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Topic: The use of the Desoille and other mental imagery  
techniques with school children

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The Use of Desoille and Other Mental Imagery Techniques  
with School Children

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Thomas Scheidler

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INTRODUCTION

Dr. J. Cooper: Tonight it is our pleasure and privilege to present Thomas Scheidler, who is close to his doctorate degree, and is a psychotherapist with the Community Counseling Center, Dover-Foxcroft, Maine. His subject is the use of Desoille and other mental imagery techniques with school children.

MR. THOMAS SCHEIDLER:

Thank you. Anybody can capture a crocodile. This is how you go about it. First get a telescope, a matchbox, tweezers and a large, very dull book. Then, on a very hot day, you go to a river bank where crocodiles abound. You sit down, put your tweezers, your telescope and matchbox next to you, take up your book and begin to read. Since the day is warm and the book is dull, you will fall asleep. By and by a crocodile will come along and he will see you and naturally investigate. He will get out of the water, look over your shoulder at the book and begin to read. Since the day is hot and the book is dull, he too will soon fall asleep. Then you wake up. Take your telescope, and look at the crocodile through the wrong end. Then using your tweezers, pick him up and put him in the matchbox. And there you have your crocodile.

None of us would trust this procedure to go after a crocodile, but on the other hand it does have a certain logic. We could simplify solutions to our problems, if we would only consider them on a different level. I feel in a very real way that guided fantasy helps some of our children deal with their symbolic crocodiles.

I want to clarify, before we begin, the title of this talk. It says, "Desoille and other methods." Desoille was actually my starting point in using fantasy methods with children. I had read some of Jung's studies on using the imagination and the importance of symbols. Then I read other publications by the Psycho-synthesis Foundation, but it was not until I had picked up Desoille's three lectures at the Sorbonne that I finally became convinced that guided fantasy was something that I could use and feel good about.

I feel his outline for using guided fantasy is very good. When someone asks me about guided fantasy and say they're interested in beginning to use it, I recommend those three lectures, because I've found it helps separate senior clinicians from dilettantes. If they read that and think about it and begin to understand what he is saying, I know they're really interested and not just dabbling.

The "other methods" include adaptations of Desoille's procedures and a few original techniques. Some of the latter will be included in a book The Mental Image in Psychotherapy, edited by Gary F. Kelly. It will probably be out in the Fall or early 1974.

The Community Counseling Center, based in Bangor, Maine, serves children and adults. The satellite office in Dover-Foxcroft, where I work, is very small, there are only three on the staff there, whereas they have a much larger staff in Bangor.

I use guided fantasy with adults, also, but for tonight we're going to focus on using it with children, I think it might be interesting to see just how much of the utilization procedure with adults also applies to children.

So many good things happen in using guided fantasy with children there is a danger that you say: "Wow! this is all there is; guided fantasy is what I'm going to do and that's it!" But I think it's very important to keep a balance in your approach, and realize that guided fantasy is no more all of psychotherapy than tires are all of an automobile. It's a very relevant part, but it's not the whole composition.

So we're going to consider tonight, first of all, how guided fantasy may be integrated into child psychotherapy. We will talk a little bit about procedure; just exactly what we do with the child when he comes to a clinic, and about children who don't need to come to clinics.

We will also discuss why we do what we do, and a few special applications of the technique which perhaps you would not ordinarily think of. We'll conclude by saying a few words about counter-indications.

### Guided Fantasy and Child Psychotherapy

Where does guided fantasy fit within child psychotherapy? We can perhaps best start dealing with this subject by looking at a common method of treating children, play therapy. Play therapy has at least three things in common with guided fantasy. First, it relies heavily on the imagination; the child in a play therapy situation will take a handful of toys and be able to create with them many kinds of situations where he can bring out various conflicts, dealing with them through manipulating the toys. In guided fantasy the imagination, of course, is heavily utilized also, and we'll see how a little bit later.

Another thing that play therapy does very well is to deal with conflicts in a different medium than conversation. Say, for example, the child is having a very difficult time and feeling overwhelmed by his environment. He might deal with this by burying a number of objects and digging them up again; doing this many times in many different ways. In this way he's dealing with his conflict in a different language. Guided fantasy does this, also, through the use of symbols.

Another thing that develops in play therapy is a real cooperative relationship between the therapist and the child. It's not somebody talking to someone else to get advice, or to feel good, or to feel understood. They are actually doing something together; they're working something out together. The therapist might actually help the child uncover a buried object or build a tower. In guided fantasy the therapist and the child also work together closely.

However, guided fantasy requires that the child must verbalize what's going on. He has to tell the therapist what he's seeing and doing in his fantasy. This requirement is not usually essential to play therapy. In play therapy a child might come for weeks and not say a word, as many of them do, but in guided fantasy the child must talk. However, he is describing his experience in this symbolic language.

There are also, of course, many what we might call "dovetails" in the behavior modification approach to therapy with children. A lot of deconditioning is going on when you do guided fantasy; also there's a lot of reinforcement going on, albeit incidentally. There's also the plugging in of what Desoille calls the signal system, where the images do evoke certain physical responses which hark back to Pavlov. So guided fantasy does find a very convenient home in child psychotherapy. It fills a lot of gaps, but I'm saying that merely to state that it's comfortable in the clinic; it's at home there. Guided fantasy is much more than just a gap-filler in child psychotherapy. It has its own unique and very important contribution to make.

### Visualization Techniques

Now that we've decided guided fantasy is a therapeutic procedure, we'll explain how to do it. I find that when I'm using a new therapeutic procedure with a child it's well to explain it to him. In the Dover clinic I usually begin guided fantasy as early as the second interview with the child, although you could start any time. The explanation is very simple. I tell the child it would be a good thing for him to look at some of his dreams while he's awake and see them. Or I might say, "Would you like to look at some of your daydreams?" or "Would you like to make your own fairytale?" The explanation is neither complicated nor involved, and most children are willing to participate.

Explaining guided fantasy to parents is sometimes a different story. They aren't always so eager for the child to become involved in this thing, and I had to think for a long time to figure out why I was getting so much resistance. It gradually became apparent that they were resisting what they saw as a similarity between what I was doing and hypnotism as seen on the medical television shows. Perhaps they thought I was going to hypnotize their child and find out something they didn't want me to know. At any rate, I found that this supposed similarity was the main fear in a lot of them, and when I explained to them that the child would always be aware of what he was saying, and that he would remember the whole process afterwards most of their fears vanished, at least to the point where they were willing to allow their children to enter therapy.

There's another thing I discovered that might seem incidental: in the beginning it's important to tell a child he can either open or close his eyes during guided fantasy. A lot of children seemed to have anxiety about doing a guided fantasy because they thought they would have to close their eyes and they didn't want to do that. Telling them they have a choice makes a difference.

Once guided fantasy is explained to a child we then get into the customary preparation, which is relaxation. We have adapted the ordinary relaxation procedure to a process we think is a bit more relevant to an exercise.

We start out in the customary way asking the child to attend to his own breathing, not to try to change it, just let it go in and out. Then we ask him to imagine a warmth entering his body, spreading to his extremities. Generally we also used a suggestion of heaviness, but we don't do that now, and instead we focus on a pervading warmth. After we have this warmth spread out to the child's extremities, we ask him to focus on and be conscious of the energy in his feet and legs; the energy he uses to run, to walk, to kick. We ask him to withdraw this energy, to imagine the energy coming back and focusing at the cavity between the lungs, the "heart center." I get them to recognize and name the heart center as soon as possible. We do the same with the energy in the arms and the stomach, and most important, also the cerebral energy.

This type of preparation I like to think of in terms of composing rather than simple relaxation. It's a better preparation to the following exercise than simply having a person relax and feel heavy. There seems to be something more alive to work with. Another advantage to this style of preparation is that it allows an expansion or giving out at the end. I found this is helping a couple of young children who have come in with psychosomatic problems, this focusing the energy at the heart center and letting it flow out after the fantasy has reached a closure.

I was describing this procedure to a friend of mine and he pointed out that it has very much in common with a mandala type of awareness where you center and expend energy.

Another thing I'm beginning to do, and still feeling my way, is reversing the sense awareness as part of this relaxation and composure. By that I mean asking the child to imagine that the vision and hearing are turned inward; that the nerve endings for feeling things and impulses from the outside are now turned inward to discover what's happening in an internal direction.

Results are evaluated by seeing if the person feels any differently, and if it enhances the quality of the fantasy. At this point I would say I don't know if it does. There have been good things happening, but not enough that we could state anything definite.

Once a patient is prepared I start the visualization of the fantasy proper. We're going to talk about several ways of doing a fantasy. The first will be what we might call the Desoille type which I ordinarily use when the child begins treatment.

I do his "ascent" and "descent" in two separate fantasies. The first fantasy session is usually an ascent and the second is a descent. After that we're liable to go in many different directions. Desoille suggests that before the ascent you have the patient visualize a sword for the male, or a vase for the female, to have the person confront their obvious characteristics.

I found that you can't - or I haven't been able - to get very young children to make sense with either the sword or the vase. It's only when the child reaches latency age that they can begin to deal with the sword or the vase in any kind of meaningful way. Young children are very confused when asked to deal with a sword or a vase. My own feeling about it is that at this age the child's obvious characteristics aren't clear yet. Consequently he's confused by a sexual symbol, but I wouldn't care to defend that point too vigorously.

The ascent theme is usually the common one: climbing a mountain. I ask the child to visualize a mountain; his own mountain. I have a problem with that phase because most of the children I see have mountains as part of their environment. They live on one or they have certainly climbed one.

For me it's become very important to tell a child, "I'd like you to have your own mountain, one that you've never seen before; one that is your own particular mountain. Describe it to me, and now we want to go up it, to climb it, we want to ascend."

I feel that Desoille's notion of ascent and the meaning of it are very important, so in my anxiety to make sure that this happens I verbally load the notion that we are going up. I encourage the child to tell me what he sees; to enlarge on it; to try to get the imagination function to grow and see as many things as possible on the way up.

An important therapeutic opportunity occurs when the child comes across an obstacle to his ascent. An obstacle can either be animate or inanimate. An animate obstacle for the child, inevitably, is a threatening animal. An inanimate obstacle will usually be the same type of thing an adult might see - a rock in the path, a fallen tree; things of this sort.

I deal with these obstacles in the same way as with adults. I always make sure that we undercut them in some way; they must never stop us from getting where we're going. The rule is never, never stop to analyze what's going on. You must keep active to overcome the negative situation. If it means climbing the rock, or whatever you do to get around it or get over it, you must keep going toward your goal - the summit.

A satisfactory closure point could, in this case, be arriving at the top of the mountain. Having overcome whatever has stopped us on the path we get to the top. When we stand on the top I ask the child, "Is there anything special on top of your mountain?" Sometimes he'll find a treasure chest; perhaps a cottage which has kind of a churchy look to it, or something that has a special meaning to him, and sometimes he won't find anything. But in each case he's given some kind of a verbal reward for having arrived. In ending the fantasy we employ a standard approach, "Enjoy the situation; stay as long as you like, and when you're ready you can open your eyes."

But the mountain top is not always the closure point. If a child has done very well and seems to really have a feel for fantasy in this first encounter with it, I let him continue on up through the clouds. This is facilitated by the hand reaching down to pull the child up, the same thing we employ with the adults. Once you get in the clouds, of course, you have a much more open ended situation. You can inject much more into a cloud than you can into a mountain which is somewhat familiar to you, so a lot more can happen. But you have to be a bit more familiar with symbolic language to feel comfortable with a child in the clouds. You have to be aware of right and left; quality of light and the like. If you go with a child into the clouds, you continue to a new closure, quite often a house or a garden and you tell him, "Stay as long as you like, and when you're ready open your eyes."

That completes the ascent. The second session concerns the descent, and it works in a similar way. You have the child go under water, suggesting that he continue to go deeper down until he encounters something. The descent, according to Desoille, is finding the repressed characteristics, and usually you will find something threatening; at least, I'm mesmerized by that idea enough that I keep going until we do. When we find it the children can eventually metamorphize the repressed obstacle - and it's surprising how often it's an octopus, and it will change into whatever the child is experiencing as his repressed problem at the time.

A friend of mine at the University of Maine, currently doing his doctorate dissertation, is trying to see if he can use guided fantasy to pick out the depth of repression by the time or by the difficulty you have in getting a symbol like this to metamorphize.

The ascent-descent is the way I usually start children, but there are many, many themes you can use for guided fantasy with children: finding dragons, finding witches, all the various publications about guided fantasy give many possible exercises that you can do. However, I prefer, as soon as the child is able, to allow him to construct his own fantasy. I allow him to make his own procedure because I feel this opens many unique growth possibilities and is more open ended in terms of

our understanding. I don't force him into the straitjacket of a set theme, but allow him to construct his own theme.

With this procedure we relax and compose in the usual way, and then I ask the child to address questions to this energy concentrated at the heart center. The questions are usually general questions about developmental history; for example: Where am I in my life now? From the viewpoint of my highest and best self, what would I like to be? What is stopping me? What do I need to do in order to become the kind of person I want to be. Specific questions like, "Am I going to get an A on my next test?" should be avoided in this exercise. You're mainly interested in a general question about the child.

When you're using this approach, this second kind of visualization technique with children, it's very important, I've found, to ask that the answer come in the form of an image or picture. If you don't you're very likely to get some kind of admonition that the child has heard before, say, "What should I do in order to become the kind of person I want to be? Behave better, not talk in school, do what my mother tells me?" You'll tend to get answers like that unless you ask that it come in the form of an image. When the image comes, the child chooses his own direction where he can, and the therapist intervenes mainly to keep the process going. So he asks the child: "What suggests itself to you now?" or "What do you feel like doing?" or "Do you see anything special in what's going on now?" These questions that the therapist poses are open ended questions, and mainly process questions; just sticking to the point.

At times you do intervene to keep the fantasy moving in a healthy direction. We've found that by the time a child is capable of constructing and carrying out his own fantasy, he most generally does go in a healthy direction anyway. He doesn't destroy things when he sees them; he deals with them. This type of visualization process, then, will proceed again to a convenient closure and end in the usual way.

These two approaches I've been talking about are what we call formal approaches to guided fantasy; you begin with the relaxation, you explain the procedure, you posit the symbol, and go. But it doesn't have to be that way. You can flow right into a guided fantasy from a play therapy situation. For instance, if the child were sinking boats in a tub, it would be very well to ask him: How would you like to take a trip under water and see what we can find under there? and then go right from there into the fantasy.

Are there any questions at this point about just how we utilize guided fantasy?

Miss Kaplan: I was wondering what happens if a child brings up a witch or something very frightening? What do you do about it?

MR. SCHEIDLER: First of all, I make sure the child knows he's safe; that's the first and most important thing, and then we proceed to deal with his fear in various kinds of ways. From a secure position many alternatives are possible.

Mrs. Hilton: Can you give us the ages of children you work with?

MR. SCHEIDLER: Up to now it's been age four to late latency age, and then I pick up again with the adults. The adolescents are dealt with by a therapist from New York. He's up in Maine at the Counseling Center now. He treats the adolescents and alcoholics; and I have everyone else.

Dr. Miale: I wasn't sure, from what you said, whether a child always discovers an obstacle, or what you do if he doesn't.

MR. SCHEIDLER: Obstacles aren't always found, but in the clinical population - and that's what I'm talking about right now - I've never seen anyone who doesn't have an obstacle. That's usually why they're at a clinic.

Dr. Miale: But you don't need to do something like saying: Pretty soon you'll come to a sea monster.

MR. SCHEIDLER: No, I never do that. We are talking about a clinical population here, and they find obstacles on their own. Later on we'll talk about healthy children. I don't like to make that division but I guess we have to.

Dr. Miale: Non clinical children?

MR. SCHEIDLER: Non clinical children; I deal with them in a little different way.

Miss Gershuny: There was a question the child asked. I don't know whether it came from the therapist or from the child.

MR. SCHEIDLER: The lifeline question, you mean? I guess it could come from either. It's usually something I suggest the child ask his central energy; a general question about his developmental history which is related to his problem. "What must I do to become the person I want to be?" The specific content of the question isn't so important. It's more important that it be a question about developmental history or his problem rather than to pose it more concretely.

Dr. Miale: At what point do you invite reports of what is going on? Is the child's fantasy continually verbalized. Suppose he wants to go on doing it in his head and at some point respond to your request for a report, or does it vary, or what?

MR. SCHEIDLER: It varies. I try to get as much as I can. I say: "Tell me what you feel along the way in the ascent?" and depending on how they say it - if they just say: "Trees, birds, flowers," I know this is a child I'm going to have to ask a lot of questions. If there's a kind of a narrative flow I let the child tell me when he's ready. It varies with the child, depending on his reticence or tendency to talk. But you always want to know what's going on.

Miss Friedberg: Could we have some examples of responses about developmental processes?

MR. SCHEIDLER: We had one boy about whom I can give an example. This was a boy who was acting out at school quite a bit, and we asked him, "What does it mean that I feel I'm getting blamed for things I didn't do?" The image came that he was in a large field and there was a house in the middle of it. My response to him was: What do you feel like doing now? What suggests itself to you? Of course I kind of knew what the answer would be: "I want to see what's inside the house."

So then we did, and we looked around inside the house, but we didn't find anything very relevant; we did find a lot of things that he liked; a lot of things that he wanted to look through, but what we found was a place where he could really feel safe, so we reached a center, a point of safety through this question, which was very meaningful to him.



Miss Spector: I am interested in whether you work with continuing on the descent down the mountain as opposed to under water.

MR. SCHEIDLER: It's possible to do almost anything, really. Ascent and descent are two that I have chosen to get someone started. What we just talked about was a horizontal fantasy, of course, and to have the child descend back down the mountain would certainly be possible; you can do that if you want to.

Miss Spector: The reason I was interested in it was that it seems to me if I got started on something I would rather stay with it. Might it not be important to stay with that playful feeling of the original fantasy?

MR. SCHEIDLER: There's a certain association with going under water. There are a lot of evolutionary associations with it; there are womb associations with it, and I think this is why descent is usually under water. Also, the point of reaching closure at the top of the mountain and stopping there has a lot to be said for it. It's always well to stop on a very positive note after completion. One more question and then we're going to have to go on.

Miss Caring: Can you be comfortable if you stay up in the clouds?

MR. SCHEIDLER: If you can get there you can be comfortable with it, but I never leave anyone there if they're having trouble. In other words, if you can get to the clouds, and you can move around and feel comfortable there, this in itself can be a closure with some people. (Miss Caring: There's no reason to bring them back to the mountain?) No. If they're able to get up that high they've been able to get beyond their own limits, and that's a good feeling. If they're anxious you keep going until they arrive at a place where they can have a positive feeling. If you had to bring them back to the mountain I guess that's what you'd do. I've never had to do that yet.

Now I want to talk a little bit about the basis for what I do. I've told you what I do and now I'd like to say why I do it and why I believe it works.

Imagination is heavily utilized in guided fantasy. Imagination is a very active faculty with children; we see this in their fascination with fairytales, in their ability to transform a few blocks of wood into a myriad of objects. Assagioli has certainly spoken a lot about the power of imagination and what it can do. He talks about the fact that in a conflict between the will and the imagination, the imagination wins, and the idea that imagery has motor drives. I don't want to belabor the power of the imagination here, because it's not really specific to children.

But it is an important part of guided fantasy and I feel that by orienting the imagination in a goal-directed and a growing way it will facilitate the growth of an integrated personality according to a very well established method of procedure. The imagination is working anyway, and it's active in kind of a warped way in the child who is brought to the clinic, so if I can just point his imagination in a more healthy direction, that in itself helps. That is therapeutic. The imagination is also a good problem-solver in the sense that it helps us to find new combinations, new approaches to problems.

Another by product, you might say, of guided fantasy is what we might call the deepening of the relationship between the therapist and the child. There are some who say there is not patient-therapist transference involved when you deal with guided fantasy. They say that the transference occurs mainly towards the projected symbol and not towards the therapist.

I haven't really found that to be the case. I read about it and I sort of believed that it would be true. but when I started working with more people I haven't

found that happening. As I thought about it, I didn't really see why it should, either. In a fantasy you're revealing yourself in a lot of ways. You're showing the therapist in another language, where the conscious censor is bypassed; "Here's how I see my world, and here's how I deal with it." You're telling this to another person who is helping you to find ways to explore new alternatives in this world.

When we return to everyday consciousness we find there is more mutual trust, and quite often the child will tell something or reveal something about his conflict or about his home that has remained, until then, hidden. It's like the kid coming in at Halloween time; he's uncomfortable and as soon as you guess who he is he can take the mask off. I think that's kind of what's happening here. He says, "Okay, you've guessed who I am so I can take this mask off and we can be friends."

The other thing that's happening, besides guessing who the child is, is that if a fantasy is a helping relationship, and it is, you create an emotional climate of sharing between the therapist and the child. In my work with guided fantasy in groups I find that this same emotional climate facilitates sharing among group members, also. We'll discuss that later when I talk about special applications.

Another helpful by-product of fantasy is the facilitation of a diagnostic understanding between the therapist and the child. There are some theoreticians in guided fantasy who have emphasized very much the diagnostics involved, and they have pointed out how it correlates with Rohrschach. During the fantasy the child projects - he's acting like a little projector - and he's throwing out what he feels his world is like and how he deals with it. So if the child is in a meadow the meadow might be a very luscious, nice place to be, or it might be a barren, very harsh place to be.

If something threatening happens while he's in the meadow he may deal with it either by running away or by trying to approach whatever is there and coming to grips with it. He is showing us what he sees and what he does about it, but in a symbolic language. We already know something about the child's history and then we hear him talking to us in this process language. After the fantasy is completed we can share some of our hunches, if we will, with the child, to promote kind of a better understanding.

Again, I have found that open-ended hints are the best ones. After an ascent is completed during which the child has completed a certain amount of difficulty, I might say: "You seem to have a hard time finishing things, or perhaps you might seem disappointed in yourself." Periodically, instead of promoting interaction this diagnostic sharing will net me a puzzled look and "How did you know that?" This kind of question has to be handled very carefully. It might be inflating to adopt a guru role and say, "Well, I can tell," but I don't think that's a good idea.

The danger exists of generating fear in the child because he's afraid you can see inside his head (and enough clients are afraid of that anyway) which contradicts that stance. Even more important, if the child puts a magician role on the therapist, there will be the inevitable transfer of responsibility. "This is a man; he's a very powerful man; he's going to make me better all by himself." So I feel that it's important to be honest with the child as to how I arrived at this hunch; that it is a hunch, and that I just want to try to understand better.

We've been talking about by-products of guided fantasy, but the most important contribution of fantasy to child therapy is what actually goes on during the fantasy itself, and we'll consider this at two levels. They are the same two levels that we might talk about with adults but there are special considerations with children, so I want to touch on them. The two levels are the process, "How I deal with my world"; and the therapeutic value of dealing with symbols.

In the fantasy the process alternative is immediately realized- that's the key statement. "When I come up on something which I usually deal with in a self-defeating way, within the fantasy I find a new way of dealing with it, a more healthy way. I find a way to keep this obstacle from preventing me from getting where I want to go."

The therapist may suggest alternatives to the child if he can't find his own. Let me read you a typical extract from one of my cases. It's about a child who did come upon a rock in the path.

THE CHILD: I can see the top of the mountain, but I can't go on any farther because there's a rock in the path.

THERAPIST: How can you get over it?

THE CHILD: No way. It's too slippery and there's no place to hold onto.

THERAPIST: Can you get around it?

CHILD: No, there's rocks all around.

THERAPIST: Why not take a rope with a hook attached to it and then throw it over the rock so it catches on the other side and pull yourself over it?

THE CHILD: Okay. (There is a little pause.)

THERAPIST: Is it working?

THE CHILD: I'm over now.

That was one that worked very well. That's the way a process alternative might work where before, if the child came upon a rock, it would be: I guess I'll stay here; I guess I'll go back. We don't stop; we keep going.

I hinted once before and I'll emphasize again that we don't want to stop at this point and analyze what this rock means. That is the mortal sin, as I see it, anyway, of guided fantasy - to stop and analyze. You go; you immediately utilize your process alternative to get around the obstacle. If you want to analyze it later, fine, but let's plug in the healthier way; that is the important thing.

It is also very important to find a peaceful and integrative way of dealing with this obstacle because it is a projected part of yourself. So you may try - in the case of an animal - to feed it, and to somehow take a peaceful, harmonious stance toward it, rather than a confrontive stance, which could lead to repressions. I used to do a certain amount of confronting, and there is a lot said in the literature about confronting obstacles, but when I was in Montreal working with Martha Crampton she finally convinced me that the peaceful and harmonious method is preferable, so I've been doing it that way ever since.

There are many ways of conveying a patient over an inanimate obstacle. You can put a person in a helicopter; you can have a winged horse come and take him over; any way you can get over you can utilize within the fantasy. However, with a child who comes to the clinic, I prefer the child to remain active, and not allow him to be carried forward by some implement or some force.

When I am dealing with children who are nonclinical we try to explore a balance between active and passive overcoming of obstacles.

So we're opening up new ways for dealing with our conflicts, but the important thing is that the change, the new way, has been experienced; it has actually been done and not just talked about.

The other level that I would like to discuss is the therapeutic value of symbols. I'll sort of dance lightly over this because it's really not specific to children - it would apply to adults, also, but in case some of you may not be too aware of symbolic work we'll just touch on it.

Usually in the clinic we find that most of the symbols we encounter are repression-type symbols, so well documented by Freud. The symbols emphasized by Jung we find in more healthy children or perhaps at the closure of a fantasy. But we find "Freudian" types, like, say, the octopus which turns into a mother, frequently.

I try, then, to have the child, if he can, transform the symbol. The way I do this is usually with the aid of the "magic wand"; waving the wand over the threatening symbol and asking it to reveal who it is. With children I find that this usually does the trick. With adults we sometimes have to attend to the feeling level that the symbol brings on and arrive at the meaning that way. Any questions?

Mr. Shames: Do you ever use a cave as a symbol?

MR. SCHEIDLER: When I use it, it is on the descent - that's the second Desoille situation; the descent - to the bottom of the sea. If the child doesn't see anything there we go into a cave. That's about the only time I've used it with children.

I've found that, in the case of adults, depressed people will often go into a cave.

Miss Levenberg: I take it that the guided fantasy is used in conjunction with another form of therapy? (MR. SCHEIDLER: Yes.) About how many times would the guided fantasy occur? Weekly?

MR. SCHEIDLER: What I usually do is to have two in the beginning. We'll have the ascent and the descent; and then I feel very strongly that a person has to live out whatever they get from a fantasy; I don't think we were meant to fantasize all the time. We assess the impact of the fantasy on the child's life, both outside the clinic and in the transference. The timing of the next fantasy depends on how well this process works out. We fantasize and then we work it out; and then we fantasize again and work it out.

Miss Levenberg: Is the same situation repeated or do you go on to a different one?

MR. SCHEIDLER: Usually we go on to a different one. I wouldn't say that you have to, but we usually do. As soon as we can we try to get the child to construct his own.

Miss Levenberg: I'd be interested in knowing about the boy you helped in dealing with the rock. Would you see this child nine months later and do a fantasy again and see how he felt about the rock?

MR. SCHEIDLER: I wouldn't do that. I wouldn't say you shouldn't. My preference is to develop, not to go back. Going back and seeing how the boy dealt with the rock would be saying that you helped him. Rather I would say, "Where else can we go?"

Dr. Miale: There is something I have done a few times with adults in active imagination and continuing dreams; and I wonder whether you feel it could be used with children in this overcoming of obstacles. This was an idea I got from Bill Schutz: telling

people when they come upon an obstacle that they can call upon a helper; someone who could help them. Of course, later on it would become clear that the helper came from within.

MR. SCHEIDLER: Yes, That gets back to the earlier question that I only touched on. When a child meets a threatening obstacle, you first assure him that he's safe, but quite often you do have to call on a helper - a fairy godmother, or another kind of fantasy helper for adults, maybe a talisman, but that wouldn't mean much to a child.

Dr. Miale: My other question is about your comment that when the children are more disturbed their symbols are Freudian; and when they're not, they're Jungian. This bothers me just a little. I wanted to ask whether what appears in the image as the mother, when you asked for the octopus to be transformed and that became the mother, whether this would now be getting more Jungian or more Freudian?

MR. SCHEIDLER: I hardly know what to say to that, except that I had no intention to offend anyone by making that dichotomy, first of all. I guess what I'm saying is in terms of what happened in the fantasy, that developmental parental relationship kind of problems occur rather frequently when a child is brought to a clinic.

As you get a more healthy child you find him dealing with things like the sun, flowers, hearts; things of this sort which I would see as a progression.

Question: In schools I work so much with children with low verbal facility. Can you comment on this?

MR. SCHEIDLER: Usually I find that I can get a child to talk about a fantasy when he won't talk to you about anything else. Of course, some children just plain won't talk, but quite often a child who won't talk about anything else will talk about a fantasy.

I found this especially true with acting out children. Strangely enough this procedure works very well with that type of child. I have found that when acting out children come to the clinic, often they don't want to cooperate; they resist what I want to do; they don't want to talk because there's nothing to talk about; toys are kid stuff, and it's hard to find some common ground at which you can start. I suggest to them that we take a look at their dreams, or look at their day-dreams, and I have found in a surprisingly large number of cases they were willing to do this. If an acting out child is doing an ascent often he will conceive a rather narrow path; he will see his limits as being really narrow, and find himself all the time getting out and unable to stay within the limits.

Miss Kaplan: I am interested to know whether you feel you have more success with the withdrawn kind of child or with the aggressive, the hostile acting out child?

MR. SCHEIDLER: I couldn't answer that because I haven't thought about it in those terms. I'm more excited about what's happening with acting out children because I really didn't think it was going to work with those children, and it did.

Miss Whitman: I'm wondering if it's as beneficial to reinforce the world that he stays in. One might think that he would be more susceptible to this kind of therapy.

MR. SCHEIDLER: Well, there are counter-indications. Usually you will find that when you treat children like this, the fantasy which comes out quite often is therapist-oriented. They tend to live in a fantasy world and be withdrawn, but they're also very pleased, now that you're paying attention to them in a quiet, safe atmosphere.

So what comes out is like entertainment for the therapist, and that is my gauge for saying maybe we shouldn't be doing this with this child.

Miss Friedberg: There was something that I was wondering about, and this was the fact that you gave the child certain cues about mastering the rock. Do you think that this takes away from the child's own sense of self-mastery, and the feeling they can cope?

MR. SCHEIDLER: When I said that I said, "If the child can't find his own way, then we suggest alternatives."

Miss Friedberg: Would you give the child an opportunity to struggle with it?

MR. SCHEIDLER: This would depend in part on the history of the child. If this child has failed a lot we wouldn't let him struggle too long. On the other hand, with some children we might. This is a kind of subjective judgmental thing which you will make in terms of each child and how he's doing in the fantasy.

Miss Friedberg: In some cases you would feel that getting through it would be more important than having him do it himself?

MR. SCHEIDLER: Getting over it is imperative; whether you suggest a way or he finds his own way is certainly important, but not as important as getting over it.

Miss Whiteman: Is it possible for this technique, guided fantasy, to be used with a small group of children and each child relating to the therapist?

MR. SCHEIDLER: Yes. It's possible. I'll touch on that now for it's one of the special applications I want to talk about.

I do utilize guided fantasy in groups. To prepare a group I tell a story which induces composure rather than focussing on relaxation directly, because I want to get the group's attention concentrated as quickly as I can. The theme of the story might be, that they have worked a very long day and now they're swimming in a very warm lake, or something like that; something which would give the suggestion of warmth and relaxation. After that I have them visualize. If it's a latency age group - and that's where I've had most of my experience - we would start them out with the sword and the vase because they could handle it. We have them go around, each one in turn, talking about the sword and the vase, depending on whether it is a boy or a girl, and how they see it. The rest of the group listens and tries to feel along.

Then, in turn, they would each experience the ascent of the mountain while the others listened. When I started doing psychosynthesis with groups I had a lot of anxiety about whether the listeners were going to get bored. I tried to get a symbolic process in which they could participate simultaneously, but that didn't work out. I finally realized they are, in fact, interested in each other's fantasies, and that is enough to keep their attention focussed. Quite often, when I'm working with a new group or trying a new technique, I use a videotape setup, so we can record the session and play it back later.

My initial group was a bunch of active kids who were jittery and all over the place, but as soon as the fantasies started it was just unbelievable; they settled down and got into it, listening to each other.

Dr. Cooper: We often have as many as 45 inmates at the Pen, a very disturbed group, settle down and listen while the fantasies are going on.

Miss Caring: I was wondering when you suggest to them about the sword and the vase if you were not suggesting a certain identity they might take or not? In a way, why do it? You are making a kind of suggestion.

MR. SCHEIDLER: I guess I agree with you. I do it because Desoille suggests it, and that's really no excuse. My wife and I have had a lot of talks about this; she really resists this idea a lot. She feels the active-passive dichotomy is unrealistic, and I see her point. I'm dissatisfied with it. I don't do it that much any more.

I'll tell you how it works though and you'll get a feeling for what is happening. Latency age boys will quite often handle the sword in the same way. The sword will be somewhat of a pleasing thing but it will be much too big for him; something that he simply cannot wear but yet he likes it and wants it for his own. It's an ideal which at this point he is grasping for but doesn't see any way of getting. It's not really that warped; it's in terms of development and how he sees his obvious characteristics now. You're not really reading that much into it, although it might appear from the meaning of the sword, that you are. The way they respond indicates that the symbol really isn't orienting them or isn't warping their fantasy that much. It's an open-ended statement about where they are now.

Miss Levenberg: What happens to a girl with the vase?

MR. SCHEIDLER: A lot of different things. Again, I'll use the examples. When I say we use the examples I'd like to apologise. We're in a small clinic and when I say: This happens frequently, I mean three or four times. Promiscuous type females tend to see very tiny vases. What they do with the vase is they simply describe it. What I do then is have them take it with them on their fantasies and see if there is any change in it after they've done something, and the same with the sword.

With the boys it works out that sometimes after climbing a mountain they'll find that the sword has gotten smaller and it's something they can wear comfortably. I haven't had that many dramatic things happening with the vase, so I really can't say too much about it.

Question: Do you ever reverse the symbols?

MR. SCHEIDLER: I never have done it. I really don't want to get too hung up on swords and vases, because I don't think they're that important. As I have said, I have some misgivings about them.

I want to talk about nightmare reactions a little bit, and then I'll talk about a few things we do with healthy children.

Nightmare reactions: I'll give you an example of a nightmare reaction, and this was a foster-child, a girl four years old who had been removed from her family because of incest problems. She had been placed in a foster home, and had nightmares quite frequently.

She would be screaming, "Stop! Don't!" The foster mother would wake her up in the middle of these dreams but could never get the child to tell what she was dreaming about. During the day she was quiet and withdrawn; very dutiful and obedient, but not outgoing.

She was brought to the clinic and after the usual preparation I placed her in a meadow. A meadow is a non-confining situation which allows various kinds of conflicts to be projected. As the child was walking along in the meadow I asked her to

describe what she saw, and pretty soon she said, "I can't go on." I asked her why she couldn't go on and she said, "There are three snakes in front of me." I asked her to describe the snakes and she said they were black and they looked kind of mean, and I asked how long they were and she said about this long (demonstrating). It was about the length of an average erected penis.

Because of the nature of the conflict I did not want her to change these snakes into anything, but rather to reconcile and deal with them and be as peaceful as possible. One very peaceful way of dealing with a threatening object is to feed it. So we fed these snakes quantities and quantities of hamburger, and it took twenty minutes, I guess, to keep feeding and feeding the snakes. And one wanted more and we just kept pouring it into them.

After a while she said, "That one snake is finished now and went up in a tree and went to sleep." This happened with each snake; one by one they got tired, went into a tree and went to sleep.

Then I said, "Okay, what next." She answered, "Well, I can go on." We proceeded until we were well beyond the tree and she felt she was free from the snakes, and that was our closure. We didn't make any return appointment for this little girl, instead I kept phone contact with the foster parents, and from that very first interview her nightmares ceased completely. Not long after that her day-time behavior started perking up a bit. So guided fantasy procedure can be useful for treating nightmare reactions.

I think it's very important to point out, here, that I feel that it's relevant for you to keep drawing the content of the fantasy from the imagination and not let it be influenced by the conscious memory. In other words, if the father had appeared in the fantasy it would have been a lot more sticky to deal with. If it stays on an imaginary level you can deal with it symbolically. This is a definite preference that I have.

The final thing I want to consider is dealing with healthy children. I work as a consultant for a Head Start program, and we do guided fantasy exercises with those groups. One way I have worked with them is by placing the children in rows as though they were in a garden, and then having them visualize themselves as seeds. Usually I have them bend over to show it's very small and very tiny and they gradually feel themselves expanding. This is a typical exercise like the flower that Assagioli mentions in his book. I then ask them to be very aware that they're receiving nourishment at both ends, from the sun and from their roots, and to sense this integration.

I have had a little difficulty with what we would call hyperkinetic children during this exercise. They really had difficulty with it, so I had them function as wind and stand off to one side and they would blow, and depending on the state of their maturity they would blow soft or hard. They really seemed to like this. I haven't thought about it enough yet to dream up a reason why, but it did work, even so.

Another exercise that I used with these children was centering energy, and then visualizing it as the sun, and shining it on each other. This is another thing which they liked a lot.

I have used guided fantasy in summer camps also. I have run summer day-camps through the C.C. in Maine, for children in several different towns. I go to one town and run one and go to another town. It's a very nice summer occupation.



Before I stop I want to say one more thing about using fantasy with psychotic children; and that is that I would discourage it. Psychotic children can visualize, but they have no control; a dream can get beyond your control incredibly fast and become a terrifying situation. I would say absolutely, don't do it, unless you feel that you've really got something special and can find a way to control it.

Miss Judy Schmidt: What I'm interested in, is it a personal preference or a theoretical preference that you tend to present the symbol to the child? The question I want to ask is, since children so readily in their play, in their art, in all of their doings are presenting symbolic meanings to you, is there a preference to follow the child, so that you can guide him with his own symbol?

MR. SCHEIDLER: I certainly prefer that; but I guess I really feel a need to take a look at a person going up and down. I feel from my own working with a person that I like to see how they react in those situations and the kind of symbols they produce. The process can be fluid, and the symbols in the ascent and descent are their own.

Miss Whiteman: I would appreciate your giving us an example of one of your children's original fantasies, where you didn't tell them to ascend or descend the mountain but they started one of their own.

MR. SCHEIDLER: The one I did present already was the boy who found himself in a field and then as a result of being in the field he found a house in the middle of it and found a feeling of safety. That was one.

Another one was a situation where a child was in no particular situation; and a bird happened, and the child felt like grabbing onto the talons and the bird took off with the child and they flew over a field, got caught in a thermal, went up and arrived at a city. I don't know if you want to call it an El Dorado but it was a very nice city, and the child walked around in a kind of carnival-like setting and made himself very comfortable where he could see everything that was going on.

If we compare that fantasy with the other one, we find that quite often we come to a center; we go somewhere and find a comfortable spot in the middle where we may be safe in complete awareness of our surroundings.

Miss Whiteman: The followup question is: Do you find the children in their own fantasies are influenced by TV programs and inject a lot of monsters into this fantasy, using monsters as symbols and dealing with monsters?

MR. SCHEIDLER: I never know because I simply don't watch everything that's on TV. Up where we are we get a lot of old reruns, so I know something of what the children are watching - reruns of Bonanza and things of that nature. There aren't that many monster shows except on Saturday morning. I guess I should watch them, but I don't, so I don't really know what they're getting from TV or not. I guess I don't really care that much if they are.

Dr. Cooper: I don't think it makes any difference because they're fluid; they develop lifestyles and life situations of their own.

Mr. Shames: Do you go along on the fantasy trips, climbing mountains with the child?

MR. SCHEIDLER: I leave it open. Usually I say: "Let's climb"; and they can take that either way. Once in a while a child will say, "Are you with me?" and I'll say, "Yes, I am." But I don't make a big deal out of it. I leave it up to them whether I am there with them or not.

Miss Friedberg: Under what circumstances do you encourage the child to translate the symbols and to go on. In the cases you mentioned you definitely decided not to translate the symbols.

MR. SCHEIDLER: It depends on the child, If the child can do it easily, I may say "Does that suggest anything to you," or "how do you feel about that?" If the child translates easily we do it a lot. If the child has difficulty with that then I don't bother with it; it's not that important.

Miss Friedberg: But suppose the child comes to the recognition that the octopus reminds him of his mother, somehow?

MR. SCHEIDLER: That's an important question. You don't stop there. When you get a flash of insight like that you do something good and positive with the mother. Sometimes you have the child take the mother to a mountain and climb it with her - to undergo a positive kind of thing with the symbol. (Miss Caring: So you suggest that?) If I suggest anything it's that the child do something pleasant with the mother.

Miss Caring: Do you ever wait and say, "What would you like to do?"

MR. SCHEIDLER: If the child is able to take a direction on his own that's always the preference. (Miss Caring: What if the child wants to do something destructive?) I suggest a peaceful alternative. You've got two things happening here all the time. Here is the mother, yes, but it's a projected part of the self. I can't sit there and say that it's 30-60 or 50-40. It is simply not for me to say, but I do suggest a peaceful orientation; moving towards integration.

Miss Caring: Suppose the child says "No, I'm angry with her," do you say, "It's not nice to kick your mother"?

Dr. Cooper: We have had experience with this in the penitentiary. We let them go ahead and kill the image, do whatever they want to do; then have them sprinkle "magic dust" to bring the image back to life again. I remember one case where we had to do it many many times, and finally the image stayed alive. As long as you're dealing with the images you're not dealing with mother, and you don't have the problem. This is the way we've handled it.

Miss Caring: I think that's the whole point. Many assume that the only way toward integration is a physical means, and they might not recognize that an image had to be destroyed.

Dr. Cooper: It's always brought back. One of the therapists the other day, under my training, got into this kind of a situation where he let the child destroy the image and the kid got worse and continued to get worse. Then we had them re-do the fantasy; we put magic dust on the image, and it came alive again. This was a bad part of his psyche he was working with, and when it came alive again the bad part integrated.

Miss Caring: But if a child is moving toward destruction, that might not open for closure; it won't always be the positive thing of taking mother some place. Mother might have to be destroyed before you can close.

MR. SCHEIDLER: I guess I used to allow aggression to take place. I'm really moving away from that and suggesting other alternatives. I have not had to deal with that, yet if somebody just kept continually refusing, I would probably insist. Maybe though, we could go back further in the fantasy to help you with that. Usually before you can get a symbol to change, there are a few things that have happened before. The child meets the threatening obstacle under the water - say it's an octopus - and has dealt with

it in terms of being able to get it to the top. In other words, there has been a certain amount of dealing with it already before it changes. What actually happens is that there has been some actual coming to grips with the problems about the obstacle before it does change, so that when it does change there is a tendency to allow the most peaceful kinds of things to happen. The anxiety and the hostility has been vented, if you will, while still in symbolic form.

Miss Caring: What you are saying is that the child meets the octopus on the ocean floor and struggles getting him to the surface and the child seems to have mastered this object and then the object--

MR. SCHEIDLER: I don't know whether I would call it mastery, but there has been some kind of relationship formed; they have reached some kind of agreement where the octopus has left the water with the child.

Dr. Ahsen: I wanted to clarify this point, and I agree with the speaker for this reason: there is confusion between the needs of the adult and the needs of the child. In the case of the adult, the adult can do away with the mother, because he needs complete separation from the mother, but the child still needs the mother, therefore an imagery which is completely destroyed would be destructive. I'm saying a reconciliation is more comfortable and is very much in line with the needs of the child.

Miss Kaplan: Suppose this octopus was very threatening and wanted to kill the child underwater, and the only way the child can come out alive is to slay the octopus, obviously.

MR. SCHEIDLER: No, it's not the only way. The alternative that we suggested: first of all you assured the child that he was safe. Now if you have to build things into the fantasy to bring about this safety you do that, whether it's a protective person, whether it would be one of these shark cages - whatever it would need for safety you would do in the course of the fantasy. This would prevent the killing from taking place.

Dr. Cooper: You can get a Mexican standoff sometimes. When you have experience with these things you will see that ending safely is much more important than destruction. Please do not destroy any of these. Throughout many years of working with these symbols I see amateurs try to destroy some of the imagery. As Dr. Ahsen was saying, about destroying the mother image. Please don't do these things. You get into serious trouble when you do it. You want to reconstruct and synthesize.

Dr. Miale: I think it was made clear that this is only one part of the therapy. When the child expresses even murderous anger toward a parent it can, at the time of the treatment, be accepted as a valid report of a feeling. These fantasies are not the sum total of the treatment.

Once you get into fantasy at this level you're into the child himself as to strengths and weaknesses, forces and drives and get beyond the perhaps really toxic mother that is an octopus; and that can call upon the child's capacity for transforming even this dangerous figure into the beginning of growth within himself.

And in such a fantasy to go into the destructive is to destroy something in the child himself. This has to be quite clear in the acceptance of the murderous fantasy that the child might have for the adult.

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