

Multi-Modal Imagery and Healthcare

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A Picture Is Worth a Thousand Words

Imagery is a term used to describe a simultaneous information processing mode which underlies the holistic, synthetic, pattern thinking of the unconscious mind. As a mental thought process, imagery has sensory elements; guided imagery is something we see, hear, taste, smell, touch or feel. Imagery has been shown to affect almost all physiologic control systems of the body including respiration, heart rate, blood pressure, metabolic rates in cells, gastrointestinal mobility and secretion, sexual function, cortisol levels, blood lipids, and even immunity responsiveness (Rossman, 2004).

This chapter will address imagery as a technique which can aid healthcare professionals and patients in accessing the power of imagery for healing. Since not all people see “movies in their minds,” or visual imagery in the usual sense of the phrase, we will also address guided imagery, kinaesthetic and verbal imagery. Human beings use a variety of imagery modes hence, the title of this chapter addresses multi-modal imagery for healthcare.

Guided Imagery

Imagery has an ancient lineage for healing that applies across a wide diversity of cultures. The benefits of healing imagery are evident in Ayurvedic, Chinese, Japanese, European, Native American and various indigenous healing cultures (Achterberg, Dossey & Kolkmeier, 1994; Noll, 1985; Rossman, 2003, 2000). Indeed, according to Micozzi (2004), “what some in the United States call ‘alternative medicine’ constitutes primary health care for 80% of humans worldwide” (p. 90).

The dramatic consumer increase in and use of complementary and alternative treatments attests to a paradigm shift incorporating a holistic approach to integrated healthcare, prevention and wellness (Hyman, 2004). Imagery often ranks high within lists of the most popular and accessible integrative modalities that resonate across different sociocultural ethnicities.

Any activity that requires you to look ahead into the future, or plan ahead all begins with a picture in your mind, or an *image*. Beliefs, feelings, attitudes, and ideas are represented and deeply rooted in *imagery*. Imagery can be thought of initially as pictures in your mind; yet imagery is so much more than pictures in your mind. It is a full sensory experience; it’s made of thoughts that you can see, feel, hear, taste, and smell. Imagery can be about events that have happened in the past or have yet to

happen. Rich in symbols, imagery tells us how we see ourselves, how we see others, and how we plan for the future. Imagery is a window into one's inner world—the world of dreams, daydreams, fantasies, and the creative imagination. Imagery is also a reflection of one's outer world, the world of self-image. Imagery is important in whole person healthcare since it is low-cost, non-invasive, easy to learn and can empower a patient to be a part of a treatment protocol.

Martin Rossman, a physician and board-certified acupuncturist who has practiced holistic medicine since 1972, states in his book, *Guided Imagery for Self-Healing* (2000), “literally thousands of scientific studies have demonstrated the attitudinal, emotional, and behavioral effects” using the natural healing abilities of our imagination. Research in eye movement desensitization and reprocessing (EMDR), biofeedback, hypnosis, prayer, yoga, meditation, and creative visualization has documented a remarkable capacity for humans to use visualization and guided imagery in a relaxed state of mind. Yet, as Dr. Rossman states, there is still resistance in the medical community and the general population to the idea that the body and the mind are connected.

Barnes, Powell-Griner and Nahin (2004) in conducting the Centers for Disease Control's most comprehensive assessment to date of complementary and alternative medicine (CAM) in the United States found that 62% of all American adults used some form of CAM therapy, when prayer was included in the definition. They estimate that the U.S. public spent between \$36 billion and \$47 billion on CAM therapies in 1997. Of this amount, between \$12.2 billion and \$19.6 billion was paid out-of-pocket for the services CAM health care providers. These fees are more than the U.S. public paid out-of-pocket for all hospitalizations in 1997 and about half that paid for all out-of-pocket physician services. The authors state that CAM use was more likely used among older adults than younger adults; Asian adults were more likely (43.1%) to use CAM than white adults (35.9%) or black adults (26.2%); and adults who live in urban are more likely than adults in rural areas to use CAM (CDC Advance Data, No. 3, May 27, 2004).

A growing body of research supports the effectiveness of guided imagery for a variety of complaints, increasing feelings of well-being and self-efficacy. Guided imagery has been shown to be effective in reducing depression and anxiety (Baider, Peretz & Hadani, 2000; McDonald & Hilgendorf, 1986; Bission, 1995), reducing pain and the need for pain medication (Syrjala et al., 1995), changing lifestyle habits (Wynd, 1992; Cochrane & Friesen, 1992; Barabasz & Spiegel, 1989; Agras, 1981), finding meaning in the experience of cancer (Richardson, Post-White & Grimm, 1997; Dahlquist, 1985; Krystal & Zweben, 1989; Brown-Saltzman, 1997; Rossman, 2003), increasing comfort in women with early stage breast cancer undergoing radiation therapy (Kolcaba & Fox, 1999), congestive heart failure (Klaus, Beniaminovitz, Choi, Greenfield, Whitworth, Oz & Mancini, 2000), cognitive-behavioral interventions on life quality in persons with HIV (Antoni, et al., 1991; Auerback et al., 1992, Eller, 1999); and in phase II cardiac rehabilitation programs (Collins and Rice, 1997).

There is a wide body of literature supporting the use of guided imagery for pain control and/or relief including, pain following anterior cruciate ligament reconstruction (Cupal & Brewer, 2000), chronic pain in outpatient groups (Newshan & Balamuth, 1990-1991), pain, anxiety and cardiac surgery (Tusek, Cwynar & Cosgrove, 1999), colorectal surgery (Tusek, Church, Strong, Grtass & Fazion, 1997), reducing pain in patients with acute preoperative pain (Manyande, A., Berg, S., Gettins, D., Stanford, S.C., Mazhero, S., Marks, D.F. and Salmon, P., 1995; Tusek, Church & Fazio, 1997), alleviating chronic headaches (Mannix, Chandurkar, Rybicki, Tusek & Solomon, 1999), cancer pain (Arathuzik, 1994; Graffam & Johnson, 1987; Sloman, 1995), fibromyalgia (Creamer, Singh, Hochberg & Berman, 2000), and rheumatoid arthritis (Kerns, Turk, Holzman & Rudy, 1986).

In the field of pain management two distinct goals of guided imagery treatment strategies are identified. In the first, the treatment goal is to reduce or block the pain sensation. In the second, the treatment goal is to enhance tolerance to pain (Bresler, personal communication, March 31, 2005).

Baird & Sands (2004) studied twenty-eight women 65 years to 93 years of age with a diagnosis of osteoarthritis who were randomly assigned to either a treatment of control group. The treatment consisted of listening twice a day to a 10-15 minute audiotape scripts that guided the women in guided imagery and progressive muscular relaxation. The authors report that the treatment group reported a significant reduction in pain and mobility difficulties at week 1 when compared to the control group.

A well-designed guided imagery protocol for pain management can be found in the work of Fors, Sexton and Gotestam (2002). The authors explored the use of “pleasant guided imagery” (defined as imagery that distracts participants away from a pain experience and “attention imagery” (defined as imagery that focused attention upon the active workings of the body’s internal pain control systems) on daily fibromyalgia pain. Fifty-five female subjects participated in the study; “pleasant imagery” group (n=17), “attention imagery” group (n=21), and control group (n=17). Additionally, all groups were randomly assigned to either 50-mg amitriptyline/day or placebo groups. The slopes of diary pain ratings over a 4-week period were used as the outcome measures. The “pleasant imagery” but not the “attention imagery” group declined significantly when compared with the control group. There was neither a difference between the amitriptyline and placebo slopes, leading the researchers to conclude that “pleasant guided imagery” was an effective intervention in reducing fibromyalgic pain during the 28-day study period.

Baider, Uziely and De-Nour (1994) used progressive muscular relaxation and guided imagery to study immediate and long-term effects on psychological distress and pain of self-referred cancer patients. Of the 123 cancer patients who began the study, 70% (n=86) completed the full intervention and showed marked improvement on both Brief Symptom Inventory (BSI) and Impact of Events Scale (IES). Improvements were maintained over the next six months for 58 patients who continued assessment through the follow-up period.

Lawlis, Achterberg, Kenner and Kopetz (1884) studied 60 chronic spinal pain patients in African-American, Mexican-American and Caucasian with ten men and ten women all having persistent spinal pain for over one year. Results showed ethnic differences on the ischemic test (a psychological scaling technique used to approximate clinical pain and pain tolerance) with Mexican-Americans describing the highest levels. Women of all ethnic groups tended to be judged as emphasizing their pain more than men, based upon judgment of their pain behaviors and upon their own numerical estimates of pain. It was determined that while ethnic and sex differences were found, stereotypic responses were not uniform.

Moore and Spiegel (1999) explored cross-cultural narrative experiences of metastatic breast cancer and cancer pain in a population of African-American and White metastatic breast cancer survivors. The authors report that women were drawn to guided imagery not only to cope and manage cancer-related anxiety and pain, but as a vehicle for reconnecting to the Self and as a means of finding meaning within their experiences of breast cancer.

Guided Imagery and Pain Management

Pain is a universal of human condition. A multifaceted subjective experience, pain operates on a sensory continuum and can be neurological, musculoskeletal, psychological and/or emotional. As pain intensifies for an individual, it expands into psychological territory containing existential elements of uncertainty, fear and suffering. Throughout history as humans have experienced pain, they have attempted to guard against pain, prepare for pain, medicate pain, endure pain, place blame for pain, attach personal narrative to the meaning of pain and transcend pain.

In addition to the physiological and psychological realms, pain has inherently social, political and moral implications within specific historical and cultural backgrounds. The perception, experience, responses to and treatment of pain come together as a unified embodiment affecting not only the patient, but family, friends, and co-workers who all shape the experiential world of the suffering patient. These contextual interactions transform the very meaning of life including painful relationships, pained feelings, and decreased function in a painful world (Kleinman, 1992; Moore & Spiegel, 1999).

The experience of pain can also cause a split between one's own sense of reality and the reality of other people, and in many cases, between the person and one's own body (Moore, 1999; Scarry, 1985; Spiegel, 1993). As Achterberg, Dossey & Kolkmeier (1994) eloquently state, "When asked what they fear most about injury or illness, most people name pain" (p. 96).

In the United States alone, pain is the single most frequent reason for physician consultation (Abbott & Fraser, 1998). It is estimated that up to 105 million Americans have a chronic pain condition (Harstall, 2003). Turk and Burwinkle (2004) state that pain is not only prevalent, but costly. It has been suggested that the health care costs of

patients with chronic pain exceeds those for patients with coronary artery disease, cancer and AIDS, and lost income and productivity to be between \$50 billion and \$100 billion annually (Carpenter, 2002; Cousins, 1995).

If untreated, pain can cause increases in psychological and physiological symptoms such as depression, mood disturbance and anxiety. Chronic pain can cause fatigue, depress the immune system and has been linked to decreased survival rates. Full of symbolic meaning, unrelieved pain can shatter a life and destroy worlds (Lang & Pratt, 1994; Scarry, 1985; Spiegel & Moore, 1997).

Voluminous research exists on pain. A Medline and Psychinfo search yielded over 100,000 citations. It is beyond the scope of this discussion to adequately review pain as it applies to the human condition. However, this brief overview places in context the relevancy and need for research that bridges guided imagery for pain control, in older adults taking into consideration cultural ethnicity. Given guided imagery's low cost, no-side effects, easy to learn strategy, it is a highly appropriate intervention for adults seeking whole person healthcare.

Kinaesthetic Imagining

Kinaesthetic imagery has common roots with other forms of imagery, and yet is distinctive unto itself. It will first be compared with visual imagery, then described as distinctive.

Imagery has been defined as: "a mental picture of something not actually present, a mental conception symbolic of a basic attitude, orientation or attribute. Feelings, beliefs, and ideas are represented and vested in images, symbols and mental pictures which become part of our personal narrative" (Rockefeller, 2005).

The groundbreaking work of Candace Pert in psychoneuroimmunology provides a physiological and biochemical base for imagery in the neuropeptide receptors (Pert, 1997). Indeed, a whole range of psychological methods are already based on images such as creative visualization, active imagination, Gestalt therapy, and the creative arts therapies. Finally, the use of imagery for psychological and physical health has been shown to be a significant and cost-effective healing practice (Baider et al, 2000; Bission, 1995; Fors et al, 2002; Hyman, 2004; Moore & Spiegel, 1999).

Kinaesthesia comes from the Greek word meaning the sensation and impressions arising from body movement. A kinaesthetic image is difficult to describe in words, as it is more of a sensation than is a visual image. It doesn't have the clear boundaries of a visual image, and in fact has been called a "fuzzy image" (Sheets-Johnson, 1978) or a "form" (Merleau-Ponty, 1963). It is dynamic rather than static, and so is difficult to pin down or document. When they are embodied, kinaesthetic images tend to flow into a continuous stream of "expressive gestures" (Merleau-Ponty, 1963) that form a language or text (Serlin, 1996).

In my work with non-verbal communication, I have found it useful to distinguish among types of kinaesthetic images. When using kinaesthetic imagery in therapy, the question of what certain images mean or communicate is important. As with other forms of imagery, a therapist using kinaesthetic imagery must stay sensitive to the individual meaning of the client, and not impose his or her meaning system on the image. As a language, kinaesthetic imagery can be metaphoric, symbolic, archetypal or spiritual.

Metaphoric images, like metaphoric phrases, are characterized by the word "like." A gesture is "like" another situation, the action of the gesture mirrors reality. For example, a student in a class explored her dance with another student as a metaphor for her relationship with her boyfriend:

Did mirror with a partner. I felt that
we began to move as one, not as leader-
follower. But I didn't really feel a genuine
felt-sense. It was there on a shallow
level, but deep down I guess I wanted
more. It's like my relationship with Ron...
I'm not exactly sure of what I want from
him, but I have a feeling of what he wants from
me. (Serlin, 1996, p. 29).

In a support group for women with breast cancer, movement was used to explore themes of courage, fear, and facing mortality (Serlin, 2000).

Symbolic images have a more dream-like quality, and they are not about every day actions or events. Susanne Langer (1953) described them as pulsating forms of expressiveness or "patterns of sentience" (p. 187). Another student explored the symbol of goddess in her movement:

All my joints softened. Without taking a step I could
feel the weight of my body making a hundred
little adjustments, a tiny current of energy
flowing through every pathway, down
to the earth, up to the crown, back and
forth...I was aware of the fleshiness
of the bottoms of my feet, how far I
could 'step into them'...The dance took
a serpentine shape, turning back and
forth on a line with the feet barely
leaving the ground, but the knees fluid.
(Serlin, 1996, p. 30)

In the support group, women explored their Warrior, Bad Girl, Queen and Healer selves. Taking the image into their whole bodies allowed them to experience a new state of being or amplify a part of themselves associated with self-assertion and resilience.

Finally, spiritual images may have specific religious content, but may also be transcendent and numinous. French philosopher Paul Ricoeur described these images in terms of time and space: "The preverbal character of such an experience is attested to by the very modulations of space and time as sacred space or sacred time, which result and which are inscribed beneath language at the aesthetic level of experience' (Ricoeur, 1976, p. 61). Another student said about her movements:

When I move in circular motion, all parts of me move, I feel a great sense of centeredness, of wholeness, a soothing gentleness. I felt moved and inspired by feeling myself extended out into the universe. As the primitive saw himself as a conglomeration of parts into a whole, as his tribal space was the universe and his body the earth and sky all else, I can feel the wonder of existence surge through me. (Serlin, 1996, p. 30).

In the breast cancer support group, sometimes just holding hands in a circle gave group members a palpable sense of support and safety. The circle, like a mandala, is an ancient form for connection and wholeness.

The Problem of Interpretation: What Does a Kinaesthetic Image Mean?

Kinaesthetic images resist interpretation: for example, what is the meaning of a movement of strength or vulnerability? While the movement may look one way to an observer, it may have quite a different feel or association to the mover. Instead of prematurely rushing to understand a movement, continuing to develop and amplify the essence of the movement will reveal its meaning. Movement itself is a process of meaning-making; a student reported: "I don't know what happened during the session, but something shifted and felt right. I feel different now than when I came in; I know that a perceptual shift has happened and that I worked something through." (Serlin, 1996, p. 31).

Kinaesthetic Knowing

Like visual images, kinaesthetic images are encoded in a non-linear and non-logical way. Kinaesthetic knowing comes from a felt-sense that moves into felt-images and felt-understanding. (Serlin & Stern, 1998), and enters into dialogical relationship with others (Serlin, 1989). It is a way of knowing with the whole body that is difficult to put

into words. The most reliable descriptions are those of a student learning this process; therefore, the words of student will evoke the experience of kinaesthetic knowing.

The Moment I Knew

During this split moment "knowing" was different from anything I have ever known before...A sweet pain filled my body and soul.

It was the first day of the course. The war outside is making me more sensitive to myself, more sensitive to noises from outside... I have no idea why, but I got up and joined B... moving with him, entering his mood, his rhythm.... At that moment, I was feeling a void in me, feeling that I had no idea what should I do.... Suddenly I knew, out of the movement, that freedom is not enough for me. I said, "I want to create something out of this freedom".

This sentence did not come from my head, from my mind. It came from somewhere else inside me. "So create ..." the leader said, inviting me with her eyes, again, to keep on going. How do I create something just with my body, a thought crossed my mind. Do not think, act, I said to myself, finding this new place of not thinking a calm place to be.

I was working with my hands, as if I was trying to shape something with them. The leader and B joined me in a small circle, inside the large circle of the group, moving their hands with me, in my rhythm. I could feel the energy between my hands, amplified by the leader's presence. It was real. I was not thinking. I was just moving my hands according to some inner knowledge or inner sense. I was giving up all control of my body and mind; I gave up thinking in this unfamiliar situation, just letting things happen.

Suddenly it was there, striking like a lightning, like a boost of extra energy. The book was in front of me, between my hands, real as much as non-existing object can be. Out of so many planned projects that I have now, this book, I clearly knew at that moment is the thing that I so badly want to create out of my freedom.

The void in my body and mind filled up with unknown energy, with a feeling of power and gratitude, all mixed in an unfamiliar way.

Diagnosis and Treatment

The shape and experience of the body tells us a lot about the person and is often an invaluable diagnostic tool. For example, can you imagine yourself or someone you know as hopeless about your medical condition? How does hopeless feel? Where do you experience it in your body? Now exaggerate it, amplify the image. (2 minutes)

Now begin to reverse that image. Begin to mobilize your breathing, your weight, your contact with the ground. Begin to feel your strength and flexibility. Breathe deeply and experience a sense of hope. (2 minutes)

Now go back and forth between these two postures, experiencing both and what it takes to make the changes. Feel how it is to bring awareness and more control into your coping. (2 minutes).

Now take a moment and reflect on how this gave you insight into your own patterns of hopelessness and hope, and how it could be applied to one of your clinical cases. (2 minutes).

Conclusion

Kinaesthetic imagery is not as well understood as visual imagery, but it has strong potential for working with non-verbal and bodily traumas. Through training programs that teach kinaesthetic awareness and good clinical skills, the practitioner can contribute to healthy communities.

Verbal Imagery: Giving New Life to Words

What language can't reach
is so much.
The hook dangles
from the fishline,
while the fish
swim by.
The sea urchins
are un-interested,
the kelp waves,
a whole world
expands.
The hook finds
a few slender
words,
pulls them
to light.
Maybe I
can cook them.

Barbara McEnerney

Underneath is one of the first poems Barbara ever wrote. With the image of a fishing line and hook that drops below the surface of the water, she enters poetry's world of verbal imagery to show us what it is like to face the blank page. We know or can likely imagine what it is like to not get even a nibble.

Right then, in that moment, the vivid power of verbal imagery begins to reveal itself. Barbara recognizes that much of her experience of life occurs beyond or perhaps more accurate to say *below* language. The picture she paints of fish swimming by and un-

interested sea urchins provide a rich sense for what Barbara is feeling. Where are the words that can truly describe her experience? Is there anything to say because the words are elusive?

Suddenly, after acknowledging this difficulty, something shifts, something begins to happen in the creative process. A new thought/image arrives on the page when Barbara imagines “the kelp waves/a whole world/expands.” She drops down deeper into the embryonic moments of the creative process. It's not only about catching fish, i.e., finding words. Images themselves begin to speak: *The kelp waves/a whole world/expands*.

Here is a moment of pure, expansive being. Image takes us to that place with Barbara. This poem is really about entering into the experience of being creative. It is about seeing all of what's there. It is not only about finding words to describe experience. Rather, Barbara becomes, through the use of the image, the experience itself. She gets a sense of the depths, her depths. Through the image of the waving kelp, *being* comes to the foreground. There are energetic connections made at this moment. There is a sense of greeting and welcome: the kelp *waves!*

From here the energetic connection afforded to Barbara by the image of waving kelp, there is a larger field of consciousness into which she now has access that leads her towards the next lines of the poem:

The hook finds
a few slender
words,
pulls them
to light.
Maybe I
can cook them.

Gaston Bachelard (1994) in the introduction to his classic, *The Poetics of Space*, writes “It is as though the poem through its exuberance, awakened new depths in us” (Bachelard, xix). I have shared this poem in all regions of the United States and in other countries. I can see on the faces of those who hear it a particular kind of satisfaction and insight with the verb “cook” applied to words. There is something powerful about this instant conveyance, the intuitive sense of cooking words! We can savor what might happen, a fresh water trout sizzling in a pan. For Bachelard (1994), “the image in its simplicity has no need of scholarship.”

These images in Barbara's poems reflect to us exactly what Erica Jong meant in saying, “The image is a kind of emotional shorthand.” Through reading the images in her poem: fishing line, dangling hook, uninterested fish and sea urchin, waving kelp, expanding world, slender words that can be cooked...we join with Barbara in the experience directly. We let go of trying to explain and understand and enter a space of creative insight.

My words here *about* her poem are at some remove from the vitality and vividness of these few words Barbara chooses to express. To really enter it, the image asks us to not analyze but rather to do what the poet Donald Hall suggests, “I would tell him, for instance, that he should not ask for a poem to do any particular thing. I would ask him to relax and listen and float. I would ask him to allow himself to associate.... To read the poem, you must stop paraphrasing, stop “thinking” in the conventional way, and so some receiving instead.”

As Bachelard (1994) continues: “The image offered us by reading the poem now become really our own. It takes root in us. It has been given to us by another, but we begin to have the impression that we could have created it, that we should have created it. It becomes a new being in our language, expressing us by making us what it expresses; in other words, it is at once a becoming of expression and a becoming of our being. Here expression creates being.”

In writing this chapter I spoke with Barbara to receive her permission to use this poem. She reminded me that when she wrote this poem in our poetry circle, I asked her at that time if she could name one or two lines in the poem that most attracted her, that she gravitated towards. At that time she said it was specifically, and she came to this without any conscious thought, the lines about the kelp.

Images, when worked with in this healing and therapeutic way, can help the person who writes to develop a new relationship with their writing. It can help therapist and client to address and put the salve of nonjudgment and encouragement on old wounds. We may recall critical comments by teachers or parents about how our writing “should” be done or how a poem must rhyme, contain a particular meter, etc. Too often whatever we did do, wasn't right or very good.

The blank page can be scary and leave one facing a blankness inside. Judgments from others about our writing whether they be - teacher, parent, friend -- from childhood forward echo in heart and mind. Who cares anyway? For Barbara, this feeling finds expression when she writes: “. . .the fish swim by. The sea urchins are un-interested..”

It is not only the writer who will benefit from the letting go of judgment, of allowing for a sense of being rather than doing. But the poetry therapist, too, needs to do this fully and deeply. It is the only way that the deeper levels, the unconscious and unknown levels of the poem will allow themselves to be revealed.

Not only lack of judgment, but a spirit of curiosity and admiration are a great help. There is a generative act that can welcome insight. Once again, Bachelard in *The Poetic of Space*, “We can admire more or less, but a sincere impulse, a little impulse towards admiration, is always necessary if we are to receive the phenomenological benefit of the poetic image. The slightest critical consideration arrests this impulse by putting the mind in second position, destroying the primitivity of the imagination.”

What *can* be said about places of -- grief, joy, love, beauty, fear -- experiences that are felt kinesthetically or in places in the body or in what seems like the deep silence of the soul or it could be in keening, inarticulate and powerful cry of your heart. Gary Snyder, a practitioner of Zen and a fine nature poet had this image about what it is like to approach the creative voice within himself:

HOW POETRY COMES TO ME

It comes blundering over the
Boulders at night, it stays
Frightened outside the
Range of my campfire
I go to meet it at the
Edge of the light.

It is a kind of deep humility and wisdom to recognize that words can be limited in the realm of feeling and sensation and mystery. If we want to be in touch with that ourselves, to listen to the body and the heart, we need to be as willing to take our time to approach those feelings at the edges of life and with some awareness, to feel those feelings rather than icing them over with words.

Verbal imagery can help us to stay in contact with those feelings, sensations and with that mystery out at the edge. A poem that I have found to be very successful in communicating this edge, this staying close to feeling to people, in both a visceral and intuitive way, is through a poem by Martin Jude Farawell.

IF I SING

If I sing, I weep.
If I sing joy, even sing joy, I weep.
If I weep, if I weep, if cries splatter from me,
if I sputter snot and spit
down my chin, my shirt, your shirt,
if I shake and shake until you fear I'll shake apart,
don't be afraid for me, don't be ashamed;
I will not break from this, will not die,
but from lack of it, from the closing,
and I will not close anymore, will not deny anymore
the child I was who could not
cry out has kept crying in
me. And now that I can cry I will sing,
even if my song comes shoved out
on the wave of snot and spit I swallowed not
to cry, I will sing.

I urge you to read this poem aloud. I would further suggest you stand up to read it. Read it more than once. Pay attention to the repetitions in the poem, the way the poem recapitulates in a few words and stays close to the profound and essential desire to

express oneself. How tactile and tangible words are: snot, spit, tears, splatter, child, shirt, weep, cry and sing. This is a poem that arises in the body and is felt there.

Walt Whitman was fierce about this -- that the poem is found not just in the letters that make up words, but felt. They are a somatic, bodily awareness and experience. For a man who was so expansive and some might say excessive in the use of words, Whitman realizes there is an origin to words that is organic and alive, elemental and breathing, rooted and that which flourishes into something more:

A song of the rolling earth, and of words according
Were you thinking that those were the words, those upright lines?
those curves, angles and dots?
No, those are not the words, the substantial words are in the ground and sea,
They are in the air, they are in you.
Were you thinking those were the words, those delicious sounds
out of your friend's mouths?
No, the real words are more delicious than they.
Human bodies are words, myriad of words...

The depth of these images and the real experience of a 'word' is much more meaningful and more sacred and healing than the mental agribusiness of a media saturated culture generally acknowledges. It is more than what our educational system often acknowledges. But it's necessary to explore this possibility for yourself to discover if what I am saying is true.

Marilyn Krysl, in her dynamic poem, *Saying Things*, reminds us that a word itself has a body. It is permeable. We enter it. It is made of our breath. Our voice gives life to that word. There is, in fact, magic and pleasure that is discoverable in words, pleasure and magic that all too often we begin to forget about as soon as we start to take our first spelling test. Krysl's poem encourages the reader of her poem to experience the magic and pleasure of the image the word gives rise to:

Say bellows, say sledge,
say threshold, cottonmouth, Russian leather,
say ash, picot, fallow deer, saxophone, say kitchen sink.
This is a birthday party for the mouth-it's better than ice cream,
say water lily, refrigerator, hartebeest, Prussian blue
and the word will take you, if you let it,
the word will take you along across the air of your head
so that you're there as it settles into the thing it was made for,
adding to it a shimmer and the bird song of its sound,
sound that comes from you, the hand letting go
its dove, yours the mouth speaking the thing into existence,
this is what I'm talking about, this is called saying things.

When I use the word "sacred" I am not suggesting that we can only write about God, about things that keep us comfortable or appear to us as good. Rainer Rilke said, "We

must give birth to our images, they are the future waiting to be born.” The idea of birth must suggest to us that this process can be, and usually is, messy and painful. I am not leaving out the possibility of postpartum depression either. But generally speaking, there could be deep joy as well, a joy born of speaking what's true, even if it is difficult to say it, in this giving birth to images.

What I mean by images that are born of speaking what's true, I mean -- the images that flow to you, through you, that are in you -- images that celebrate, that rage, that cry out, that touch what's true and speak that truth, these images can grow out of life's real grit and a place of mystery and grace.

THESE DAYS

Whatever you have to say, leave
the roots on, let them
dangle
And the dirt
Just to make clear
where they come from
Charles Olson

TOOL KIT FOR CHANGE

Role and Perspective of the Healthcare Professional

1. Discover the non-verbal forms in a physical or psychological symptom.
2. Let the non-verbal movement "speak" so that the kinaesthetic imagery is amplified and made conscious.
3. Let the meaning or association come from the client
4. Help the client discover more constructive kinaesthetic images that aid in healing.

Role and Perspective of the Participant

1. Imagery will naturally arise from within your world of sensations and emotions. Pay attention to the slightest thought that allows an image to form.
2. Imagery – either visual, kinaesthetic or verbal has a depth of meaning that is apparent to you, the images arise from within you and are carriers of great depth.

Interconnection: The Global Perspective

1. Imagery is as old as humans themselves. All human beings have repositories of personal imagery that can help guide them through difficult transitions.
2. Imagery, being both personal and collective, is ideally suited for use in global healthcare

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