Healing Images:
Historical Perspective

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CHAPTER 1

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I dream the world, therefore the world exists as I dream it.
Gaston Bachelard (1969, p. 158)

The ancient literature of numerous cultures abounds with accounts of spectacular cures resulting from the imaging process. These accounts are now being corroborated by a growing body of clinical and experimental evidence. The effectiveness of mental imagery in the treatment of a wide variety of problems has been documented (Epstein, 1989; Naparstek, 1994; Sheikh, 1983). These include: obesity (Bornstein & Sipprelle, 1973), insomnia (Sheikh, 1976), phobias and anxieties (Habeck & Sheikh, 1984; Meichenbaum, 1977; Singer, 1974), depression (Schultz, 1984), sexual malfunctions (Singer & Switzer, 1980), chronic pain (Jaffe & Bresler, 1980; Korn & Johnson, 1983; McCaffery & Beebe, 1989), fibroid tumors (Pickett, 1987-1988), cancer (Hall, 1984), and a host of other ailments (Sheikh, 1984, 2002; Sheikh, Kunzendorf, & Sheikh, 1996).

This chapter will outline the use of imagery in various ancient traditions, as well as in Western medical practice, and it will review current imagery-based therapeutic approaches.

HEALING IMAGES: ANCIENT WISDOM

Many believe that in the beginning our universe was completely sacred and that humans were an integral part of it (Eliade, 1959; Samuels & Samuels, 1975). Their existence consisted of participating in the endless dance of creation, carefully examining its steps, resonating with its rhythm, and exploring its many meanings. Humans sought solitude to contemplate the multiple facets of the self and they also sought companionship. They intuitively understood that humans and all other aspects of the universe, the animals, plants, minerals, and stars, issued from the same spring and were one. They knew life and death but did not

distinguish between them. Consciousness was not restricted to the self, but echoed the heartbeat of the entire universe. Within this context, health consisted simply of being in harmony with creation (Scholem, 1961).

Over time, this sense of unity with the universe was lost; the feeling of the interrelation and interdependence of all things faded from human consciousness. There now was an abyss separating individuals from God, or, in Judeo-Christian terms, they had been driven from the Garden of Eden. They experienced loneliness and anxiety; their quest for a return to the state of grace is called "mysticism" (Scholem, 1961).

The basic means that mystics have used to regain the state of unity and to experience the ecstasy produced by it are ascetic practices and visualization. Shamanism is an ancient form of mysticism.

Shamanism and Imagery

Shaman is derived from the Russian *saman*, which means "ascetic." The concept of the shaman, which encompasses the notions of priest, healer, and magician, is ancient and is found among the people of all continents. Also, shamanistic practices are remarkably similar across cultures (Achterberg, 1985; Noll, 1987). Basically they consist of healing by imagination or, more specifically, by using visualization to bridge the gulf between the individual and the universe. Eliade (1964) has called the shaman "the great master of ecstasy" and has defined shamanism as the "technique of ecstasy."

In primitive societies, where shamanism flourished, sacred and secular aspects of life were thoroughly integrated. Hence the shamans were equally involved with such diverse affairs as raising crops, waging war, performing marriages, and providing spiritual guidance. In short, they used their power to assist the community in whatever area a need arose (Desjarlais, 1992; Kripner, 1993).

The shamans were both priests and doctors. They were concerned both with the spirit and with the body because they considered the two to be aspects of one integrated organism. Obviously, the current dominant belief among Western physicians that mind and body are separate entities stands in radical opposition to the shamanic stance. Modern scientists generally look upon the body independently of the spirit. Disease is an external agent, something against which one should protect oneself; failing that, disease is something that should be removed or destroyed through technological intervention. The shamans not only knew of no reason to isolate the spirit from the body, but they even recognized the danger of doing so. In their view, the primary problem was not the pathological change in the body but the decrease in personal power that led to the intrusion of disease. In other words, disease was a concrete manifestation of a spiritual crisis. Hence the shamans' first course of treatment for all ailments consisted of an attempt to build up the patient's power; only then would they begin to deal with the bodily symptoms. For instance, among the Navaho Indians, elaborate concrete

visualizations are used to bolster the patient's spiritual resources. This rite, in which a number of people participate, encourages the patient to visualize himself or herself as healthy, and it aids the healer to visualize the patient regaining a harmonious place (Achterberg, 1985; Samuels & Samuels, 1975).

The shamans' primary focus was not bodily well-being but spiritual health. They were not primarily concerned with prolonging life, but rather with improving its quality by restoring harmony. Their interest in disease sprang from their belief that illness pointed to a spiritual crisis. If it was handled incompetently, it could be destructive; however, it also could become the springboard for personal growth and vision. According to shamanic tradition, a person's reason for being is to be initiated into the realm of the spirit and thereafter to live in harmony with the rest of the universe. The ultimate disaster is the loss of one's soul, for it robs life of all meaning forevermore (Achterberg, 1985; Grossinger, 1980; La Barre, 1938, 1979).

The shamans' primary mission was to nurture the soul and to protect it from going astray; thus they often described their role in the health process as making an imaginary journey in a quest of the sick person's soul, finding it and returning it to its owner. Although the shamans were active in many facets, their own cultures rated them primarily on their skill as "technicians of the sacred" (Rothenberg, 1968).

A closer look at some shamanic healing procedures would be appropriate. Spiritualistic methods predominated, but a variety of other approaches also were used widely, and many of these were imagery based. A four-step training process developed by the Kahuna healers of Polynesia and described by King (1983) well serves as our example. It involves 1) awareness of thoughts *(ike)*, 2) establishing goals *(makia)*, 3) changing *(kala)*, and 4) directing energy *(manawa)*.

The Kahunas maintain that before you can proceed to change attitudes and assumptions, you must be aware of the ones you have *(ike)*. Therefore, the Kahuna may begin by encouraging the patient to note habitual patterns of speech, internal dialogue, and imagery themes. A patient who is accustomed to suppressing negative thoughts often requires considerable help to bring them to consciousness. Toward this end, the Kahuna attempts to stimulate *makahu* imagination, which is spontaneous or stimulated imagination that reveals belief patterns; the means is guided imagery. Sometimes the mere awareness of the counterproductive habits of thought or speech suffices to bring about immediate changes in attitude, but generally awareness alone does not lead to any change. The Kahunas feel that this is so because all current experience is supported by habits, and their way of dealing with a bad habit is replacing it with another desirable habit. This leads to the next step, *makia* (establishing goals).

Goals would include adopting new beliefs and habits and making plans for the future. The Kahuna nudges the patient toward clear ideas of his or her target state of health, personality, and environment and toward the realization of what he or she will need to do to achieve the goals. An important technique used in *makia* is

pa laulele ("see and be"). It consists of clearly visualizing a desired circumstance and then adding oneself to the picture with all one's senses. In other words, one is aiming for the mind set of a mime during his or her act. This exercise pretrains the subconscious and the body in preparation for the new experience. Another technique in *makia* is the repetition of short, emotionally laden affirmations. These must be chosen with care in order to ensure that they are fostering the desired condition and not merely suppressing unwanted material. Affirmations that are believable are generally more effective than those that are not. Maintaining the affirmation "I am healthy" when one is ill, is effective with only a few.

Many patients display considerable subconscious resistance to change. This will prompt the Kahuna to proceed to the next step, *kala* (changing). The word *kala* means "release, freedom, and forgiveness," and also "changing one's path" (King, 1983, p. 127). In order to be successful in this phase, the patient must recognize his or her inner conflict with respect to the negative habit, and he or she must be consciously willing to relinquish old ways and adopt new ones. The Kahuna will encourage the patient to replace the undesirable thought, feeling, or action with a desirable one, stressing replacement rather than suppression followed by substitution. To facilitate the task, the healer may use a variety of techniques. The Kahuna may instruct the patient in muscle relaxation, since negative thoughts and emotions do not develop in a relaxed state. The healer may decide to lead the patient in an exploration of his or her memory with the aim of reinterpreting or even altering past experiences. But the Kahuna's main technique for dealing with negative habits is *laulele,* or deliberate imagination. It is an imagery pattern to direct thoughts, emotions, and actions into new directions. With practice, this pattern becomes a habit. This process involves the step of *manawa* (directing energy).

The word *manawa* means "directing *mana*" (energy, life force). *Manawa* involves the establishment and maintenance of positive habits, and this can be accomplished only through practice. The patient may use anything that contributes to reinforcing target habits, such as reading material, symbolic pictures and objects, rituals, physical surroundings, and the company of role models.

The Kahunas stress the final step. They maintain that ideas are ineffective unless they are part of the *Ku* mind (the subconscious). Knowledge that is merely intellectual is just an opinion, and, as such, is incapable of affecting the individual's life. Hence another Huna word for enlightenment is *ná auao,* which means "gut knowledge."

This is a very cursory outline of some shamanic healing practices involving imagination. A closer look would reveal their intricacies and sophistication.

Imagery in Judaism, Christianity, and Islam

The ecstasy states and the powers that accompany them, which have been described by the shamans, were echoed by the disciples of the evolving religions of India, the Middle East, and Europe. As the modern religions of

Judaism, Christianity, and Islam developed, they became more institutionalized—that is, they elaborated doctrines and policies that were based on reason and emphasized the authority of the institution. Also, they established priests as mediators between the individual and God, thus curtailing direct experience of God (Samuels & Samuels, 1975).

But visualization continued to play a role in these institutionalized religions. It could not be otherwise, for all religions involve the notion of a spiritual universe that cannot be verified in the physical world. Biblical Jews rejected idols, which are externalizations of inner images, but the Old Testament and the New Testament are replete with visions and dreams. These visions are unique in that they come and go unbidden, often are extremely vivid, and generally exert a profound effect. A familiar example is the dream of the Egyptian pharaoh of seven fat cows being devoured by seven gaunt cows, and seven full ears of corn being swallowed up by seven thin ears. Joseph's interpretation that 7 years of plenty would be followed by 7 years of famine would prove to be correct.

In addition to textual examples of visualizations, the rituals of these religions rely heavily on imagery, for it has proven itself to be an effective technique in helping the faithful attain their spiritual goals. Visualization translates an abstract idea into a concrete experience and thus clarifies and intensifies it (Samuels & Samuels, 1975). The Christian Communion service is an eminent example. As participants in the ceremony partake of bread and wine, they visualize the Last Supper, which Christ shared with his disciples, and are purified by it. Furthermore, Roman Catholics believe that the bread and wine *become* the body and blood of Christ; that they are transmuted, transubstantiated in the ceremony.

Throughout history, many rich mystical traditions have coexisted with the institutionalized forms of Judaism, Christianity, and Islam. The mystics sought a personal experience of God, or ecstatic states, and their methods to achieve their goal generally involved visualization.

Kabbalah is a Jewish mystical tradition that began in Biblical times and is still alive today. In early times, it was regarded to be heretical by mainstream Judaism, and hence its teachings were spread secretly (Scholem, 1961).

Kabbalistic mysticism involves the use of symbolic doctrines, magic, and ascetic rites. The latter relied heavily on visualization. The practice of the Kabbalistic mystics of the period between the 1st century B.C. and the 10th century A.D. will serve as an example. They aspired to the ascent of their soul from earth, past hostile rulers of the cosmos, to its ultimate home in God's light. To bring about this ascent, the devoted fasted, whispered hymns, and sat with their heads between their knees. Then they visualized the seven palaces of the hostile rulers and entered one after the other. They saw the rulers of the palaces and used armor, weapons, or secret names to pass through. Then they experienced the burning of their body, and finally they came into the presence of God. This visualization may not have originated with the Kabbalistic mystics, for it can be

traced to Greek texts and to earlier papyri written in Egypt (Samuels & Samuels, 1975; Scholem, 1961).

The Christian Gnostic tradition is very similar to the Kabbalistic one. The Christian mystics speak of a detachment from external sensations, symbolism and magical rituals, intense concentration, visualizations of ascent and descent to other worlds, and direct experiences of God. A manual of spiritual exercises written in the first century A.D. by St. Ignatius, one of the church fathers, illustrates the practices of this tradition. St. Ignatius instructs the reader to imagine a graded series of holy scenes leading up to a visualization of Christ, which fully absorbs the mind. St. Ignatius also wrote about personal mystical experiences: He reports that, upon one occasion, he distinctly saw the divine plan in the creation of the universe and that at another time he was allowed to contemplate, in images suited to man's feeble understanding, the mystery of the Holy Trinity (James, 1963; Jonas, 1958; Samuels & Samuels, 1975).

Another prominent example of the use of imagery within Christianity is provided by a relatively recent development. In the late 1800s, Mary Baker Eddy founded Christian Science, which rests on the concept that God is an infinite, divine mind. Disease is essentially a human product, and deep prayer causes the power of the Divine Mind to focus on the disease and to bring about healing. Mary Baker Eddy (1934) described this procedure:

> To prevent disease or to cure it, the power of Truth, of divine Spirit, must break the dream of the material senses. To heal by argument, find the type of the ailment, get its name, and array your mental plea against the physical. Argue at first mentally, not audibly, that the patient has no disease, and conform the argument so as to destroy the evidence of disease. Mentally insist that harmony is the fact, and that sickness is a temporal dream. Realize the presence of health and the fact of harmonious being, until the body corresponds with the normal conditions of health and harmony. (p. 412)

The importance of imagination has been recognized also in Sufism, the mysticism or inward aspect of Islam (Corbin, 1970). Sufi literature presents a clear inner road map for spiritual awakening. In Sufism, "love is the underlying principle of morality. It springs from self-denial and expresses itself in service to others. It can reconcile all differences and heal all wounds" (Arasteh & Sheikh, 1996, p. 148). The major emphasis in Sufism is on self-knowledge which eventually evolves into knowledge of God. There are several Sufi meditative techniques in which imagery inevitably plays a role. These include: 1) *zekr,* a contemplation on the 99 names or attributes of God; 2) visualization of the spirit of a saint; 3) *takhliya,* a meditation aimed at obviating one's moral weaknesses; and 4) *tahliya,* a meditation designed to strengthen one's virtues so that vices become weak and ultimately die (Ajmal, 1986).

Imagery in the Hindu/Buddhist Tradition

Although most of the religions of the world employ imagery techniques for healing and spiritual growth, the Hindu/Buddhist traditions—in particular the Indian Yogic practices and the Tibetan Buddhist medical systems–display the most highly developed forms.

Imagery in Yoga. Indian yogic practices have included visualization for thousands of years. Although the *Yoga Sutras* of Patanjali was written approximately 200 B.C., the ascetic practices it contains had been in use in India for millennia. Some of the main yogic practices described are *dharana,* or riveting one's attention on a specific place inside or outside the body; *dhayana,* or sustained focus of attention supported by helpful suggestions; and *samadhi,* or the union of the object of concentration and the person focusing upon it. According to the *Yoga Sutra,* when an individual achieves this union, he or she grasps the truth of the object and attains a state of bliss (Eliade, 1958, 1964; Mishra, 1973).

Tantric yoga is the most sophisticated system of holding images in the mind for a specific purpose. *Tantra* means "that which extends knowledge." It arose in India and Tibet around 600 A.D., and it became a dominant religious and philosophical force because it provided an answer to the increasingly common belief that humans had lost direct contact with truth. Tantra offered a series of complex methods by which the individual could attain truth once more (Samuels & Samuels, 1975).

Like other religions, Tantra distinguishes between the ephemeral world of matter and the real world of the spirit. According to Tantra, the entire cosmos is *maya,* or cosmic illusion—that is, the physical world of the senses as well as the mental realm of thoughts and dreams are *maya.* Beyond matter and mind lies absolute reality, which is eternal and permanent. A primary goal of Tantrism is liberation from the illusion that the physical world, as perceived by the senses and the mind, is real (Eliade, 1958).

In order to achieve this goal, the aspirant must transcend the ego, that is, both the "I" of the conscious reality of the senses and the "I" of subconscious tendencies and realities. He or she must stop regarding himself or herself as matter and learn to identify with the absolute (Samuels & Samuels, 1975).

This is accomplished not by means of theoretical learning but through personal experience or, more precisely, by learning to concentrate, to control the mind, and to ignore the distractions offered by the senses. The basic techniques for changing the focus from the physical world to the spiritual realm are visualization and meditation. The master may instruct the yogi to visualize a certain god or an object, and the yogi will focus repeatedly upon this image until it is very clear, which may take years (Eliade, 1958).

After the yogi has succeeded in developing a vivid image of the deity, the master may direct him or her to identify himself or herself with this deity. This technique of visualization and identification is not just a mental exercise; it serves to awaken

the divine nature within the practitioner and thus helps him or her to go beyond *maya* to ultimate reality (Samuels & Samuels, 1975).

In the book *Tibetan Yoga and Secret Doctrines,* Evans-Wentz (1967) includes a number of visualizations taken from ancient Tantric texts. One example follows:

> Imagine thyself to be the Divine Devotee Vajra-Yogini (a goddess of intellect and energy); . . . the right hand holding aloft a brilliantly gleaming curved knife and flourishing it overhead, cutting off completely all mentally disturbing thought-processes; the left hand holding against her breast a human skull filled with blood (symbolizing renunciation of the world) . . . with a tiara of five dried human skulls (symbolizing highest spiritual discernment) on her head; wearing a necklace of fifty blood-dripping human heads (symbolizing severance from the round of death and re-birth); her adornments, five of the Six Symbolic Adornments (the tiara of human skulls, the necklace of human heads, armlets and wristlets, anklets, the breastplate Mirror of Karma), the cemetery-dust ointment (symbolizing renunciation of the world and conquest of fear over death) being lacking, holding in the bend of her arm, the long staff, symbolizing the Divine Father, the Heruka (the male power); nude, and in the full bloom of virginity, at the sixteenth year of her age (unsullied by the world); dancing, with the right leg bent and foot uplifted, and the left foot treading upon the breast of a prostrate human form (treading upon ignorance and illusion); and flames of wisdom forming a halo about her.
>
> (Visualize her as being thyself), eternally in the shape of a deity, and internally altogether vacuous like the inside of an empty sheath, transparent and uncloudedly radiant; vacuous even to the fingertips, like an empty tent of red silk or like a filmy tube distended with breath. (pp. 173-175)

In other visualization exercises commonly used by Tantric yogis, a mandala is the concentration device. A mandala is a complex circular design composed of concentric geometric forms that may contain images of deities or objects. The contents symbolize principles of the universe, such as tension, action, receptivity, and wholeness, as well as Tantric doctrines, such as the eradication of ignorance. Concentration upon the mandala, again, is not just a mental discipline; it eventually leads to identification with the principles depicted (Mookerjee, 1971).

Healing and salvations also are promoted by *mantras,* or mystic syllables. The energy of the body produces vibrations. The vibrations of the diseased body produce a discordant sound, but the recitation of *mantras* can restore harmony.

Tantric yogic practices involving visualization were extensively incorporated and developed by the Tibetan Buddhist medical tradition.

Imagery in Tibetan Buddhist Medicine. Religion, mysticism, psychology, and scientific medicine have come together in Buddhist Tibetan medicine to produce a highly complex tradition. To the Westerner steeped in scientific materialism, the study of this product of an ancient and sacred culture is baffling but also richly rewarding. It offers carefully elaborated and relevant models of holistic medicine, of psychosomatic medicine, of mental and psychic healing, of

the role of the healer, and of the use of illness to develop wisdom. Tibetan medicine, like most traditional systems, is holistic. It recognizes the link between mind and body and also between humans and the cosmos. The Tibetan approach also shares with other ancient medical systems the view that health is a matter of balance; however, the Tibetans have presented the most refined version of this concept. They propose that illness is brought on by imbalance or disharmony within the microcosm or between the latter and the macrocosm (Epstein & Rapgay, 1996). The root cause is the delusion of the ego's self-existence; thus, the ultimate cure lies in enlightenment. The various aspects of Tibetan medicine are tightly integrated; however, in order to facilitate study, it is useful to separate them into three areas (Clifford, 1984).

1. *Somatic medicine* has its roots primarily in the Indian Ayurvedic system. It relies on naturopathy (e.g., massage and controlled diet), herbal medicines, acupuncture, and other techniques.
2. *Dharmic (or religious) medicine* utilizes spiritual and psychological practices, such as meditation, moral development, and prayer, in order to fathom the nature of the mind and to control negative emotions.
3. *Tantric (or yogic) medicine* contains elements of both the mental and the physical approach. It relies on psychophysical practices to direct the body's energy toward healing.

Both the dharmic and the tantric aspects of Tibetan medicine utilize meditation and visualization extensively. One widely used visualization involves the mandala of the medicine Buddha. At the center of the mandala, a radiant Buddha sits in lotus position on a 1,000-petaled lotus, which in turn is perched on a jeweled throne. In his right hand he is holding the myrobalan plant, and in his left hand a begging bowl filled with healing nectar. In this exercise, one imagines that one is sitting in a beautiful landscape and offering to the Buddha all that is precious. Now one asks him to bless one's being and to sit on the top of one's head. Then one senses the Buddha's rays of a brilliant light stream into the body, dissolving illness and suffering.

A variation is to visualize oneself as the medicine Buddha and the outer world as the outer part of the mandala. Thus one generates the healing light of the Buddha and thereby one's view of the self and of the world is purified.

The visualization of light plays a large part in tantric healing. One images brilliant light, generally white or blue, radiating from the deity and flowing through one's being, purifying it both mentally and physically. If the meditation is used for a personal ailment, the light is directed to the diseased area; if the exercise is used for the healing of others, the light is sent out into the universe. A variation of this exercise is to merge with the deity's light after it has entered one's being and to become light oneself. This light eradicates dualistic concepts; consequently, one enters a state of blissful emptiness. After coming out of this meditation, one is still

identified with the deity and can focus one's healing light on disease in oneself or in someone else (Birnbaum, 1979).

Another healing meditation involves Buddha Vajrasattva, a deity of purification. He is white, sitting in lotus position, holding in his right hand a *vajra,* representing skillful means, and in his left hand a bell, representing wisdom. One imagines him to be sitting on the top of one's head and confesses one's transgressions to him. Then by the strength of one's promise to avoid further wrongdoing and due to Vajrasattva's vow to purify, his light streams into one's head and descends into the body illuminating it. All one's mental and physical ailments dissipate and exit one's being in the form of blood, pus, smoke, or insects.

Mantras are also widely utilized to promote well-being. They may be used alone but generally are used in combination with other techniques. One can visualize a healing *mantra* as a mandala. This mantric mandala can be imagined to be in one's own hand, conferring upon it a healing touch, or in the heart of the individual to be cured. Or one can repeat a *mantra* at the same time as one is doing the imagery of healing light (Clifford, 1984).

It is obvious that according to the Tibetan tradition disease originates in the spirit and thus the potential for recovery likewise lies in the spirit; cure cannot be wrought by mere external intervention. Unlike modern Western physicians, the Tibetan healer does not merely diagnose the ailment and prescribe treatment; he or she interacts with the patient and nurtures him or her back to health. Since this is a spiritual undertaking, the healer's moral quality is believed to play an important role in the cure. No matter which type of medicine the healer uses primarily, he or she also will be practicing some mystic healing exercises. Their potency is believed to be directly affected by the state of his or her consciousness—the purity of intention and by the powers of concentration.

The ultimate goal of the healer is not to bring about relief from symptoms but to put the patient back on the path that leads to enlightenment—life's ultimate goal. Disease must be regarded as a blessing, for it lets the patient know that he or she is harboring a fundamental disharmony—that he or she is out of balance. This awareness is the first step in making necessary adjustments in life and thus progressing toward enlightenment (Blofeld, 1970; Burang, 1974; Clifford, 1984).

HEALING IMAGES: A HISTORICAL OUTLINE OF THEIR USE IN THE WESTERN MEDICAL TRADITION

To Westerners of the 20th century, it might appear that the use of imagination in healing is not part of our culture. Yet, this is untrue. In fact, the ethical code of honor accepted by all physicians today pays tribute to the mythical founding family of medicine who contributed a method for healing by the imagination. The oath begins: "I swear by Apollo, the Physician, by Asclepius, by Hygeia and Panacea and by all the Gods and Goddesses, making them my witnesses, that I will fulfill according to my ability and judgement this oath and this covenant."

As we have already noted, dreams and visions universally have been the most common method of diagnosis and treatment. But it was during the Grecian era, a time when the art of medicine flourished, that imagery-based diagnosis and therapy were systematized and incorporated into the standard approach to disease (Achterberg, 1985).

The figurehead of this movement was Asclepius. He probably was a mortal, but in the *Iliad*, Homer presents him as the son of Apollo who was brought into heaven by Zeus as a demigod. Asclepius's immediate family shared in his healing power. His wife, Epione, soothed pain; his daughters, Hygeia and Panacea, were regarded as deities of health and treatment; and his son, Telesphores, represented convalescence or rehabilitation.

Asclepius became the patron of healing for centuries, and his influence extended far beyond the borders of Greece. Asclepius seemed to satisfy the need for a personal, compassionate divinity; hence, wherever he was introduced, he replaced or merged with the local healing deity. The legend of Asclepius merged with that of the Egyptian god of healing, Imhotep, and with the god Serapis of the Ptolemics. Within Christianity, Saints Damian and Cosmos carried on the healing traditions of Asclepius (Lyons & Petrucelli, 1978).

A testimony to the influence of Asclepius is found in the over 200 temples, or Asclepia, which were built throughout Greece, Italy, and Turkey both to pay tribute to him and to foster the practice of medicine. These Asclepia were the first holistic treatment centers. They were located in picturesque areas and contained baths, recreational facilities, and places of worship. All who sought treatment were admitted, regardless of their ability to pay, for Asclepius taught that a physician was primarily someone to whom anyone who was suffering could turn.

At the Asclepia, dream therapy or divine sleep, which later was renamed incubation sleep by Christian practitioners, was perfected as a diagnostic and therapeutic tool. Most of the patients who underwent this treatment were seriously ill and had not responded to other treatments. In preparation for dream therapy, the patient fasted for one day and did not consume wine for three days; thus attaining spiritual clarity to receive the divine message. Then the patient went to the temple to await the gods. Insight and consequently healing occurred during the state of consciousness immediately preceding sleep, when images appear unbidden. At this time, the image of Asclepius would emerge—a gentle but powerful healer, carrying a rustic staff entwined by a serpent—and he would either cure or prescribe treatment (Achterberg, 1985).

Many cures have been ascribed to Asclepian dream therapy: the blind, deaf, lame, impotent and barren, and those afflicted by innumerable other diseases have left stone images or written accounts of their cures on the temple walls.

Aristotle, Hippocrates, and even Galen have their roots in the Asclepian tradition and were convinced that imagination played a central role in health. Aristotle

proposed "that the emotional system did not function in the absence of images. Images were formed by the sensations taken in and then worked upon by the *senses communis* or the 'collective sense.'" Also, he felt that images of the dream state deserved special notice. In *Parva Naturalia*, he advises, "Even scientific physicians tell us that one should pay diligent attention to dreams, and to hold this view is reasonable also for those who are not practitioners but speculative philosophers" (see Achterberg, 1985, p. 56).

But it was Galen who was the first one to provide a detailed outline of the relationship between mind and body. He proposed that the patient's images or dreams provide valuable diagnostic information. For instance, images of loss, grief, or disgrace indicate an excess of melancholy (black bile), and images of fear or fighting reveal an excess of choler. Galen was aware of the vicious circle created by an excessive humor that produced corresponding images, which then exacerbated the humor; and he stressed that the cycle had to be broken in order to regain health (Binder, 1966; Osler, 1921).

The Asclepian tradition and the art of healing through imagination survived the gradual ascendancy of the Christian Church and its purge of pagan gods. Statues of the Asclepian family, the caduceus symbol, and the Hippocratic oath have endured perhaps because they stand for a value inherent in the art of medicine—respect for humanity. As Hippocrates said, "Where there is love for mankind, there is love for the art of healing" (see Achterberg, 1985, p. 57).

Within Christendom, however, the miracles of healing were no longer ascribed to the Asclepian family but rather to Saints Cosmos and Damian. These two men worked tirelessly to provide medical care until they became victims of the Diocletian persecution (278 A.D.). Churches dedicated to them were always open to the sick. The primary method of diagnosis and therapy in use was incubation sleep, a variation of the Asclepian divine sleep (Lyons & Petrucelli, 1978). During the state of drowsiness preceding sleep, the patient would have images of Saints Cosmos and Damian, who would offer a diagnosis and a cure (Achterberg, 1985).

Imagination continued to play an important role in the Western healing traditions well into the Renaissance. For instance, Paracelsus, a famous physician and the founder of modern chemistry, restated a theme common among the ancient Greeks—that is, the individual comprises three elements: the spiritual, the physical, and the mental. He reportedly said:

> Man has a visible and an invisible workshop. The visible one is his body, the invisible one is imagination (mind). . . . The imagination is the sun in the soul of man. . . . The spirit is the master, imagination the tool, and the body the plastic material. . . . The power of the imagination is a great factor in medicine. It may produce diseases . . . and it may cure them. . . . Ills of the body may be cured by physical remedies or by the power of the spirit acting through the soul. (Hartman, 1973, pp. 111-112)

Paracelsus also maintained, "Man is his own healer and finds proper healing herbs in his own garden, the physician is in ourselves, and in our own nature are all things that we need" (Stoddard, 1911, p. 231).

Physicians of the Renaissance still considered health to be a matter of equilibrium, and their therapy consisted of adjusting imbalance. Hence they prescribed arousing images for the phlegmatic personality and used joyful images to combat melancholy. Shakespeare reflects this view in the introduction to *The Taming of the Shrew*.

> For so your doctors hold it very meet:
> seeing too much sadness hath congeal'd your blood,
> And melancholy is the nurse to frenzy:
> Therefore, they thought it good you hear a play,
> And frame your mind to mirth and merriment,
> Which bars a thousand harms and lengthens life.
>
> (Act I, Scene I)

This holistic approach prevailed until the 17th century when René Descartes (1596-1650) proposed a revolutionary view. He defined the mind as a separate entity. He maintained that the mind or soul, terms he used interchangeably, is "entirely distinct from the body . . . and would not itself cease to be all that it is, even should the body cease to exist" (McMahon & Sheikh, 1984, p. 13). This dualistic view, which gradually won over Western thinkers, quite radically changed the approach to disease.

Imagery in Pre- and Post-Cartesian Medicine: A Comparison

In the pre-Cartesian period, no mind-body problem existed. Both mental and physical events had their roots in a common substrate, a biological soul. But Descartes proposed that mind and body are mutually exclusive entities. Therefore, mechanistic physiopathology became the dominant approach to disease (McMahon, 1976).

In the holistic era, imagination—a faculty of the biological soul—was considered to be a very significant psychophysiological variable. Aristotle had proposed, "The soul never thinks without a picture" (Yates, 1966, p. 32). He also felt that the emotions always were activated by imagery. Of course, the images were believed to provoke certain physical effects. That is, when the imagination conceived an image, spirits activated the brain and then aroused the heart, and the vividness and persistence of the image determined the extent of its impact on bodily functions. It is interesting to note that imagination was considered to be more powerful than sensations; therefore, dread of an event was viewed more harmful than the event itself. Images were considered sufficiently potent to be used to gain conscious control over autonomic or involuntary functions, and it was thought that images could even imprint traits on embryos in the womb. Charron stated in 1601 that imagery "marks and deforms, nay, sometimes

kills embryos in the womb, hastens births, or causes abortions" (McMahon, 1976, p. 180).

The key to a correct evaluation of the role of the imagination in the pre-Cartesian period lies in realizing that imagery was regarded to be as much a physiological phenomenon as a psychological one. It was believed that a vivid and persistent negative image spread throughout the body and wrought its mischief, which soon became manifest in physical symptoms. Since healers of this period believed images to be capable of causing disease, it follows that they also looked to images for their therapies (McMahon & Sheikh, 1984; Sheikh, Richardson & Moleski, 1979).

After Descartes's dualism had taken roots in the Western mind, imagination was stripped of its role in disease and wellness. During the 18th and 19th centuries, several protests were voiced, but the dualistic trend prevailed.

HEALING IMAGES: PSYCHOTHERAPEUTIC USES

When psychology emerged as a separate science in the late 19th century, interest in the arousal function of imagery became apparent, and William James's theory of "ideo-motor action" was received very favorably. It seemed that the time was ripe for a renaissance of Aristotelian theory. But this was not the case. The behaviorists successfully eliminated all mentalistic concepts from the arena of serious research (McMahon & Sheikh, 1984). Watson (1913) regarded mental images as mere ghosts of sensations with no functional significance whatsoever. Klinger (1971) notes that from 1920 to 1960, there was a moratorium in North American psychology on the study of inner experience, and not even one book on the topic of mental imagery was published. However, in Europe the situation was not quite the same. European clinical psychologists and psychiatrists continued to evince significant sensitivity to the inner realm of imagery and were relatively unperturbed by the rapidly increasing influence of behaviorism in America. Several factors aided the continuation of this largely subjective approach to imagery in Europe: 1) many experimentalists left Europe during the two World Wars; 2) German and French phenomenology influenced European clinical and scientific systems; 3) the subjective approaches to the investigation of various aspects of the inner experience, proposed by Jung, affected many European practitioners; and 4) Europe had been influenced by subjective Eastern psychology (Jordan, 1979; McMahon & Sheikh, 1984; Sheikh & Jordan, 1983). It must be noted, however, that although European clinicians were successful in escaping the stranglehold of behavioristic formulations, until very recently, they were unable to elude the powerful influences of Cartesian dualism. Consequently, with a few exceptions, the use of imaginative skills was confined to the treatment of only the so-called psychological problems and was not applied to physical ones.

European Contributions in the 1900s

The notable contributions to the clinical use of images in the early 1900s include the work of Pierre Janet, Alfred Binet, Carl Happich, Eugene Caslant, Oscar Vogt, Johannes Schultz, Ludwig Frank, Sigmund Freud, and Carl Jung (see Sheikh & Jordan, 1983, for a review). Of all these, Jung's contribution played the most significant role in the imagery movement in psychotherapy. He regarded mental imagery as a creative process of our psyche to be employed for attaining greater individual, interpersonal, and spiritual integration (Jordan, 1979). Jung stated:

> The psyche consists essentially of images. It is a series of images in the truest sense, not an accidental juxtaposition or sequence but a structure that is throughout full of meaning and purpose; it is a picturing of vital activities and just as the material of the body that is ready for life has a need of the psyche in order to be capable of life, so the psyche presupposes the living body in order that its images may live. (Jung, 1960, pp. 325-326)

By recognizing the reciprocity of the psyche and the body, Jung indicated his belief in the mind-body unity as a life process and proposed that imagery is a vehicle of perceiving and experiencing this life process (Sheikh & Jordan, 1983). Jung remarked that when we "concentrate on a mental picture, it begins to stir, the image becomes enriched by details, it moves and develops . . . and so when we concentrate on inner pictures and when we are careful not to interrupt the natural flow of events, our unconscious will produce a series of images which makes a complete story" (Jung, 1976, p. 172). Jung's therapeutic use of imagery is best represented by the method he termed "active imagination." For details of the method, the reader is referred to other sources (Jung, 1960; Sawyer, 1986; Singer & Pope, 1978; Watkins, 1976).

More recently, several French, German, and Italian clinicians, all significantly influenced by Jung, have investigated the potential use of imagery as a method of psychotherapy. The most prominent of these approaches include Desoille's (1961, 1965) *Directed Daydream,* Fretigny and Virel's (1968) *Oneirodrama,* Leuner's (1977, 1978) *Guided Affective Imagery,* and Assagioli's (1965) *Psychosynthesis.* The first three of these four approaches have some basic similarities. The term "oneirotherapy" (from the Greek *oneiros* meaning "dream," hence also known as "dream therapy" or "waking-dream therapy") has been used to describe all three therapies (Much & Sheikh, 1986; Sheikh & Jordan, 1983).

1. All three oneirotherapies employ *extended* visual fantasies in *narrative* form to obtain data concerning the motivational system of the client. These fantasies are generally preceded by an attempt to induce relaxation.
2. Products of visual imagination are used in conjunction with associations, discussion, and interpretation.

3. Generally, the client is presented with certain standard symbolic scenes as the starting images. These scenes are presumed to reflect common areas of conflict.
4. With respect to assumptions and interpretations, all oneirotherapeutic procedures are psychodynamic in nature. These methods rest on the belief that the symbolism inherent in visual imagery constitutes an affective language that expresses unconscious motives without fully imposing them on conscious recognition. Therefore, it is assumed that the participant will show less resistance to the expression of the underlying motives (Sheikh & Jordan, 1983).

In general, these methods have been reported to be effective in uncovering the structural details of the client's personality, in discovering the nature of the affective trauma, and in quickly ameliorating the symptoms. Fretigny and Virel (1968) mention a few other advantages of their use of imagery, which can be applied to all three approaches. They claim that: 1) mental imagery can be used with persons who find systematic reflection difficult due to their low level of sophistication; 2) the use of imagery circumvents the snares of rational thinking; 3) this approach discourages sterile rumination; and 4) mental imagery aims directly at the individual's affective experience (Sheikh & Jordan, 1983).

Compared to most European approaches, Assagioli's psychosynthesis is more holistic and eclectic. One of the goals of psychosynthesis is to enhance the personal and spiritualistic potential of the individual. To achieve this goal, Assagioli and his followers have employed Western analytic, behavioral, and humanistic procedures along with Eastern meditative techniques. In psychosynthesis, the human personality is considered to have a number of layers of awareness. The goal "is not only the explication of these various levels of awareness and the relief of personal difficulties. Rather, its goal is a thorough reconstruction of the total personality, exploration of the various levels of personality, and eventually the shift of personality to a new center through exploration of its fundamental core" (Singer, 1974, p. 109).

Mental imagery is only one of the many methods employed in psychosynthesis. Assagioli uses several imagery procedures that reflect the principles discussed by Jung, Desoille, and Leuner, along with conditioning and cognitive restructuring techniques. In interpreting the images, accompanying verbal associations and other relevant information are utilized. Every element of the image is believed to represent, at one level or another, a personality trait, albeit distorted, displaced, or projected. Identification with all aspects of the image drama is regarded as a means of assimilating repressed material in socialized form and expanding the boundaries of the self (Sheikh & Jordan, 1983).

One must credit the European clinicians not only for keeping alive the clinical use of images in the wake of behaviorism but also for providing a rich heritage of therapeutic procedures, for keeping us in touch with the unavoidably

phenomenological nature of perception, and for building a bridge between Eastern and Western approaches to the understanding of the nature of human consciousness (Jordan, 1979; Panagiotou & Sheikh, 1977; Sheikh & Jordan, 1983).

Current American Approaches

During the last two decades, imagery has risen from a position of near disgrace to become one of the hottest topics in both clinical and experimental cognitive psychology. Experimental and clinical psychologists of varied persuasions have made imagery the subject of their inquiry, and they have produced a considerable body of literature documenting that images are indeed a powerful force.

Due to space limitation, it is not possible to present a detailed discussion of various American imagery approaches to psychotherapy. Interested readers are referred to other sources (Sheikh, 2002; Sheikh & Jordan, 1983; Singer, 1974; Singer & Pope, 1978). However, it is possible to categorize the numerous existing imagery approaches in America into the following six broad groups.

1. A number of imagery approaches that are based largely on the Pavlovian and Skinnerian models constitute the first group. They highlight the surface relationship between images and emotional responses as well as the ability of images to act as powerful stimuli. These procedures consist of several variations of counterconditioning and emotional flooding (Sheikh & Jordan, 1983; Sheikh & Panagiotou, 1975). They include systematic desensitization (Wolpe, 1969), implosion therapy (Stampfl & Lewis, 1967), covert conditioning (Cautela, 1977), coping imagery and stress innoculation (Meichenbaum, 1977), and many others.

2. The second category is composed of the procedures advanced by a number of clinicians who believe that mental images effectively give us a clear understanding of our perceptional and affective distortions. Unlike the cognitive behavior therapists, proponents of these approaches do not resort to explanations in terms of conditioning principles. Beck (1970), for example, explains the conditioning effects of repetitive fantasy in cognitive terms. He states that the repetition of images provides important information and clarifies cognitive and affective distortion for the client. Gendlin and his associates (Gendlin, 1978, 1996; Gendlin & Olsen, 1970) employ "experiential focusing" to clearly comprehend all aspects of the feeling. They claim that emergence of an image frequently moves the client from a "global sense of feeling to a specific crux feeling." This image, "typically becomes quite stable as the feel of it is focused on and even refuses to change until one comes to know what the feeling it gives one is. Then one feels not only the characteristic release, but the image then changes" (Gendlin & Olsen, 1970, p. 221). Morrison (1980) emphasizes "the value of retracing early developmental experiences in order to apply the adult's more

adequate construct system" and thus to better understand those experiences (p. 313). In Morrison's emotive-reconstructive therapy, images are the primary therapeutic agent.

3. The third class includes a number of approaches that basically consist of imagery rehearsal of physical and psychological health (Achterberg, Dossey, & Kolkmeier, 1994; Naparstek, 1994). The client may be asked to image a malfunctioning organ becoming normal or to practice in imagination a healthy, interpersonal relationship. No complicated theories are offered except the assumption that sane imagination will eventually lead to sane reality (McMahon & Sheikh, 1984). No one can claim credit for developing these procedures, for they have been around for centuries (Sheikh, 1984, 1986, 2002).

4. The fourth group consists of image therapies with a psychoanalytic orientation. Prominent among these approaches are "emergent uncovering" (Reyher, 1977) and "psycho-imagination therapy" (Shorr, 1978). Mardi Horowitz (1978) is another psychoanalytically oriented clinician who has made important contributions to the study of the role of mental images in clinical practice.

It is noteworthy that Freud was well aware of the spontaneous images experienced by his clients, and he apparently used imagery extensively prior to 1900. But he later abandoned it in favor of verbal free association. Yet, although Freud and his followers tended to avoid the explicit uses of mental images in therapy, several characteristics of the psychoanalytic setting encourage the production of imagery. These include: reclining in a restful position, low level of sensory stimulation, use of free association, and emphasis on dreams, fantasies, and childhood memories (Pope, 1977; Sheikh & Jordan, 1983; Singer & Pope, 1978).

5. The fifth class includes the "depth" imagery procedures in which emphasis is on healing through "magical" or "irrational" methods as opposed to rational or reflexive techniques. A prime example of this group is "eidetic psychotherapy" (Ahsen, 1968; Sheikh, 1978, 2001; Sheikh & Jordan, 1981), which relies on the elicitation and manipulation of eidetic images. Every significant event during our development is considered to implant an eidetic in the system. The eidetic is seen as a tridimensional unity. The visual component, the *image,* is always accompanied by a *somatic pattern*—a set of bodily feelings and tensions, including somatic correlations of emotions—and a cognitive or experiential *meaning*. This triadic unity is considered to display certain lawful tendencies toward change that are meaningfully related to psychological processes.

6. Recently, a sixth category of imagery approaches has been attracting increasing attention among health professionals. These approaches have resulted from the advent of the "third force," or humanistic psychology, and of the "fourth force," or transpersonal psychology. Both of these put emphasis on greater access to experience, on a variety of states of consciousness, and on increasing realization of our potentials. This orientation has led to the emergence of numerous novel imagery methods, which are derived from European oneirotherapies, psychosynthesis techniques, autogenic training, Jungian active imagination, and from

Eastern meditative practices (Perls, 1970; Progoff, 1970; Sheikh & Jordan, 1983; Singer, 1974). These methods include taking an imaginary inventory of the body, having an imaginary dialogue with internal parts of oneself, creating and interacting with an inner advisor in one's imagery, dying in one's imagination, visualizing communication between the two hemispheres of the brain, crawling into various organs of the body for observatory or reparatory purposes, exorcising the parents from various parts of the body, and regressing into the "previous life" (Sheikh, 1986, 2002; Sheikh & Shaffer, 1979; Sheikh & Sheikh, 1996).

CONCLUDING REMARKS

It is obvious that imagery is generally perceived as an extremely effective therapeutic tool. Researchers have ascribed the clinical efficacy of images to a variety of mechanisms. Singer (1974) believes that the effectiveness of imagery essentially depends on: 1) the client's clear discrimination of his or her ongoing fantasy processes; 2) clues provided by the therapist regarding alternate approaches to various situations; 3) awareness of usually avoided situations; 4) encouragement by the therapist to enter into covert rehearsal of alternate approaches; and 5) consequent decrease in fear of overtly approaching the avoided situations. Meichenbaum (1978) has suggested further simplification. He believes that the key to the effectiveness of the images lies in: 1) the feeling of control that the client gains from monitoring and rehearsing various images; 2) the modified meaning or changed internal dialogue that precedes, accompanies, and succeeds instances of maladaptive behavior; and, 3) the mental rehearsal of alternative responses that enhances coping skills (Sheikh & Jordan, 1983).

In addition to the processes outlined by Singer and Meichenbaum, numerous other characteristics of the imagery mode have been credited with contributing to its clinical effectiveness.

1. Experience in imagination can be viewed as psychologically equivalent, in many significant respects, to the actual experience; imagery and perception seem to be experientially and neurophysiologically similar processes (Klinger, 1980; Kosslyn, 1980; Richardson, 1969, 1994; Sheikh & Jordan, 1983).
2. Verbal logic is linear, whereas the image is a simultaneous representation. This trait of simultaneity gives imagery greater isomorphism with perception and, therefore, greater capacity for descriptive accuracy (Sheikh & Panagiotou, 1975).
3. The imagery system fosters a richer experience of a range of emotions (Singer, 1979).
4. Mental images lead to a variety of physiological changes (Richardson, 1984; Sheikh & Kunzendorf, 1984; Sheikh, Kunzendorf, & Sheikh, 1996; White, 1978).

5. Images are a source of details about past experiences (Sheikh & Panagiotou, 1975).
6. Imagery readily provides access to significant memories of early childhood when language was not yet predominant (Kepecs, 1954).
7. Imagery appears to be very effective in bypassing defenses and resistances (Klinger, 1980; Naperstek, 1994; Reyher, 1963; Singer, 1974).
8. Imagery frequently opens up new avenues for exploration, after therapy has come to an impasse (Sheikh & Jordan, 1983).
9. Images are less likely than linguistic expression to be filtered through the conscious critical apparatus. Generally, words and phrases must be consciously understood before they are spoken—that is, they must pass through a rational censorship before they can assume a grammatical order. Perhaps imagery is not subject to this filtering process; therefore it may be a more direct expression of the unconscious (Panagiotou & Sheikh, 1977; Sheikh, Kunzendorf & Sheikh, 1996).
10. The failure to think imagistically creates disharmony in the mind and body (Ahsen, 1978; Schwartz, 1984).

In the light of the foregoing characteristics of imagery, it seems reasonable to believe that images hold enormous potential for healing, and it is not surprising that extensive claims about the promise of imagery for therapeutic benefits have been made. A large body of recent scientific research on imagery indicates that these claims are justified. However, direct systematic research on the therapeutic outcome of imagery approaches with clients suffering from a variety of ailments has started to receive attention only recently and further work is urgently needed.

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