that the altitude of one's imagined mountain is proportional to one's level of aspiration.

In terms of psychoanalysis, the mountain can also be seen as. a. phallic symbol. As such, it would then be related to the image of the introjected father. In that case, problems of competition are also evoked by the mountain theme. Here is an example:

> A patient with a long-standing obsessive-compulsive neurosis visualized an extremely high mountain, 24,000 feet in altitude. He saw himself standing atop the mountain, surrounded by ice and snow. He was lonely and he was unable to climb down. This patient was a physicist who had often daydreamed about being an eminent genius like Einstein.

When the patient imagines himself as having reached the top of the mountain, he is asked to describe exactly what he can see. This procedure can be used to check on the progress of therapy. For example, at the beginning of therapy the patient may find that his view is blocked by very high mountains or by a deep forest. In contrast, by the end of the therapy, patients tend to transform the view into a pleasant landscape with streams, hills, villages, towns, or cities. They may see themselves standing on top of the mountain, watching the traffic on the roads, or observing productive human activities in the countryside (16).

3. The third standard situation is to follow a brook upstream to its source or down to the ocean. After returning to the meadow from his trip up the mountain, or perhaps in the next session, the patient is asked to look around the meadow and find a brook. After describing it, he may decide for himself whether he prefers first to follow the flowing water downstream to the ocean or to take the way uphill in order to find the source of the brook.

The brook is supposed to symbolize the flow of psychic energy and the potential for emotional development. With neurotic patients, the imagined brook never flows down to the ocean without obvious signs of obstructions. The stream may get lost in a great hole in the ground, the water may be dammed by a wall, or it may simply peter out. These various signs can be interpreted as signs of resistance. If the patient can be helped to focus clearly on them, unpleasant but useful feelings may be aroused. These may then lead to a deeper insight into his inability to enjoy life and to develop his talents.

The meaning of a spring is well known from fairy tales and from mythology. Cool water pouring forth from the earth can be refreshing to the weary traveler. In a similar fashion, patients benefit by imagining drinking their imaginary waters and bathing in them during their daydreams. They may also benefit by rubbing the imaginary waters on those parts of their bodies which are subject to pains or other troubles, for example, the heart region in the case of a cardiac neurosis, or the forehead in the case of migraine. After imagining damming up the water, the patient may go on to see himself bathing in it for as long as he wishes. Psychoanalytically speaking, this imaginary symbolic visit to the spring can be seen as a symbol of a return to the archaic mother-child relationship. It may have both oral and uterine aspects. The intentional use of this kind of imagery for therapy can be considered an instance of an induced "regression in the service of the ego."

If the patient can be brought to an intense emotional experience of a good and refreshing spring, this will provide him with noticeable benefits. There will be a sense of relief from the pressure of his symptoms and a change of mood for the better. This therapeutic principle which is at work in this symbolic situation is called the principle of the magic fluids (7). It belongs to the aforementioned group of techniques which are used in the management of GAI.

These first three standard situations, the meadow, the mountain, and the brook, with the tasks that are given to the patient, are the basic working tools of this method. Repetitive training in GAI using these images enables the therapist-trainee to practice the simpler forms of therapy from the very beginning.

4. The next starting image is that of a house which is explored as a symbol of the person. It may appear spontaneously during the imagined walks through the countryside, or the therapist may suggest that the patient see a house near the meadow. Freud considered the house to be a symbol of one's personality. The patient can project all his fears and wishes about himself onto it. For example, if he visualizes a castle, he may thereby demonstrate that he has very ambitious and grandiose expectations from life. On the other hand, if only a small hut can be visualized, this may indicate a serious lack of self-esteem. Dynamically important parts of the house are explored after the patient has stepped in: the storage of food in the kitchen and refrigerator, the toilet facilities, the sleeping quarters with special regard to the presence of double or single beds, the contents of the closets. Often a young female patient may find her own clothes stored in close proximity to her father's. Of further interest are both the cellar and the attic because they often contain reminders of one's childhood such as toys or family albums. These may lead back to significant childhood events. This is illustrated by the following case:

> A twenty-four-year-old woman was in treatment for severe psychogenic headaches. In the cellar of her imaginary house she found an old trunk. When asked to open it, she saw an old black coat and beneath it were two old pairs of pants. She soon realized that she had owned a coat like this when she was fourteen and that the two pairs of pants belonged to her father and her grandfather. She had, in fact, had a close relationship with her grandfather after her parents were divorced. This spontaneous imaginary juxtaposition of her clothes with those of her father and her grandfather were used to elucidate and resolve an oedipal problem.

5. The fifth standard task is to visualize a close relative. The appearance of a closely related person may be suggested to the patient while he imagines himself in the meadow. The patient is asked to watch this relative from a distance, to describe his behavior, and to note especially his attitude toward the patient when the person approaches him. Closely related persons such as father or mother may appear either in person or as symbolized by an elephant or a cow. One may also imagine one's boss, or spouse, or siblings, or other significant figures.

A father may arrive angrily and shout at the patient; another person may ignore the existence of the patient; and in another case, the father may address the patient with a friendly "Hi!" These are all helpful indices of the quality of the patient's emotional relationships. The patient's father and mother may also be concealed in symbolic figures such as an elephant and a cow. This helps to avoid the resistances which naturally would arise if the patient were questioned directly about his parents. In the case of a female patient in her late fifties, the imaginary elephant stomped toward the patient as she was lying on the grass, then put a big foot on her breast. The patient reacted with anxiety and shortness of breath; and in order to calm her, the therapist reassured her of his presence. He insisted that the patient put up with the uncomfortable situation and see it through. This daydream symbolized a traumatic event from her thirteenth year. Once, when she appeared to be asleep, her father touched her breast and commented on her attractively developing body to her mother.

6. The patient may be asked to visualize situations which are designed to evoke patterns of sexual feeling and behavior. To a female patient, I offer the following situation: She is to imagine that she has taken a long walk by herself in the countryside or, perhaps, that her car broke down on a lonely road far from home. In either event, another car comes along, stops next to her, and the driver offers her a lift.

There are innumerable possible outcomes to the starting image: (a) No car comes at all; (b) A little boy arrives, driving a toy automobile; (c) The car is driven by a woman; (d) The car stops, but as the patient steps into it, it vanishes into thin air; (e) The driver of the car seems sexually inclined; he drives the car into a forest and the woman becomes frightened.

For male patients, I draw the convenient symbol of a rosebush from a poem by Goethe, "*Sah em Knab' ein Roeslein stehn*." The standard situation is the suggestion that the patient will see a rosebush in a corner of the meadow. I then ask him to describe the rosebush.

It is important to note whether the rosebush is big or small, whether the roses are "those sweet, nice, tiny, white flowers," as one young man put it, or whether they are deep red, full-sized blossoms. The essential test consists in having the patient pick one of the roses in order to bring it home and put it in a vase on his desk. The first young man of whom I spoke refused to pick the rose at all. He protested that it was too nice and sweet to be picked. An older man picked his rose so hastily that he got pricked by the thorns.

7. The seventh standard situation is the previously mentioned lion. It can be aroused simply in response to the therapist's suggestion to visualize a lion. It may be seen in narrow cage, in the jungle, or on a desert.

The lion is a useful test for showing the patient how he deals with his aggressive tendencies. To do this, I ask him to visualize a person whom he dislikes very much. Then, to imagine that this person and the lion are brought face to face. He is to watch and describe the lion's behavior.

> There was a salesman who, although physically sound, had a cardiac neurosis and various vegetative disturbances. These symptoms came on after a disliked customer had struck him lightly on the stomach. A year later, he was still unable to work. When I tried to get the lion to confront my patient's adversary, the animal reacted like a shy dog. It became smaller and smaller and it lay down at the feet of the patient. By the end of the therapy, the situation was quite different. Now the lion was ready to attack the adversary and swallow him without resistance from the patient. He had developed a much stronger feeling for his own rights and no longer felt like an underdog. Therapy took 25 hours, and there were no recurrences of symptoms during a six-year follow-up period.

8. The eighth standard situation is the manifestation in fantasy of a person who represents the patient's ego ideal. This can be achieved by asking the patient to quickly say a name of a person of his own sex and then to imagine a person who could be the bearer of this name. It is typical for the patient to visualize a person whom he would like to be. This is helpful for working through the problem of identity.

9. Certain imaginary situations facilitate the appearance of symbolic figures representing deeply repressed material: looking into a dark forest from the meadow; or, for deeper material, looking into the dark opening of a cave. A witch, a giant, or other such fearsome creatures, usually of the same sex as the patient, may come out. These images symbolize introjects with their neurotic patterns and associated affects.

For this standard situation, the patient should imagine taking a concealed position at a prudent distance from the forest or cave. When the creature comes into view, the patient is to watch it carefully and to describe.it. These two situations readily evoke symbolically important figures. Corning out of the dark depths of the forest, which symbolizes the unconscious, the figures are generally spontaneous manifestations of deeply repressed, sometimes archaic, instinctual material.

10. In the tenth standard situation, the patient is asked to imaging a swamp in a corner of the meadow. The therapist suggests that a figure will arise out of its murky waters. This may be a frog, a fish, a snake, or a human figure. This symbol is the manifestation of deeply repressed and sometimes archaic instinctual material concerning the sexual drive and its derivates (6). These symbolic figures may be affect-laden animals which, in terms of Jung's theory, could be interpreted as archetypes. Because the patient may be intensely frightened by this image, the therapist must be experienced in the use and control of these situations. He must know how to protect the patient from too violent an upsurge of anxiety. In this case he may use either of two techniques, symbol confrontation or feeding, which are to be described later.

It should be borne in mind that noxious after-reactions may also occur if this technique is not handled carefully. The simplest way to deal with these symbolic figures as they develop and emerge from the patient's imaginary forest or the swamp is just to let them come out. The woods and the earth are excellent symbols of the unconscious and,

therefore, the act of bringing up these figures to the surface is equivalent to bringing them into consciousness. This is generally a therapeutic procedure.

Although I have learned a lot about symbolism from the jungian school, I do not see any reason to employ its rather mystical theory as long as there is an adequate theoretical framework which is more down to earth. My experience converges with the findings of Boss (17) who believes that these archaic affect-laden symbols can be explained in terms of the induction of a deep regression with marked intensification of emotional experiences from early childhood. This position is fostered by GAI experiences in which archaic symbols like snakes, fish, and so on, show constant transformation along the lines of phylogenetic development during the therapeutic process. At the end of the chain of transformation and as its result, there often appears a figure of a closely related person such as the patient's father or mother (6). A rigorous study of this process is under way.

B. The five General Methods for Guiding Affective Imagery

To deal effectively with these symbols, I employ the previously mentioned five general methods. All of these different methods can be combined as the situation and the case may require.

1. THE FIRST THREE IMAGES AND THEIR USE TOGETHER AS THE TRAINING METHOD

This technique is especially useful for those patients who are unable to release their imaginations so as to create freely a sequence of pictorial associations. For the most part, such patients are either naive and uneducated or are over-intellectualized persons with little awareness of their own emotions. In these cases, the procedure is to have the patient practice visualizing and describing the first three themes: the meadow, the mountain, and the brook. This repetitious procedure, using the least provocative symbols, serves as training both for the patient and for the inexperienced therapist. It requires no special skill or understanding of symbolism on the part of the therapist A certain degree of empathy and sensitivity is necessary. The basic training method can serve as the first step for introducing our method both to the patient and to the trainee.

2. THE DIAGNOSTIC METHOD; INITIATED SYMBOL PROJECTION (ISP)

The ten standard themes can also serve as screens for psychodiagnostic purposes. Under these circumstances, they take the place of the pictures of a projective test such as the Thematic Apperception Test For example, the first theme, a meadow, is vague enough to permit all kinds of variations. Everybody can create his own very personal kind of meadow. Later, the patient can be asked for a detailed description of his meadow. He may even paint a picture or draw a map of it.

The strictly diagnostic procedure, the ISP technique, is carried out like a projective test and is different from the therapeutic procedure in its goals and in the nature of the responses evoked. All relevant standard situations are explored one after the other in a short time. ISP may take from one to three sessions. The following points are checked.

a. The qualities of the different themes such as the meadow, the mountain, the rosebush, the house.
b. The factors that inhibit progress on the given tasks such as following the brook or climbing the mountain.
c. Registering incompatible situations, for instance, in the landscape two seasons may occur at the same time, or the refrigerator in the house may contain no food.
d. The nature of the emerging symbolic figures and their behavior. The latter can be tested by having the patient approach the figures and describe his feelings.

It should be clearly pointed out that the diagnostic method (ISP) is different from the therapeutic procedure. For diagnostic purposes, one tries to get a wealth of imaginative content. To accomplish this, it is generally necessary to guide the patient quickly through a variety of imaginary situations. This speed tends to prevent the development of intense feelings in response to any of the several diagnostic images. By contrast, when doing therapy, one needs the underlying and deeper emotions which only manifest themselves gradually and in connection with a slower pace of imagery. Because this takes time, the therapist errs if he rushes the patient rapidly from one imaginary situation to another.

When GAI is used for therapeutic purposes, the diagnostic approach is naturally always involved. The therapist is continuously "reading" and interpreting the symbolic contents of the GAI experiences in order to connect them provisionally with known data about the life history and the dynamics of the patient.

One of the most fascinating points of GAI is that the therapist gets an overview of the main dynamics and subconscious problems of his patient within a short time. This is due to the clearness of GAI symbolism and its self-explanatory character. By having a patient redream a nightdream, one can use GAI to check on the meaning of the dream symbols.

One phenomenon which occurs during the course of GAI is especially useful diagnostically. I have called it "mobile projection." When a suggestion or an interpretation by the therapist is relevant to the meaning of the patient's imagery, it is followed by a sudden transformation of the picture. This apparently occurs because of the sensitivity of GAI imagery to every small change in emotions, whether conscious or not. For instance, if the therapist leaves the room for a moment during the course of a GAI session, the current state of the transference is likely to be reflected in a change in the patient's imagery. These "microdiagnostic" manifestations reflect the course of even the smallest details of the therapeutic process. In this way, GAl can be used as a check on the likely influence of any therapeutic gambit or spontaneous influence on the patient's psyche before he shows any behavioral change. The effects of long-term therapy, whether GAl, psychoanalysis, counseling, or any other technique, will be manifested in transformations in the landscape of the meadow, in changes in the view from the top of the mountain, and in changes in the ways in which the other themes are structured in the patient's imagery (16). In view of the stability of neurotic patterns, the results of these informal experiments with this phenomenon appear to be highly significant.

Again, a sharp distinction must be drawn between the therapeutic application of GAI and the use of the method for diagnosis '(ISP). When the purpose of evoking imagery is diagnostic, one foregoes the possibility of helping the patient to develop intense emotional reactions to his own imagery. If a diagnostic ISP is carried out at the slower tempo that is more suited to the therapeutic purpose, the diagnostic subject may build up resistances to his own imagery, and these resistances may subsequently impede the course of GAI therapy. Therefore, for practical purposes, it is generally better to dispense with a full-scale diagnostic ISP before initiating GAI therapy. And during the course of therapy, it is advisable to limit one's diagnostic probing and to rely on the patient's spontaneously produced imagery. To put it in a nutshell, it is wise not to experiment with a patient.

3. THE THIRD METHOD: ASSOCIATED IMAGERY

The most spontaneous procedure of all is the use of associated imagery (14). The well-known process of free association in psychoanalytic technique is applied to the patient's imagery, and the patient is encouraged to allow the free and spontaneous development of a series of pictures. They may occur with or without symbolic figures. In this case, one does not channel the patient's productions even if it is apparent that his imagery is becoming increasingly frightening. Nor does one sidestep deeply painful contents such as anxiety dreams. All one does is help the patient to see his daydream through to the bitter end. This vividly developed imagery happens only in those patients who are good at fantasy production or who have had long experience in GAI Very often one then finds what I call "self-interpretation" of the symbolic image. This sometimes happens while the patient is experiencing a deep and spontaneous age-regression in which he relives an early childhood experience. Sometimes these experiences lead the patient back as far as the first year of life.

Barolin (18) has investigated the value of age regression in therapy. It had previously been observed only in deep hypnotic states (19, 20) or during long-term analytic treatment. Those who have worked with GAI have learned how to extend the time scale of associative imagery. I do it by encouraging the patient to link the symbolic GAI experiences with both past events and with the here-and-now of this current life situation. The common denominator which links these various images from different periods of the patient's life is the shared feeling-tone. I ask the patient what he is feeling when he is in a particular imaginary situation, and I expect him to learn how to sharpen his awareness of the feelings that are rising from within him. I may, for example, ask him about the atmosphere surrounding an unusual situation in the meadow, on top of the mountain, in the explored house, or elsewhere. When the patient finds himself facing a symbolically significant figure, one should be especially alert in asking him about the message in its eyes or the feeling that emerges from its whole facial expression. The bridge between the etiologic background and the present neurotic pattern is found in the answer to the question as to where the patient has previously experienced a similar feeling, or seen a similar emotional expression of the eyes, or seen a facial expression like the one in his daydream. The verbal description of all the details of his picture and of the concomitant feeling-tone of his GAI experience serves to clarify preconscious GAI contents and to raise them to the threshold of consciousness. By repeatedly focusing on the problem in

question, an insight may occur as a sudden "Aha!" experience. I try then to relate the patient's GAI productions to the here-and-now by asking him in what way the emotional quality of his experience is similar to any experiences in his daily life; if it reminds him of his attitude toward any person or of his feelings about any specific life situation. This approach may develop insights into neurotic character structure and may uncover resistances to treatment.

To effect this kind of progress, the therapist must have both experience and psychoanalytic training. In both dependent and defensive patients, the neurotic character defenses should be analyzed by this technique as early as possible. This is the easiest way to work through resistances. It can be as important, or even more so, than the analysis of transference in classical psychoanalytic procedure.

Here is an example that illustrates how this new technique can be used:

> During the workshop on GAI, a colleague offered to be a subject. Instead of developing the desired catathymic imagery, he visualized an event that had occurred on his trip to the meeting. He had stopped to visit a former female patient who had suffered from anorexia nervosa. Her faith in him had always touched him deeply. While daydreaming under relaxation, he re-experienced his meeting with her. I then told him to describe the expression in the girl's eyes. Her big eyes seemed to look at him imploringly. They indicated that she was seeking his help and was full of trust in him. He was then asked whether he had ever before seen eyes with a similar expression. After a short pause, he said that he now remembered the epileptic fits that his mother used to have when he was a small boy. After she awoke from a seizure, she used to look at him, and her eyes expressed the same feelings that he now saw in the eyes of the girl. In this way, this man discovered a deep motive for his decision to become a physician.

4. THE SYMBOLDRAMATIC METHOD: THE SIX TECHNIQUES FOR GUIDING AND MANAGING IMAGERY

This is the general term originally applied to the standard therapeutic method of GAI. In this section, the several specialized techniques used, in symboldramatic psychotherapy will be described (7).

Experience has shown that the less the therapist guides the patient, that is, the fewer suggestions he gives and the less active he is, the better the therapy. Therefore, the techniques of management which will be discussed in this section are only used when specifically indicated. The symboldramatic approach includes six techniques of management. They have proved highly effective for treatment. Moreover, in special cases, they are very useful for re-compensating an acute neurotic reaction. These different tools are the inner psychic pacemaker, confrontation, feeding, reconciliation, exhausting and killing, and the magic fluids.

a. Inner Psychic Pacemaker. The patient should be given as much responsibility as possible for the direction and velocity of his own treatment. Consistent with this belief, I

often give control of the course of the therapeutic process to the patient's psyche. There appears to be a spontaneous inner pacemaker whose influence over the treatment process can be invoked by the GAI method. This is accomplished by asking the patient to let himself be guided by one of his own benign symbolic figures. For example, a horse, an elephant, a camel, or another animal may be mounted by the patient. One can then wait for the animal to guide the patient Similarly, the patient may have manifested in his GAI productions either a good fairy or a nourishing mother-figure. If so, the function of guidance can be given over to her.

When the patient manifests kindly and helpful images, their existence suggests the presence of repressed childhood experiences with a positive mother-figure. This new and positive development can benefit the patient by providing him with new strength. Paradoxically, these feminine images can help to develop the sense of masculinity in a male patient. The improvements will be expressed both in his feelings and in the transformed content of his imagery.

b. Confrontation. Confrontation (6) is one way of dealing with the archaic, symbolic figures which emerge from the forest, the cave, and the swamp. When a patient imagines that a big snake is coming out of a swamp and attacking him, it is often difficult for the therapist to decide what remedy to suggest. Should one tell him to run away or should one tell him to fight it? Neither action seems to be therapeutically helpful. The first suggestion would encourage the patient to act in a cowardly fashion while the latter would be unrealistic because one does not know whether the patient would really be able to vanquish the snake. Confrontation is a very strong alternative and, in a subtle way, a very active technique. Its use requires an experienced therapist who is able to tolerate intense emotional outbursts from his patients. In the case of an aggressive snake, the therapist would insist that the patient neither run away from the animal nor struggle with it. (This latter alternative appeals to many patients, but they should usually be discouraged because it may be dangerous.) Instead, the therapist tells the patient to hold his ground, to stay put, to suppress his anxiety, and to apply a very old magic practice: to neutralize the creature by staring at its eyes. The patient is constantly encouraged to combine staring at the creature with a detailed description of every single spot of its head and facial features: the mouth, the teeth, the eyes, the movement, the emotional quality of the facial expression, and so forth.

An important feature of the method of confronting frightening symbolic images is the persistent staring into the eyes of the frightful creature. Its purpose is to discover the message or meaning which the creature's existence conveys and to banish the creature henceforth from one's daydreams. During this confrontation, the therapist actively supports the patient by listening to his description of the monster, by repeating the above-mentioned instructions, and by holding his hand, if necessary, to give him moral support.

Although the confrontation procedure may only take a total of from 10 to 30 minutes, something very remarkable happens during this time. A genuine transformation occurs. The frightening animal may become weaker and smaller, and it may sooner or later be transformed into another creature. As a rule, this new animal stands higher in the line of

phylogenetic development than the earlier one. The snake, for instance, may be transformed into a bird, later on into a mammal, and, finally, the threatening mother-in-law of the patient may stand in front of him, showing that the original symbol was a mother-derivative. Psychoanalytically speaking, the end result of successful confrontation is a strengthening of the ego.

c. Feeding. Feeding is the mildest way to deal with the frightening symbolic figures that emerge from the forest, the cave, or the swamp. It is therefore suitable for use by less experienced therapists. It is a good way for a patient to deal with aggressive or dangerous symbolic figures. For instance, suppose a giant comes out of a cave. He is angry and wants to kill the patient. What can the patient do? It would probably be impossible even to try the principle of confrontation. So I tell the patient to imagine feeding the creature. Of course, the food should be provided in sufficient quantity, and the therapist should be ready to offer suggestions as to what kind and how much food should be fed to the creature. In the case of a giant, I might tell the patient that a convoy of trucks is arriving and that each is loaded with beef carcasses. The patient's task is to feed all this meat to the giant. It is possible that the giant may at first refuse to eat. But with the help of some suggestions, he will start to do so. Now it is the task of the patient to feed the giant as much as possible. That means that the giant has to be fed much more than one might think he needs. This overfeeding is very important. What typically happens is that the giant loses his aggressiveness, gets drowsy, lies down, and goes to sleep.

In this symbolic fashion, the patient learns subconsciously that he can face frightening aspects of his own psyche, he can give them their due recognition and he can work out a modus vivendi with them. Subsequent confrontations may well lead to transformations of the frightening giant into a milder, more benign symbol.

d. Reconciliation. The technique of reconciliation can in some cases be used as a supplementary tool to the principles of confrontation and feeding. All three can therefore often be combined. The essential purpose of reconciliation is to make friends with hostile symbolic figures by addressing them, by touching them physically (for example, stroking them), and by showing tenderness toward them in different ways. Of course, the patient can be expected to show resistance to these suggestions and may even refuse to imagine doing any of these things. He may be too frightened at first to touch an animal, and he may even have to be pushed a little and encouraged by a therapist. Here is an example to illustrate these techniques:

> A twenty-one-year-old student of chemistry had failed an important examination. He showed good knowledge of his subject when examined by a junior faculty member, but when he was subsequently tested by his professor, he was so emotionally disturbed that he was unable to demonstrate his competence. He came to see me late in the afternoon of the day before he was scheduled for a re-examination. I knew his family quite well. He had a very authoritarian father who had caused some of his neurotic difficulties. In discussing the situation with the young man, I found my suspicion confirmed when he confessed that his chemistry

professor was an older and quite strong-looking man toward whom he felt quite ambivalent. We then engaged in the following guided daydream.

After imagining the meadow, I asked the young man to look into the darkness of the forest and to wait until his professor emerged from it. There was distinct resistance, and it took me some time and several suggestions before the professor appeared. And when he did so, he ignored the patient completely. My young man was too shy to meet him and to greet him. So I had to develop new suggestions to encourage the patient. At last he tried to address his teacher and to shake hands with him, but the teacher reacted negatively. After the patient had started a conversation, he seemed well on the way to success in his efforts in making friends with the professor. But this did not seem enough to insure the result I wanted, namely, to enable the young man to do a good job on the examination the next morning. I then brought in the feeding technique and told the patient to unpack all the things which would be desirable for a really nice picnic. He reached into his pockets where he found, with the help of suggestions, sandwiches, a chicken, and a bottle of good wine. He invited his teacher to a picnic. After some hesitation, the professor agreed and both were soon enjoying the meal. At this point, the patient's task was to imagine feeding the teacher as much as possible-giving him more than one would think that he would be able to eat. After the imaginary picnic, they separated in a good mood, laughing and slapping each other on the back. After the daydream was over, the patient was told to repeat this feeding daydream at home before falling asleep. The next morning he was quite relaxed and experienced no emotional disturbance during the examination by the professor. He passed it with a fairly good grade.

Without going into the details of theory, I believe that I was able to shift the balance of the patient's ambivalent emotional attitudes concerning the "father-professor" image by literally overcoming the hostile feelings which the patient projected onto the imagined person. In the above case, this image of the feared professor is a part of the patient himself; namely, a derivative of the introjected father. The imaginary act of making friends with the professor means to assimilate this introject which has been rejected, split off from the young man's psyche, and projected onto the professor. It also means separating this particular father-derivative, "professor," from the more powerful father-introject and differentiating between the two.

e. Exhausting and Killing. The technique of exhausting and killing is the most dangerous tool in the management of GAI. This tool should only be used by experienced therapists. It can be very powerful and helpful, but there is the risk that it may be experienced by the patient as an attack against himself. This will depend on whether the attacked symbolic figure is a more peripheral derivative of an introject or the introject itself.

As a consequence of an automobile accident, a thirty-four-year-old woman suffered from a hypochondria which made her feel she would soon die. Although free from any organic trouble, she remained weak and would not leave her bed. In her imagery, she saw Death emerge out of the trunk of the tree against which her husband had driven his car. Death was brought forth into the daydream, and now

was forced (by suggestion) to run into the countryside in order to exhaust him. When he wanted to sit down for a rest, he was pushed on. At one time, he tried to hide in a cornfield; on another occasion, he ran into the patient's home and wanted to rest on her couch. Arriving at the market place of the town, he was derided by the crowd. At last he arrived at a stream and fell into it. The waters dissolved his bones which fell away from each other. The next day, the patient's fear of death had vanished. She got up and for the first time since becoming ill, she began to do some housework.

f. Magic Fluids. The imaginary use of magic fluids has already been discussed in connection with the spring. But it is by no means only at a spring where the patient can experience the comfort of fresh water. I know some fine examples of the benefit a patient gets from an imaginary bath in the brook or by going for a swim in the sea. Besides spring water, there are other magic fluids such as cow's milk, mother's milk, spittle, and urine. The imaginary application of these various fluids for the relief of bodily aches and pains must always be done carefully because the reactions can be ambivalent. Much depends on whether a patient feels comfortable subjectively with what we are trying to accomplish in a given instance. In other words, the patient must understand and accept the purpose and goal of treatment.

5. THE PSYCHOANALYTIC METHOD

In psychoanalysis, the patient's productions are of two distinct kinds. There are the nightdreams, which are recounted during the therapeutic hour as memories, and there are the free associations to the contents of these dreams. Each occurs at different times, under different circumstances, and at different levels of consciousness. Spanning these gaps depends on the interpretive skill of the psychoanalyst. By contrast, GAI offers a more integrated therapeutic procedure; "dreamwork" (as daydreams) and "couch-work" of various kinds are combined in a single session. This permits the patient to experience different levels of consciousness in the course of the session itself. Under the protection and guidance of the therapist, the patient can move back and forth between image and concept, between feelings and understanding, between the fears of the past and the potentialities of the future.

It is my impression that GAI is an effective treatment method because it juxtaposes the repressed aspects of the personality that are associated with a regressive mode of ego-functioning with the more mature ego; it promotes their interaction, and in so doing, it encourages a productive integration of primary and secondary processes. The combination of psychoanalysis with the GAI method is especially useful for dealing with difficult cases of longstanding character neuroses.

GAI can be applied to psychoanalytic therapy in two ways:
a. One can have the patient develop chains of associations to the various images which arise in the daydream.
b. Or GAI may be used when a patient is unable to recall and recount his dreams or when signs of persistent resistance are encountered.

In the case of apparently intractable resistance, therapist and patient can often get useful information about the reasons for resistance through the imagery which spontaneously arises in the imaginary meadow and in the other standard situations.

SUMMARY
Guided Affective Imagery (GAI) is a method of intensive psychotherapy which can be used in conjunction with any theoretical view of personality dynamics that acknowledges subconscious motivation, the significance of symbols, resistance, and the therapeutic importance of the mobilization of affect. Under suggestions of relaxation, the recumbent patient is encouraged to daydream on specific themes which are offered by the therapist. The daydream process typically takes on an autonomous direction. It evokes intense latent feelings that are relevant to the patient's problems. Techniques for the guiding and transformation of imagery lead to desirable changes in both affect and attitudes toward life situations.

GAI has been applied successfully to patients with neuroses, psychosomatic disturbances, and borderline states. It does not seem useful with either full-blown psychotics or with addicts. Therapists who are psychoanalytically trained and who are skilled in dream interpretation will find this method congenial. An abbreviated form is especially useful for training student therapists. GAI is suitable for short-term psychotherapy. Also, it is less dependent on the patient's ability accurately to verbalize his attitudes than conventional methods.

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