

The art of healing

Catherine Ann Lombard explores how imagery and artistic expression can help clients cope with cancer

Have you put something in my tea?’ asked Sylvia,* a client who came for support after her cancer diagnosis. She had arrived for her therapy session full of anxiety and despair. As part of the session, she was led through a guided exercise, ‘Imagery of a Good Place’. During her imaginative journey, Sylvia had experienced being in a beautiful garden. Now she was feeling euphoric. Days later, Sylvia reported experiencing a lasting sense of peace.

People who are confronted with cancer face innumerable challenges. Their fundamental feelings of security and having control over their lives are threatened, and their self-confidence, sense of meaning and wellbeing are often undermined. Such loss can create shock, panic, fear and anger. In addition, cancer patients face bodily impairment, chronic fatigue, scarring and other permanent physical effects of the disease and its treatment.

In the case of illness and crisis, imagery and artistic expression can help enhance one’s quality of life, strengthen a sense of meaning,

improve interpersonal communication and reduce feelings of anxiety, fatigue, stress, pain and depression. In the case of cancer, clinical evidence shows that imagery and art can help to increase resilience.¹ Internal imaginary experiences and expressions in any artistic form – such as drawing, writing, singing and dance – can revive a

‘Clinical evidence shows that imagery and art can help to increase resilience’



sense of autonomy and can activate healing resources.²

The ritual use of imagery and art has always been an integral part of human behaviour. It’s not only part of what makes us human, it plays a role in forming identity and the development of mental, social and physical skills.³ Sheikh and Assagioli, two of the most significant writers in the field of therapeutic imagery, both name imagination as a core function of the psyche. Sheikh defines imagination as the central arena within which the personal identity is formed, and also where access to deep sources of problem-solving can be found.⁴ Assagioli states that every image has within itself a drive that tends to produce the physical conditions and the external acts corresponding to it. In other words, by clearly imagining a possibility, we bring it closer to actualisation.⁵ In this way, imagery offers us a powerful source of inspiration, healing and inner freedom.

Within neuropsychology, the discovery of mirror neurons has confirmed the central role played by

the imagination in learning processes, as well as in recuperation after injury.⁶ That which we perceive, imagine, paint, model or sing is represented and activated in our brain, and this stimulates corresponding behaviour. The advertising industry uses this psychological principle extensively, and motor imagery is applied widely in the world of rehabilitation and sport. Studies show that visualising a muscle moving can produce physical changes.⁷ Similarly, the many studies on the placebo effect have shown that expectations, such as imagining that 'this pill helps', can relieve symptoms and foster resilience and healing, even when the participant in the study has been told that the pill is a placebo.^{8,9}

Resilience and healing

Human beings possess an innate self-reinforcing capacity, a healing potential that works through the imagination. Imagery therapy makes conscious use of this imaging power. In this type of therapeutic work, clients become deeply familiar with an image, to the point that the image becomes an integrated part of their inner world. Clients then discover that they can influence their images and apply them in their daily lives. The therapist's role is to facilitate the client's navigation of conscious and unconscious self-images, drives and potential talents, and stimulate their active application in daily life.

Techniques used in imagery work include observing and merging with an image, dialoguing with it, artistic expression, insight, emotional and bodily integration and application in daily life. The technique that a therapist chooses depends on the client's process. Questions to ask include, what may strengthen the coping capacity and resilience of the client, and what needs to be further developed?

Potential pitfalls

Essential to the successful use of imagery is the degree to which the person feels comfortable with the images created and can integrate them. In other words, is the client

able to own and master the images? This is particularly critical in the case of prescribed guided imagery. For instance, clients who compel themselves to imagine something positive while simultaneously repressing more negative feelings or images could be left with difficult emotions to process.

Only images that are fully accepted and well-integrated into a person's personality and daily life tend to

be beneficial and transformative. The therapist needs to avoid using positive healing images that might feel forced or uncomfortable to clients, especially in the case of those with a life-threatening illness. When fear of suffering and death play a major role in a client's presentation, prescribing imagery that they cannot relate to can provoke strong feelings of tension, guilt and failure, as well as cause depression. ▶

CASE STUDY

'It's my tree, it can grow'

Symbol cards with a wide variety of photo images can offer clients a visual means to verbally explore what is going on for them and provide an entry into the person's own imagination. For example, while reflecting on 'what she needed', Maria,* a breast cancer patient, chose the symbol card of a flower (see photo, page 30). While concentrating on the image and then closing her eyes, Maria saw the image develop into a tree, which acquired tremendous significance for her. 'It's my tree, it can grow,' she said. 'I myself am at the bottom of the tree, and I also want to go up. It is the small circles that come up.

I stay scared and underground, I might feel safe, but nothing will happen.'

Maria hung the drawing in her living room to remind her of the growth potential of the tree inside her. In the months after the exercise, she translated the symbolism in the image into concrete action. She dared to start new activities outside of home, which she had avoided since her illness. In addition, she regularly allowed herself to explicitly withdraw into her comfort zone 'at the bottom of her tree', when she needed to relax and find rest. Consequently, she felt significantly more autonomous again.





CASE STUDY

Sitting on a cloud

David* had just finished his treatment for bowel cancer. The treatment went well, but he was left with anxiety about not living to see old age or being able to take care of his family. He wanted to be back at work as quickly as possible, but he felt weak and described a terrible, heavy pressure in his chest. The therapist proposed exploring his heavy feeling.

David was asked to close his eyes, breathe slowly, concentrate on his emotional state and wait to see or feel what kind of spontaneous image arose in his chest. The image that emerged was of a cog standing still. At first, the cog gave him a feeling of 'nothingness', something he experienced as extremely negative. But in the process of exploring this image, he started to discover that this 'standing still' might also bring him the rest he needed after his disturbing period of illness and treatment.

The therapist then suggested that David try the 'Imagery of a Good Place' exercise. To David's astonishment, a spontaneous image easily came to him. He saw himself lying in a boat on a gently flowing river, and experienced a wonderful sensation of the river carrying the boat

slowly onward. At the end of the exercise, David related that he had never in his life been in such a boat on a river, but that it felt very comforting.

Following this session, David continued to practise the exercise on his own and experienced a number of additional images that were helpful to him: playing in a child's pool of balls, stretched out on his back on an island, lying on a bed of leaves that subsequently turned into 'sitting on a rubber cloud', and floating free as a bird. From all these images, David chose 'sitting on a cloud' as his core image. After sketching this and framing it, he hung it in a prominent place in his house.

Together with his therapist, David decided on a concrete, practical plan for how best to implement and integrate what he learned from the imagery into his daily life. It included playing with his children every day and no longer working overtime. Six months later, David reported that he was doing well and back to work. But he was also allowing himself regular rest periods and was no longer working overtime. The imagery exercises worked so well for him that he has used them to coach several colleagues.

The spontaneous images of the person should always be the starting point. From there, the therapist can work on what the person needs and on the images and symbols that go with those needs. A major pitfall, however, is over-focusing on visualising physical healing. However much physical healing is, understandably, desired by the client and also by the therapist (countertransference), this focus makes the therapy limited. It is often the existential, spiritual essence of life that needs to be given heartfelt attention.

Imagery toolbox

Jan Taal is a psychologist and psychosynthesis psychotherapist with more than 40 years of experience of working with people with cancer and chronic illness. He and his colleagues at the Amsterdam School for Imagery developed the Imagery Toolbox, a collaborative, non-profit project, with the Cancer in Images Foundation.¹⁰

Taal and colleagues launched the Dutch-language edition 10 years ago, and it became available in English last year. It provides user-friendly tools, techniques, guided meditations and inspiration to support counsellors working with cancer patients to access wellness and inner healing.

A pilot study from the University of Humanistic Studies in Utrecht on the effects of working with the Imagery Toolbox found that it powerfully stimulates the imagination and mobilises the mental healing potential of the participants.¹¹ A large research project on the effectiveness of the toolbox, a collaboration between the University of Groningen and the University of Twente in the Netherlands, is currently in its early stages.

The Imagery Toolbox includes a course book, symbol cards, an audio CD and MP3s with eight imagery exercises (including 'Imagery of a Good Place'), a set of watercolour pencils, paintbrush and sketch book, modelling clay, a notebook and a DVD with two short films. All of these seemingly simple tools synthesise into a powerful collection of possibilities

CASE STUDY

I am a person torn in two



Cis,* whose breast cancer had metastasised, wanted to fight her illness, but at the same time felt that the disease was slowly depriving her of her strength. 'My constant fight against cancer is a big sea of fire,' she said, describing her spontaneous image. 'But it does not seem to affect the cancer cells; they nestle themselves on the flames. Isn't it better to accept that I have cancer?' Cis was torn with doubt. 'Should I fight the disease or should I accept it?' she wondered.

When she tried to reconcile within herself the fighting and the acceptance, she perceived two halves that did not fit together: 'The two halves, acceptance and fighting, don't

match. I don't feel whole. I'm a person torn in two.' Finally, once she allowed herself to surrender, she discovered a child in herself and a ray of hope. 'I feel like a baby - I feel so small. I fall into a deep black hole, but the rays of the sun continue to penetrate.'

Ultimately, this imagery exercise led her to experience great joy and release. 'By painting the embryo and the child's head, I am surprised to discover the child inside me,' she said. 'On the one hand, this is the crushed child I was during my childhood; on the other hand, it's the child I would so much like to have had. I feel that I need to give her attention, to spoil and pamper her.'



About the author

Catherine Ann Lombard is a psychosynthesis psychologist, practitioner and researcher. She received her MA in psychosynthesis psychology from the Institute of Psychosynthesis, London, which is affiliated to Middlesex University, London. She has had numerous scientific and popular articles published on psychosynthesis psychology. Over the years, Catherine has successfully used many of the Imagery Toolbox visualisations with her clients. You can follow her blog at www.LoveAndWill.com



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for the therapist to offer clients who might be suffering from illness or be in crisis. The course book also has a chapter explaining how family members can use art and imagery to help in the healing process and, if necessary, prepare for the death of their loved one and provide aftercare. Much of the material is available for free from www.imagerytoolbox.com.

In an era where the costs of healthcare are constantly increasing, self-reinforcing methods such as imagery and artistic

expression are important additions to the care of cancer patients. When illness or crisis hits, we are often forced into an intimate meeting with ourselves, and both imagery and artistic expression can contribute significantly to promoting our inner and outer coping and resilience. Imagery and art provide a humanistic, individualised, empathetic and patient-centred response to this challenge. ■

***All the people in the case studies are pseudonyms and taken, with permission, from the work of Jan Taal.¹²**