Psychotherapy Guidebook

PSYCHO-IMAGINATION THERAPY

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Psycho-Imagination Therapy

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DEFINITION

Psycho-Imagination Therapy uses imagery as a vehicle to bypass the conscious censor to reveal the individual's self-image, areas of conflict, and strategies for coping with the world. The imaginary situation provides the therapist with a window into the world as it is seen by the client.

Clinical experience has shown that there are specific Imaginary Situations that can reveal in a nonthreatening manner the kinds of information that a person needs to facilitate change. The basic theoretical formulation of Psycho-Imagination Therapy appears in my books, Psycho-Imagination Therapy and Psychotherapy Through Imagery.

Imagination is viewed as the central kernel of the consciousness and an important way of access to the unique inwardness of the individual's subjective world. The active introduction and conscious use of imaginary situations is found to be a stimulating investigative tool, a way to open up action possibilities and a facilitative therapeutic approach. It allows the individual to explore more safely and openly; to differentiate; to experiment

with and to integrate fantasy and reality, reality and potentiality, self and notself, and choices of action all within the context of a cooperative therapeutic alliance and encounter. Projecting the ego in imagined situations constitutes a fantasy experience of self-agency that opens the way to real being-in-theworld.

No technique is used without reference to the self-other theories of R. D. Laing and Harry Stack Sullivan. The phenomenological approach to humans, or how a person views his world, can be appreciably enhanced by knowledge of his waking imagery. It is phenomenology in action.

HISTORY

Psycho-Imagination Therapy was initially developed in 1965. Emphasis in the therapeutic interaction is on separating one's own view of oneself from the attributed self as defined by the significant others in one's childhood. Ideally, the "true" identity is helped to emerge while the "alien" identity is eliminated.

When this theoretical stance is combined with the ubiquitous imagery of the person it brings about a more immediate increase in awareness of conflicts by both patient and psychotherapist.

The roots of the use of imagery as a therapeutic tool extend back to S.

Freud, C. G. Jung, R. Desoille, H. Leuner, G. Bachelard, et al.

TECHNIQUE

The two basic premises of Psycho-Imagination Therapy are: (1) everyone needs to make a difference to someone, and (2) everyone seeks confirmation of acknowledgement of himself. These needs occur contemporaneously. When they are not fulfilled, the child develops false positions. If a person is not confirmed for his true self then he develops strategies to secure confirmation for a false self. The security operations he involves himself in serve to maintain his identity even in the absence of true acknowledgement.

The interpersonal and intrapersonal interactions, as well as the individual's strategies within the self-other relationships, are best seen through the systematic use of waking imagery. A person's imagery can show how he organizes his world, his style of action, and the marked individual differences to which the therapist should be attuned. Imagery provides a primary avenue through which thoughts, wishes, expectations, and feelings can be most effectively reactivated and re-experienced. Imagery, unlike other modes of communications, usually has not been punished in the past and is, therefore, less susceptible to personal censorship in the present.

The active and systematic introduction of categories of therapeutic

imagery, such as Spontaneous Imagery, Self Imager Imagery, Dual Imagery, Body Imagery, Task Imagery, Parental Imagery, Sexual Imagery, Cathartic Imagery, and other imaginary situations; the finish-the-sentence technique; the self-and-other question; and the most-or-least questions are specific treatment procedures.

APPLICATIONS

Psycho-Imagination Therapy is essentially for general, as well as neurotic, populations; certain obsessive-compulsive persons; and some schizoid persons.