

Imaginative Movement Therapy: A Jungian Psychotherapeutic Approach

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Abstract

This paper highlights the main procedural steps of the neo-Jungian psychotherapeutic modality known as Imaginative Movement Therapy which integrates aspects of Desoille's Directed Waking Dream method into Jung's Active Imagination technique while respecting the main principles of analytical psychology. This therapeutic modality facilitates the patient's access the help of the therapist to his or her own unconscious by engaging in a waking dream which is started by the therapist. The patient is encouraged to explore, experience and confront unconscious figures encountered. These waking dreams are then reflected upon and elaborated symbolically in a collaborative phase between therapist and patient. Despite the relative guidance of the therapist in I.M.T., the therapist has to be particularly attentive to be respectful of the patient's unconscious material and only intervenes with prompting interventions to start the waking dream, to explore it and when he or she needs to be provided with safety.

Keywords: *Imagination; Movement; Waking Dreams; Imaginative Experience*

Imaginative Movement Therapy is a relational and imaginative form of psychotherapy which makes use of the patient's imagination in order to access his or her unconscious and to help undo the stuckness that he or she may find themselves in. It is a hybridised-integrative therapeutic modality developed from Carl Jung's method of Active Imagination which also integrates aspects of Robert Desoille's Directed Waking Dream therapy, but nonetheless respecting the tenets of analytical psychology. It was developed and pioneered by myself as part of my doctoral research in psychoanalytic studies [1,2].

Many in the Jungian community are more comfortable operating primarily from intuition and inquiry; tending to overemphasize the passive, receptive, holding aspects of clinical interaction while neglecting to develop a balance in their analytic activity by engaging the active, penetrating, engaging end of the intervention continuum. I.M.T. balances this deficit in the Jungian practise balance-sheet since it provides a more immediate and involving personal experience of unconscious processes. Furthermore, it helps to develop a capacity to imagine, to have a symbolic attitude, and is easier than Jung's Active Imagination [3] because of its more or less established setting and relative guidance by the therapist but less directive and fantastical than Desoille's Directed Waking Dream method [4,5].

Imagination can be viewed as providing a symbolic bridge between our conscious and unconscious thoughts. Ultimately, it gives us a platform for expression and offers a wide array of tools to understand ourselves at greater depth. The imaginative experience in I.M.T is called a waking dream and it refers to a guided exploration of one's inner reality through imagination, with the purpose of giving patients the opportunity to journey willfully and sensorially through a world that embodies their belief systems, which are discovered in the form of images. The patient known as the adventurer, traveller or seeker, pauses from his or her real life and enters an atemporal mythical one, echoing Coleridge's most famous phrase of a "willing suspension of disbelief" ([6], p. 6). Thus, it is not the usual guided imagery we use to

relax, or the creative visualisation or mental rehearsal, or role-plays we engage in, to win a match or pass an interview. When used within therapy waking dreams provides us with the chance to consider and reflect upon what could be, what might have been, what was, and what is.

The word “movement” in the I.M.T. besides referring to both the explorative movement and resting of the imaginal-body ego in the imaginative landscape, refers to the fact that when we visualise or imagine, we also stimulate the neuromuscular circuitry, thus engaging a body response even when lying down. Bachelard argued that a waking dream, contrary to the psychoanalytic method, offers “*une mise en marche/a way forward*” ([7], pp. 130-145). The same can be said of I.M.T. The waking dreams in I.M.T. offer an introverted facilitated ‘pilgrimage’. Instead of aiming at a spiritual transformation it aims for an emotional metamorphosis of the inner wandering ‘pilgrim’. It helps the patient through his or her impasse, towards a personal evolution and transformation, since the aim of the therapy is not primarily an exploration of the past. I.M. T. Therapy aims to facilitate the movement of imagery in imaginary time and space, as an efficient means to access dissociated unconscious material both from the personal, unrepressed and collective unconscious. IMT uses imagination to tap into unconscious material so as to unblock the patient’s creativity. The waking dream is in fact another royal road to the unconscious. I.M.T. is mainly used with adults but can be adapted to children as well as used for group therapy. It is used with patients experiencing normal developmental problems as well as with some patients with some personality disorders but not with psychotics.

The main steps of this therapeutic procedure are represented by the acronym RIPE namely Relaxation, Induction, Prompting and reparation, and Elaboration and interpretation. There is also a final stage on Negotiation (N) which invites the patient to see which aspects are and can be integrated into his or her life.

During the relaxation stage the therapist invites the patient-seeker to find a relaxed position in an armchair or couch (facing the therapist) and to focus on his or her breathing. Then the patient is given an initial verbal stimulus known as *enargeic* stimuli to start a waking dream i.e. to allow himself or herself to enter an imaginative landscape and to position himself or herself in it and to describe out loud to the therapist what he or she is experiencing in this imaginative space. The second stage is known as prompting and reparation stage. The therapist asks the patient to immerse himself or herself in the imaginative landscape and to see himself or herself in it through a self-representation known as imaginal-body ego. The therapist invites the patient to have a sensorial experience of whatever he or she is imagining, i.e. to describe with all the senses, the colours, sounds, smells of whatever he or she encounters and to voice it to the therapist as an *ekphrastic* narrative. The therapist asks his or her patient to move and explore the imaginative landscape or else to rest if the patient needs to do so. The therapist encourages the patient to interact with objects and figures encountered. The therapist also monitors the anxiety levels in the oneirodrama and offers grounding interventions to support the patient when faced with anxious and overwhelming encounters.

The oneirodrama takes from five to fifteen minutes. It takes longer when the patient becomes accustomed to it and can relax and immerse himself or herself in the waking dream. Since in a waking dream you enter a mytho-poetic space, the time seems to stop and the natural duration of time is distorted.

After the patient finishes describing his or her *ekphrastic* narrative the therapist invites the patient to write and or draw the content of his or her waking dream as well as his or her associations to it. The therapist also invites the patient to bring this again in the next session where the patient and therapist elaborate and amplify on the symbolic content of the material. Interpretation is done from a teleological and prospective point of view. A symbol can have many meanings and be interpreted in many ways. The meanings of a symbol are profound and transcend time, but, as noted above, the particular meaning a symbol has depends in part on the personal associations the dreamer assigns to it. However, the oneiric experience itself i.e. the waking dream can also be beneficial on its own accord in I.M.T. since there is an unblocking of unexpressed emotions and a confrontation with dissociated complexes. I.M.T. functions through an intermodal expressive and analytical model since it allows the patient to express in his or her imagination unconscious content as well as think about

the contents experienced in an analytical way. In I.M.T. the therapist looks at the waking dream in terms of the following points:

1. Landscape/setting- nature, buildings, underwater, higher grounds, celestial...
2. Atmosphere - dark, light...
3. Key figures - from personal unconscious (animals) or from collective unconscious (mythical or celestial figures).
4. Presence and quality of imaginal-body ego.
5. Direction - up or down, right or left, forward or backwards.
6. Quality of interaction with the landscape: move acts and expressive acts.
7. Levels of passivity and activity.
8. Themes - repeated themes in the waking dreams.
9. The main emotions of the oneiric experience as described by patient and as observed by the therapist.
10. Prospective elements for the future.
11. Duration of the waking dream.
12. Entry point and exit point including sudden interruption.
13. Quality of the non-verbals (pauses, soft voice...) in the ekphrastic narrative.
14. Response by nocturnal dreams in between sessions.
15. Censoring/use of defenses in description of key content of the waking dream in the written report of the patient.

Some of the above points are similar to nocturnal dream interpretation or image interpretation as explained by Jung and Freud but some are more specific to the waking dream methodology given it is done in the presence of the therapist. Whilst Freud thought that dreams expressed forbidden wishes that had to be disguised (he differentiated the manifest content of a dream - what was on the surface, from the latent content - what was hidden), Jung saw dreams as expressing things openly. Jung wrote: "They do not deceive, they do not lie, they do not distort or disguise ... They are invariably seeking to express something that the ego does not know and does not understand" [[8], para. 189].

The therapist also invites the patient to be aware of any dream or dreams he or she might have had in between session which might confirm, dismiss or add to the material reflected upon in the session dedicated to elaborating the symbolic material of the waking dream. Thus, a dialectic is created between waking dreams and nocturnal dreams.

Before we provide a waking dream experience we need to make a good anamnesis of the patient, a thorough assessment of the personality, a good idea of the kind of problem presented as well with some patients you first need to teach them how to use their imagination. Furthermore, it is imperative to provide a safe sheltering space (container or alchemical vessel) and build a good working alliance with the patient. The therapist should support the patient, take care of the safety and keep vigil. The required space should provide the release of Ego- and Self- defences so that the unconscious material would enter the space.

With some clients who are very anxious they usually respond well to giving them a relaxation exercise starting with the muscles and then the breathing such as progressive muscle relaxation or autogenic training. This is more crucial with traumatised patients. Jung also speaks of the importance of stilling the mind to let unconscious material to emerge. In fact, in his essay *The Transcendent Function*, Jung wrote: The capacity to produce free fantasies can, however, be developed with practice. The training consists first of all in systematic exercises for eliminating critical attention, thus producing a vacuum in consciousness ([9], p. 77 [CW8, para. 155]). The relaxation helps to create a bridge for the waking dream to connect better psyche with soma. It also helps the patient to give attention to his or her body prior to enter the waking dream and thus to be able to stay connected with it while the oneiric drama leads the patient to experience different emotions.

With other patients sometimes the therapist can seize the moment and start a waking dream by honing in on good metaphor brought by the patient, a spontaneous image or part of a dream. In such cases it is enough to ask the patient to be more comfortable, close his or her eyes, breathe in and out and see what comes to his or her mind as the therapist give them such initial energeic and ego-syntonic stimuli.

The *energeic* stimulus which is usually a verbal one but can also be auditory, tactile or visual or olfactory, helps free the patient's imaginative experience leading to a '*drame interieur*', involving an unfolding of what urgently seeks expression. The stimulus is a powerful and direct route into the imaginal and the way can lead to all possible scenarios...everything is possible...the imaginal ego can walk, swim, climb and even fly. In *The Transcendent Function*, Jung (1916/1960) observed: we find cases where there is no tangible mood or depression at all, but just a general dull discontent, a feeling of resistance to everything, a sort of boredom or vague disgust, an indefinable but excruciating emptiness. In these cases no definite starting point exists - it would first have to be created ([9], p. 83 [CW8, para. 169]). I.M.T. caters for such scenarios as described by Jung but about which he hardly wrote about. This approach provides in contrast to Jung's Active Imagination provides an element of guidance but the stimuli are nevertheless usually coming from the patient hence ego-syntonic stimuli. Yet unlike in Desoille's Directed Waking Dream method, in I.M.T. the therapist chooses ego-syntonic stimuli such as metaphors, part of a dream or daydream or waking dream, spontaneous unbidden images, from sensations in the body, from psychological projective tests such as the Word Association Test, TAT, Rorschach cards, or drawings made by the patient.

One of the roles of the therapist is to facilitate the imaginative journey of the patient and to make the best of it. Dante had Virgil in the Divine Comedy while Jung had Philemon in his Red Book. A teacher, or guide, is essential. If ones need a guide to cross an unknown land, how much more does one need a guide to help him or her through the unknown inner world. To quote Rûmî: "Choose a master, for without him this journey is full of tribulations, fears, and dangers. With no escort, you would be lost on a road you would have already taken. Do not travel alone on the Path." Like a tour guide the therapist asks the patient to bring himself with his or her *imaginal-body ego* in the imaginative landscape and to experience it. The therapist prompts the patient-seeker further into movement into exploration and facing his or her inner self. To do so he or she needs to develop these seven therapeutic competencies namely:

1. **Attunement competence:** Knowing what is happening in the moment and what is making the therapist want to introduce a waking dream in that particular moment.
2. **Knowledge competence:** Having skills how to start and guide a waking dream as well as how to elaborate it.
3. **Therapeutic confidence competence:** Confident to help a patient engage with a waking dream, immerse himself or herself in it and how to offer support when needed.
4. **Negative capability competence:** To stay with uncertainty when the oneirodrama is unfolding and not to be too intrusive in the waking dream.

5. **Determination competence:** How to not to give up from the beginning when the patient shows signs of reluctance or shyness to engage in a waking dream.
6. **Braking competence:** How the therapist has to be attentive and respectful and not to push the patient to continue at all costs.
7. **Experiential process competence:** How the therapist has to observe what is happening to the patient and to work with it and around it.

The therapist guides the patient to enter the imaginative landscape and to immerse himself or herself in it with all his or her senses. The therapist encourages the patient to engage and make contact with any figures and objects encountered along his or her inner journey. This is known as confrontation. Confronting is in line with Jungian psychology. Viewing confrontation as engagement, rather than aggression or conflict, is consistent with Jung's [10] analytic perspective, which valued the importance of confrontation to the analytic process, having referred to his own descent experience during the years from 1913 through 1917 as his "confrontation with the unconscious." By confronting his or her own frightening imagery, the patient can overcome his or her fears, and he or she would have desensitized themselves to a part of their own personality to which they have been rather allergic. In these circumstances, many a times the frightening image often spontaneously changes to something less threatening. When the patient is very anxious in front of certain figures encountered the therapist encourages the patient to ground himself or herself or to seek other safe ways how to support oneself. These encounters can then be reflected upon and elaborated in the next face to face session where associations of the symbolic material is done. Usually in a two year course of psychotherapy, an average of twenty waking dreams can be done with the patient and reflected upon together, as part of other unconscious material which emerges in therapy such as from nocturnal dreams or drawings.

The I.M.T therapist has to be very skilled in guiding the patient and is called to make his or her own personal therapeutic process using the imagination so as to be aware of the patient's experience when having a waking dream. This will make him or her aware of their personal blind spots which can interfere in their therapeutic work. Supervision is also needed to support the therapist's work with his or her patients. Basic and advanced training in this methodology is offered to practising professionals in the field of counselling, psychology and psychotherapy.

In I.M.T. the therapist not only witnesses but actively facilitates the patient to get in touch with unconscious material. This method emphasises the principles of facilitation, exploration, expression, holding, reciprocity, affective resonance and communicable meaning. I.M.T. can offer practical ideas to Jungian practitioners of how to use active imagination in the therapy session. This framework fits in within a mytho-poetic therapeutic approach where analysis co-operates with poetic-imaginative reflection. I.M.T. also adds an experiential approach of movement, characteristic of Desoille's Directed Waking Dream method, besides one of dialogue which is usually associated with active imagination. I.M.T can thus be promoted and included amongst the Jungian expressive arts modalities which derive from Jung's active imagination, such as art therapy, drama therapy, dance/movement therapy, play and sand-play therapy. This new therapeutic modality can also give the visual approach of doing active imagination a proper framework in the expressive arts.

Conclusion

This paper has given an overview of Imaginative Movement therapy. I.M.T. is described as a neo-Jungian approach to Carl Jung's Active Imagination which integrates aspects from Desoille's Directed Waking Dream Method while remaining true to the tenets of Jungian psychology. Moreover, it describes the methodology used in this approach which builds on three arts: namely the art of starting a waking dream, the art of prompting and reparative interventions, and the art of symbolic elaboration and interpretation. Finally the necessary competencies required by the guide-therapist who accompanies the patient-traveller in his or her exploration of his or her inner unconscious world through waking dreams are discussed. I.M.T. provides a facilitative and relational therapeutic approach which makes use

of the power of imagination to unblock the impasse the patient finds himself or herself in and helps to bring a renewal of energy and transformation in one's life.

Bibliography

1. Cassar L. "Bridging Imaginative Pathways: Jung's technique of Active Imagination and Desoille's directed waking dream method". Ph.D. thesis, Centre for Psychoanalytic Studies, University of Essex, UK (2016).
2. Cassar L. "Jung's technique of Active Imagination and Desoille's directed waking dream method: Bridging the divide". London: Routledge (2020).
3. Jung CG. "The Red Book, Liber Novus". (Ed. Sonu Shamdasani. Trans. Mark Kyburz, John Peck, and Sonu Shamdasani). New York: W.W Norton and Company (2009).
4. Desoille R. "Exploration de l'affectivité subconsciente par la méthode du rêve éveillé: sublimation et acquisitions psychologiques [An exploration of the subconscious emotions through the waking dream method: Sublimation and psychological acquisitions]". Paris: J.L.L. D'Artrey (1938).
5. Desoille R. "Le rêve éveillé en psychothérapie: Essai sur la fonction de régulation de l'inconscient collectif [The waking dream in psychotherapy: Essay on the regulatory function of the collective unconscious]". Paris: Presses universitaires de France (1945).
6. Coleridge ST. "Biographia literaria". London: Oxford University Press. (Originally published in 1817) (1907).
7. Bachelard G. "L'air et les songes: essai sur l'imagination du mouvement [Air and dreams: Essay on the imagination of movement]". Paris: Librairie Jose Corti (1973).
8. Jung CG. "Analytical psychology and education (Lecture Two)". In W. McGuire (Exec. Ed.), Sir H. Read, M. Fordham, and G. Adler (Eds.). Collected works volume 17: The Development of personality. (R. F. C. Hull, Trans.). (1954): 81-107.
9. Jung CG. "The transcendent function". In H. Read, M. Fordham, G. Adler, and W. McGuire (Eds.), Collected works volume 8: The structure and the dynamics of the psyche. (R. F. C. Hull. Trans.). (1960b): 67-91.
10. Jung CG. "Memories, dreams, reflections". London: Fontana Press. (Originally published in 1963) (1995).

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