



# About Imagination to Heal

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## Abstract

Fantasy plays an important role in Positive Psychotherapy according to Peseschkian within the balance model. The balance model, consisting of body, achievement, contact and fantasy, explains that a balanced distribution of life energy contributes to health. Working with the fantasy can help to uncover unconscious parts that contribute to conflict and symptom formation, which will be shown with a case example.

**Keywords:** Imagination, Psychosomatics, Symptomization, Therapist patient relationship, Fantasy journey, Peseschkian, Positive Psychotherapy, Balance model

"Thinking may be a natural area to be distinguished from the artificial area of language, but language seems to be the only way that our knowledge leads to thinking".<sup>1</sup>

## Introduction

Using a case study of a patient who suffered from bulimarexia, the aim is to will show how strongly the power of imagination can be used methodically. It becomes clear that the patient unconsciously has intuitive knowledge, which is not consciously available to her. It is only through working with the fantasy (imagination) that unconscious emotions are mobilised, which help her, with the help of the therapist, to gain initial access to her inner conflicts. In this process, the therapist takes on a mirroring and translating function, which, in the sense of connectedness, closely bleeds the patient. The aim of the translation of the unconscious contents that come to light were translated on the basis of Positive Psychotherapy in such a way that the patient was given new insights, understandings and possibilities for her self help.

Emotionality is an area of man that spans such a range that words are not enough to express it in the same way as it is expe-

rienced. Rather, we are dependent on finding a description of the emotional state and it is not uncommon for formulations to be used such as: "it is like", "as if it were ...", "it reminds me of ...".

But we are dependent on at least trying, otherwise everyone would be lonely within society with their subjective reality. The moment of transmitting the information, expressing the feelings with words is sending and understanding depends on how the information is received and how the recipient deals with it. The following example should clarify this:

A doctor asks his daughter:

"Did you tell the young man that I don't think much of him?"

"Yes Dad."

"And what did he answer?"

"That this is not your first misdiagnosis!"

Quick Response Code:



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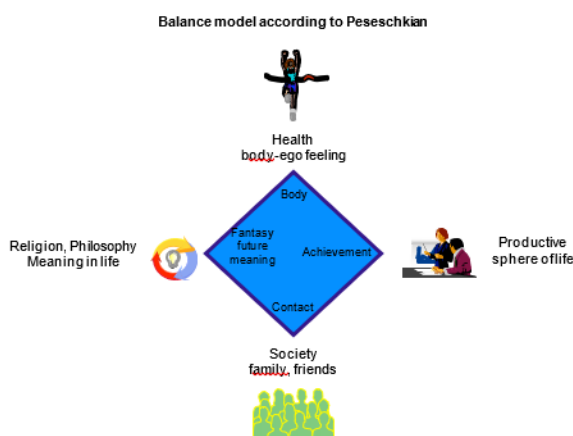
For the psychotherapeutic work, the fantasy area, if it can be included step by step, can be used to raise awareness of unconscious processes. This does not only mean the free association of the experience content, it is also about making direct use of the potential ability of fantasy.

What happens when the right brain is addressed by the imagination? "The pictorial representations of the stories make their contents appear closer to me and facilitate identification with them. The listener can transfer his needs to the story and structure his statements in a way that corresponds to his own current physical structures. These reactions can in turn lead to become a subject of therapeutic work. By associating with his story, the patient speaks about himself, his conflicts and desires."<sup>2</sup>

In this way, it is possible for the patient to participate in a conscious reprocessing process despite his fears, constraints, depression or physical disorders, which can ultimately prepare a change of perspective. The patient himself decides how deeply he wants to "engage" with the imagination. He can concentrate heavily on the content of a story, a parable or an image, but he can also immediately ask how the story, the parable or the image relates to his situation.

## Method

"The balance model by Nossrat Peseschkian (1980, 91 f) is known as the "heart" of Positive Psychotherapy and is used in different settings... The balance model is based on the view that there are essentially four major areas of life in which a person lives and



works. These areas influence his life satisfaction, his self-esteem, his handling of conflicts and challenges and shape his personality in the here and now. The model is based on the holistic view of man of Positive Psychotherapy".<sup>3</sup>

Peseschkian defines health in terms of the balance model as a balance to be maintained between the four areas of body (emotions), achievement (demands), contact (mental-social area) and fantasy (meaning - worldview - religion). He postulates that despite all cultural and social differences and the uniqueness of each person, all people draw on these four forms of conflict processing when coping with their problems.<sup>4</sup>

The central idea in connection with this model for Peseschkian is that symptoms and conflicts occur when the energy occupation is characterised by permanent one-sidedness. According to this, one becomes not only ill through what one experiences, but also through what one could not experience, if the necessary developmental conditions were withdrawn from the abilities inherent in the human being (compare Peseschkian (1983): In search of meaning, p. 102).

## Case Study

In the following case study, I would like to show how helpful the use of fantasy can be in an apparently stuck situation during therapy.

The 23-year-old woman complained of shortness of breath, kidney and heart problems, was concerned about suicide and considered it an enormous burden that she could not control her eating behavior. It happened again and again that she ate huge amounts of food in order to vomit everything immediately afterwards (bulimarexia). The patient describes it herself as follows:

"Sometimes I feel how I get more and more restless, I am literally touched by an inner restlessness. Then I know that it will come over me again and I will have to eat as much as I can carry when I shop. When I have stuffed everything into myself, I feel sick, I feel guilty, I feel miserable and sad, and the nausea comes naturally. In the past, I had to stick my finger in my throat so that I could vomit. I don't need it anymore today! After vomiting, I feel very relieved, as if a heavy load had been lifted from me".<sup>5</sup>

Based on the balance model,<sup>6</sup> I decided to address the patient through the power of fantasy, with the aim of tapping into her unconscious longings behind the symptoms (or in other words, to get the patient in touch with the needs she was not living). I offered the patient to choose a picture and offered her a mountain landscape and alternatively a picture with a beach. Spontaneously, the patient chose the beach.

After the patient wished for the beach picture, our fantasy journey began. Therefore, she was ready to embark on a fantasy trip. (Excerpt from the script of the fantasy trip):

Therapist:	What do you think of when you think of the beach? <sup>7</sup>
Patient:	The first thing that comes to mind is the sun, it warms me, it's nice to be in the sun.
Therapist:	Can you tell me where you see yourself right now? Could you describe to me in more detail how you see the picture?
Patient:	Yes, there is still a forest that is level with the beach. I now stand in the forest and look towards the beach. The forest borders on the beach.
Therapist:	What is the forest like? Is it tight or loose?
Patient:	Where I am it is still tight. Towards the beach it is loosened up and changes.
Therapist:	It is changing?
Patient:	Yes, the trees are no longer the same, they are palm trees.
Therapist:	Ah, palm trees. What does the forest look like around you? What trees do you see around?
Patient:	They are deciduous trees, large, dense deciduous trees.
Therapist:	Can you also describe to me what the forest is like behind you?
Patient:	The forest is getting darker behind me. Dense conifers are there. But I don't want to look there.
Therapist:	Imagine that you have to draw your location so that someone else can see the picture exactly as you imagine it ...
Patient:	Well, I can still see fog that just surrounds me.
Therapist:	Fog? Then it means that it cannot be so warm there.
Patient:	Yes, it is not warm here.
Therapist:	How warm or cold do you estimate the temperature?
Patient:	The temperature is about 7 to 8 degrees.
Therapist:	Very nice. What else do you notice?
Patient:	There are still individual light rays that penetrate through the tree tops. I'm freezing. I'm cold.
Therapist:	What are you wearing?
Patient:	I am lightly dressed, I wear very little. I can't protect myself from the cold like this.
Therapist:	I can imagine that you would like to look at the beach and enjoy the warmth there.
Patient:	Yes, but I cannot.
Therapist:	What does it mean when you say you can't?
Patient:	I would like to go to the beach, but I cannot. Nevertheless, I have the certainty that I have to be where I look.
Therapist:	Suppose you just go to the beach where you can experience the pleasant warmth ...
Patient:	I don't know exactly, but I'm afraid. It is a fear that I cannot describe exactly. Maybe I'm afraid of losing something, of not being able to take something with me.
Therapist:	Does this mean that you feel that the cold around you and the darkness behind you may make sense, and that you should still deal with it?
Patient:	Yes.
Therapist:	Can it be that nothing else holds you back except this feeling?
Patient:	Yes. But I also know that the beach is there and I might go there later. Somehow I feel bound in my situation.

## The Background Opens

With this picture, the patient had presented her own situation, which for the most part seemed to be hopeless, unconsciously guided by her feelings about the imagination. The patient's image can be further elucidated psychodynamically and becomes understandable against the background of her family history.

The patient's father lived a double life throughout his life, of which the mother learned very late. She felt deeply hurt and angrily filed for divorce to punish her husband. This threatened his wife with different consequences, which took on a certain threat to the family and were the source of various fears. After the divorce, the family moved to W. to make a geographical separation. The father died a few years later. His death revived the discussion about the father in this family in a virulent way, and the patient in particular, in her imagination, dealt with him a lot again, as an expression of the unguided grief. The mother, on the other hand, always spoke warningly of the father to her children after the separation, as an example of how one should not be. The mother repeatedly saw the father's characteristics and behaviors in the patient, which she immediately tried to suppress: "With S. (the patient), I had to be careful early on and prevent her from becoming like my first husband. Sometimes I can see her idealize her father and how many of my husband's behaviors I find in her. It scares me every time I find this. He totally refuses S. because she was just a girl, he always wanted only one son. I found that all children have some of their father in their blood and then I have great fears that they will become like their father, but even if I accuse them of it, it is of no use".

It was a matter of course for the mother that habits and behaviors reproduce as hereditarily as physical characteristics. For the daughter, this "genetic model" meant that there was no modification of her concept, which is why she did not come up with the idea of change. On the contrary, it only aggravated her desperate inner situation. The patient's mind told the patient that the father, measured by his actions, was a bad person, because she had heard it often enough, because the mother, especially to her, tried to keep her from making similar mistakes through the stories. The mother also asked the patient to distance herself from the father. In her imagination she idealized the father, who had always managed to hide his double life from the children and whom the patient remembered as a good father. She continued to paint this with her imagination maintaining the father in her mind. Condemning the father would be condemning herself, because she experienced a strong identity crisis and suffered self-esteem problems, from which the patient could not find a way out. To the extent that she tried, the mother saw a threatening development coming up to the daughter (like her father was) and asked the daughter to do the opposite. Symbolical-

ly, her uncontrolled eating behavior was the need for love and solidarity, which can also be translated into the need to keep her father with her, which she was not allowed to keep. The act of vomiting was then the "self-containing ": to throw it out, to get rid of it. She then felt relieved of the guilt until the cycle started all over again. No matter what she did and no matter how hard she tried, she couldn't get out of this relationship trap.<sup>8-10</sup>

Through fantasizing, the patient now experienced an inner space of possibilities that enabled her to gain new access to her previously unconscious emotional life through the emotional experiences that she translated into pictures with her imagination. The metaphor of the beach and being tied up in the forest was easily transferable to her current situation. For the patient, the beach symbolized the warm, happy destination while she was still in a conflict zone - the cold. The darkness, the fog, represented a conflict situation that made it impossible for her to act - in the sense of this relationship trap. However, the awareness of the near goal aroused in the patient the hope and the certainty that one day this goal could be reached and let her endure the cold and dark situation. Rather, she felt that this situation also exerted certain stimuli on her (felt that this situation imposed a certain force within her) and held her in turn. In doing so, the patient subconsciously indicated that she had to do the mourning work that had not yet been done before she could change her place. In the joint interpretation, it was up to the patient to find herself in this picture, which she did well. She was amazed at her abilities and how exactly she could describe her situation in her imagination, which opened new doors for her to solve the seemingly hopeless conflict situation between her parents.

After recognizing this and being able to deal with it more consciously, she also saw solutions that showed her opportunities to participate in personal changes.

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## Conflicts of Interest

Authors declare that there is no conflict of interest.

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