IMAGERY IN THE TREATMENT OF TRAUMA

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Introduction

A trauma is a psychological wound, which time did not heal. That wounding has not been integrated adequately in the person's organism and continues to influence the person's life in a negative way.

The negative experience continues to hurt and gets reactivated periodically. Most of the time the person has dissociated from the memories or feelings of the occurence or series of occurances. This is particularly true if the pain is unbearable.

The dissociation is a psychological rescue attempt to escape the painful feelings. The person is 'somewhere else' so that (s)he can continue to live his or her life.

That ' going away' or splitting from the pain has two major consequences: the person will try to avoid everything that is associated with the trauma (generalization), and -paradoxically- will also maintain the presence of the trauma.

This is not a conscious or intentional effort of the client. It helps the client to not feel the pain so accutely, but it also will result in the wound remaining infected and continuing to exert negative psychological and often physical influence.

These feelings and memories often occur in the form of images. Images are building stones of the human psychological experience and negative images often play a dramatic and central role in Posttraumatic Stress Disorder (PTSD).

It is therefore understandable and logical that imagery is widely used in the treatment of trauma. Exposure to traumatic memories through the use of imagery is frequently and effectively used as a procedure in many therapeutic approaches.

However, therapeutic approaches using imagery can also have serious dangers. These methods can destabilize a client, and therefore should be handled by the therapist with great care and in continuous consideration of the needs and possibilities of the client.

Confrontation with traumatic images is not a medicine by itself and should not be a goal on it's own. When it is used it should always be embedded in the overall goal, which is better adaptation and functioning in the client's present life situation. More hereover later.

WHY IMAGERY?

Imagery is a particular useful and effective method in the treatment of trauma because of several reasons:

1. Spontaneous images related to the traumatic events often are an

important if not key-part of the person's complaints, psychological and social suffering, and therefore constitute an important psychological field to work in. An example may illustrate this:
Every time Fred drove his car near the particular town where his best friend died in a motorcycle accident, he 'saw' images of the accident and his friend dead on the ground, although in reality Fred had not been present when it had happened. Each time great sadness would rise up in him, he would start to tremble and would have to stop his car.

2. Words only partly express and represent a person's inner experience. Images provide a more comprehensive picture of what matters.

3.Extremely distressful and frightening situations can be expressed and worked on in a metaphorical and symbolic form, without the necessity to mention all the details. What a client verbally does not dare to say or is unable to do, can often be expressed in images or in a metaphor of some sort. Another example:
Carol talks about this dark shadow she so often feels on herself, immobilizing her. Without telling exactly what the 'dark shadow' represented she was able to gradually deal with the shadow.
In the beginning she did not fully know what or who the shadow represented. During the imagery work, (like drawing the shadow, talking to the shadow, taking the place of the shadow) her understanding of it became clearer. Eventually she came to see how he shadow played a role in her history. Even though she was not able to verbally express the related historical events until much later, she was able to stand her ground vis-a-vis the shadow , even push the shadow away and become less immobilized by it. Some clients will never get to the 'exact facts' related to the trauma they are suffering from, yet get much better in dealing with it through imagery. A question is if these images truly represent what actually happened. They may not. Yet, the historical truth is not as important as what the client thinks happened. The client will not react to the historical truth, but rather to what he imagines it to be.
When that becomes apparent to the therapist it is usually not productive to confront the discrepancy. Historical truth and inner experience belong to two different realms. It is wiser to stay with the image the client presents, historically accurate or not.,
For a client it may be essential to be 'believed' by his therapist. When he is asked by the client whether he believes that it really happened this way, he may say to the client: "I believe that what you tell me, is what you believe has happened. Whether this is historically true does not matter to me." Ours is not a legal profession.

4. Certain symbolic images may exert a beneficial influence on the client and help the client to fortify his identity.
The image of the sun often helped Carol in difficult times. Concentrating on the internal image of a sun and on a drawing she made of a sun, helped her in two ways. It helped her counter the negative emotional influence of 'the shadow'. And it promoted feelings of warmth and trust in herself.

The importance of I-strength and structure in daily life

The procedure most mentioned in literature on treatment of trauma is 'imaginary exposure'. However, as an isolated procedure it is usualy not effective and can even be harmful.

This can be the case when the I-strength of the person, is not sufficient. The "I" is the faculty within a person that takes care of the integration of experiences and emotional balance. In order to help the person to cope better with the traumatic images, the person needs to be trained to integrate the emotional and psychological influences the images exert. He needs capability and strength to handle these contents.

A client wrote this reflection:

"As long as I was not conscious of the trauma's that had occurred in my life, I was in a frozen state; stagnant.. In the course of my life only more ice accumulated.

Now, as I am thawing I start to see and feel what happened. That hurts a lot and scares me..

May be in a while new things will develop or latent qualities come to life; but now I need 'grip'. I need a goal for the future or else I become overcome by depression and intense pain.

Treatment of trauma should initially focus on better coping with day-to-day life, thus creating the right conditions to approach traumatic psychological material directly.

In cases, where there is not enough I-strengh and an exploration of traumatic content could lead to decompensation of the personality, any direct approach of traumatic content is to be avoided. Therapy should then restrict itself to coping with concrete day-to-day life issues;

It is necessary for the client to develop a structured basis to fall back on and derive strength from.

Dealing with traumatic material and using revealing imagery comes thereafter..An example again:

John, a shy, unkempt looking 40 year old man, was having great difficulty with relations and finding himself a proper place in society; he had no job, for instance.

In the first interview John mentioned that he had lost his father at the age of seven. The death of his father, the person he had been very fond of, changed his life dramatically His mother was unable to run her family of John and his four brothers and sisters. John, who was also handicapped by a sight problem, was put in a residential home.

When he got out of the residential home, at age 15 he was emotionally withdrawn, and felt unwanted and inadequate.

It seemed evident that the loss of his father was one of the major sources of his problems to-day. But talking with the therapist about that event and remembering what happened then, caused him great distress. When he came home after the session he did not eat for days, did not wash and did not show his face to anyone. Only when he did not show up for his appointment the next week did the therapist realize the gravity of John's condition.

Talking about the death of his father brought up such an overwelming flood of images and feelings of loneliness that he was literally unable to move or take care of ordinary daily actions.

The following two years the focus of the therapy was on helping John to structure his life, for him to learn to take care of himself, learn the importance of taking the time and trouble to wash his body and his clothes regularly, to cook a proper meal at least five times a week and to clean up his house enough to recieve somebody. Eventually John, stimulated by the therapist, found some voluntary work in a home for the aged.
During all that time the death of his father was never brought up.
What was needed first was to establish more structure in his day-to-day life. Although the historical source of his distress was not treated directly, his strength and position in life had improved to the point that John could develop some friendships and even got a job that satisfied him.

I-Strengthening strategies.
For this phase of the therapy the following strategies may be of use:
1. Promote and repair the adaptive capacities in daily life. Pay attention to meals, personal hygiene, keeping a clean house, safety etc.
2. Enhance self-esteem.
3. Develop positive perspective; improve areas of complaint. Foster new hope.
4. Stabilize symptoms and complaints, check medication if indicated, possibly in tandem with the client's physician.
5. Active listening by the therapist. ("I hear you").
6 Focus on positive aspects. of the present and the future.
7. Healing imagery.
An example of healing imagery:
After some relaxation: "imagine yourself in a comfortable place, maybe in nature maybe somewhere else, go where you really feel safe and at ease.....Notice how this place looks like....Feel the beneficial atmosphere ....let it enter your body... your cells.... relax in the safety of this place.....
smell the smells.....hear the sounds.... Make this a place you always can come back to, for comfort and to deeply relax."
8. Give homework. (writing and other assignments). Be sure to come back to it at the next session. Honor the work done.
9. Redefine the client from 'victim' to 'survivor.'
10. Make use of transpersonal energies. In the literature various names are given to these. (Center Core, Internal self helper, Higher Self, spiritual helper, guide.)
It is amazing how many severely traumatized people mention the presence of transpersonal energies. Example:
A client who had been misused by her father during a substantial portion of her childhood, reported that there always had been '.an angel singing psalms to her'. She felt it had helped her survive.
Another client reported seeing a light It would appear when she needed it most and helped her through.
Others find solace in going to a place where there is no pain and no suffering..
A good way to access these energies in a client is to ask:" What helped you survive, what sustained you?"
Transpersonal energies can nourish and support clients and can help them to develop meaning and identity.

Sometimes, however, transpersonal energies can cause an unbalance. They can facilitate dissociation. In those cases the client can be helped to develop other capacities as a counter force.. For instance by teaching assertiveness to a client who flees in 'heavenly visions', so she will have the option to stand her ground rather than flee.

Dealing with the trauma itself:
Imagination can be an eminent technique in the healing of trauma's.
The work-through consists of contacting the original events, feelings and/or the traumatic images and then to correct what seemed to be dysfunctional in the response of the client at that time.
The following steps can be discerned in the process:

1. Recognizing and acknowledging the importance of the trauma.
Is there still a negative influence in the present life of the client?
Often the client is unclear about the extent of the damage, denies or diminishes the influence the trauma still has. This often springs out of powerlessness and fear.
Only when the person is sufficiently convinced of the seriousness of the trauma, can (s)he develop the necessary motivation to venture the work-through.

2. Context and diagnosis.
a. Evaluation of the client's context, background, daily life.
b. What trauma does it concern. How much insight and awareness is there? What are emotional and situational triggers. What are the physical sensations or complaints?
c. Motivation, why work through?
d Desired state? What can hopefully be achieved? How feasible, possible is a work-through?

3. Anchoring.
Before commencing the actual viewing of the traumatic events, the client needs to be taught to 'anchor' in his body and in the here and now. This will make it possible for the client to come back when being overwhelmed. He knows to return to his body and his 'safe spot'.
A procedure to do this goes as follows: The client, sitting in his chair is helped to become aware how his feet rest on the ground, how his body is supported by the chair, how his breath flows in and out.
Once the client has reached a satisfactory degree of relaxation, he can be asked to touch a part of his body (his pulse, his elbow) and symbolically anchor this feeling of relaxation.
Whenever he gets too tense or overwhelmed in the work-through, he can now touch this spot and bring himself back to relaxation. It is also possible for the therapist to provide anchoring by touching the client when he seems to need that.

4.Admitting the feelings related to the traumatic events.
Is the person prepared to face the feelings that possibly could emerge?
Ask for instance: "what is the worse you could discover?" " And do you

think you can handle that?"

5. Reliving or reviewing the traumatic events.

Here various forms and gradations are possible. Initially it may be necessary to keep a distance from the traumatic experience. The client can regress and slip back in the 'overwhelmed victim' position. That is usually not desirable. This keeping distance may be achieved by instructing the client to let the images appear on a film screen. Or the therapist can emphasize that 'the current 45 year old Sandy from her safe position in the chair with her current resources looks at what the 6 year old Sandy goes through and experiences'. Or the therapist can ask the client to imagine that (s)he has push-buttons to control the film.when (s)he wishes that.
Some therapists ask the client to go back and reexperience what happened. That requires much I-strength from the client. The therapist in that case may end up becoming some sort of good parent that helps the client recover from the painful experience.
John Krop, who for many years was a faculty member of the School voor Imaginatie in Amsterdam, pays much attention to the decisions the client makes under the influence of the trauma.
He distinguishes between a 'bad experience' and a trauma. In a 'bad experience' the belief system of the client stays intact and the client can integrate the experience without major changes in his belief system.
In a trauma the client can no longer maintain his belief system. It shatters, and for his own protection the client now makes a life decision that may be life-denying and seriously narrows the choices that are available to him. Again an example:
Jannie, 30 was not able to establish a meaningful relationship with a man. Every time the encounter with a man, (even a desirable man) came to the point that sex became a possibility, she froze and had to interrupt the experience, even walk out the room. She consciously wanted to have sex, but could not hack it.
In the therapy she made a connection between her fear of sex and her being molested when she was 8 and 9 years old by an uncle who lived in with her family..
She was asked to review one of these episodes to which she reluctantly agreed. She was afraid to 'go back to the scene of the crime'. She was sure she would fall apart.
The therapist, noticing this fear decided not to go ahead, even though there was an agreememnt. Hewexplained that it was not necessary to feel the way she felt at the time of the molest. In fact that would be undesirable. She would not relive the experience. She would review what happened to the 8,9 year old Jannie, while the 30 year old Jannie remained in the safety of her chair and in possession of her current resources .At any time that the experience became too much ,she or the therapist could stop the experience and relax again.
She now indeed was able to review a whole episode without too much upset. Two or three times the therapist had to say: "as the 30 year old Jannie in her chair in this room now sees what 8 year old Jannie goes through...." , thus preventing her to regress.
When the uncle had left the room and 8 year old Jannie was left

bewildered, the therapist now asked 30 year old Jannie to see what was going on for the 8 year old Jannie; what did she think, feel, and for all what decisions did she make Adult Jannie thought that 8 year old Jannie felt she was dirty, that her genital area was dirty, and that she never wanted to touch 'that' again. And also, she would never be in a room alone with a man.
It was not difficult for the therapist to see the connection between those decisions and her inability to engage in anything that came close to sex. But this was not the time to try to make that connection overt.
Instead the therapist now asked Jannie what she thought the 8 year old needed to hear. Jannie needed to hear that she was not dirty, that it was O.K to touch her genitals and that later, when she was grown up she could have sex any time she wanted , and enjoy that.
Now the therapist asked Jannie to say that directly to young Jannie, which she did.. The therapist then asked Jannie if she thought young Jannie 'got' that. "Yes, except for that about enjoying sex; she is too young to grasp that.""What do you want to say now to young Jannie.?" Jannie was not quite sure how to respond to Jannie. The therapist offered: "Would it be O.K. to say to Jannie that it is O.K. that she does not understand that now, but to just remember that for later?' Jannie nodded and said to young Jannie: " Your uncle was wrong with what he did. This is your body and no one should touch it the way your uncle did. But when you grow up I hope that you can remember what I tell you now. You can enjoy this with the right person. Remember that for later."
"Does young Jenny get that now?' "No, but that is all she can now understand about it." "Anything else you want to tell her?" Yea, I love you, you are O.K."
This dialogue between little Jannie and adult Jannie is in essence a reprogramming of the belief system that was scrambled at the time of the molests.
For the therapist it is essential to see to it that adult Jannie does not regress and start feeling like 8 year old Jannie. The therapist can facilitate that by always addressing the adult Jannie. For instance do not say "how do you feel?" instead ask :"What do you think 8 year old Jannie feels now?" The whole process is conducted via adult Jannie.
You also may note in this example how the therapist tries to make the dialogue between the adult and the 8 year old Jannie as direct as possible. ("Tell her that")

6. Recovery and reintegration.
It is evident that one experience like this, impactful as it is, is not enough to establish a new belief system that is life-affirming.
It may be necessary for the client to repeat the process a number of times; may be even go through scenes, later in her life where she experienced the same feelings.
It may also be possible now for the client to imagine future scenes where she is able to have a positive intimate encounter with a man.
It is not possible to forget the traumatic experiences, or pretend that they did not happen. But where there was a wound, there is now a scar. And people can live quite well with a scar.

7.Implementation.
It is necessary now to try out if the changes indeed show up in the daily life of the client. Therapist and client can now explore possible scenarios where the client exposes herself to a clearly delineated experience. For instance in the case of Jannie to allow receiving or giving a massage that can include as much or as little of her body as she wants.

Of course these steps do not always follow in this sequence.
I want to present another example, in which -though not necessarily in sequence- the elements mentioned above can be recognized.
Anita is 43 years old. At the age of 6 she was lured to the attic by her neighbor and sexually abused. Only recently did she remember that this took place. It was repressed for years.
Thinking back to this event is accompanied by great anxiety; she hardly dares tell me what happened. It is the first time that she shares this with someone.
Repeatedly her throat tightens; as if it gets grabbed. Later Anita tells me that her neighbor indeed throttled her throat to prevent her from screaming.
It is not essential for the therapist to hear every detail of what happened. Anita can make contact with what occured in her own way.
As Anita talks about what happens she occasionally disconnects from what she tells. She 'floats away to a far land where she is alone and feels nothing'.
The exploration of this experience through the images and accompanying feeling occupies a number of sessions.
Anita notices that 'not being there' in a way' provides safety but also causes her to 'not always live fully''. She realizes that this also plays in her sexual life. She detaches, feels nothing, and floats around in that far land..
At the time of this occurrence Anita's mother was seriously ill and not available to Anita, and she did not feel that she could tell her father what had happened.
The inability to talk to any one about this added significantly to the pain and anxiety of the sexual abuse. That she now can talk with me about this is of great importance in itself.
Later in the imaging of what happened I go with her to the attic and protect her against this neighbor. The position that I take in this fase of the therapy is that of an available, protective adult; a kind of 'ideal parent'.
Holding her hand -in a combination of imagery and psychodrama- I go with her up the stairs to the attic and she tells me the terrible things the neighbor does.
In the beginning she slips readily back in the pain and fear, becomes the child of then. She cannot feel my helping presence., and 'floats away' again.
Gradually she can come to see me as the adult who interferes and protects her and she can allow herself to stay. and see what happens between the girl and the neighbor. She begins to develop some perspective on what happened.

In the next fase I ask Anita to take the position of the 'ideal parent'
Gradually Anita learns to become an 'ideal mother' for the traumatised child..
This brings her in a crucial fase where her I-strength allows her now to do the confrontation herself. For the first time she manages to open her throat ,express her anger. and scream. In her fantasy she kills the neighbor and cuts him to pieces. (In reality the man died years ago).
Now that she is operating out of her own adult position towards the trauma, I, as her therapist can now step out of the role of 'ideal parent'.
More and more she experiences herself as an adult and can take care of the 6 year old who hurt so much and had felt so alone.
She makes a number of real changes in her life. A year later she has moved into a new flat, and for the first time in her life she feels that this flat is really hers; she has also started a new study.
She says that she begins to have faith in herself and believes in a future.
Her circle of friends also changes drastically.
In a follow-up two years later Anita says that she has started a relationship with a man and that contrary to her old relationships she feels that in this relationship she maintains her identity and self worth.

The role of the therapist.
Dealing with a trauma is a complex and delicate matter with many traps, and requires a great deal of sensitivity of the therapist and a careful stepwise approach.
When confronting the trauma the therapist provides emotional support as an empathetic presence, without in any way forcing the client. A balance has to be achieved between too much and too little stimulation confronting the traumatic events.
A metaphoric picture of the client/therapist relationship could be that of the client walking, and the therapist walking with the client, one step behind, hand on the shoulder of the client. The client leads. When the client stops, the therapist stops and may inquire what goes on now. When the client wants to back off, the therapist backs off with the client. When the client does anything peculiar, like holding her breath, raising an arm, turning away, the therapist asks: "What is going on now?"
Thus the client is not led or pushed by the therapist, the therapist is behind the client and helps her find out what is going on for her and what she wants. The therapist is not in front of the client pulling her along. The therapist is walking with her through the experience.
At times, when the client needs protection the therapist can leave the following position and take an active role; like going up the stairs to the attic with Anita.
In trauma's that occurred at an early age, in particular incest, there is often a serious developmental disturbance. The 'I' in relation to the trauma still functions on the traumatised child level, still feels the same powerlessness in relation to what happened and has often split off from it (dissociation).
That makes it necessary in the first fase of the therapy to develop a bond with the client. This bond facilitates filling the gaps in the development of the child so that the adult becomes equipped to deal with what needs to be dealt with.

The therapist assumes temporarily the role of a protecting, nurturing supportive parent, which was needed, but was sorely lacking, when the traumatic experience(s) took place.
This has far reaching consequences for the client/therapist relationship. It requires an emotional engagement of the therapist, much patience, and ability to handle aggression or distrust.
A great deal of the therapeutic work finds place in the transference with the therapist. Fortunately the counter-transference issues that play a role here are more and more recognized.
When there is little I strength in the client, the therapist can 'lend ego' to help the client find his way in all the turmoil inside him. Again an example:
I worked with Gerard, a young man who was haunted by images of his father pursuing him with an ax.e.
When the client was a child, his father had been aggressive and violent. After the divorce of his parents -Gerard was 6 then- he was raised by his mother.
The images of his father with the axe were still so strong, that Gerard locked himself up in his room a great deal of the day. During the night Gerard at times had violent outbursts where he broke things and sometimes injured himself.
When he was in the last year of his studies, he had quit.
The confrontations with the pictures of his father wielding the axe were intense . In the beginning Gerard screamed and trembled. It was as if his father was present in the therapy room.
At those times I became a protective, supportive, parent to him and tried as much as possible to protect him against these cruel attacks.
On occasions I would scream loudly at that imaginary father -whom I did not see, but Gerard did- to leave Gerard alone.
His anxiety level decreased bit by bit. The threat of his father, however, remained until Gerard in an imaginary confrontation with his father frantically tried to wrest the axe from his father's hands.
Initially he did not succeed, yet the efforts, done with my support and coaching gave him more self confidence. Gerard now for instance began to ask advice about resuming his studies.

Combining mental and creative (or expressive) forms of imagery.
It is possible, and often very valuable, to use a combination of mental imagery and artistic expression.
Instead of describing the images to me, the client can express his emotions, discharge tension and express his inner experience. Creative expression provides room for feelings or experiences that -consciously or unconsciously- are unacceptable to the client.
It is often necessary to emphasize that artistic or astethic performance is not the aim of the expression. Sometimes clients feel hampered in expressing themselves creatively because of memories of negative experiences where their work was judged negatively; for instance in school.
To counteract these negative expectations I often emphasize that the creative work is not supposed to be beautiful. At times I ask the client to do some liberating excercises, such as purposefully making 'ugly paintings'.

I pay attention to the choice of materials. Each expressive medium has its own possibilities. A client who has a tendency to lose himself in images, can be offered clay, which will help him to ground himself more.
Paint gives the client a great variety of shapes and colors.
The choice of the size of paper is relevant. The client may be too timid to use a large sheet, and may start using a small sheet or the corner of a large sheet; later the client can become more venturesome and draw bolder.
Creative expression is an act, and asks concrete action of a client. Thus his ability to participate and take a stand ar mobilized. The concrete dealing with the materials, the active choosing of artform and materials increases the client's participation in his own healing process and enhances problem solving capacities
Combining mental imagery and expressive means can make mental images more visible; and visa versa, a drawing, painting or a created object can in turn lead to further mental images.
It often happens that a client's artistic expression already shows what the client is not yet aware of. Six months later the client may say; "Oh, that's what that meant".
There is no question that the expression itself has healing value. There are diverging opinions in the field how much interpretation of the expressive product or the process is useful. I think that it is safe to ask the client's opinion, or even ask the client to take the place of the objects or drawings and speak for them, be them.
And I think it is not safe to assume that I, the therapist know what an image means and insist that the client consider or even buy my explanation.
An example of combined use of mental images and creative expression:
Vera, grew up with much loneliness and anxiety. She sees herself as 'a rose that is broken and has fallen on the ground.' She is not able to see herself in any other way. The suggestion of the therapist to visualize a stronger, more ideal image is of no avail. The image of the broken rose comes back all the time..
Only when she starts working with paint a change starts to occur..
The therapist asks her to mix colors that for her represent power. Then he asks her to smear these colors on a sheet . Then another sheet, this time bigger.
She happens to like working with paint and chooses one painting to take home with her to hang on her wall.
In the following sessions she continues doing art work. She works with crayon, paint, cut-outs and collages around the themes 'power' and 'rose'
The rose remains unrooted, however. On a suggestion of the therapist she changes the rose into a rosebush.
But the rosebush is continually being pruned back, even leveled to the ground. In a further exploration of how this takes place, there appears 'a man with shears who comes to do that in the night.'. When these images appear she becomes nauseated.. After excercises in anchoring (I-strength) she at last feels strong enough to paint this man and, subsequently, with thick stripes put him behind bars.
Almost always the work with traumatized ckients proceeds slowly. Small steps. One thing leads to another. In Vera's case, after the session of the 'crossing out of the man' she reported that she had effected a change in

her work situation. When that was succesful it reenforced her feeling of power and that manifested itself again in a change in the image of the rosebush. It was no longer pruned back, and new branches and buds began to appear.

Summary
Imagery is particularly useful in the treatment of trauma. Extreme, distressful and frightening situations can be expressed and worked through in a metaphorical and symbolic form, without the necessity to mention all the details. The treatment entails discovering what is needed to heal the trauma and diminish the pain and the continual regression and dissociation. In order to effectuate a succesful recovery there is usually a need to introduce new helpful elements in the images. Special attention needs to be given to the 'I'-strength of the subject.ß. One can only proceed if the subject is present enough in the here-and-now and is able to assimilate the emerging material. When the trauma originates from a young age (e.g. incest) there is often a serious disturbance in the development of the personality, which needs to be taken care of first.

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