

SYMBOLIC VISUALIZATION—A METHOD OF PSYCHOSYNTHESIS

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Psychosynthesis, as outlined by Assagioli in his paper *Dynamic Psychology and Psychosynthesis* (Assagioli, 1960) aims at the establishment of an harmonious integration and expression of the totality of our human nature—physical, emotional, marital and spiritual. In order to reach this goal, psychosynthesis makes use of a variety of active psychotherapeutic techniques. Some of these techniques are essentially analytic; others are more specifically synthetic, in that their effectiveness does not necessarily depend on analysis and interpretation. Among the latter is a series of techniques combined into a method of psychotherapy which I have designated as *Symbolic Visualization*

I. Purpose and Rationale

Imagination, in the precise sense of evoking and creating images, is an important psychological function which may be used for the specific purpose of psychological growth and integration. Optimal development and control of imaginative processes may be attained by means of visualization, the pictorial aspect of imagination, which is closely related to the language of dreams and daydreams. During the course of treatment, the patient is presented either symbols or situations to visualize, or he spontaneously produces imaginative material. He is asked to work with this symbolic material in his imagination in certain ways which may alter the image itself and affect the associated psychological states represented by the image. Since many of these images are symbolic of feelings, attitudes, conflicts, etc., the process may be called symbolic visualization.

Symbolic visualization has both a psychodiagnostic and a psychotherapeutic value. For example, patients are asked to close their eyes and imagine a closed rosebud opening and growing into a full-grown rose. One patient with repressed hostility may at first visualize a rose with sharp, jagged petals, while for a withdrawn isolated individual the rose may fail to open. These clues to personality dynamics may be used for interpretation and insight in either a psychoanalytic or existential frame of reference. It is possible, however, to work directly with the image, and to have the patient repeat the procedure until he is able to produce a beautiful rose and to realize that the whole process is a significant symbol of his inner growth and development.

II. Procedure

The techniques of symbolic visualization fall on a continuum from controlled visualization of specific symbols to spontaneous visualization of an unstructured type, such as reverie.

A. Controlled Symbolic Visualization

In controlled visualization, the basic pictorial content is specified in advance, although some of the details may be spontaneous. A preparatory stage before visualization

includes sitting in a comfortable chair, closing the eyes, and achieving as relaxed a state as possible. The sitting position, in contrast to the use of the couch, facilitates ego control over imaginative processes. Attention is withdrawn as much as possible from bodily processes and extraneous thoughts, and focused upon the symbol or symbolic scene which is being created in the "mind's eye."

1. Controlled visualization of dynamic symbols

Two approaches may be used:

(a) *In the first case, the self attempts to maintain the image in a predetermined form.* The experience generally brings to the patient the dramatic realization of his ineffective control. Unwanted thoughts and feelings intrude to disturb his concentration, and the image itself tends to change or fade. He has to recreate it again and again. This experience helps the patient to distinguish between the self or "I" that wills to concentrate on a certain image and the changing contents of consciousness. For maximal effectiveness, a few minutes daily over a period of several months may be devoted to this type of visualization. Gradually, with repeated practice, the patient finds that his ability to visualize improves and that he can maintain a steady image for longer periods of time. Thus he acquires control over imaginative processes and his sense of self-identity as a directing agent over his inner and outer life becomes strengthened. The very selection of the image to be visualized may bring about further changes, since it is chosen for its dynamic therapeutic value. Particularly useful in this respect are the following:

(1) Symbols of synthesis, of integration and balance around an inner core, such as a sunflower. Jung (1953-1961) has attested to the transforming power of these symbols. A study of mandala symbolism suggests that the integrative values of these symbols resides essentially in the basic geometric form imbedded in the image. Instead of waiting for their spontaneous emergence, it is possible to visualize these basic integrative symbols; for example, a white dot at the center of a white circle, an equal-armed white cross or plus-sign, the outline of a white equilateral triangle pointing upward, a five-pointed or six-pointed star.

(2) Symbols of harmonious human relations, such as two hands clasping each other.

(3) Symbols of masculinity (a sword, for instance), and of femininity (a receptacle, such as a cup or vase). If the visualized sword is covered with rust or broken, the patient is asked to remove the rust or repair it in imagination until he creates a fine blade of shining steel. If the cup or vase is visualized as black inside or filled with mud, the patient is asked to remove the mud, paint it gold inside, fill it with fresh water, and so on. The work of restoration, such as flowers springing up from the mud, often occurs spontaneously, without the intervention of the therapist.

(4) Symbols of affective states. In this connection, subjective color visualization may prove effective to bring about desired affective states. For instance, in psychophysiologic studies conducted by the author (Gerard, 1958), blue was found to have tranquilizing

effects which were particularly marked in subjects With more than average anxiety. The patient may be asked to visualize himself at the center of a globe of light filled with a given color, or to imagine a scene or object with a particular color, such as, a blue mountain lake, or a geometrical form filled with color, such as a blue circle.

(b) In the second approach to controlled visualization of dynamic symbols, *the self attempts to change the image in a previously determined direction*. This permits the utilization of living symbols. Among these are symbols of transformation, for instance, from a worm to a chrysalis to a butterfly; and symbols of growth, such as the rose already mentioned, or a seed growing into the full-strength and maturity of a tree able to withstand the onslaught of the elements.

2. *Controlled visualization of symbolic scenes*

In this type of visualization, the dynamics of movement is applied not only to a single symbol such as a growing tree, but to an imagined sequence of events.

(a) Symbolic scenes may be suggested by the patient's own productions. For instance, in a daydream a sexually inadequate male patient encounters difficulties when he attempts to play ping-pong with a girl. He is asked to visualize the scene repeatedly, gradually improving his game and reducing his anxiety.

(b) Symbolic scenes may be suggested by the therapist, depending upon the needs of the patient. These scenes include the following:

(1) Symbolic visualizations of desired personality characteristics, such as undoing a tangled knot with patience, awakening from slumber to clear perception, taming and training a wild horse.

(2) Symbolic representations of the process of reconstruction of the personality, for instance, building a home or temple to replace a dilapidated house, or restoring a neglected garden, picturing its growth in beauty.

(3) Symbolic sequences portraying the discovery and identification with a unifying center around which personality conflicts can be resolved. For example, reaching the safety of a lighthouse on a rock after a dangerous swim in the churning waters of the ocean, climbing to the top of the lighthouse, and looking at the ocean from this central position with the awareness that this sequence may represent the ability to stand firm in the midst of emotional turmoil, and to survey one's conflicts with the attitude of the observer identified with the self, the "It", the center of one's consciousness. Seen in this context, the lighthouse is more than a symbol of a male sexual organ.

(4) Symbolic representation of inter-individual psychosynthesis, such as walking together as a couple or group on the same path, helping each other to surmount obstacles on the way.

B. Spontaneous Symbolic Visualization

The predetermined course of image development in controlled symbolic visualization may be altered by the irruption of spontaneous symbolic contents. This tendency for spontaneous images to arise is encouraged in the techniques of spontaneous symbolic visualization, no attempt being made to predetermine the form and sequence of symbolic representations, although a starting image may induce the process. The spontaneity of symbol formation is facilitated by relaxation on the couch, but the reclining position is not essential. Whereas controlled symbolic visualization may be performed by the patient on his own, spontaneous symbolic visualization is best undertaken in the presence of a trained psychotherapist.

Silberer (1909) described a method for producing and observing what he called "autoambly phenomena", but only hinted at their possible therapeutic value. More recently, Jellinek (1949), Goldberger (1957), and Pinard (1957) have reported on the use of spontaneous imagery in psychotherapy. One of the most unstructured among the techniques of spontaneous symbolic visualization is the "active imagination" technique of Jung (1953-1961), in which, for instance, the patient is asked to continue an interrupted dream or imagine a dialogue with the figures of the dream. Inasmuch as the work of Desoille, Frederking, Happich, Leuner, Mauz and Schultz has been summarized elsewhere (Benoit, 1959; Kretschmer, 1951; Swarthe, 1958), it will suffice to mention briefly the initiated symbol projection technique of Leuner, because of its systematic use of a series of symbolic situations for psychodiagnostic purposes, such as waiting for a figure to emerge from a cave; and the guided daydream ("Réve Eveillé") technique of Desoille (1945, 1955), because of its remarkable use of downward movement to contact symbolic representations of internal and interpersonal conflicts, and of upward movement for resolution of conflicts, sublimation and humanization. More recently, Desoille has structured his therapy into a preliminary series of symbolic themes including climbing a mountain, descending into the depths of the ocean, meeting a witch in a cave, etc. What distinguishes these techniques from usual daydreams where anxiety situations are often avoided and goals reached without effort is the encouragement to take an active stand toward the threatening image, such as an octopus in the depths of the sea, making a conscious effort to deal with it, for instance to capture it despite intense anxiety, and to bring it to the surface of the ocean, into the light of day, where it sometimes may transform itself into the face of the mother or father. The therapeutic process may thus be explained in learning theory terms, as a substitution of healthy response tendencies for the previously neurotic responses of anxiety and avoidance.

The techniques of Desoille, Jung, Leuner and others, in which the individual interacts with the imagined material, can be extended to include symbolic role-playing of every element in the fantasy. The patient is asked to imagine that he is the person, animal, plant, object, or natural setting (river, sea, mountain, etc.) he has encountered in his fantasy, and to experience and spontaneously enact the scene from that point of view. This technique is useful for reintegrating projected material, for working through anxiety arousing images, for improving interpersonal relationships, and in general, for gaining insight into the meaning of the symbolic representations.

In addition to the guided daydream technique in which visualization constitutes the major avenue of approach to therapy, it is possible to make occasional use of spontaneous symbolic visualization to represent and affect a variety of psychological states:

1. Symbolic visualizations of somatic states

This technique is helpful in the symbolic understanding and resolution of psychosomatic tensions. For instance, a borderline schizophrenic college girl reports a tension in the shoulders during the course of a therapy session. When asked to close her eyes and report associated images, she sees herself dangling from a tree, strung up on a hanger, with the horizontal wire of the hanger across her shoulders, without feelings, a thing instead of a person. She is asked to try to get off the hanger, but experiences great difficulty. Upon finally reaching the ground, she sees a boy who interested her, but whom she had kept at a distance, and she wishes to hug him. When encouraged to do so, she notes that she is breathing more easily, and that her shoulder tension has disappeared.

2. Symbolic visualizations of affective states

It is possible to represent prevailing affective states and motivational dynamics pictorially. For example, an anxious male patient closes his eyes and pictures a soft lump of dough which he is asked to bake into bread. He realizes that his anxiety is related to feelings of inner weakness.

Techniques which facilitate the visualization of affective states include:

(a) *The technique of the door.* The patient is asked to imagine a door in a high wall or houses, and on that door to visualize a word which the therapist may suggest, such as "anxiety", "depression", "love", "hate", "hope", etc. Then the patient opens the door and reports what he meets on the other side.

(b) *The technique of the heart.* The patient visualizes a huge heart, bigger than himself, and enters it through a door. For example, a married woman, frustrated and angry because of her husband's failure to express warm feelings toward her, is contemplating divorce. She sees a wooden heart which leads to a wasteland of snow and ice. She meets a man bundled up in a heavy overcoat which also conceals his face. The therapist suggests that they dig into the ice to discover what is underneath. She is amazed to find fresh green grass. The ice recedes and she finds herself in a meadow. She notices that the man's face is that of her husband, but despite the warm sunshine he cannot take off his overcoat. Encouraged by the therapist, she helps him to do so. He responds to her gesture; they embrace and decide to build a home on this spot and start a new life together. In the following sessions she reports experiencing warm feelings toward her husband, who responds in kind.

3. Symbolic visualizations derived from projective techniques

The patient is asked to interact in fantasy with the figures portrayed in the Draw-a-Person test, and to enter the scenes pictured in his projective drawings. Significant Rorschach responses as well as characters from the Thematic Apperception Test (TAT) and the Make-a-Picture-Story test (MAPS) can be confronted and played in imagination.

4. Symbolic visualizations derived from dreams and daydreams

The patient interacts with and confronts the symbols, characters, and situations previously encountered in his dreams and daydreams. The above mentioned symbolic role playing technique is particularly helpful to understand and assimilate dream contents.

5. Symbolic visualizations of thought contents

The patient is asked to associate a perceptual picture with certain thoughts, ideas and concepts. Metaphorical language lends itself particularly well to this substitution of verbal by nonverbal material. Even abstract ideas, such as justice, goodwill, or altruism may be represented in visual symbols, or scenes in which the subject is asked to express the corresponding values. The technique of the reflected self-image, whether in a mirror or in a pool of water, is particularly useful to elicit the self-concept, including the ideal image and the rejected self.

6. Symbolic visualizations for spiritual psychosynthesis

Inasmuch as symbols can express not only infantile and primitive wishes, but also unrealized potentialities for growth, symbolic visualization may serve to evoke inner wisdom and inspiration as well as ethical, humanitarian and altruistic values. Techniques particularly suited for this purpose include the following:

(a) *The techniques of light.* These include the visualization of a shining diamond, a sphere of fire, a radiating sun or star. In imagination, the patient approaches and eventually penetrates into the lighted area. For instance, he may identify himself and merge with a clear pure light of great intensity on the summit of a mountain peak or: pyramid. The light is used to generate a process of gradual contact and identification with an inner light of understanding and insight.

(b) *The technique of inner dialogue.* The patient visualizes a personified symbol, such as a wise old man, asks for his guidance, and awaits the answer which can come immediately, during the next attempt, or unexpectedly.

The techniques of light and of inner dialogue help the patient to develop a philosophy of life suited to his existential situation, and to find purpose, direction and meaning to his life. Thus they may provide an approach toward logotherapy (Frankl, 1953, 1958) which is concerned with the search for the meaning of human existence.

III. Clinical Applications

The wide range of visualization techniques, from structured controlled visualization of a specified symbol to unstructured spontaneous imagery, permits the application and adaptation of the method to a variety of patients and to various stages of therapy in a given patient. The more structured techniques are useful for the busy practitioner in clinical and psychosomatic medicine, since they do not require the presence of the therapist. He may not only prescribe tranquilizing or anti-depressant drugs, but may also suggest appropriate visualizations of images conducive to the relief of anxiety or depression. In the field of pediatrics, symbolic visualization techniques of nonverbal communication are particularly appealing to children, and help them to train their imagination as a constructive function. In intensive psychotherapy with adults and adolescents the selection of the appropriate techniques will depend on the particular patient. For instance, in rigid constricted compulsives, the development of spontaneous imagery would be encouraged. In the case of psychotic and borderline psychotic patients with an overly active and fluid fantasy life, it is preferable to limit the therapy at first to controlled visualizations in order to reinforce ego control over imaginative processes. Gradually more spontaneous visualizations are attempted, in which the therapist supports the patient's ego to take an active stand toward the imaginative material. With most neurotic patients, therapeutic interventions should be limited to the minimum necessary to aid visualization, for instance, by offering helpful symbols when imagery becomes too frightening.

Symbolic visualization can be combined with other psychotherapeutic methods and used in various frames of reference. For example, the rationale of Desoille's guided daydream technique has been presented in the context of analytic psychology (Desoille, 1945), Pavlovian conditioning (Desoille, 1955) and existential analysis (Van Kaam, 1960). Symbolic visualization is essentially a psychotherapeutic tool, and as such does not belong to any particular school.

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