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## IMAGERY IN PSYCHOTHERAPY IN THEORY AND PRACTICE

**RONEN, T. (2011) *The Positive Power of Imagery* (Oxford: Wiley-Blackwell) 16.4x2.3x23 cm, 319 pp., ISBN 978-0-4706-8302-6, £43.80.**

Tammie Ronen is a leading professional of her field. A professor at the Bob Shapell School of Social Work at Tel-Aviv University, she is also the head of the Renata Adler Memorial Research Centre. She is among the founders of the Israeli Association of Behaviour Therapy. She has published several books and papers on cognitive behaviour therapy (CBT) and positive psychology and is a well-known international lecturer on these topics.

This book deals with imagery as a therapeutic tool. It is a well-written, clearly organized publication, which first provides an overview of the roots of imagery, i.e. cognitive behaviour therapy and skills-directed therapy, then presents a bird's eye view of positive psychology and creativity, and finally offers hands-on experience to the use of imagery during psychotherapy, including case illustrations and practical guidelines. There is a separate chapter dealing with child therapy, explaining the adaptations needed according to the child's age. The therapeutic use of metaphors is also discussed. The main part of the book offers a step-by-step guide on the use of imagery with clients. Assessment, skill acquisition, relaxation techniques, special skills for coping with problems in the past, present and future are included. In the last part of the book, the author offers self-help techniques for the therapists to design their own imagery training and reviews the pros and cons of imagery therapy.

Chapter One is a personal introduction of the long road taken by the author in becoming a psychotherapist and leading to the technique of imagery through cognitive behaviour therapy and positive psychology. Inexperienced therapists at the start of their profession might receive encouragement from the author's initial struggles and sense of loss. Her road leading to mastering therapeutic skills maintains the motivation for beginners.

The next chapter follows the development of cognitive behaviour therapy over the last 70 years. It explains the basic concepts of CBT with the help of metaphors: behavioural therapy as an old man who keeps measuring, assessing and making decisions, who uses computers but also a pen and a pencil; cognitive therapy as a tall, middle-aged, sophisticated man, carrying his laptop everywhere, always talking and arguing and asking about the links between thoughts, emotions and behaviour; constructivism as a woman who speaks in a soft voice, keeps raising doubts, uses intuition and reads and writes poetry; and mindfulness as an old Hindu man who talks slowly, asks more than he says, practices meditation, is highly content and profoundly self-aware.

Chapter Three examines positivism as a therapeutic technique. According to

the author, negative thoughts seem to be automatic and 'easy' to people while positive thinking needs to be learned. Patients seem to think that 'there is no such thing as happiness, only happy moments here and there' whereas the author teaches her clients to think 'I am a happy person with moments of sorrow'. The rest of the chapter deals with positive psychology techniques and offers guidelines for applying such exercises.

Chapter Four is about creativity, its various definitions and its use in therapy. The author brings personal experiences to show how creativity can influence emotions and lists practice tasks for activating one's creativity.

Chapter Five contains specific issues related to the use of CBT with children. The author emphasizes that children use imagery more naturally and almost every day to internalize their self-talk. During therapy it is important to arouse and keep children's interest, to explain certain necessary terms in their own language – the reader gets specific examples – and to consider the patient's age and gender as mediators in therapy. The guidelines at the end of the chapter list questions about the problems and behaviour of the child.

Chapter Six starts with the definition of specific terms: imagination is the subject, imagery is the process of eliciting images, and image is the picture or sensation caused by imagery. It is mainly visual but uses all senses and is strongly connected to memory. The types of imagery are discussed – mental imagery, which is the experience of an object, event or scene in the absence of it; receptive imagery, which are involuntary, very vivid and sometimes frightening images; concrete memory, which is created by conscious and deliberate effort; concrete imagery, which uses already existing memories; symbolic imagery, which creates meaning out of experience and links somatic-verbal-conscious-unconscious memories, and has special importance in therapies; and guided imagery, which is induced by a facilitator who uses descriptive language. Finally, the advantages and disadvantages of working with imagery are discussed.

Chapter Seven deals with the use of imagery in psychotherapy. Almost all therapies include imagery in some way. In psychoanalysis it can help elicit dreams, associations and insight. In Gestalt therapy it is utilized to express emotions, increase awareness and clarify behaviour. In cognitive behavioural therapy, imagery is used mainly before in vivo practice to reduce fears and anxiety. The benefits of this technique in therapy are many, for example it enables direct access to emotions, it is effective in working with memories, it can increase mind-body connections, and it helps in increasing pleasure and positive thinking. There are some dangers, however. Pacing is very important – imagery is quick to elicit emotions, therefore the therapist must ensure that the client is able to cope with the experience. At the end of the chapter, specific exercises are listed to retrieve images from childhood and to elicit imagery.

Chapter Eight describes the use of metaphors which create a resemblance or analogy between two different things. During therapy, metaphors symbolize human beings and their inner world. Therapies can be categorized into two groups con-

cerning the use of metaphors. The first group relies on symbols and metaphors (e.g. Jungian, Gestalt, constructivism), the second one uses metaphors to express specific ideas and helps clients understand their own feelings. Client-generated metaphors help therapists to learn about clients' emotions, thoughts and meaning attributions. Therapist-generated metaphors must be tailored to the clients' need, style and language. It is up to the client whether or not he/she accepts these.

The next three chapters help the reader prepare for imagery in therapy. Chapter Nine explains different types of relaxation and describes deep muscle relaxation in detail. Chapter Ten presents a step-by-step guide for conducting imagery therapy. The first phase is preparation: establishing the settings, explaining to the client about trust issues, practicing pre-imagery exercises. The latter starts with eliciting simple, neutral memories of very recent events, then generating neutral fantasized memories, evoking memories connected to emotions. The next step is practicing relaxation and describing images. Special issues during description are using present tense instead of past, using as many senses as possible and giving open, flexible instructions, using the patient's words, and being careful of pacing. Timing the end of the session is also important – clients must be given the possibility to 'leave the scene' and return to reality calmly. Follow-up discussion and homework assignments are equally important. Chapter Eleven helps in adapting imagery therapy to children. Relaxation for very young children might be different, while adolescents use secret relaxation in public situations more easily. In general, children find imagery easier and more natural than adults.

Chapter Twelve explains about using imagery during the assessment phase of the therapy. It helps in collecting new information on clients' thoughts, feelings and behaviours. Imagery can bring out more information than verbal assessment alone. It can also underline specific areas where patients lack specific skills. During the different phases of treatment, assessment is continuous, thus imagery can be applied for ongoing assessment purposes in order to update treatment decisions and during termination phase to evaluate treatment outcome, treatment efficacy and the extent of change of the client.

The next chapter looks at possibilities to apply imagery to treat past events and connected fears, trauma and posttrauma. By helping clients recall memories, the therapist can help them overcome and change distorted thoughts and emotions associated with these traumatic incidents. In the case of posttraumatic stress, in vivo exposure is usually preceded by imagining the frightful experience in relaxation. The author lists specific guidelines to apply imaginal exposure and calls the attention to its dangers as well. In some cases it might be necessary to use imagery instead of in vivo exposure, for example with veteran soldiers who suffer from war experiences. Exposure should be repeated many times and clients should generalize their learning. Imagery can help in eliciting memories and forgotten material. It can also be used for cognitive restructuring of past trauma and connected automatic thoughts, dysfunctional beliefs. However, it is important to remember that imagery

is only one technique in treating past events. Discussion, additional CBT and supportive therapy should also be used.

Chapter Fourteen deals with the role of imagery in acquiring and increasing awareness skills for changing present behaviour. Change is a matter of systematic skills acquisition. Imagery can expose clients to what they need to do, increase their understanding and offer possibilities for practicing skills. Four different skills are discussed. The first are skills for self-assessment, the ability to assess one's own problems, strengths, and resources. Skills for assessment of relationships can be equally important. Relationships are a vital part of human experience and at many times the source of great difficulties. The author uses case illustrations to show examples of relationship assessment in individual and group therapy and marital difficulties. When coping with various disorders, it is an important skill to tune into one's own bodily sensations. Imagery can be used to increase awareness of internal stimuli. Finally, imagery can help in changing automatic thoughts, especially in cases where verbal discussion is not sufficient.

Chapter Fifteen focuses on ways to incorporate imagery into therapy to improve present coping, more specifically coping with performance anxiety, test anxiety and social relationships. The author describes in detail the steps needed to reduce anxiety and tension with several case illustrations and practice guidelines. Imagery offers practice in many social situations; initiating social contacts and assertiveness skills (saying 'no') are discussed in this chapter.

The next chapter describes ways of how to apply imagery techniques to facilitate positive thinking, optimism, and hope in the future. While supervising parents, it is very helpful in dealing with their child's present difficulty to gain an optimistic view of the future. Facilitating positive emotions and sensations about one's own self makes it easier to cope with problems and improve subjective wellbeing. Enhancing skills to create meaningful and happy relationships is especially helpful for some patients. Techniques for all of the above are described with case illustrations and practice guidelines.

Chapter Seventeen concentrates on specific adaptations of imagery therapy to children. Specific techniques according to the child's age are detailed.

The final two chapters include notes for therapists using imagery in their work. Therapists themselves might have difficulties in their personal lives or need help during their therapies. Imagery can be used for self-supervision purposes as well. A three-step exercise is discussed for assessing client-therapist interaction and identifying possible problems. Skills for learning to get rid of difficult things and move on towards the future, skills for focusing on one's own positive abilities as therapists, and for planning future therapeutic processes are detailed as useful self-help exercises for therapists. Finally, general skills for helping ourselves are mentioned. As a final summary of the imagery technique, limitations, dangers and future directions are discussed. Even though publications on imagery therapy are not very frequent, there is proof of its efficacy in practice.

I strongly recommend this book to all therapists regardless of the type of ther-

apy they use. It is a well-written, easily understandable book with lots of case illustrations and practical guidelines, which help not only the beginners but the more experienced therapists as well.