

Using Imagery with Substance Misusers

Val Thomas



High in the dark a cup of light empties dreams from the sky.

The Egyptian Book of the Dead
translated by Normandi Ellis

Therapeutic approaches that encourage insight and exploration are likely to encounter a particular problem in working with substance misusers. Therapeutic work will inevitably involve the client in an exploration of painful areas and this is likely to trigger off a desire to block the feelings with drugs. It is a risky business. If you hold off from exploration then the therapeutic work is unlikely to promote growth and development, but if you plunge right in then the overwhelming release of feelings could easily trigger off a relapse. The challenge for humanistic therapists is to find a way to work creatively and authentically within the constraints posed by the overarching concern of relapse prevention. In this article I will examine a way of using imagery effectively and safely as a means of working with some of the complex and challenging processes posed by recovery. I will be focussing on one of these themes, the

commonly reported sense of feeling psychologically unstable; and I will discuss creative imagery strategies that can help clients assess and hopefully increase their sense of internal security.

The Symbolic Building

At the beginning of recovery from substance misuse it is common for people to experience a sense of inner insecurity and instability. People describe this in many different ways: a sense of not having any inner support; finding it very difficult to hold themselves together; an inner weakness; feeling alienated from themselves; not feeling strong enough to contain anger and other difficult emotions; and not having foundations on which to build a new sense of self. I found that helping people translate their sense of self into an image of a house or building was a reliable way to identify inner structural problems. Of course,

the image of a house or building has a long history as a metaphor for the psychological structure of the self (see Jung 1954.) It is common in dreams as a symbol of the self and is often used in myths and parables as a vehicle for communications about inner psychological structure. I have rarely found it necessary to explain this idea to clients – it appears to be an almost universally acceptable and immediately understandable representational image.

The image of the building can reveal a great deal of useful information about the person. But, I believe that one of its most useful functions is its capacity to answer the initial question that I have regarding therapeutic work with substance misusers i.e. how do I best work with this person to strengthen his sense of self and increase his internal stability?

The first thing that the building image reveals, often with startling clarity, is the client's current state. The symbolic building is a very densely coded imagery construct and it has the capacity to reveal, not only the extent of the psychological damage caused by a drug using lifestyle, but also important information about psychological problems that pre-dated the onset of drug misuse. Damaging formative experiences such as childhood trauma, losing a parent, lack of early emotional security will have implications for the foundation of the personality and will often quite literally show up as an image of subsiding foundations. Abusive childhoods, family secrets, or corrupt family

systems translate into distorted building structures. Childhoods where the parents were psychologically or physically missing can show up as incomplete or haunted houses. The dominant formative experiences in a person's life will become incorporated into his personality structure e.g. a person whose early experiences have led him to believe no one can be trusted will often report heavily fortified structures. The impact of a drug habit will show up in a different way. This is because substance misuse does not have the power to radically change the personality structure; however, it does have the power to erode and damage it – in extreme cases leading to a complete collapse. General self-neglect will show up as a deterioration of the fabric of the house. Chronic stimulant use will create damage to the roof, this being the part of the building that represents the head or mind. Opiate users often report abandoned and deserted houses – in these cases people have let go of all responsibility for themselves. As one might expect, damage caused by the drug using lifestyle is generally clearer and easier to repair. Pre-existing structural problems in the building are usually much more complex, deeply embedded and difficult to remedy.

This initial picture can give some clear indications about the useful direction of therapeutic work. It would certainly reveal if the person is in a precarious psychological state (something that can be hard to ascertain as substance misuse, by its very nature, brings with it a range of complex issues.) It is possible

even at the assessment stage to help the person visualise simple improvements to the image to help stabilise it (see Thomas 2006 for a detailed discussion). Seemingly minor changes can sometimes make significant improvements to the person's ability to function. It was a very common experience for me to hear crack cocaine users talk about their difficulties with paranoia – this would usually translate into buildings with holes in the roof. A simple process of imagining a tarpaulin covering the roof would be enough to reduce their paranoia, at least temporarily, to manageable levels. By the same token, the building will also clearly indicate where it would be unwise to explore; serious structural distortions need to be left well alone until the person is at the right point to undertake long term therapeutic work.

This capacity for delivering clear information is not limited to an initial assessment. The symbolic building can also deliver trustworthy ongoing feedback on the client's process. If a real shift happens in someone's psychological structure this will be reflected in a corresponding change in the image itself, as the following case study illustrates.

Improvements in the Tower block

Jenny, a young woman in her early twenties, was making a determined effort to recover from a steadily increasing heroin dependency. She came across as spirited and feisty; however, it was also clear that her difficult upbringing had created much confusion and sadness for her. I

suggested to her that we do a survey of her inner structure in the first session to get a better picture of her inner stability. Jenny reported seeing a tower block that had been deserted for five years since the death of her father (and the ensuing commencement of her heroin habit.). Although the general condition of the building had deteriorated somewhat, due to neglect, no major structural problems were evident. There was, though, one unusual feature present – the main entrance door was not positioned at the front of the building where one would naturally expect it to be, instead it was round the side. As the door symbolises the person's ability to communicate, this suggested to me that formative conditions had interfered with her ability to be straightforward in her communication.

As Jenny talked about her upbringing over the next few sessions, the odd position of the main entrance to her building began to make more sense. Her father and mother divorced when Jenny was a child and her mother remarried shortly afterwards. The contrast between Jenny's father and her stepfather was pronounced. She described her father as a rebellious unconventional man who treated her as a friend: her stepfather was a 'bully' who ruled the home. During her teenage years she would stay with her father for the summer holidays enjoying his somewhat chaotic heavy drinking lifestyle, and then she would return to the authoritarian regime of her stepfather. This had left her with a deep conflict towards authority and this was apparent in her reactions to the

rehabilitation centre staff. It is a tribute to her determination that she was able to keep herself in the programme as she oscillated between rebelliousness and fear. She was able to make links between the position of the door in the tower block and her problems with communicating, particularly with anyone in authority – she felt she could never be upfront and straightforward because of her history.

The crunch came for Jenny when she was told that she had an official interview for a place in a second stage residential unit. She became very anxious at this prospect, as all of her issues with authority returned with a vengeance – she experienced a fear that she would be rejected and at the same time felt rebellious towards a system that wanted her to go through another hoop. We undertook a preparatory session with her looking at a more balanced way of approaching the interview. She used all the support that the rehabilitation centre could provide, and the following week to her delight she was accepted for the place at the second stage.

In our final session together, we looked again at her inner structure and it was clear that her building was much brighter and cleaner, confirming for her all the hard psychological work she had done in the previous three months. There was, however, one unexpected change in the tower block – the main entrance door was now at the front of the building rather than round to the side. Jenny felt that this had happened two weeks previously when she attended the interview.

She explained to me that it had been the first time she had ever been able to express herself directly and calmly to someone in a position of authority, and since that point she had noticed that all of her communication was becoming more direct (this had been also remarked upon by members of staff.) I was very pleased that all of her hard work had paid off for her. As far as I was concerned the shift in the imagery meant that an old distortion had been released, and she was in a better position to reclaim her own authority. We finished the work on that note, and I was touched by Jenny's courage and determination to be her own person.

The Importance of Containment

The case study above also illustrates how imagery is therapeutically beneficial in another capacity besides its undoubted value as a means of accurate assessment and monitoring. Images can also function as containers for a wide range of possibly problematic and painful material stored in the psyche. This is enormously useful because it allows the person to access painful experiences or memories in a controlled and manageable way. The process can unfold without the person becoming overwhelmed and then in danger of returning to a substance to suppress the arising feelings. A simplistic way of explaining this would be to say that imagery operates in the boundary zone between the conscious mind and the wider mind-body system. Problematic experiences that have been consciously or

unconsciously suppressed can be accessed by the conscious mind in the form of representational imagery. It is possible then for the person to consciously interact with the image and allow its contents to begin to process out, and, most importantly, this can be done at a pace that works for the client.

Furthermore, due to the interactive nature of imagery it is also possible to increase the containment if the person feels in danger of becoming overwhelmed by the arising feelings. Tajima and Naruse (1987) have developed an imagery approach based on this that encourages clients to visualise painful emotions stored in containing jars – thus allowing them a controlled way of exploring and releasing the contents. In my experience, when imagery is used in this way, it allows someone to engage with the unfolding therapeutic process of recovery in a safer and more manageable way – and this, of course, has implications for relapse prevention.

In terms of symbolic building work, it is possible to import elements into the picture to increase this sense of containment. Over time, I arrived at a common practice of suggesting to people that they might need to create temporary holding structures whilst their inner building was undergoing repair work (people often reported houses too damaged or derelict to occupy.) People would visualise a whole range of structures ranging from site huts to tree houses in order to provide a temporary sense of

inner security whilst they were going through residential therapeutic programmes. The following case study is an example of how a temporary structure made a significant difference.

An Imposing Façade

James, an articulate and charismatic 35 year-old man from the North of England, had been misusing crack cocaine and benzodiazepines for many years. He was admitted to a crisis intervention centre when his relapse had led to heavy chaotic use and a suicidal state of mind. I knew James from previous admissions but I had never seen him in such depths of despair. I therefore suggested to him that it might be time to look at the stability and solidity of his internal structure. His first view of the inner house took the form of an imposing villa fronting onto a main street of what, initially, appeared to be a 19th century mid-west American town. The building had a front porch with two pillars and a coat of arms above the portico. However on closer inspection the house appeared to be just a façade and the entire street was an artificial construct, in fact it was a film set. It was impossible to walk through the main door of the façade, and James was nervous about going around the back to see what lay behind it. James related to this picture; it described his awkwardness with people who appeared to be impressed by his 'front' and his inability to let people in to the real person for fear they might reject him.

When he overcame his initial reluctance to enquire any further, he plucked up courage to see what, if anything, lay behind the façade. When he did so, he discovered that the back of the house was in fact his grandmother's house where he had lived on and off from the age of eight – he had been sent to live there due to family problems. He could see his eight-year-old self with his grandmother inside the house, and this evoked difficult emotions from that time leaving him feeling exposed and vulnerable. He agreed that unresolved psychological problems resulted from those early experiences, and the inner house clearly demonstrated to him how he had created a façade to protect himself.

However, this left him in a quandary because, in this state, the house was not tenable. Early conditions had created a structural distortion that could not be easily changed: the façade could not be dismantled because he would be too exposed and the inner structure of his grandmother's house was not suitable for his adult self. James said that he felt this was a very clear symbolisation of his current state and that, even though he had done a lot of therapeutic work on his childhood, he had never felt able to grow and develop.

Bearing in mind his fragile psychological state, my main concern at this point was to help James increase his sense of security and stability. Therefore, I suggested to him that it might be helpful to create a temporary structure near his inner house

that would serve as a secure holding place where he could then, over time, begin to come to terms with the events of his childhood. He agreed that this would be the best procedure and he visualised a gatekeeper's cottage made of thick, stone walls. This building seemed secure and solid and more real than the film set. It offered him protection without giving a false image to the outside world. Initially he felt it was a little austere and cold, but he imagined a fire in the hearth and was reassured by the warmth he felt spreading through the house. He said he felt a sense of relief that he could create a place inside himself that felt more secure.

When I met up with James two years later at the crisis agency where he had been admitted after a short relapse, we returned again to check his inner structure. He saw the little gatekeeper's cottage, which was now furnished and comfortable. He made links between this solid and stable structure and his experience of being drug free and maintaining a disciplined lifestyle where he had had sole responsibility of looking after his young child. During this period he had also been able to undertake short courses at a local college. He was also clear that, even though the childhood issues symbolised in the house with a façade had not been resolved, this temporary structure could hold him until he was ready to address them. He felt that his recent relapse was connected with stress and he was pleased that he had been able to correct it without too much damage. I

was heartened to see the progress that he had made and his ability to create a more solid base for himself.

Conclusion

In this short article I have described a way of using imagery that addresses one the fundamental challenges in working with substance misusers i.e. the tension between facilitating insightful development and the constraints of relapse prevention. Representing the sense of self in

the form of a building can offer a creative but safe way to work with a fundamental aspect of the psyche. This type of imagery work can allow someone to both explore painful feelings in a contained and manageable way and also allow the individual process to unfold in its own unique organic way. This, I believe, is a tribute to the extraordinary creative power of imagery, a power that, when properly harnessed, can facilitate a deep yet grounded therapeutic recovery process.

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Val Thomas worked for many years as a therapist in a wide range of substance misuse agencies in London. She currently works as a senior lecturer in counselling studies at Anglia Ruskin University. She can be contacted at v.thomas@anglia.ac.uk

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