LOGOTHERAPY AND IMAGERY WORK:

THE CONTRIBUTION OF BOESCHEMEYER'S 'WERTIMAGINATION'

by

MONIKA MEYER-PRENTICE

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Supervisor: DR EM CRONJÉ

Co-supervisor: MR R WELCH

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Declaration

I declare that

LOGOTHERAPY AND IMAGERY WORK:

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is my own work and that all the sources that I have used or quoted have

been indicated and acknowledged by means of complete references.

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Place, Date   Ms Monika Meyer-Prentice
                                              (Student number: 3514-471-8)

Acknowledgements

Abstract

In this qualitative, interpretive study a new and promising imagery technique, called *Wertimagination* (*WIM®)* [Value-Oriented Imagery] was researched. It was developed by the logotherapist Uwe Boeschemeyer in Germany. At the main focus of this study are the psychotherapeutic work experiences of logotherapists applying *WIM®*. Their perceptions with regard to *Wertimagination*'s potencies, limitations and its overall contribution to Logotherapy are explored. Eight semi-structured expert interviews were conducted with German logotherapists offering *WIM®* at their practice. The interview contents are analysed and compared with supplementing perspectives: with *Wertimagination* experiences reported by other (logo)therapists, by clients and by the developer of the method (Boeschemeyer), extracted from the existing body of literature. The results show that *Value-Oriented Imagery* by all three researched parties – (logo)therapists, clients and its developer – is experienced to be a high potential logotherapeutic, salutogenetic (resources-oriented) approach contributing inter alia towards a person's inner meaning finding, self-acceptance and trust in life.

Key terms:

Logotherapy, meaning-oriented psychotherapy, Wertimagination (WIM®), Value-Oriented Imagery, inner pictures, Frankl, Boeschemeyer, inner resources, salutogenetic approach, Hamburg Model of Integrative Logotherapy and Existential Analysis.

Table of Contents

IMPORTANT NOTE TO THE READER

- All translations of quotations cited from German sources in this dissertation (see References) were translated into English by the author of this dissertation.

- For a better readability to all English readers and to enable an easier electronic data transfer, all umlauts in German names and terms used in this dissertation have been changed to the writing common in English (ä=ae, ö=oe, ü=ue). This means for example, that Uwe Böschemeyer's surname here is written as Boeschemeyer.

List of Abbreviations

[translations into English: by the author of this dissertation]

DGLE   Deutsche Gesellschaft fuer Logotherapie und Existenzanalyse

[German Society for Logotherapy and Existential Analysis]

EMDR   Eye-Movement Desensitisation and Reprocessing

ICD-10   International Classification of Diseases, 10th revision

KB   Katathymes Bilderleben (Leuner)

[Katathyme Picture Experience]

PITT®   Psychodynamisch Imaginative Traumatherapie (Reddemann)

[Psychodynamic Imagery Trauma Therapy]

UNISA   University of South Africa, Pretoria

VFI   Viktor Frankl Institute, Vienna

WIM®   Wertimagination (Boeschemeyer)

[Value-Oriented Imagery]

WOP®   Wertorientierte Persoenlichkeitsbildung (Boeschemeyer)

[Value-Oriented Personality Development]

List of Figures

List of Tables

"Good-bye," said the fox.

"Here is my secret. It's quite simple:

One sees clearly only

with the heart. Anything essential

is

invisible to the eyes."

Antoine De Saint-Exupéry

(The Little Prince, 2000)

CHAPTER 1

Introduction

1.1 Motivation and aim

Six and a half years ago, in February 2004, I had my first encounter with a logotherapeutic session and a moving *Wertimagination* [*Value-Oriented Imagery*][1] at its core. The expression imagery is derived from the Latin term *imago.* It means picture. Imagery involves working with one's inner pictures or images (Johnson, 1995). It was my first adventurous journey into my inner world.

I was living in South Africa at that time and had come for a visit to Germany to see my friends and family. When I met my father he enthusiastically kept on telling me fairy-tale like stories he had experienced in *Value-Oriented Imagery* himself – in the context of *value-oriented personality development*[2]. It sounded a bit weird, the way he was telling me of his inner journeys with his *Inner Knightly Friend* who made him grow taller and feel more upright. But, my father indeed appeared much more content, relaxed and with a new sense of humour. I was impressed.

Was there a connection between my observations and his experiences with Boeschemeyer's *Wertimagination*? I got interested. As I had just started studying psychology, moving my focus of attention from outer worlds – from urban Geography, the field I had worked in before – towards inner worlds, it made me inquisitive. I did not know much about Viktor Frankl's Logotherapy then and exactly nothing about imagery work at all. At the same time I was very scared as to what all this might do to me. So, I insisted that my father accompany me to Lueneburg, where I booked my first two-hour-session.

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[1] Uwe Boeschemeyer initially called his imagery method *Wertorientierte Imagination.* This directly translates into *Value-Oriented Imagery.* I will use this English translation interchangeably with his latest name for it: *Wertimagination.* Boeschemeyer protected the abbreviation of the term *Wertimagination*, and called it WIM® (Boeschemeyer, 2000, 2009).
[2] The original German term is *Wertorientierte Persoenlichkeitsbildung*, a training and practice concept for psychologically healthy people to work with *Wertimagination* in the field of personal growth and health prevention, developed by Boeschemeyer.

There, on my first journey into my inner images, I had a very rich, inspiring and encouraging experience in my *Inner Garden* and with my *Inner Gardener*. It showed my state of being at that point in my life and presented answers to what was most important to be aware of at the time. All this took place during the very first session, with a *mentor for personality development*[3] I had not met before, and although I always saw myself as a rather rational and analytical person with little conscious access to inner pictures.

A year later I came back to Germany and deepened my experience with *Value-Oriented Imagery*. Soon I decided to do a three-year part-time training course at Stephan Peeck's institute in Hamburg following the Hamburg Model of Integrative Logotherapy and Existential Analysis. It included a thorough training in *Wertimagination*.[4] During those three years I worked as a co-therapist in a German Clinic for Psychosomatics and Psychotherapy[5] to get a better understanding of psychological disorders and their common treatment. There I gained insight into imagery techniques used in German trauma therapy and, under supervision, was allowed to contribute parts of the *Value-Oriented Imagery* tools I learned. By that I got a glimpse on what *Wertimagination* might be able to contribute in the context of general (integrative) psychotherapy.

Two and a half years ago, I opened my own practice for logotherapeutic personality development in Cologne, Germany, where I work applying the perspective and tools of the Hamburg Model of Logotherapy and Existential Analysis, and, if suitable, integrating psychoanalytical and behaviour therapy tools I learned at the Clinic for Psychosomatics and Psychotherapy. Currently, I work part-time in the fields of psychological counselling, value-oriented personality development and coaching (in co-operation with my husband who is a systemic organisation developer, trainer and

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[3]   This is the name for Boeschemeyer's trainees working in the preventive sector with psychologically healthy people, translated into English by the author of the dissertation.

[4]   The German term *Hamburg Modell* (in English: Hamburg Model) is used by Riedel, Deckart & Noyon (2008, p. 380). Because Uwe Boeschemeyer's further development of Frankl's Logotherapy and Existential Analysis is of integrative nature – integrating new therapeutic methods but keeping the original intention of helping clients/patients to discover their own meaning in life, I will call his contribution "The Hamburg Model of Integrative Logotherapy and Existential Analysis" interchangeably with the short term Hamburg Model.

[5]   In Germany, patients with physical problems but no physical cause for it found are treated here, as well as patients with eating and anxiety disorders, depression, post-traumatic and other psychological disorders.

coach), usually with adult clients in a one on one setting. Hence my experience with *Wertimagination* stems mostly from working in the preventive sector.

Through this study, a qualitative, explorative expert-interview study, I want to gain and provide insight into logotherapists' psychotherapeutic work experiences with *Wertimagination*: How they perceive the relatively new and still quite unknown imagery method itself and its contribution to Logotherapy, what makes them work with it, how they apply it within their specific field of work, and how they perceive its potency and limitations within Logotherapy and within psychotherapy in general.

Whilst two qualitative studies have been found on the clients' perception of the method (discussed in Chapter 3), it seems that up to now, no research has been undertaken on the (logo)therapists' perspective[6] of *Wertimagination* – no research could be found while doing an extensive search in university libraries in Germany, in UNISA's library, on the internet, at the German and international Logotherapy societies' libraries, and at Uwe Boeschemeyer's institute (in Germany). My aim is to to start filling this gap of knowledge with my research contribution outlined in this thesis.

1.2   Logotherapy and *Wertimagination*

1.2.1   Frankl's Logotherapy and Existential Analysis.

Viktor Emil Frankl (1905-1997), an Austrian psychiatrist and neurologist, is the founder of the school called *Logotherapy and Existential Analysis*. He used these two terms together. The term *Logo*therapy, focussing on the human *logos*[7], was chosen by Frankl to contrast Freud's drive focussed *psycho*therapy. The term *Existential* Analysis (with the postulation of a spiritual unconscious) he used to contrast Freud's *Psycho*analysis (with the postulation of a drives dominated unconscious).

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[6]   With the "(logo)therapists' perspective" the perspective of logotherapists and other therapists and counsellors working with *Wertimagination* is meant.
[7]   The Greek term *logos* has a number of different denotations, for example: word, reason and meaning (Brockhaus, 1990; Halder, 2008). Frankl (1992) for his term Logotherapy clearly relates to *logos* as meaning.

Frankl explained his understanding of Existential Analysis as his theoretical perspective on human nature in general – with the human as a free and responsible being. Frankl's philosophical, value-oriented anthropology is strongly influenced by the German philosopher Max Scheler (1874-1928). He also frequently quoted the existential ideas of the philosopher Nietzsche (1844-1900). Frankl called *Logotherapy* his practical, therapeutic approach towards helping human beings suffering from different psychological disorders. Logotherapy is embedded in an existential, meaning and value oriented, analytical view of patients/clients (Corey, 2009a; Frankl, 2004a; Halder, 2008; Klimpel, 2007).

The terminology is sometimes confusing. Today, in English, Logotherapy is often used as a single term. In German it is either used as a single term as well, called *Logotherapie,* or in its original version *Logotherapie und Existenzanalyse*, or it is used in the opposite order, *Existenzanalyse und Logotherapie*, or in another variation namely *Existenzanalytische Logotherapie (*in English: *Existence-analytical Logotherapy).* These terms can all be used interchangeably.

Corey (2009a, p. 137) lists Viktor Frankl as his first "key figure in contemporary existential psychotherapy", especially in Europe and in the USA. He explains, existential psychotherapy is not a particular way of methodical practice but rather a philosophical approach that influences a therapist's practice, because it implies that humans are seen as possessing (at least inner) freedom and responsibility for their actions and choices, in contrast to deterministic views of human nature and behaviour (Corey, 2009a). Walsh and McElwain (2006, pp. 253-254) point out it is typical for existential psychotherapists to "grapple with questions about the essential nature and meanings of human existence" and that "a core theme within existentialism and the related field of phenomenology is concern for the uniqueness and irreducibility of human experience". Viktor Frankl's often cited quotation of Nietzsche "He who has a *why* to live for can bear with almost any *how*" (cited in Corey, 2009a, p. 137) clearly illustrates Frankl's main existential assumption.

Viktor Frankl's Logotherapy and Existential Analysis, sometimes called the Third Viennese School (of psychotherapy) (Reber, 1985), could be described as a form of

combined psychological and spiritual therapy (Guttmann, 2008). Corey (2009a, p. 137) translates Logotherapy into "therapy through meaning".

Frankl worked in the field of psychotherapy and was discontent with Sigmund Freud's psychoanalytical theory of the pleasure-driven human (also called the First Viennese School of psychotherapy) as well as with Alfred Adler's individual psychology theory of the power-driven human being (the Second Viennese School of psychotherapy) (Reber, 1985). In contrast to the other two well-known psychotherapists, he developed a philosophical anthropology of the human being as a primary "meaning-driven" or "meaning searching being" (Stumm & Pritz, 2000) as the foundation for his "height-psychology". Frankl chose the term "height-psychology", emphasising the human spirit (*Geist*, in German) to contrast the common Freudian term of depth-psychology, with its primary focus on the pleasure seeking "id"-drives (Frankl, 2004a, 2003, 2000). Frankl (2004a, p. 27) explained what Logotherapy uses the term human spirit or *Geist* for: "By that term – *Geist* in German – we mean the core nucleus of the personality."

During the Second World War Frankl experienced all kinds of human suffering personally, as a Jew imprisoned and tortured in four different concentration camps of the Nazi regime. He survived them and was a living and encouraging example of how much strength, power and dignity a human being focussed on a self-discovered and at the same time self-transcendent meaning in his personal life can develop. Frankl travelled around the world to share his theory and observations of the human nature and the importance of the human spirit at more than 200 universities, and received 28 honorary doctorates from all over the world (Frankl, 2000; Riemeyer, 2007).

According to Frankl, meaning can be found in three different dimensions of participating in life: firstly via *deeds* (for example working, being creative, making constructive contributions), secondly through *experiences* (for example of love, the world's beauty) and thirdly by the *attitude* we face unavoidable suffering with (Der Brockhaus, 2001; Frankl, 1992). A person who discovers and lives true to his/her meaning in life experiences self-transcendence and is characterised by two major human qualities: a large degree of inner freedom and the awareness of responsibility for how one lives one's life (Frankl, 2004b; Lukas & Frankl, 2007).

An "existential vacuum", resulting in depression and psychosomatic suffering from life's perceived meaninglessness was often observed by Frankl in persons who could not point out what they wanted to live for. Frankl's approach to treat such "existential vacuum", which he also called "noogenic neurosis" (a neurosis of the spirit), was in the form of psychotherapeutic dialogue. Here the therapist intends helping the patient/client to fill his/her vacuum with self-discovered meaning contents. "Paradox intention", "dereflection" and "attitude modulation" are methods Frankl developed and integrated into his therapeutic dialogue with his patients (Frankl, 2002, 1992). The above mentioned three classical forms of logotherapeutic intervention are well described in Frankl's books.

Originally Frankl thought Logotherapy to be a supplement to the existing forms of psychotherapy. At the same time he used to call upon his students to further develop the methods and tools of Logotherapy (Frankl, 1992). Since then Logotherapy has developed into an independent school of therapy, promoted by the Viktor Frankl Institute (VFI) in Austria and globally. The Viktor Frankl Institute is located in Vienna. On its webpage, which consists of an English[8] and a German version, the VFI provides an international list of all Logotherapy societies and institutes accredited by the VFI.

There are national differences in the acknowledgement of Logotherapy by the national governmental health insurance companies: according to personal correspondence with the DGLE (June 2010), Logotherapy is fully recognised as a school of psychotherapy only in Austria, in the USA and in Japan. In Germany Logotherapy is currently only recognised by many private health insurance companies and only Psychoanalysis and Behavioural Therapy are paid for by the public health insurance companies.

The German Society of Logotherapy and Existential Analysis, in German "Deutsche Gesellschaft fuer Logotherapie und Existenzanalyse e.V." (DGLE), was founded in 1982 and was authorised by the Viktor Frankl Institute to promote Viktor Frankl's Logotherapy and Existential Analysis within Germany. Uwe Boeschemeyer and Elisabeth Lukas opened the first two training centres of the DGLE in Germany:

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[8] (http://logotherapy.univie.ac.at/e/institute_wwE.html)

Boeschemeyer in Germany's North and Lukas in Germany's South. Both had experienced direct contact with Viktor Frankl and were authorised by him to open their training centres in Germany (Lukas, 2005, 2006; Riemeyer 2007).[9]

1.2.2 The Hamburg Model of Integrative Logotherapy and Existential Analysis.

There is only a small body of literature describing the latest developments of Logotherapy within Germany (Riedel et al., 2008; Riemeyer, 2007). The clinical psychologist Elisabeth Lukas, a close student of Frankl, imported Frankl's Logotherapy and Existential Analysis to Germany in the early 1970s and about a decade later, in 1982 founded the DGLE and integrated elements of family therapy into her work. She was actively promoting Frankl's Logotherapy in Germany, as well as internationally (Lukas, 2005, 2006).

Another development took place in Northern Germany: in 1982 Uwe Boeschemeyer, also a student of Frankl, opened the first training centre for Existential Analysis and Logotherapy in Hamburg. He then started to develop the integrative Logotherapy approach called the Hamburg Model. His aim was to combine Frankl's height-psychology with insights from depth-psychology, after he had noticed that some clients showed severe "meaning-barriers" to be worked through before the will to find a personal meaning in their life could be freed (Boeschemeyer, 2000, 2002a).

To work through these barriers, Boeschemeyer developed the tool of *Wertimagination* (*Value-Oriented Imagery)* which is experienced as a powerful technique to access such sub- or preconscious blockages to the Frankl postulated *will to meaning* (Riedel et al., 2008; Riemeyer 2007) and to consciously access, as Frankl put it, our unconscious spirituality (Boeschemeyer, 2000; Frankl, 2003,

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[9] More information on the DGLE's history can be found at its (German) webpage: http://www.logotherapie-gesellschaft.de/geschich.htm.

2002)*.* As such it can be seen as a valuable logotherapeutic tool for attitude modulation in general (Kipfelsberger, 2008).

In addition to the imagery work offered, the Hamburg Model of Logotherapy also works with *Dense Dialogue* [in German: *dichtes Gespraech*] and the *existence-analytically interpreted Enneagram-Typology* (Boeschemeyer, 1994, 2003; Eglau, 2003; Riedel et al., 2008). The *Dense Dialogue* can be described as a type of Socratic dialogue, where the client, by the therapist's skilful way of posing questions, is encouraged to find his/her essential answers by himself/herself. It is also intended to help the client gain felt contact to essential subconscious, preconscious or conscious contents of his/her soul. The enabling of a "meeting of two persons" is another characteristic of the *Dense Dialogue*. Here the therapist is encouraged to appear "visible" as a real person, in contrast to mainly being a "mirror" for the client, as practised in classical psychoanalytical settings (Riedel et al., 2008).

The *Enneagram* has at its source an old archaic typology of nine main energies of the human soul. It helps to characterise a person's (typical) main energies, or "patterns of being" (Peeck, 2005, p.13) with their positive and negative poles, and provides developmental lines, challenges or suggestions (Boeschemeyer, 1994; Palmer, 1991). It also helps understanding and working at recurrent interactional problems with human beings of the same or of other main energy types. Boeschemeyer suggests specific series of *Wertimagination* goals for each of the nine *Enneagram* energies (to the positive and negative poles of each *Enneagram typus*). They are taught as part of the *Wertimagination* training. Riedel et al. (2008, p. 381) call the way Boeschemeyer suggests using the *Enneagram* existence-analytically, because Boeschemeyer is using it to help clients understand the major values waiting for them to be lived – according to their personal *Enneagram typology* (Boeschemeyer, 1994).

Of these three above mentioned tools (*Wertimagination*, *Dense Dialogue* and *Enneagram)* the *Wertimagination* is described as the most powerful one to enable felt and healing changes in the clients (Riedel et al., 2008; Riemeyer, 2007).

1.3   Rationale

Logotherapy itself still seems to be a "hot tip", not very well-known, neither in the general public nor in the psychotherapeutic community as a whole, writes Kriz (2001). Even more so is Uwe Boeschemeyer's Hamburg Model of Integrative Logotherapy and Existential Analysis and its relatively newly developed imagery technique, called *Wertimagination*.

In several authors' and clients' reports (for example in reports by Benox, 2006; Brandt, 2003; Hackmack-Eder, 2009; Klimpel, 2007; Peeck, 2003, 2005; Ruschmeyer, 2009) the workings and effects of *Value-Oriented Imagery* have been pointed out clearly (empirically and subjectively) as very powerful.[10]

Up to this date, there has only very little research been done on the *Value-Oriented Imagery* developed by Uwe Boeschemeyer. In fact, only two scientific studies could be found on this approach and its workings while doing an extensive search in the on page 3 of this dissertation mentioned libraries and sources. One study found is a qualitative interview study of six clients' longer term experiences with *Wertimagination*, conducted and written by Ute Klimpel (2007). The other one is a study of a four-day workshop on *Wertimagination*, where the researcher, Frauke Benox (2006), describes her own experiences as a participant, as well as the results of a post workshop questionnaire survey of the other participants' workshop experiences with *WIM®* (for more details about these studies see Chapter 3). These two studies are only available in German.

Furthermore, there is very little written on *Wertimagination* in English. In fact, the only document in English found where *Wertimagination* is mentioned, is an abstract by Lauri Pykaelaeinen, written in an educational context, with the title *"Concept of Man, Values and Education in the Logotherapies of Frankl and Boeschemeyer"*. It was

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[10]   These are reviewed in greater detail in section 3.2 of this dissertation.

found on the internet.[11] Her original study is written in Finnish. Up to date *Wertimagination* seems to be taught and practiced in German speaking contexts only (in Germany, Austria and Switzerland), as can be seen in the references in this chapter. The author of this dissertation has full command of the German and the English language, so writings in these two languages could be read and evaluated for this study.

Because of the above mentioned lack of research literature (especially in English) on *Value-Oriented Imagery*, more scientific studies need to be done to understand, demonstrate and evaluate this method. Through that *Wertimagination* will become better known and more accessible. This will be of high value to the psychotherapeutic field of psychological knowledge, with its revived interest on imagery in general – as mentioned by Pincus and Sheikh (2009), Reddemann (2008, 2005) and Singer (2006).

In addition, further research on *Wertimagination* is a very useful contribution to the world-wide logotherapeutic professional community's "tool-box" and self-understanding, as *Wertimagination* appears to be a promising method to work with to overcome patients'/clients' *meaning-finding barriers* (in German: *Sinnfindungs-barrieren*, Boeschemeyer, 2002a). As a valuable method of connecting depth- and height-psychology (Eglau, 2003), Boeschemeyer's *Value-Oriented Imagery* can be a very useful enrichment to any integrative form of psychotherapy. If the benefits of this logotherapeutic imagery technique will be further evaluated by formal, scientific studies, this could also help the Logotherapy School to get better recognition within the national health insurance systems, and by that make its benefits accessible not only to the wealthy and privileged, but to anyone in need.

The main aim of this study therefore is to explore the experiences of logotherapists working with *Wertimagination.* As far as I know, this has not been done yet within a formal study. Being a logotherapist myself, working mainly in the field of personal growth and coaching with Boeschemeyer's *Wertimagination*, I am especially

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[11] This document was retrieved on August 10, 2009, under the following webaddress: http://personal.inet.fi/koti/lauri.pykalainen/nettiin-eng.html. Her dissertation was written at the Department of Teacher Education Kajaani, University of Oulu, FIN-87100 Kajaani, in 2004.

interested in the psychotherapeutic work experiences of other logotherapists using *Value-Oriented Imagery.* Some of my questions to these logotherapists are:

- Do they perceive *Wertimagination* as a useful tool?
- What importance does it have within their work?
- Do they offer it to all clients?
- Do they experience a different acceptance of the method, related to gender, age, or the background of their clients?
- At what point in therapy do they offer *Value-Oriented Imagery*?
- Has it been especially useful for clients with specific problems?
- Does its use affect the therapeutic process (for example: duration, therapist-client relationship, themes, effectiveness)?
- How does the use of *Wertimagination* during the therapeutic sessions affect the logotherapists and their experience of their work, compared to working without it?
- Do the therapists offer the use of any creative means (such as painting, clay modelling, dancing) to their clients to deepen the imagery experience during the logotherapeutic session?
- Are there specific differences in the use and effects of *Wertimagination* between psychotherapeutic and other logotherapeutic work contexts (for example counselling, personal growth & education, coaching, team development, organisation development)?
- Could it also be used interculturally?
- What is *Value-Oriented Imagery* specifically contributing to the practice of logotherapy?

I do expect Boeschemeyer's *Wertimagination* to generally be perceived as a valuable contribution to Logotherapy by the practitioners of that field, because I myself experience it as a very enriching tool to bridge a person's conscious and unconscious. About other logotherapists' practical experiences and perceptions of the contribution of *Value-Oriented Imagery* in their daily work, I do not have clear expectations – I therefore intend to explore them with an open and inquisitive mind.

The available literature on *Wertimagination*, including the two existing qualitative studies (mentioned above and reviewed in Chapter 3) mainly highlight the clients'

and the developer's (Uwe Boeschemeyer's) enthusiasm on working with *Value-Oriented Imagery*. To provide a more rounded picture of the method I am also interested to find out about the limitations and possible negative experiences therapists might have encountered. Therefore, additional questions are:

- Are there specific cases in which logotherapists regretted having used *Wertimagination*?

- Are there certain psychological problems/disorders that they experienced to be generally unsuitable for working with *Value-Oriented Imagery*?

- Are there any other frustrations or disappointments logotherapists experience(d) working with this method?

My second aim of this study therefore is to not only explore the perceived potentials but also the perceived limitations and potential frustrations experienced by logotherapists working with *Wertimagination.*
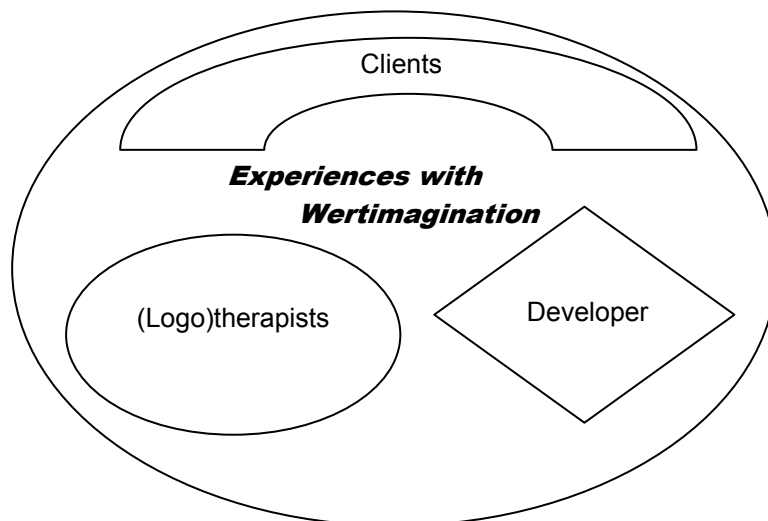
Figure 1.1 **Experiences with *Wertimagination*: Exploration of three perspectives**
(designed by author of this dissertation)

A third aim of this study is to compare the work experiences reported by the logotherapeutic professionals (the interviewees of this study) with the documented experiences of clients (from the two existing research studies), with the statements of the method's developer (Uwe Boeschemeyer) and with the reports of other psychotherapists and counsellors using *Wertimagination*, written about in the existing

body of literature (which is quite limited, especially in English, as mentioned above). This will provide a rich picture to help understand the contribution of Boeschemeyer's *Wertimagination* to Logotherapy, and to psychotherapy in general, in a three-dimensional way: from the (logo)therapists', from the clients' and from the developer's (Uwe Boeschemeyer's) perspective (see *Figure 1.1*). The three researched groups are represented with differently shaped figures to symbolise their different perspectives of experiences with the theme researched in this study.

1.4   Structure of dissertation

Viktor Frankl wrote 31 books, some of them were translated into 24 languages (Corey, 2009a; Riemeyer, 2007). All of them are available in German (his mother tongue) and most of them in English. Additionally, there are also other sources (books and articles) available in German and in English. The existing body of English literature well-illuminates Frankl's ideas of Logotherapy and Existential Analysis to the interested reader, who wants to engage with these themes in greater depth than it was outlined here, in the introductory Chapter 1 of this thesis.

In the literature review in Chapter 2, I focus on reviewing the historical roots of imagery used in psychotherapy, and draw a picture of the predominant variations of imagery used in psychotherapy today. This is necessary to subsequently point out similarities and differences between the various latest imagery developments in Germany, focussing on Boeschemeyer's *Value-Oriented Imagery*. The theory and practical workings of *Wertimagination* are described in detail.

Chapter 3 contains a further literature survey, evaluating the reports and studies found on the effects of imagery work in psychotherapy in general and of *Wertimagination* specifically. In Chapter 4 the research design is described. In Chapter 5 the results of the research study are documented and visualised and are discussed in the subsequent chapter. Conclusions and recommendations for future research are part of Chapter 6.

CHAPTER 2

Theoretical Background

2.1   History of imagery work in psychotherapy

For this study imagery is – as Pfau (2001b) describes it – understood as voluntarily and consciously engaging with spontaneous, authentic inner pictures of our soul. During imagery these often very symbolic inner pictures are retrieved or generated by our unconscious. They are not consciously made or influenced, but instead passively received, observed and responded to by the person doing imagery in an awake state, usually sitting upright with his/her eyes closed. The contents of the inner pictures received during imagery usually are of biographical or/and archetypal nature. Imagery can be done with or without an external guide (Boeschemeyer, 2005).

Imagery is older than language, state Achterberg, Dossey and Kolkmeier (1994). They explain that inner images are part of human nature and that they are the way our human soul thinks – in pictures including sensations of all five senses. Meyer, Moore and Viljoen (2003, p. 235) agree that our soul "essentially consists of images". They believe inner pictures to be the basic form of information captured in our soul.

The symbolic images of our unconscious soul are expressed in dreams and in imagery. Imagery was a common way to experience strengthening and inspiring spirituality in many different cultures long before it was discovered for the field of psychotherapy (Johnson, 1995). Today neurobiologists have proven that our inner images direct the forming of our outer realities (Huether, 2006; Koppe 2005). The psychologists Pincus and Sheikh (2009) write about the history of imagery. According to them, imagery was used in shamanic healing for about 20,000 years. There was a time – of approximately 250 years – where imagery was banned. In the late 1800's imagery was rediscovered when the scientific disciplines of psychology and psychiatry were founded.

2.1.1   Shamanism.

Shamanism is the world's oldest healing method using imagery and it is the most widespread method of healing with imagery, states Achterberg (2002). It can be seen as some essential cultural aspect that existed with remarkably similar practises on all continents: in Asia, Africa, Australia, America and Europe (Achterberg, 2002).

The shaman is the "world's oldest professional, and the personage from whom both the modern doctor and the priest descend" writes Achterberg (2002, p. 12). His/her main task was, and where they still exist is, to contribute to the community's wellbeing with their ability of making contact with transcendental realms of reality, crossing the limitations of time and space, entering a world of archaic symbolism (Achterberg, 2002; DuBois, 2009). A special state of consciousness is usually induced for the shaman's imagery journeys by monotonic drumming, dancing, fasting, sweating or using special substances to enable a falling into trance or ecstasy. On their imagery journey all the senses are used. At the same time the shaman is able to talk to and respond to a person in the outer reality whilst engaged in his/her imagery journey. The shaman can end this state of consciousness any time at his/her own will (Harner, 2002; Ladenbauer, 2008).

A commonly accepted definition of shamanism does not seem to exist. As Achterberg (2002) points out, the terms *witch doctor* and *medicine man* are often used interchangeably with the term *shaman.* This is not correct, she explains, because a shaman is a *traditional healer* who may have herbal knowledge and knowledge of trauma medicine, but the specific characteristic of a shaman is him/her consciously going into an altered state of consciousness that is used to contact the wisdom and support of transcendental and supernatural powers for the benefit of their clients or of their community (DuBois, 2009; Ladenbauer 2008). Through his/her trance journeys, the shaman becomes a mediator "between the conscious and unconscious, the human being and nature, the holy and the profane" Reimers adds (cited in Ladenbauer, 2008, p. 319). He explains the holistic appearing spectrum of a shaman's possible approaches to an individual's treatment:

On the physical level the treatment might consist of massage techniques and herbal preparations. But the major power and impact of the shaman is his ability to willingly get into trance and to experience changed states of consciousness that enable him to mediate between the outer reality of our daily lives and the world of spiritual forces. Reimers (cited in Ladenbauer, 2008, p. 319)[12]

In the healing rituals lead by the shaman, drawing on symbolic cultural myths is common when the client is guided to develop a better emotional contact to himself/herself, to others and to the world (Quekelberghe cited in Ladenbauer, 2008). Shamans mostly had/have different frameworks of health and psychopathology than common within the Western perception of medicine. Because of that they have often been disregarded by professionals of the modern, conventional medical framework (DuBois, 2009). Achterberg (2002) believes the work of shamans to be a form of psychotherapy and calls for more research to be done on imagery and healing in general.

2.1.2   C.G. Jung's *Active Imagery.*

The Swiss psychiatrist and psychotherapist Carl Gustav Jung (1875-1961) developed the first form of imagery within the context of modern medical psychotherapy (Boeschemeyer, 2005; Kast, 1988). From 1935 he called his method *Aktive Imagination* in German [*Active Imagery* in English] (Swan, 2007, p. 33). Applying it, he wanted to access the unconscious realms tapped into when we dream whilst sleeping. Just as "language is full of symbols", he believed that we produce symbols "unconsciously and spontaneously" most of the time (Jung, 1968, p. 3f). The term *symbol* is derived from the Greek word *symbolon*. This means "a sign that helps to recognise something" (Kast, 2007, p. 19). For Jung, a symbol is the way in which the unconscious expresses itself (Bolle, 2005).

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[12]   see "important note to the reader" on page vi of this study

Jung stated that we have two different kinds of unconscious: a personal and a collective one (Jung, 2009). Whilst the *personal unconscious* stores biographical impressions of the individual person, the *collective unconscious* contains *archetypes. Archetypes* are images all humans all over the world share already at birth (Jung, 2006, 1958). They become visible in a person's dreams or visions and in imagery. The archetype images have their own language and can be encountered in imagery. They can „speak the language of high rhetoric, even of bombast", Jung observed (cited in Hannah, 2001, p. 30). Examples for such archetypal images of our souls, which we all have, are the *Anima* (personification of female qualities), the *Animus* (personification of male qualities) and the *Shadow.* "The shadow is always coloured by what is not accepted or sanctioned in a culture", explains Gieser (2005, p. 187).

Interestingly, half a decade later, the German Neurobiologist Gerald Huether (2006) confirms the existence of a *collective memory* on a physical level, from a neurobiological perspective. Jung saw *Active Imagery* as a way to gain self-knowledge (Chodorow, 1997). He originally used this method to consciously continue and further develop contents of his dreams (Roth, 2003). Seifert, Seifert and Schmidt (2003) explain the terminology: *Passive imagery* takes place when inner pictures or thoughts come up and disappear again whilst we are awake, without us taking serious notice and attention towards them. In *Active Imagery* those images and thoughts are taken seriously and the client enters into a healing dialogue between his/her conscious and unconscious.

In *Active Imagery* the client starts with any image, stays with it and observes how it changes. He/she can then enter into the images (instead of observing them from the outside only). In case a figure appears, interaction is possible and questions can be asked and answered. *Inner Helping Figures* might appear by themselves and offer their help (Seifert et al., 2003). During the imagery "the conscious ego gets involved and participates in the imagery process", Johnson (1995, p. 35) explains. The goal is to discover previously unconscious contents which are then interpreted in the same manner dream contents and symbols are interpreted (Roth, 2003). Jung followed an analytical perspective here (Chodrorow, 1997): "Doing so you can not only analyse your unconscious, but also give your unconscious the chance to analyse you" (Jung,

cited in Roth, 2003, p. 51). In this way a dialogue between and unity of a person's conscious and unconscious can be achieved (Jung, cited in Roth, 2003).

It was important to Jung that messages and insights received from the unconscious in *Active Imagery* would also be transferred into the client's outer life realities (Bolle, 2005).

2.1.3   Leuner's *Katathymes Bildererleben (KB).*

In the early 1950's the German psychiatrist and neurologist Hanscarl Leuner (1919-1996) started developing an imagery technique called *Katathymes Bildererleben (KB).* In English this translates to "katathyme image experience". The expression is derived from the Greek terms *katà* (meaning *dependent*) and *thymos* (meaning *soul, emotionality*) (Leuner, 1986, p. 149). *KB* was also called *Symboldrama,* a term used in Sweden and the Netherlands. In the United States of America (USA) it was translated into *Guided Affective Imagery*. Leuner later called his method *Katathym-imaginative Psychotherapie (KIP)* (Kottje-Birnbacher, Sachsse & Wilke, 1997, p. 9; Leuner, 2003, p. 15). In this dissertation I will call Leuner's imagery technique *KB* for convenience.

Leuner experimented, mainly in the 1950s, with psycholytic drugs (such as LSD) and barbiturates to achieve an altered state of consciousness for *KB* "in difficult cases". This was not acceptable to many practitioners (Passie, 2005). Today *KB* practitioners use a short verbal relaxation induction and a set of standard motives for entering imagery (Leuner, 2003).

Leuner's scholars use *KB* in psychotherapeutic work with single persons and groups, for adults, teenagers or children (Horn, Sannwald & Wienand, 2006; Leuner, 2003). In *KB* the client gets a certain series of standard motives, one after the other provided by his/her therapist to use for the imagery journeys (such as *The Meadow*, *The House*, *The Mountain*). These standard motives are divided into three categories or levels which are to be applied at different stages of therapy in a prescribed manner

(Bolle, 2005; Leuner 2003). The client then observes what happens in his/her unique picture of a mountain for example, with all senses.

The therapist stays in dialogue with the client whilst the client is experiencing his/her imagery. With verbal interventions the therapist assists in the development of the images and events. Landscapes, abstract symbols, persons (biographical known ones or others), animals and other creatures may be encountered during the imagery. *Inner Helpers*, animals or human figures such as the *Great Sage,* are sometimes used as inner guides on the imagery journey to assist the outer guidance through the therapist, Leuner explains (cited in Bolle, 2005).

The contents and experiences of *KB* journeys get evaluated afterwards and explained psychoanalytically – in search of unconscious biographical conflicts. Using creative means (such as painting, clay moulding, dancing) is obligatory or recommended to deepen the experience of *KB* and can be part of a *KB* session. Sometimes music is used during imagery to stimulate or deepen the flow of pictures (Leuner, 2003; Wilke, 1997). *Transfer Imagery*, where a client tries out new behaviour in the inner world before doing so in the outer world, is also part of *KB* (Bolle, 2005; Leuner, 2003). According to Ladenbauer (2005, p. 196), *KB* works in three dimensions: the client's *regression* (into old biographical conflicts), the *narcissistic loading*[13] and the work with the client's *resources* (including *Transfer Imagery*, as explained above).

In France, the psychoanalyst Robert Desoille worked with imagery in the 1930s, calling it *Guided Day Dream* or *Wake Dream.* His imagery approach sounds similar to Leuner's *KB* – but, it was less systematic and his clients had to lie down instead of sitting upright. Other European imagery techniques were inspired by his ideas and interventions. In Italy for example, the psychiatrist Roberto Assagioli (1888-1974) used imagery techniques within his school of *Psychosynthesis* (Boeschemeyer, 2005; Friebel, 2000; Hall, Hall, Stradling & Young, 2006).

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[13] This is a translation by the author of this dissertation. Ladenbauer in German uses the term *narzistisches Auftanken.*

2.1.4   Hypnotherapeutic imagery.

In hypnotherapy, imagery techniques are applied as well. For example in the form of *Hypnotic Fantasy Journeys*, where a given text is read to the client in trance and the client silently develops his/her own images for herself/himself. According to Panholzer (2008), in a state of trance the client is partly not consciously able to hear the therapist's voice any longer. The symbolic or direct suggestion made by the therapist during the client's imagery is thought to be taken in by the client's subconscious and have a lasting impact there. Positive stories and images of a desired outcome are the contents of *Hypnotic Fantasy Journeys.* They are meant to increase the client's positive thinking abilities (Panholzer, 2008).

Imagery in hypnotherapy is often used to help clients stop smoking, overeating or nail-biting, or to help reduce unhealthy fear of specific events (Panholzer, 2008; Peiffer, 1996). The hypnotic state is said to be a special, deeply relaxed state that opens the client's subconscious to hypnotic suggestion (Peiffer, 1996). The Greek term *hypnos* means *sleep.* The hypnotic state is described to be a sleep-like state (Peiffer, 1996). Hypnotherapists use a specific trance language that is rather vague, enriched with images, and that is simple, containing direct or indirect suggestion (Ullmann, 2005). *Suggestion* in hypnotherapy can be direct or indirect (Huber, 2005). Philips (2000) reports of a greater acceptance and success in hypnotherapy when applying indirect suggestion, because it is less likely to provoke resistance in the clients.

In the hypnotherapy school developed by the US American physician Milton Erickson (1901-1980) (Colman, 2006), indirect suggestion is used for guiding the client through the imagery experience. Whilst direct suggestion can appear authoritarian, indirect suggestion takes the form of invitations (Huber, 2005). Ullmann (2005) elaborates in his article on how exactly this is done in a specific "trance language" and wonders whether the state of trance is really that different from a relaxed state clients experience with other imagery techniques as well.

Peiffer (1996) makes some contradictory remarks concerning this question. On the one hand she writes: "Hypnosis is a natural phenomenon which we encounter daily"

(Peiffer, 1996, p. 11). Here she describes day-dreaming like states of consciousness or states of being oblivious to the world, similar to the state described as *flow* by Csikszentmihalyi (1992). The latter are also called *quasi-trance-processes* by Schmidt (2008). On the other hand she describes very distinct characteristics of sensations typical to being in hypnosis, for example: fluttering eyelids, increased watering of the eyes, perception of time distortion, slower breathing and so on (Peiffer, 1996).

In 2008, the author of this dissertation attended a symposium on "The Power of Imagery and Visions"[14] presented by the Milton-Erickson-Institute of Heidelberg (Germany). There, Gunther Schmidt, the director of the institute emphasised that a person's unconscious knowledge could be tapped into via hypnotherapeutic imagery to support or initiate healing processes (Schmidt, 2008).

2.1.5   Fantasy Journeys.

In German literature, a noticeably large body on *Phantasiereisen [Fantasy Journeys]* exists. In English literature, another term used for *Fantasy Journeys* is *Scripted Guided Imagery*[15]. They usually consist of read out texts containing relaxing verbal symbols and stories, meant to inspire the listeners to visualise those symbols in their own specific way. The participants listen to the read out sentences, with their eyes closed or open, and in silence develop their own pictures of what was suggested by the reader. The individual pictures may be shared in the group afterwards or not (Adams, 2007; Maass & Ritschel, 2006; Maschwitz & Maschwitz, 1998; Vopel, 2006). *Fantasy Journeys* are generally offered to groups of participants, mostly to induce relaxation and to reduce stress (Adams, 2007; Mueller, 2006). Suggestion is an integral part of the read out texts (Vopel, 2006). I got to know *Fantasy Journeys* at the psychosomatic and psychotherapeutic clinic I worked at. Here they were offered

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[14]   The three day symposium took place under the German heading "Kraft von Imaginationen und Visionen. Perspektiven der Neurobiologie, Psychotherapie und Beratung".
[15]   This term is used by Hall, Hall, Stradling and Young (2006). In this dissertation I will use the terms *Fantasy Journey* and *Scripted Guided Imagery* interchangeably.

to the patients in the evenings on a voluntary base to stimulate calm and positive pictures for the night.

Fantasy Journeys are used in the fields of personal growth, pedagogic contexts, psychotherapy and supervision (Maschwitz & Maschwitz, 1998; Samarah, 2008; Vopel, 2006). According to Maschwitz and Maschwitz (1998), *Scripted Guided Imagery* can be used for children, teenagers and adults of all ages.

Another possible intention, besides from using *Fantasy Journeys* for relaxation and stress reduction mainly, is to apply it to enable the participants to get into contact with optimistic perspectives on life, inner creativity, inner wisdom, transcendental experiences or sometimes also to realise inner needs (Maass & Ritschl, 2006; Maschwitz & Maschwitz, 1998; Vopel, 2006). Vopel (2006, p. 70) even offers *Scripted Guided Imagery* with the logotherapeutic sounding title "meaning of life". The authors Maschwitz and Maschwitz (1996) wrote a whole book on "*Fantasy Journeys to the meaning of life.*" In its introduction they point out their perception of working with inner pictures:

> Inner pictures always also tell us about the origin and the foundation of life. We can guide people to these pictures, and open to them – especially in these times of transforming societies – a great chance of healing: They can discover that their worth and their dignity lies within their unique person and that this person is love-able and taken care of in the primary ground of life. Imagery and fantasy journeys thus are meaning creating in its best sense. Maschwitz & Maschwitz (1998, p. 9f)

In his article on work with inner pictures the psychologist and logotherapist Armin Pfau (2001b) within the context of Logotherapy and Existential Analysis, points out that there are differences between *Fantasy Journeys* and imagery. He states that *Fantasy Journeys* are a strongly guided form of working with inner pictures that can have healing effects through induced deep relaxation or through confronting specific inner forces (for example the immune system). In contrary to imagery they give little space for spontaneous inner pictures arising from a person's soul.

The major difference between *Fantasy Journeys* and imagery is that imagery is more open, less suggestive, and less controlled by the consciousness, as also showed below in *Figure 2.1*. This is why Pfau (2001b) calls imagery *Authentic Imagery*: it allows the individual person's soul to authentically express itself with its own inner symbols and pictures. In *Fantasy Journeys* the therapist or other external guide inspires the induction of the person's inner pictures. The clients here just colour in the symbols provided by the therapist/external guide (Pfau, 2003a).

Conscious control	**Possibility of conscious control**	**No conscious control**

VISUALISATION

IMAGERY

DREAM
(possibly incl. Daydream)

Conscious "I" is the
decision-maker

Conscious acceptance
of the unconscious with
personal statement:

Hardly influenced
expression of
unconscious forces

Control handed over
to an external guide:

Special influences:

FANTASY JOURNEY
("Guided Imagery")

"Authentic
imagery"

HALLUCINATIONS
(disease, drugs ...)

Figure 2.1 **Inner pictures – conscious control** (Pfau, 2003a, p. 48)

There may always be transitions from one kind of inner pictures to another kind of inner pictures of different inner quality. One could begin an imagery journey like a *Fantasy Journey,* for example by visualising an externally existing beautiful garden. By examining it in one's inner pictures one could then discover elements that do not exist in the outer garden. These elements would be the beginning of *Authentic Imagery*, of symbols coming up from one's psychic or spiritual unconscious (Pfau, 2001b). The specific kind of inner pictures Pfau names *Authentic Imagery*, is called *Receptive Imagery* by Achterberg et al. (1994, p. 38), pointing to the characteristic

that these pictures are not consciously and actively made but instead passively received from the unconscious of a person.

Referring to his practical experience in working with inner pictures, Pfau (2003a) lines out that a differentiation of inner pictures appears very useful because the meaning and impact of inner pictures is strongly related to the degree of conscious control affecting it. He visualises his understanding of inner picture-types and their degree of conscious control as shown in *Figure 2.1*.

2.1.6   Visualisations.

In *Visualisations*, consciously selected and agreed on images are visualised, seen in front of one's inner eyes, to activate self-healing capacities in an auto-suggestive manner. Pfau (2003a) clearly distinguishes *Visualisation* from other types of inner pictures (see *Figure 2.1*). *Visualisations* are used as a form of mental training for example by sports people and in medicine (Pfau, 2001b).

The USA based oncologist O. Carl Simonton reports of impressive effects of visualisation methods in the treatment of cancer patients. Here, for example the physiological process of a patient's white blood cells fighting the cancer cells gets visualised, combined with psychosomatic patient education on the comparatively weak nature of the cancer cells and the great impact of the patients' feelings about themselves and life in general on their physical health (Simonton, 2004; Simonton, Matthews-Simonton & Creighton, 1992). According to Simonton (1991 – audio-taped lecture), the physical healing process implies improving communication with our inner wisdom. He shared his conviction as follows: "Within each person exists a wise physician.... Whatever drives our imagination drives our health."

Visualisations are used as a supplement in treating physical ailments and diseases (Epstein, 1989). In the psychosomatic field, they were also found helpful for pain relief (Peters, Ploehn, Buhk & Dahme, 2000; Pincus & Sheikh, 2009).

The German therapist Angelika Koppe developed a special series of body-focussed *Visualisations* for women and specific female physical and psychological ailments, as part of her *Wildwuchs Methode* [it translates to: *wild growth method*] (Koppe, 2007, 2005). Graham (1996, p. 7) describes *Visualisations* as "thinking in pictures". *Visualisations* are used by some behaviour therapists, for example in the treatment of a specific phobia. Here, fear exposition training can be carefully exercised within the inner world (Lazarus, 2006).

2.1.7   Imagery in trauma therapy.

In trauma therapy, the use of imagery techniques seems to be a new trend in Germany. The well-known German neurologist, psychoanalyst and trauma therapist Luise Reddemann developed a specific repertoire and treatment guide for traumatised patients suffering from complex posttraumatic stress disorders. She called it *PITT®* (*Psychodynamisch Imaginative Traumatherapie)*[16] and trains trauma therapists at it (Reddemann 2008, 2005). Reddemann recommends using *PITT®* imagery techniques for all phases of trauma therapy.

Reddemann's imagery approach contains a variety of *Distancing Techniques*, used by patients flooded with visual "flash backs" of traumatic content, to help minimise these. *The Screen Technique* and *The Observer Technique* are examples of such *Distancing Techniques*. Other techniques suggested by her are more similar to *Scripted Guided Imagery*, as for example the *Inner Secure Place* or *The Tree*, and are trained in the stabilising phase before trauma confrontation. Reddemann's imagery approach is therapeutically suggestive. Her concept is based on John and Helen Watkins' Ego-State Therapy with a psychoanalytical anthropology at its base (Reddemann, 2008, 2005).

A third group of imagery techniques recommended by Reddemann is used in a one on one setting, in dialogue with the therapist, implemented for example in trauma confrontation (Reddemann, 2008, 2005). Integral part of this is *Inner Child Work.*

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[16] in English: *Psychodynamic Imagery Trauma Therapy*

Reddemann (2006) released an audio CD with *Guided Imagery* around that theme. Together with Andreas Krueger, she published an adjusted version of her therapy concept to suit traumatised children and teenagers (Krueger & Reddemann, 2009).

The German trauma specialist and psychiatrist Wolfgang Woeller recommends, amongst others, very similar *Distancing* and *Stabilising Techniques* as Reddemann does: for example the *Container or Save Technique, The TV Screen Technique* and *The Secure Place* imagery exercise. They are supposed to be used by patients between their psychotherapy sessions, in order to prevent being flooded by traumatic inner pictures. In addition he suggests imagery journeys to the *Place of Inner Anger* for highly emotional patients to live out their aggression in their inner pictures in order to not have to act out intense destructive affects in the outer world (Woeller, 2006).

Where traumatised patients or clients suffer from severe dissociative symptoms, Reddemann (2008) recommends the application of body-oriented stabilising interventions first. Imagery work should only be suggested to the patient once she/he feels grounded in the here and now again. Reddemann (2008) in her *PITT®* manual points out, that the dimension of meaning and other forms of transcendence/ spirituality are an important factor, also in traumatherapy. This dimension of therapy has traditionally been neglected in psychoanalytical perspectives, as Frankl (2004a) used to criticise. She writes:

> Be aware whether clarifying the meaning question is of any importance to your patient.... Under no circumstances should you interpret your patient's' wish for spiritual guidance as resistance. Spirituality is an important dimension of human existence and has nothing to do with immaturity, but it is not important to all people at all times. (According to C.G. Jung this dimension is especially important in one's second half of life.) Reddemann (2008, p. 190)

Furthermore, Krueger and Reddemann (2009, p. 191) recommend to only work with *Offender Introjects*[17] in the context of *PITT®* where necessary: when the inner

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[17] This is a translation by the author of this dissertation of the German psychoanalytical term *Taeterintrojekt*. It means the traumatised person's inner representation of the offender's characteristics (Der Brockhaus, 2001).

representations of the person(s) who caused the trauma are disturbing the patient's/ client's present day ability to deal with life.

2.2   Boeschemeyer's *Wertimagination*

2.2.1   The developer.

The developer of the logotherapeutic imagery method called *Wertimagination* is the German theologian and psychotherapist Uwe Boeschemeyer. He was born in Oranienburg in 1939. In Hamburg he studied theology, philosophy and psychology - with a particular interest in the meaning and spirit centred Logotherapy. He was a student of the Austrian founder of Logotherapy and Existential Analysis, Viktor Emil Frankl (C. Boeschemeyer & van Cappellen, 2003).

In 1971, in Vienna, Boeschemeyer met Viktor Frankl for the first time – in connection with his doctoral thesis. There he explored the question of meaning (in German: *Sinnfrage*) in Frankl's Existential Analysis and Logotherapy from a theological perspective. In 1974 Boeschemeyer received his doctoral degree in Hamburg. After further studies in Vienna in 1975 Boeschemeyer received his certificate in Logotherapy and Existential Analysis and was later authorised by Viktor Frankl himself to train and lecture his *Existence-Analytical Logotherapy* (C. Boeschemeyer & van Cappellen, 2003; Wrage, 2007).

Uwe Boeschemeyer worked for two years as a pastor in a parish, six years as a scientific assistant at the Hamburg University and six years as a university lecturer and university pastor. According to personal correspondence with Boeschemeyer's student Dieter E. Meyer (in October 2010), Boeschemeyer had built up a crisis line for and with students in his capacity as the Hamburg University pastor. In April 1982, Boeschemeyer founded the first logotherapeutic institute in Germany, located in Hamburg, and called it "Institut fuer Integrative Logotherapie" *[Institute for Integrative Logotherapy]* (Wrage, 2007).

Eight years later Boeschemeyer moved into larger premises within Hamburg and renamed his institute to "Hamburger Institut fuer Existenzanalyse und Logotherapie" *[Hamburg Institute for Existential Analysis and Logotherapy].* Since 1998 the institute is located in Lueneburg, a small North German town. The institute's latest name was kept (Wrage, 2007). In 2006, Boeschemeyer added to his institute the "Akademie fuer Wertorientierte Persoenlichkeitsbildung" [Academy for Value-Oriented Personality Development] (Wrage, 2007).

At his institute Boeschemeyer and his staff offered psychological and spiritual counselling and therapy, as well as training programmes in *Logotherapy and Existential Analysis,* and later also in *Value-Oriented Imagery* in the context of *Value-Oriented Personality Development* (Boeschemeyer, 2007c; Wrage, 2007). The latest training programme Boeschemeyer developed and now offers is called "Wertimaginationstherapie" [Value-Oriented Imagery Therapy] as indicated on his webpage[18]. It is a two year training offered to doctors, psychologists, "Heilpraktiker"[19] and other persons working in the field of psychotherapy.

In addition, in the year 2000, Uwe Boeschemeyer had been appointed as a professor for counselling and psychotherapy by the *European Academy of Psychotherapy*[20] (C. Boeschemeyer & van Cappellen, 2003) and had lectured at the *European University for Integrative Psychotherapy*[21] in Vienna for some years (according to personal correspondence with Boeschemeyer's student D.E. Meyer, October 2010). Since 2008 Boeschemeyer lectures *Wertimagination* at the Salzburg University, as indicated on his webpage[22].

As visible on his webpage (see footnote 22), Boeschemeyer's *Value-Oriented Imagery* training related activities take place at his institute in Lueneburg, in

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[18] http://www.boeschemeyer.de.html (retrieved July 03, 2010)

[19] In Germany a *Heilpraktiker* is a person who has the permission of the governmental health department to work with ill people. *Heilpraktiker* usually offer alternative methods to the mainstream medical methods offered by medical doctors. *Heilpraktiker (Psychotherapie)* means a person is allowed to do healing work in the field of psychotherapy only. The "full" or "large" *Heilpraktiker* means, a person is allowed to do healing work in the field of psychotherapy and in the field of physical therapy. *Heilpraktiker* are usually not paid for by the government health insurances, private health insurances usually do refund it partly. One can also consult a *Heilpraktiker/Heilpraktiker (Psychotherapie)* and pay him/her directly and privately.

[20] the German name for it is: *Europaeische Psychotherapie Akademie;* it is based in Vienna

[21] the German name for it is: *Europaeische Universitaet fuer Integrative Psychotherapie*

[22] (Boeschemeyer's webpage: http://www.boeschemeyer.de, retrieved on August 10, 2010)

Hamburg, in Berlin and in Austria (for example in Salzburg). His son Andreas Boeschemeyer also offers work with *Value-Oriented Imagery* at the institute*.*

Since 1977, Boeschemeyer published many books and newspaper articles on psychological and spiritual issues, usually focussing on human values, meaning in life and on aspects of his Hamburg Model of Logotherapy. On the webpage of his institute (see footnote 22) Uwe Boeschemeyer declares that he still feels connected to Frankl's classical form of Logotherapy with its focus on the human spirit, values, need for meaning and the human's ability to transcend himself/herself. Further on he points out that like C.G. Jung he believes most physical and psychological disorders to be an expression of the suffering of the affected person's soul that did not find its meaning in life yet.

2.2.2   The history.

The history of *Wertimagination* is still quite young. It began about twenty years ago. According to Wrage (2007), from 1990 Boeschemeyer started to develop his *Value-Oriented Imagery* approach. In 1996 and in 2000, Boeschemeyer published his first books on *Value-Oriented Imagery.* He felt the need to find and provide a tool that helped in the transfer of intellectual insight into emotional insight and into motivation to change action (Boeschemeyer 2000, 1996). He then wrote about inner pictures:

> Every person has inner pictures.... Every human soul has the tendency to translate what it is engaged with – perceptions, ideas, thoughts and emotions – into pictures. These can for example be certain kinds of landscapes, animal or human-like figures or stories. Myths came into being like this. Fairy tales, dreams and imagery come into being like this.... Inner pictures are the bridge between the conscious and the unconscious. Their assignment is to mediate between both worlds.
> Boeschemeyer (1996, p. 17ff)

Boeschemeyer was inspired by the rather unknown and not much written about "Existenzielles Bildererleben" [*existential imagery*] then offered by Wilhelmine Popa and by Klaus Lange's[23] imagery experiences. He only studied the other, better-known existing imagery techniques after he had gone onto his own experimental imagery journey. An acquainted doctor was his first test person. A 35-year personal practice of working with inner images during daily meditation helped him as much as advanced autogenic training experiences with imagery, as for example demonstrated by Bernt Hoffmann (Boeschemeyer, 2000; Hoffmann, 1997).

The results of his experiments were positive and encouraged Boeschemeyer to work with more (psychologically healthy) test persons. According to Boeschemeyer's observations, the imagery enabled people to get into closer and deeper contact with themselves. He then discovered that very different people responded in similar ways to certain symbols that appeared during imagery. Boeschemeyer started to gather and compose those symbols and symbol experiences for generalisation – to later use them as directly intended inner journey goals. Along with these he collected helpful interventions for the therapist/imagery guide to assist clients on their inner journeys (Boeschemeyer, 2000).

In the beginning of the development of *Wertimagination*, the clients had to wander within their inner worlds on their own under the assistance of an outer guide, the therapist. The psychiatrist and psychotherapist Clemens Brandt gives a colourful account in his article of the first phases of experimental imagery journeys that Boeschemeyer led without using the assistance of human-like *Inner Helpers* and without clearly intended imagery goals. As in some other imagery techniques, the test persons in their inner pictures symbolically climbed down into the unconscious parts of their soul. This was initially done on long and rather strenuous sounding journeys, into dark places, trying to meet and discover meaningful symbols (Brandt, 2003). Boeschemeyer explains as follows how he understands the meaning of inner symbols:

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[23]   The latter, a retired statistics lecturer of the Hamburg university, still offers "inner journey"-seminars and one on one sessions in Hamburg as "self-experiments" to people in search of the self, and writes books on his experiences and insights (Lange, 1991).

Symbols are visible signs of the invisible world through which the inner life communicates and conveys messages of the soul. Symbols are energetic fields, illustrative expressions of inner forces: frightening and exhilarating ones, meaning-refusing and meaningful forces.... In pictures and symbols the inner life is expressing itself directly and authentically.

Boeschemeyer (2000, p. 21)

Later, Boeschemeyer followed a goal-directed and salutogenetic perspective in his imagery approach, focussing on the potentials and healthy forces within a person's soul and not primarily on the deficits or pathology any longer. The second major discovery was that *Inner Helpers* of animal or human-like nature could guide the clients much more directly and skilfully on their imagery journey than the therapist was able to do from the outside (Brandt, 2003). These *Inner Helpers* are seen as personifications of the clients' own unconscious inner wisdom and in a human-like form called *Wertgestalten [Value Figures]* by Boeschemeyer (2005). They soon acquired a predominant role within *Value-Oriented Imagery* (Boeschemeyer, 2010b, 2005; Brandt, 2003).

2.2.3   The characteristics.

2.2.3.1   Goal-directed and salutogenetic.

Value-Oriented Imagery is goal-directed and salutogenetic in nature. Uwe Boeschemeyer calls his imagery technique *value-oriented*. Experiencing inner values therefore is at the core of his imagery technique: the overall goal of *Wertimagination* is to get into felt and experienced contact with the inner forces of constructive *values* that enable a person to live a meaningful life. These existential inner values are contained in our spiritual unconscious. *Wertgefuehle [Value Feelings]* is the term Boeschemeyer uses to describe the felt meaning of inner values (Boeschemeyer, 2009, 2005). To differentiate human values from drives, Frankl wrote: "Values pull me, but they don't drive me" (Lukas & Frankl, 2007, p. 39). Boeschemeyer (2010b, p. 22) calls human values "guidelines for the orientation" on the meaning searching path

and "spiritual vital nutrition for the human being". In 2009 Boeschemeyer (2009, p. 11) wrote about the by Frankl observed "pulling" quality of constructive values that these values "wait for their realisation" and represent a very powerful source of unconscious energy and wisdom.

Before starting any imagery journey, the therapist and the client agree on an intended imagery goal in the beginning of each imagery session. Such goals can either have the form of *landscapes* where the intended values/qualities, for example the *Place of Love*, the *Place of Courage* or the *Place of Inner Freedom* can be experienced and explored. The second category of *Wertimagination* imagery goals is *figures* – as personified expressions of those human qualities, for example *The Loving One* or *The Courageous One.* Actually all human values and feelings can be personalised and looked at in *Value-Oriented Imagery* (Boeschemeyer, 2010b, 2007a, 2005).

Both landscapes and figures can illustrate constructive or destructive energies of our soul. Inner figures usually exist in a female and male version. All symbols can relate to a person's individual biographical life or to archetypal trans-personal energies of our soul (Boeschemeyer, 2000).

Another distinct characteristic of *Wertimagination* is the salutogenetic perspective it is practised within. *Salus* (Latin) means health and *genese* (Greek) means the origin. A *salutogenetic* approach is interested in the origin of health (Behme-Matthiessen & Pletsch, 2009). The salutogenetic concept was developed by Aron Antonovski, it implies seeing health and disease or disorder as a continuum, knowing that moving towards the healthy pole means at the same time moving away from the pole of disease or disorder (Behme-Matthiessen & Pletsch, 2009).

Value-Oriented Imagery follows a salutogenetic approach. Salutogenetic perspectives on healing focus on health generation and maintenance, and on strengthening the self-healing resources of a suffering person – in contrast to pathogenetic approaches that focus on the malfunctioning and the deficits of a suffering person (Der Brockhaus, 2001). Salutogenetic approaches focus on "treasure hunting", instead of searching for faults and mistakes (Schiffer, 2001).

Positive, constructive and strengthening experiences of the inner personal or transcendent wisdom are the primary destinations intended on the imagery journeys. Negative, destructive or traumatised aspects of the soul are explored and worked with only as far as they block a client's access to his/her constructive sides, and with it the access to meaning-finding (Brandt, 2003). In *Wertimagination* the positive pole and inner resources of a person's soul are focused on as far as possible, and the negative and destructive aspect of a person's soul is worked with only as far as necessary (Boeschemeyer, 2005; Peeck, 2008).

2.2.3.2   *Awaiting of inner pictures.*

The anthropological foundation of *Wertimagination* is Frankl's perception of the unconscious. Frankl differentiated between a part of the unconscious that is dominated by human drives and the part of the unconscious that is ruled by a person's unconscious spiritual forces. Boeschemeyer agrees with Frankl that the conscious spirit of a person is fed by his/her spiritual unconscious. The spiritual unconscious is thought to be the centre of our soul, and is our most powerful source of energy (Boeschemeyer, 2010b, 2010c). Whilst Frankl thought the spiritual unconscious was impossible to observe, Boeschemeyer is convinced the spiritual unconscious indeed cannot be observed but can be encountered in *Value-Oriented Imagery* (Boeschemeyer, 2010b, 2000)

A major characteristic of *Wertimagination* is derived from this assumption. Unlike in other common imagery techniques described above, in *Value-Oriented Imagery* inner pictures are not consciously made but waited for. Direct or indirect, auto or therapist initiated suggestion is not part of this imagery approach. Instead it is waited for the unconscious to express itself in inner pictures (Boeschemeyer, 2009, 2005, 2000; Peeck, 2005).

2.2.3.3   Supportive and leading Value Figures.

During his work with imagery Boeschemeyer (2005, p. 49) discovered: "The unconscious does not only have the tendency to show its contents in abstract symbols, but in personifications as well."

At the centre of *Value-Oriented Imagery* is the engagement with *Inner Helpers* called *Wertgestalten [Value Figures]*. They are personifications of a person's aspects of his/her unconscious spirit and act as wise and reliable inner guides on a person's imagery journeys (Boeschemeyer, 2010b, 2009). Boeschemeyer (2009, p. 12) writes about the potency of *Value Figures*: "The encounter of Value Figures, who are "seen" in a three-dimensional and immediate way, results in the best possible cognitive, emotional and energetic rapprochement to the value they symbolise."

Wertgestalten [Value Figures] according to Boeschemeyer (2010b, 2005), are personifications of our basic and existential constructive human values. A selection of Boeschemeyer's *Value Figures* is listed on the following page, together with an explanation of what each of them represents.

VALUE FIGURES (WERTGESTALTEN):

- **The Inner Allies**, *male and female – personifications of the purely life-affirming force within each human soul, seen as the most important and most potent Value Figures in Wertimagination*

  Value Figures are in addition all the "relatives" of *The Inner Allies*, each of them in their male and female version, as for example:

- **The Native Americans** *– personifications of the interplay of nature and spirit*
- **The Healers/The Inner Doctors** *– personifications of the self-healing forces*
- **The Wise Man/The Wise Woman** *– personifications of unconscious wisdom*
- **The Artists of Survival** *– personifications of the interplay of worldly wisdom and humour*
- **The Meaning-Finders** *– personifications of our need for meaning*

- *The Free Ones* – personifications of inner freedom
- *The Responsible Ones* – personifications of our inner knowledge of responsibility towards ourselves and others
- *The Loving Ones* – personifications of love
- *The Courageous Ones* – personifications of courage
- *The Doers* – personifications of the ability of being (pro)active
- *The Ferry Man/Woman* – personifications of inner transitions
- *The (Healthy) Inner Children* – personifications of immediate, spontaneous and unspent forces
- *The Inner Mother/The Inner Father* – personifications of the motherly/the fatherly
- *The Anima/The Animus* – personifications of the female/male
- *The Truth Finders* – personifications of the inner desire for truth
- *The Hopeful Ones* – personifications of hope
- *The Creative Ones* – personifications of creativity
- *The Patient Ones* – personifications of patience
- *The Grateful Ones* – personifications of gratefulness
- *The Real Ones* – personifications of authenticity
- *The Mature Ones* – personifications of inner maturity
- *The Independent Ones* – personifications of inner independence

Boeschemeyer (2006, 2005, 2000)[24]

Inner Animal Helpers are regarded as preliminary stages of *Value Figures,* as for example *The Inner Dog* (representing instinctive abilities), *The Inner Lion* (representing courage) or *The Inner Dolphin* (representing playfulness and ease) (Boeschemeyer, 2000; Peeck, 2005).

Getting into close contact with one's *Value Figures* is a way to achieve felt contact with one's spiritual unconscious that contains the inner values directing towards meaning (Boeschemeyer, 2010b). Unlike being an object of transition, as Daigger (2010) sees *Inner Helpers* in general, *Value Figures* can become permanent reliable *Inner Helpers*. One important and special aspect about working with *Value Figures*

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[24] Most of the explanations of the *Value Figures* given stem from Boeschemeyer (2005, p. 50) – others are explanations by the author of the dissertation.

is that because they are personified constructive parts of the client's soul, the client can take them home with him/her, into the outer life, during and after the therapy/counselling process. *Value Figures* soon can become an always supportive lifelong "inner family" (Boeschemeyer, 2010b), improving a person's sense of inner freedom, self-confidence, self-realisation, value-consciousness, sense of humour and optimistic outlook on life (Pfau, 2003b, 2003c, 2002).

2.2.3.4   *Existential experience of inner values.*

Unlike in other imagery techniques inner pictures in *Value-Oriented Imagery* are seen as direct symbolic expressions of the spiritual unconscious of a person's soul. They are not suggested nor consciously made, but rather passively received and actively looked at, felt and experienced (Boeschemeyer, 2009). Imagery goals are intended, but it may, for example, happen, that a client's soul has different priorities of what it wants to be seen at that time. In a case like that symbols of another theme might appear. This is just as fine and gets acknowledged and worked with in *Value-Oriented Imagery*. For the client rational reflection on the inner pictures only takes place after the imagery journey.

Action for the sake of action is not wanted in *Wertimagination.* Instead, an existential encounter of and engagement with the symbols shown by approaching, perceiving, feeling, experiencing and looking at them is characteristic for working with *Value-Oriented Imagery.* The symbols encountered on the imagery journeys are explored and understood from a phenomenological perspective. They usually directly communicate their meaning to the person on imagery themselves: they speak or show him/her what they are about (Boeschemeyer, 2009)*.*

In addition, transcendental spiritual experiences can be encountered during *Value-Oriented Imagery* (Bilitewski, 2003; Boeschemeyer, 2007b; Meyer, 2007; Tauber, 2009), tapping into the *transcendent unconscious*, as Frankl (2004c) would have called it. Such experiences in the inner self are often unintended and may satisfy or uncover a person's need for spirituality beyond organised religion (Boeschemeyer,

2007b; Corbett, 2007). This can be a complementary powerful, meaning-generating, salutogenetic resource in healing (Schiffer, 2001; Wiggins-Frame, 2003).

Boeschemeyer (2002b) writes that from his experience of working with *Value-Oriented Imagery* he gets the impression that many of the inner symbols encountered are subjectively coloured but of trans-personal and trans-subjective nature, representing existential universal human values.

2.2.3.5   *Experience of inner dichotomy.*

The duality and co-existence of constructive and destructive inner energies, symbolised for example in inner figures and inner landscapes experienced in *Wertimagination* is interpreted close to Jung's understanding of the human psyche – with the difference that Boeschemeyer experiences the inner healing powers to be stronger than the inner destructive forces (Boeschemeyer, 2010b, 2007b, 2005).

The constructive pole of our soul is represented by the *Value Figures* and their lands or places. The *Inner Allies* (male and female) are the strongest, purely positive inner figures in *Wertimagination*. They do not look at our faults but they look at what we need. They don't judge or blame. Meeting one's *Inner Allies* one feels appreciated, accepted and loved. If they appear anything different from this it is a sign that the client's projections are still distorting their true nature, as Boeschemeyer observed (2010b, 2007b).

The destructive pole of our soul is symbolised by an inner figure called *The Inner Antagonist.* It represents the strongest negative and purely destructive and life negating energy of our soul. Other destructive aspects of a person's soul can be looked at and worked with in *Value-Oriented Imagery* in personified symbols. This is done only where they are *meaning-barriers* and block the path towards a person's constructive pole. Examples are listed below.

Meaning-Negating Inner Figures in Value-Oriented Imagery*:*

- **The Inner Antagonist** – *personification of the purely life-destroying and meaning-negating force within each human soul, seen as the most potent destructive inner figure in Wertimagination[25]*

And all the "relatives" of *The Inner Antagonist*, each of them in their male and female version, as for example:

- **The Fearful Ones** – *personifications of fear*
- **The Depressed Ones** – *personifications of feelings of depression*
- **The Compulsive Ones/The Obsessive Ones** – *personifications of inner compulsion/obsession*
- **The Inner Slave Drivers** – *personifications of the force creating merciless and continuous inner pressure*
- **The Addictive Ones** – *personifications of addictions*
- **The Hating Ones** – *personifications of hate*
- **The Vain Ones** – *personifications of vanity*
- **The Exaggerating Ones** – *personifications of the inner tendency to exaggerate*
- **The Excessive Ones** – *personifications of excessiveness*
- **The Self-Centred Ones** – *personifications of self-centredness*
- **The Unreal Ones** – *personifications of feeling/acting unreal*
- **The Inner Homeless Ones** – *personifications of not feeling at home with oneself*
- **The Divided Ones** – *personifications of feeling divided*
- **The Discouraged Ones** – *personifications of feeling discouraged*
- **The Impatient Ones** – *personifications of impatience*
- **The Violent Ones** – *personifications of violence*
- **The Ones with a Lack of Drive** – *personifications of a lack of drive*
- **The Resistant Ones** – *personifications of inner resistance to (constructive) change*
- **The Ones with a Lack of Willpower** – *personifications of a lack of willpower*
- **The Disordered Ones** – *personifications of disorders*
- **The Meaningless Ones** – *personifications of the feeling of meaninglessness*

Boeschemeyer (2005, 2010b)[26]

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[25] The *Inner Antagonist* is the only inner figure in *Wertimagination* that is only referred to in a male form. An explanation for this was not found in Boeschemeyer's existing body of literature.

[26] Here, the explanations of the inner figures given stem from the author of the dissertation.

A person's destructive and auto-aggressive inner forces may also get symbolised in the form of meaning-negating and life destroying *mean witches, mean giants, dragons* or *monsters* (Peeck, 2008)*.* In *Value-Oriented Imagery,* one usually experiences destructive figures and symbols (symbols reflecting our personal or collective shadow, as C.G. Jung would have put it) become small, weak and insignificant, once they are allowed to show themselves – and sometimes their place of origin, especially in the inner company of *Value-Figures* (Boeschemeyer, 2010b). Von Franz (1995) reflects from a Jungian perspective the human *personal and collective shadow* in fairy tale symbols which are thought to be derived from dreams or imagery, and comes to a similar understanding: the repressed aspects of one's soul want to be seen and recognised to dissolve or become less dangerous.

2.2.3.6   Confronting meaning-barriers.

Usually the barriers to find meaning in life are located within ourselves and not so much in the outer world, Boeschemeyer states. He explains:

> There are barriers in front of the "places" where meaning can be found. These barriers often have simple names. They are for example called stubbornness, self-pity, jealousy, craving for recognition, aggression, excessiveness, self-centredness, dishonesty. They are the antagonists of those thoughts, feelings and actions which are the preconditions for a successful life. Boeschemeyer (2003, p. 125)

Meaning barriers in *Value-Oriented Imagery* can be of biographical or typological nature. Biographical meaning barriers often become visible in encounters with the *Hurt Inner Child*. It often wants to be seen, and taken care of in order to be consoled and integrated (Pfau, 2003b). Other hurt or repressed aspects of a person's soul, blocking a meaningful orientation in life are sometimes found neglected, locked away and chained in somewhere on the imagery journeys. They want to be seen, heard and taken care of as well (Pfau, 2000).

Other imagery goals to confront potential meaning barriers could for example be: *The Place of Hidden Grief, The Hidden Pain, The Hidden Aggression, The Place of Frustration, The Place of Meaninglessness.* Here it is important always to end the imagery session with an experienced contact of the opposite, the positive pole (Boeschemeyer, 2000; Peeck, 2005).

Typological meaning barriers are deducted from the *Enneagram*, the complex and dynamic archetypal psychological model of describing human main energies and their constructive and destructive development options. It is one pillar of the Hamburg Model of Logotherapy and Existential Analysis as outlined in section 1.2.2 (Boeschemeyer, 2005, 2003; Peeck, 2008). Meaning barriers in *Wertimagination* need to be confronted, if they obscure the path towards finding meaning in life, Boeschemeyer lines out. This is best done by not avoiding, but instead facing them, looking right into them and carefully exploring them under the wise and protective inner guidance and assistance of the client's *Value Figures* (Boeschemeyer, 2003, 2002a)*.*

Pfau (2004, 2001b) believes it is important to also respect the role of resistance which could be seen as another term for *meaning-barriers*, when working with *Wertimagination*, and to realise that this is a way the client tries to protect herself/himself. Sometimes the therapist on the imagery journey can be of help with an intervention of directly challenging a conscious decision making on the side of the client, to assist her/him to overcome his/her resistance to positive change, Pfau (2004) reports of his work experience with *Value-Oriented Imagery*.

2.2.3.7   Conscious decision making.

All aspects of human life and characteristics, constructive and destructive, in *Wertimagination* can be symbolised in the form of personifications. One can experience them as human-like inner figures or conduct an imagery journey to these inner figures' lands, to explore and clearly experience their specific energies.

In *Wertimagination*, on the imagery journey itself, the clients are not lead by suggestions of the therapist nor are they child-like, passively guided by their inner *Value Figures.* On the contrary: they are actively asked to make clear personal decisions. The therapist in some interventions on the imagery journey has to ask the client whether he/she wants for example to allow a symbolised positive energy to get closer to him/her, or not. The client does not get engaged in a cognitive discussion with the therapist, but simply decides between "yes" or "no". The decisions made by the client are reflected on in the therapeutic conversation after the imagery journey (Peeck, 2008).

Meeting and experiencing constructive, waiting inner values and unlived inner resources allows a person to discover these new possible dimensions of life in a very touching way: within his/her own inner world. The encounter of and confrontation with the opposite pole, represented in destructive symbols of biographical or archetypal nature, is in *Wertimagination* only done under the inner company and guidance of *Value Figures* who protect the client from being over-exposed, drawn into the negative pole of the soul, or from being flooded by negative emotions. This way it is possible to face and look at both poles carefully (Boeschemeyer, 2010b).

Facing and experiencing the own inner dichotomy enables a person to later reach a cognitive and clearly felt decision in regards to which pole – the constructive or the destructive one – he or she wants to be close to, after having seen, experienced and felt the inner pictures symbolising both options. This way, after conscious self-exploration of the psychic and spiritual unconscious, and overcoming of the inner meaning barriers, the Frankl proclaimed freeing conscious self-transcendence follows more easily (Boeschemeyer, 2007a, 2005).

Inner Antagonist   **Inner Ally**
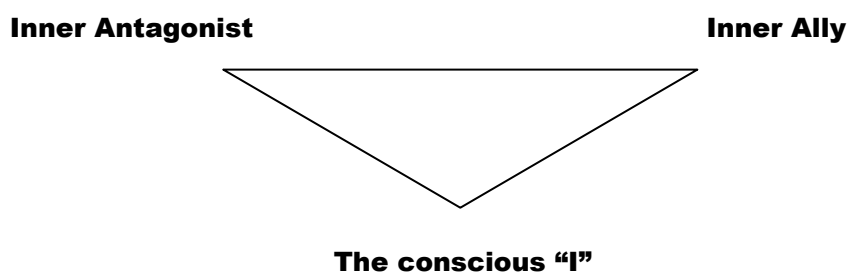
The conscious "I"

Figure 2.2 **The Trias Imagery** (Boeschemeyer, 2005, p.120)

A special case of *Value-Oriented Imagery* with the goal to experience the inner dichotomy and to afterwards consciously decide which pole to move towards, is called the *Trias Imagery. Trias* means three. The three parties involved are a person's purely constructive pole, personified by the *Inner Ally*, a person's purely destructive pole, personified by the *Inner Antagonist*, and the conscious "I" of a person, as visualised in *Figure 2.2*. In *Trias Imagery* the client listens to the voice of the *Inner Antagonist* first, then turns around 180° and listen to the voice of the *Inner Ally*, to subsequently decide with at which of the two opposite forces of the soul the "I (Ego)" wants to position itself (Boeschemeyer, 2005).

2.2.3.8   *Psychosomatic imagery.*

Psychosomatics is a term that relates to an understanding of health which assumes that the psychological situation of a person affects his/her physical well-being (Simonton et al., 1992). This assumption as a consequence challenges a person to take care of both dimensions: the physical and the psychological well-being, knowing they do affect each other. Simonton et al. (1992, p. 32) point out that every person has the option to take responsibility for "examining, even altering, beliefs and feelings" that are destructive to a person's overall health.

Value-Oriented Imagery can be a way to examine and even alter destructive beliefs and feelings. Lange (1991) suggests imagery journeys right into one's body parts, well-functioning or sick ones, to explore oneself from the inside. Psychosomatic journeys into painful or malfunctioning body parts (for example to a painful gastric ulcer), as also common in psychosomatic *Visualisations,* is part of *Wertimagination* with the unique difference of the powerful guidance and protection of the client's *Value Figures* on the inner journeys (Benox, 2006; Boeschemeyer, 2009, 2007a, 2007b, 2005; Klimpel, 2007; Peeck, 2008, 2005). Boeschemeyer writes the following about psychosomatic contents becoming visible in *Value-Oriented Imagery*:

> Everything human, including the physical aspects, is represented in the unconscious. In a symbolical way, for example diseases, injuries, or

disorders and some of their causes show themselves. It is not rare that for example the "Inner Doctor" hints towards solutions of the problems that are confirmed by the "real" doctor and/or give him/her new ideas. In addition, symbols of the bodily forces, for example of the immune system, the flow of energy or the connection between body and soul, show themselves. Boeschemeyer (2000, p. 40)

Examples of psychosomatic imagery experiences within in context of *Value-Oriented Imagery* are for example documented by Uwe Boeschemeyer (2005, 2003) and his scholar Stephan Peeck (2008, 2005). Imagery goals here were amongst others: *The Place of Health, The Inner Doctor, The Inner Healer, The Forces of Self-Healing, To The Source of Sleep, Into The Stomach* and *To the Source of Rheumatism.* Peeck (2008) in addition reports of a client's imagery journey after he had undergone transplantation and received an organ of a deceased person, wishing to "meet" and thank the organ donor.

2.2.3.9   *Transfer Imagery.*

Transfer Imagery, as also done in *KB* for inner new behaviour testing is part of *Wertimagination* with the unique difference of the powerful guidance and protection of the client's *Value Figures* - the inner helping wise assistants who can also be taken with as inner advisors and guides into challenging situations of a person's outer life (Benox, 2006; Boeschemeyer, 2009, 2007a, 2005; Klimpel, 2007; Peeck, 2008, 2005). Boeschemeyer (2005, 2000) calls *Transfer Imagery* a special bridge between the inner and outer reality that can be used for the preparation of solutions.

At the psychosomatic clinic I worked at, I have for example done *Transfer Imagery* with a client who was experiencing conflicts with other patients and who was very afraid of the next group therapy session, considering to not ever participate again. On his imagery journey his *Value Figure* guided him into the group therapy room. In his inner world he experienced his fear and how to deal with the individual persons and the group situation as a whole. Afterwards he was able to participate in the group

therapy session and to talk about his fears and hurts which he had experienced from individual group members, closing with what he needed from the group. When I met him afterwards he looked much more relaxed and even a little fond of himself.

The psychologist Armin Pfau (2005) reports of successfully having used *Value-Oriented Imagery* for inner fear exposition training with a client who had suffered from panic attacks when having to cross bridges or take the lift.

2.2.4   The methodology.

2.2.4.1   *Therapist-client relationship.*

Walsh and McElwain (2006, p. 258) report on their findings on the therapeutic relationship between therapist and client in existential psychotherapies in general: here a "genuine encounter" between client and therapist is seen as of essential importance to enable a successful therapeutic process.

Corey (2009b, p. 91) shares this perception in his book on integrative counselling: "Both existential therapy and person-centred therapy place prominence on the person-to-person relationship." Boeschemeyer (2005) underlines the importance of an authentic encounter between the therapist and the client. Its significance for successful existential therapy/counselling is clearly emphasised by all cited authors above.

Boeschemeyer (2009, 2005) describes an additional speciality of working with *Value-Oriented Imagery*: that the client is more likely to remain independent of the therapist and is less likely to move towards regressive behaviour. Through the positively challenging and strengthening inner imagery pictures of the clients' own soul, the clients' independence of the therapist is fostered, as well as their ability to take on responsibility for themselves and for their lives.

2.2.4.2   The conduction.

The technique of *Value-Oriented Imagery,* appears to be in many ways similar to the one used in Leuner's *KB*: the imagery is embedded in therapeutic conversation pre- and post imagery. For imagery, the client is usually sitting straight up, with his/her eyes closed. A short relaxation body awareness exercise is used to "empty the head". Then the client awaits the arrival of his/her images. In regular intervals the client reports to the therapist what he/she is experiencing (with all senses), the therapist offers intervention strategies where perceived necessary. After the imagery, the felt experiences are reflected on together.

Special about the recent form of *Wertimagination* is, from a technical point of view, that *Inner Helpers* are usually always included as inner guides to any form of imagery goal (symbolic landscapes, figures or other abstract symbolic representations).

In *Wertimagination* the imagery journey usually takes between 15 to 40 minutes and is accompanied by a therapist or a *Mentor fuer Persoenlichkeitsbildung* [Boeschemeyer's term for persons trained in his method working in the preventive sector, in English: *Mentor for Personality Development*]. The imagery is normally done sitting upright. *Value-Oriented Imagery* can be conducted in a one on one setting or in group settings (Boeschemeyer, 2010b, 2005).

What makes *Wertimagination* very different and unique is its value-oriented intention and character. It becomes visible in the logotherapeutic selection of imagery goals, which are constructive existential human values that attract meaning-finding in one's life. The supreme intention is to assist the client to authentically experience existential values and choice options, to finally make conscious and felt decisions about his/her own chosen meaning and purpose in life.

In this aspect, *Wertimagination* clearly differs from suggestive hypnotherapeutic imagery, for it wants every person to actively and consciously decide what values to live for. *Wertimagination* helps the user to get a clearer and felt understanding of her/his inner world, conflicts, potential, wisdom, meaning-barriers, real needs, values and meaning-generating waiting challenges. The interpretation of the imagery

experiences and its symbols' contents is done together, the therapist assisting the client to understand and translate the imagery experiences into practical life contexts. Boeschemeyer (2010b, 2006, 2005) lines out the proceedings of *Value-Oriented Imagery* as follows (translated and summarised by the author of this dissertation):

1. The therapist and the client together find and formulate a suitable imagery goal.

2. The therapist helps the client relax and let go of thoughts, for example, by leading a relaxation exercise for about three minutes.

3. The therapist suggests an initial symbol, for example a landscape (or the *Inner Garden*, or *The Tree of Life*).

4. The therapist asks the client what the landscape looks like, or in case other symbols appear, what they emit.

5. After that the client calls for at least one *Value Figure* (for example *The Courageous One*). The *Value Figure* from now on is the leader on the imagery journey. The client remains in dialogue with the therapist/external guide throughout the imagery journey. The therapist's main task is now to help the client stay in touch with his/her inner pictures and *Value Figures*.

6. The *meaning-barriers* showing themselves usually are worked at on the way to the intended goal.

7. Each imagery journey is followed by thorough therapeutic conversation.

The agreed upon intended imagery goals of a specific imagery journey may be reached within one session, or, in case meaning-barriers have to be worked through first, it may take for example three to four sessions to get there. At a value-oriented imagery goal, the person often is very touched and hears the inner personified symbols say something like "Good you are finally here! I have been waiting for you for a long time!" (Boeschemeyer, 2000, p. 73). Once a person is experienced well enough in doing *Value-Oriented Imagery*, he/ she can go on imagery journeys with the inner guidance of his/her *Value Figures*, and without outer guidance, or in imagery group settings, Boeschemeyer (2009) suggests. For being able to safely and successfully guide other persons through their *Value-Oriented Imagery* a thorough training and a large amount of self-experience with this approach and method is indispensable (Boeschemeyer, 2000).

2.2.5   The application.

Wertimagination can be applied in the field of psychotherapy and psychosomatics, in the case of existential frustration, for couples therapy, or in the preventive field of personal growth (Boeschemeyer, 2005). Boeschemeyer writes in 2000 that *Value-Oriented Imagery* is in general always indicated where a person is stuck in the limitations of cognition and does not manage to get into contact with his/her emotional reality.

Value-Oriented Imagery has been found to be a very helpful diagnostic and therapeutic tool of its own. Especially in the fields of neurotic disorders: anxiety disorders, depression, compulsive disorders, psychosomatic disorders, addiction, as well as for couples therapy, dealing with life situations of loss, or searching for depth dimensions of life, Boeschemeyer (2005) reports and illustrates successful work results. For persons suffering from psychotic disorders working with any kind of imagery is probably problematic, because their "I" ("Ego") might not be strong enough for potentially arising inner challenging confrontations (Boeschemeyer, 2000).

With grieving clients, *Wertimagination* is indicated as helpful, as well as for dealing with questions of guilt and spiritual search, Peeck and Pfau report and illustrate. According to these two authors, dreams, including frightening nightmares can be worked with and at in a rewarding way, re-entering them consciously in *Value-Oriented Imagery* under the inner guidance of *Value-Figures* (Peeck, 2008, 2005; Pfau, 2001a).

For the treatment of specific (neurotic) psychological disorders, special series of imagery goals are recommended: strengthening goals as well as imagery into the areas of problems (Boeschemeyer, 2005, 2000). The observed impacts of working with Wertimagination are outlined in greater depth in section 3.2 of this dissertation.

Boeschemeyer (2000) recommends that *Value-Oriented Imagery* should be applied in a rhythm of at least every two weeks, unless it is done in a block setting (consisting of a couple of successive days) – to enable a process of integration of the experienced symbols.

2.2.6   Examples.

In his book entitled *Gespraeche der inneren Welt* [*Conversations with the Inner World*] published in 2007, Boeschemeyer documented many *Value-Oriented Imagery* journey experiences in the form of short stories (Boeschemeyer, 2007c). Boeschemeyer (2010b, 2005, 2000) and Peeck (2008, 2005) in their books provide many examples of *Value-Oriented Imagery* journeys experienced by their clients. In the DGLE's journal *Existenz und Logos* primarily Pfau reports of some imagery journeys of his clients. Other accounts by different students of Boeschemeyer can be found in his institute's journal called *Bildung und Werte.* They are reviewed in section 3.2.3 of this dissertation.

To enable the reader of this dissertation to get a first glimpse on what exactly *Wertimagination* is about, three imagery journey examples from the books written by Boeschemeyer and by Peeck are given below. I have chosen examples that any reader who is not informed in depth about the Hamburg Model of Logotherapy should be able to relate to. Another selection criterion was that they had to be imagery journeys which are self-explaining – without having to outline the whole therapy or counseling process they were part of.

The first example is from the field of partnership problems: an inner journey to the *Common Room of Sexuality and Love.* The second example evolving from psychotherapeutic work at a psychological disorder takes us to a client's inner *Place of Compulsion.* The third example is of psychosomatic nature and leads right *Into the Stomach* of a client suffering from stomach problems.

The fact that all three examples of *Value-Oriented Imagery* journeys were undertaken by *male* clients is a coincidence and was not an intended selection criterion.

First Example of a *Value-Oriented Imagery* Journey:

The Common Room of Sexuality and Love

A man in his mid-thirties was not able to be faithful to his wife. Every now and then he gave in to the erotic stimuli of other women. He looked for it and he was drawn towards it. His marriage got into a crisis. At the same time he declared he loved his wife. He did not know how to deal with this dilemma. This is why on this imagery journey we went to the *Common Place of Sexuality and Love*.

After a relaxation exercise first the *Land of Love* showed itself. It was a green wide plain with a relieving atmosphere. I asked the client to look right into the centre of this land and wait for the *Figure of Love*. Soon a female, timeless seeming figure appeared, wrapped in white, flowing garments. Her face radiated with great clarity and she was looking towards him. Then a male figure appeared who looked very kind-hearted. For a long time he allowed both figures to take effect on him. His body and emotions relaxed and a pleasant feeling of warmth flew through him. "Here finally is calmness and peace", he sighed and began breathing calmer and deeper.

Then I asked him to continue his journey by wandering into the *Land of Sexuality.* The landscape became greyer and very rocky. In front of the entrance of a cave a man, hardly dressed, with macho gestures had positioned himself. His head was decorated with a sort of victor's garland. In front of him a woman was lying wrapped in a grey blanket. (This scene here, all together, was a symbol of his current state of sexuality.)

A rather depressing atmosphere was emitted by the scene. The previously light body sensation of the client became more uneasy and colder. I asked him to perceive these sensations as intensely as possible and to allow them to take an effect on him. "Now it really is enough", he said after some time, "It is becoming very unpleasant here." If possible, I replied, he should face these feelings a little longer. (I wanted him to experience as clearly as possible how

unpleasant his currently lived form of sexuality was to himself in his own depth.)

Now I asked him to call the *Figures of Love*. They soon arrived. With each step they took into this rocky land it lightened up a little further. The macho with an astonished facial expression looked at the visitors as they came closer. The woman ascended from the dust, being all amazed. Then, both *Figures of Love* were very close. To the client's great surprise they did not scold the macho. They did not. They only positioned themselves with an inviting gesture next to him.

The scene began to change. The self-centered man put down his head's decoration. The woman took away her grey blanket. They took each other at their hands and looked at each other lovingly. Then they turned around towards the *Figures of Love* and bent down in front of them. Tenderly facing each other they sat down in front of the *Loving Figures*.

The landscape had changed totally. It was now deeply green, with a mighty waterfall close by. The client felt great inner calmness and harmony. "This is the way it is right", he said at the end of the imagery journey from his inner depth, sounding relieved and relaxed.

In the conversation following the imagery journey it soon became apparent that he had understood its message. Sexuality becomes cold and grey when it separates from love. He was also very impressed that the *Figures of Love* had not judged the macho, but had walked up to him with an inviting gesture. That had been such a relieving experience, and very different from his encounters with his moralising friends.

Peeck (2008, p. 99f)

Second Example of a *Value-Oriented Imagery* Journey:

The Place of Compulsion

Soon the client realizes that walking is straining him, the soles of his shoes clinging to the ground again and again. Nevertheless he manages to move on. He reaches a giant cave. In the back of the cave he sees a huge and uncanny fire. Then he is startled. Fear floods him, because close to the fire he notices a massive figure sitting on a mighty stone pedestal. With might it sounds towards him: "You are guilty! You are worth nothing. You are not good for anything."

The client wants to leave this horrific place as soon as possible. But I advise him to instead call his *Inner Ally*. He arrives. When I ask the client what he emits, he answers: "Calmness, strength and single-mindedness." The *Inner Prosecutor* continues with his accusations. For a moment the client believes to recognize his father's face when looking at him, but he is not sure of it. The strange element in the figure's expression is dominant. His *Inner Ally* asks the client to walk up one step further towards *The Prosecutor*. The client begins to feel rage, because suddenly he knows that *The Prosecutor* wants to annihilate him.

His *Inner Ally* is very different. He looks at the client with great confidence and makes him understand that no evil force in the world could destroy him as long as he stays close to him. Then something amazing happens: the accusations faint and slowly disappear into silence. *The Prosecut*or withdraws himself.

On his way back the client notices with satisfaction that his steps almost don't cling to the ground any longer. A sense of relief, as not felt for a long time, fills the client. On the face of his *Inner Ally* a knowing smile becomes visible.

Boeschemeyer (2005, p. 129)

Third Example of a *Value-Oriented Imagery* Journey:

Into the Stomach

In the beginning of his imagery journey the client sees his mouth from the inside. His teeth appear threateningly large to him. He moves further to the back towards the esophagus. Then he stretches his inner arms up above him and lets himself slide down, deep into his stomach. There he meets his *Inner Doctor*, whom he had already encountered before.

It is dark in his stomach. He can only orientate himself slowly. When he finally discovers the place that gives him pain he examines it thoroughly. Whilst the rest of the stomach's wall is glowing reddish, this place is characterized by a dark color. It emits an unhealthy energy. Following the instructions of his *Inner Doctor*, he takes all his courage and looks right into the centre of this dark part of his stomach.

Initially nothing happens. Then this place starts arching out, as if something wants to get out of it. A short time later it bursts and gravel rains out of it. He continues looking into it. It takes a while before the avalanche of rubble is discharged. When he takes another look into the painful opening, he sees his supervisor coming out of that hole towards him. He had suffered under this man for many years.

His boss appears much larger than in real life, frightening, merciless and punishing. When the client meets him, the client starts shrinking. But then he gathers all his strength and stands up straight in front of his supervisor. Very slowly they meet at eye level. The client feels the fear he experiences being confronted with this man. But he also feels his anger about all the suffered injustice. He now expresses his anger powerfully. It becomes lighter in his stomach, and a healing spot light starts shining onto the sore place.

Peeck (2005, p. 124)

2.3   Conclusion

Imagery is older than language. It is part of every human's nature. Our souls "think" in pictures and symbols. Anyone can do this. In shamanism imagery was practiced for thousands of years already – as part of old, traditional and holistic healing approaches. Here the shaman did imagery journeys to contribute to the healing of communities and individuals.

The psychologist C.G. Jung introduced imagery (*Active Imagery*) to modern medical psychotherapy. He practiced imagery in a very open and dialogic way in face to face sessions. He discovered archetypal and biographical symbols in imagery which he believed to be retrieved from the *personal* and *collective unconscious*.

The psychiatrist Leuner developed the *KB* imagery technique. It consists of strictly, systematically structured and pre-given series of imagery motives, which are used for the imagery sessions. These pre-given symbols are interpreted within a psychoanalytical perspective. The changes of and interactions with these symbols are observed by the client and the therapist in dialogic imagery. Guiding imagery interventions from the side of the therapist are part of it. The imagery experiences are interpreted in a psychoanalytical manner, with a focus on early childhood traumata.

In hypnotherapeutic imagery direct and indirect suggestions are used by the therapist guiding the dialogic face to face imagery session, so that the imagery experience becomes strongly directive and less authentic. In *Fantasy Journeys* the work with inner pictures is commonly done in group settings. Usually positive suggestions are part of the read out texts. It leaves some space for spontaneous and authentic inner pictures. Dialogic exchange is not part of *Fantasy Journeys*, so that the clients cannot be supported on their imagery journey. In case traumatic inner pictures come up, they would remain unnoticed and unguided by the therapist. This is why it is not advisable to use *Fantasy Journeys* in a psychotherapeutic context. In contrary to imagery, *Visualisations* work with consciously controlled inner pictures. They can be used to start an imagery journey.

Imagery in trauma therapy is done in the stabilisation and trauma confrontation phase. It helps clients to get into strengthening contact with their inner resources.

Imagery distancing techniques are used to prevent being flooded by traumatic pictures from the past and to enable careful trauma confrontation, where indicated.

Boeschemeyer's *Value-Oriented Imagery* was developed within a logotherapeutic perspective, believing that humans are meaning-searching beings and posses a spiritual unconscious that does not get damaged by biographical traumatic experiences. This can be encountered as a healing resource during the imagery journeys.

Wertimagination is an imagery approach that is conducted in face to face settings with open and dialogic imagery guidance. This is similar to Jung's imagery approach. *Value-Oriented Imagery* is goal-directed like the *KB* imagery approach, but leaves greater flexibility to work at the client's specific themes, because it has a larger variety of possible imagery goals: every feeling, human quality or aspect of life can be explored in *Value-Oriented Imagery* in the form of personifications and landscapes. The therapist only assists the client on the imagery journey where perceived necessary. The possible intervention strategies are similar to the interventions used in *KB*.

Value Figures, personifications of the spiritual unconscious, are established in the beginning of the imagery work and become wise inner guides on the imagery journeys. This is a predominant feature of Boeschemeyer's imagery approach. Imagery for trauma therapy and *KB* on the advanced level also use *Inner Helpers,* but less intensely and not necessarily in a personified way. In *WIM®* the imagery symbols and experiences are interpreted phenomenologically, together with the client. The client remains an expert for his/her life and inner pictures; this fosters the client's sense of autonomy and independence of the therapist. This seems to be a unique aspect of *Wertimagination*, which can be deducted from its underlying logotherapeutic anthropology.

Similar to Jung's perception of imagery, biographical, typological (*Enneagram*) and archetypal collective symbols are believed to surface in *Wertimagination*. This makes *WIM®* the first imagery approach integrating the complex and dynamic *Enneagram* typology, that works with nine archetypal energies/faces of the human soul. Special

about this logotherapeutic imagery approach is its salutogenetic focus on the client's felt inner values. Only if they cannot be reached directly, the blockages and possible traumata looked and are worked at.

In *Value-Oriented Imagery* inner pictures are awaited, like in *Active Imagery*. Unlike in hypnotherapeutic imagery the inner pictures are not manipulated through direct or indirect suggestions, but are meant to allow the client to experience the inner dichotomy of constructive and destructive energies. After exploring and experiencing both poles (under the guidance and protection of the therapist as an external guide and the *Value Figures* as internal guides) the client on the imagery journeys is asked to consciously decide which pole he or she wants to move to. This conscious decision making within imagery seems to be another unique feature of *Wertimagination*.

Whilst in *Visualisations* psychosomatic imagery is usually done with a positive suggestive intention, in *Wertimagination* possible psychological courses of physical disorders can be explored. *Transfer Imagery* is part of *KB* and of *Value-Oriented Imagery*. The latter has the advantage that supportive *Value-Figures* are taken along to the inner transfer exercises.

In summary: Boeschemeyer's *Wertimagination* is a new and unique form of psychotherapeutic imagery with promising potential that combines meaning-centered logotherapeutic and salutogenetic *height-psychology* with aspects of psychoanalytic *depth-psychology.* In addition it integrates elements of behavioral therapy (in the form of *Transfer Imagery*). Its full therapeutic potential as well as its limitations have not yet been thoroughly researched.

CHAPTER 3

Literature Survey

In this chapter the existing body of literature and studies found on the impact of imagery work in general and of *Wertimagination* in particular are reviewed. Most literature that could be retrieved on this topic stems from authors with a psychological, medical, educational or theological background based mainly in the USA or Germany.

3.1 The impact of imagery work in psychotherapy

In this section the perceptions and experiences of various therapists working with imagery (other than Boeschemeyer's *Value-Oriented Imagery*) in several fields of psychotherapy will be reviewed. Their country of origin/practice is mentioned so that the interested reader can get a picture where the specific kinds of imagery approaches are used or where they originate from.

3.1.1 Psychosomatics: attitude modulation, change of behavior and reduction of symptoms.

The well-known US American oncologist O. Carl Simonton (2004, p. 92) writes from his experience of working in this field that he is convinced "cancer is a feedback from the body" saying something basic needs to be changed, for example that people suffering from cancer need to pursue more joyful and fulfilling activities and less emotionally hurting ones. From his work experience he believes to get there, meditation and working with inner pictures to be the "universal medium" (Simonton, 2004, p. 93) to achieve a modulation of one's attitudes that slowly but progressively has an impact on the client's unconscious way of behavior.

The US American clinical psychologist Arnold Lazarus (2006) reports in his book with the title *Innenbilder* [the original English title is: *In the mind's eye. The power of imagery therapy to give control over your life]* of cases where clients successfully used imagery to overcome their psychosomatic problems as for example high blood pressure, dermatitis, colitis ulcerosa and other digestive problems, chronic headaches and sleep disorders.

Eric Hall et al. (2006), psychotherapists/counsellors practicing in England, write that most scientific studies on the impact of imagery were conducted in the fields of medicine and nursing. The researchers reported improvements in the rate and extent of healing in surgery, infectious illness, chronic pain and stress-related symptoms where imagery was applied as an additional therapeutic input. In the field of psychotherapy a positive impact of imagery is described by Arbuthnot, Arbuthnot and Rossiter (cited in Hall et al., 2006, p. 113) "in relation to stress, panic attacks, post-traumatic stress disorder, attaining treatment goals in brief psychodynamic psychotherapy, improving complex motor skills and performance and the ability to alter mood at will."

The American clinical psychologist Jerome L. Singer (2006) confirms the findings reported by Hall et al. as lined out above in his book on *Imagery in Psychotherapy*. He, from his own experience of working with imagery for many decades, reports of the significant impact that work with imagery can have on a person's behavior and his/her bodily functions.

The German therapist Angelika Koppe (2007) is specialised in imagery and *Visualisation* work for specific female psychosomatic diseases and disorders. She shares her experiences of working with *Visualisation* and psychosomatic imagery with female clients. She reports of diagnostic, prognostic and self-healing capacities of the work with inner pictures. She experienced that they reveal inner, wise knowledge on options for action and healing.

The USA based psychologists David Pincus and Anees A. Sheikh (2009) have dedicated a whole book to the theme of *Imagery for Pain Relief.* Here they review experiences with imagery that helped adults as well as children in pain reduction, and describe and suggest many different imagery techniques. Some of these imagery

techniques include *Fantasy Journeys* with inner animal helpers, such as *The Dolphin.* Others are more a type of *Authentic Imagery*, as for example a client meeting his/her *Inner Advisor*.

In their behavioral therapy study on *The role of home practice in the treatment of chronic headache with imagery strategies* the Germany based psychologists Gisela Peters et al. (2000) come up with the result, that persistent and regular home practice is an important factor to the long term success of imagery applied in the field of pain relief.

3.1.2   Psychotherapy: diagnostic tool and experiencing inner potentials.

The Swiss psychologist and Jungian psychotherapist Verena Kast (2007) explains that inner symbols (inner pictures encountered in imagery) are also visible signs of an inner invisible reality and can therefore be used as a diagnostic psychotherapeutic tool. In addition, they point towards the person's inner potentials. The German trauma therapist Luise Reddemann (2005) observed the same potency of imagery within the field of trauma therapy. It can help a person to connect with her/his inner unconscious resources, as mentioned above.

The German *KB* psychotherapists Hanscarl Leuner and Leonore Kottje-Birnbacher (1997, p. 21)[27] emphasise the imagery's potential as a powerful diagnostic tool: "Patients usually already show a differentiated picture of their own state of being in their very first imagery journeys. The knowledge of one's own state of being lies directly under the perceptional barrier of consciousness." In addition, working with imagery can give a client hints to developmental tasks waiting to be answered. They can become clearer in following imagery journeys or associations (Leuner & Kottje-Birnbacher, 1997).

The Swiss psychotherapist Verena Kast (1988) and the German therapist Michaela Huber (2005) experienced working with imagery in a psychotherapeutic context to be

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[27]   see "important note to the reader" on page vi of this study

especially indicated to help a client get into contact with his/her emotions and inner felt realities, as well as with own inner resources. Huber (2005) for example points out that it is important to also get to know the *Hurt Inner Child* within us as well as our own inner destructive aspects. She experienced in her work with imagery that they need to be acknowledged and respected before a person can change them constructively.

The German psychiatrist and psychotherapist Bernt Hoffmann (1997, p. 162) writes about the effects of inner pictures on emotions. He sees both of them as being related to each other: "One can generalize the relationship between picture and emotion: there is no imagery that is not connected to emotion and there is no emotion that is not connected to a picture."

The German Gestalt psychotherapist Petra Samarah (2008) works with inner pictures in the fields of psychotherapy and supervision. She writes that she experienced working with inner pictures to be very useful, wherever the clients wanted to get into better contact with their feelings, to arrive at a clearer understanding of a particular issue, to regain strength and hope, and to get new ideas, orientation and visions.

3.1.3   Imagery as part of behavioral therapy.

The US American psychologist Jeanne Achterberg (2002, p. 150) reports of successfully applied imagery in the field of behavioral therapy for the following conditions: "phobias and anxieties (fears of snakes, the opposite sex, heights, open places, public speaking, injections); depression; conditions related to habits such as obesity, smoking, alcohol, and drug abuse; insomnia; impotency; and 'psychosomatic symptoms'."

In accordance with Achterberg's statement cited above, the USA psychologist and behavioral psychotherapist Arnold Lazarus (2006) reports of successfully having treated clients suffering from all types of phobia, using different kinds of imagery techniques. *Transfer Imagery* for testing the desired behavior in one's inner world is

one of the imagery methods successfully applied by Lazarus. Within the same frame of reference Mc Dougall (1999) reports that imagery is successfully used in the field of sports, as a mental preparation for the desired successful action.

3.1.4   Trauma therapy: stabilisation and confrontation phase.

The German psychiatrist and psychotherapist Wolfgang Woeller (2006) wrote a comprehensive book on *Psychodynamic-Integrative Trauma Therapy.* Inter alia, he writes what all needs to be different in psychotherapeutic trauma therapy compared to working with persons suffering from "conflict-pathologies" or "I(Ego)-structural disorders". The first aspect he points out is the strengthening of the clients' self healing forces. The second point is applying techniques that activate the clients' own resources. He suggests working with "controlled purely positive imagery" to oppose traumatic flash back pictures, mentioning imagery goals that also forms part of Reddemann's approach, as for example *The Secure Place*, *Inner Helpers* and *The Safe* (Woeller, p. 167f)*.*

The well-known German neurologist and trauma therapist Luise Reddemann (2005) writes that she learned about working with healing inner pictures from her traumatised patients. They had often gone this way on their own instinctively. She points out:

> Today I think that within each of us something like an inner shaman or inner wisdom exists. Some people may reject this idea as "esoteric". I observed it too often, that people, also and especially very disturbed people had access to an inner knowledge and wisdom that went far beyond what the conscious I knew.... If we support patients in listening to the voice of their inner wisdom, we support their self-healing forces and the free flow of these often forgotten capacities. Reddemann (2005, p. 12f)

In her *PITT®* method's manual Reddemann (2008) emphasises that her patients benefit from imagery in all three stages of trauma therapy: the phase of stabilisation,

the phase of confrontation and the phase of integration. With patients suffering from severe symptoms of dissociation, she recommends working with body-focused stabilizing techniques and only to begin with imagery work once the person feels grounded in the present, in the here and now again.

Together with a co-author she pointed out that the two imagery themes *The Secure Inner Place* and the *Inner Helpers* are of special value in trauma therapy (Sachsse & Reddemann, 1997). As they observed, *The Secure Inner Place* usually already exists in the clients' inner world. Traumatised children are very good at creating such inner places in their imagination. The traumatised adult patients are asked to revisit these places. The *Inner Helpers* can be animals, pets, fairies, wizards, ancestors, magic sticks or rocks. They are seen as useful partners for inner dialogue. Their task is to give impulses that enable constructive development and to act against feelings of inner loneliness (Sachsse & Reddemann, 1997). Working with imagery is reported to be equally useful for psychotherapy with children and teenagers, as Horn, Sannwald and Wienand (2006) and Krueger and Reddemann (2009) illustrate.

3.1.5   Need for further research on long term impact of imagery.

In their book with the title *Guided Imagery – Creative interventions in counseling and psychotherapy* the British authors Hall et al. (2006) review different approaches to imagery and give their own examples of working with imagery. In their chapter *How do we know it works?,* even though they reviewed and experienced impressive short term effects when working with imagery in the field of psychotherapy and psychosomatics, Hall et al. clearly state a need for further research, especially on the long term impact of working with imagery.

3.2   The impact of *Wertimagination*

Only two studies on *Wertimagination*[28] could be found, when searching for German or English literature. They were conducted by German psychology students and both explore the client's perspective on the impact of working with Boeschemeyer's *Value-Oriented Imagery*, as already outlined in section 1.3.

Most literature found on *Wertimagination* was written by its developer, Uwe Boeschemeyer. It contains illustrations of his perceptions and experiences with his imagery approach.

Other therapists' experiences with *WIM*® were retrieved during the search for literature. The authors are all (former) students of Boeschemeyer: The psychotherapist and theologian Stephan Peeck and the psychologist and psychotherapist Armin Pfau wrote books or articles in German logotherapeutic journals in which they report of some of their work experiences with *Value-Oriented Imagery*. A few thorough and many brief accounts of Boeschemeyer's students' work experiences with *WIM*® were found in Boeschemeyer's institute journals.

The literature found giving accounts of any one of the three perspectives of experienced impacts of *Value-Oriented Imagery* (clients, developer or other therapists) is reviewed below.

3.2.1   The clients' perspective.

The two scientific studies found on *Wertimagination* both examine the impact of *Value-Oriented Imagery* from the clients' perspectives. Both studies are of a qualitative nature with small sample sizes (six and nine participants). The researchers were both psychology students of the Hamburg University, conducting the research study for their *Diplomarbeit*, the former German equivalent to a Master's Dissertation in the English academic educational system.

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[28]   The terms *Wertimagination*, *Value-Oriented Imagery* and *WIM*® are used interchangeably in this study.

3.2.1.1 Frauke Benox.

The first study was conducted by Frauke Benox (2006). Its title is, translated into English: *Healing explorations in the inner world – A documentation of a seminar with Wertimagination on the theme "Performance and Quiet".* In it she examines the impacts of a four day personal growth workshop with *Wertimagination*, conducted by Ulrich Oechsle, a psychotherapist, theologian and scholar of Boeschemeyer's.

The workshop consisted of ten active participants, one of them was the researcher. Complying with the requests of the workshop conductor, Benox only disclosed her identity as a researcher at the end of the workshop. During the workshop she applied participant (self)observation as her method of research, exploring the impact of working with *Wertimagination* and the contributing factors of a seminar setting. Two weeks after the seminar she sent a qualitative questionnaire to the participants. With them she explored short term effects of working with *WIM®* in a workshop group setting.

The participants of the four day workshop were eight women and two men. Their ages ranged between 27 and 72 years. Half of them were experienced in working with *Value-Oriented Imagery* already (Benox, 2006). Nine participants returned the filled in questionnaire, one of the nine participants was the researcher herself. Out of those nine participants seven reported that the four day workshop with *Wertimagination* had led to a change in their perception and behaviour. One participant had not been able to get into inner pictures, even though she was experienced in the method, the reason might have been the presence of her husband at the same seminary.

In the summary of her study Benox (2006) reports of the following benefits (of at least short term nature) from working with WIM®, observed by some of the participants:

- One participant was freed of feelings of dizziness and nausea that she often had suffered from. She had gained courage in dealing with her outer life and a feeling of increased inner strength.

- Another participant had regained a positive and more joyful outlook on life. After the workshop he had remained calmer in situations of (family) conflict.

- A third participant had overcome her own birth trauma, felt more joyful and optimistic again, had started listening to music and had become more playful.

- A further participant had found her *Inner Place of Quiet.* She felt more open and positive towards other people and was able to better sense her own needs now.

3.2.1.2   Ute Klimpel.

The second scientific study found on *Wertimagination* is an interview study on six clients' long term experiences, conducted by Ute Klimpel (2007). Her study was recently published with the German title: *Als wenn das Herz zerspringen wuerde vor Glueck: Wertimaginationen. Erfahrungen mit einer logotherapeutischen Methode.*[29]

The main focus of Klimpel's study was to do qualitative research on logotherapeutic clients' experiences with *Value - Oriented Imagery.* For this she conducted six in-depth, semi-structured, live, tape-recorded interviews. Subsequently she transcribed and evaluated them. She was especially interested in researching the clients' subjectively perceived long term impact of working/having worked with *Wertimagination.*

For her study, Klimpel (2007) interviewed six persons who as clients had gathered rich and diverse experiences with *Wertimagination*. She was receiving training in the Hamburg Model of Integrative Logotherapy at Stephan Peeck's institute at the time of the study and recruited her interviewees there. One participant had already been on 87 *Value-Oriented Imagery* journeys. The interviewees were five women and one man, aged between 36 and 60 years. One of them had a three and a half years of experience in doing therapy with *Wertimagination (WIM®)*, another participant was as a client working with *Value-Oriented Imagery* for the past three years, three other participants had a two year experience of working with *WIM®* and one interviewee had one year of therapy experience with *WIM®*.

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[29] This title in English translates to*: As if the heart was bursting of joy: Value-Oriented Imagery. Experiences with a logotherapeutic method.*

In her study's summary, Klimpel (2007) lines out the major long term development impacts of working with *WIM®* as reported by her six interviewees. Through working with *Value-Oriented Imagery*:

- constructive inner values could be experienced by the clients

- new development opportunities were discovered

- improved self-control with regards to destructive feelings was achieved

- the inner self was encountered

- formerly repressed aspects of a person could be integrated into his/her consciousness

- conflicts in relationships could be overcome

- an activation of inner potential could take place

- individual and creative solutions to problems became visible

- psychosomatic disorders could be positively influenced

3.2.2   The developer's perspective.

Uwe Boeschemeyer, the developer of *Wertimagination,* published quite e few books and articles on the topic of *Value-Oriented Imagery.* About the specific contribution of working with imagery he writes: "Inner pictures complement what we consciously know and feel with the knowledge and feeling of our unconscious" (Boeschemeyer, 2010b, p. 20). In his recent book he suggests that *Wertimagination* could be used as a form of psychotherapy on its own or within an integrative approach to psychotherapy and describes the general indication for working with *WIM®* as follows: "It is indicated when a patient or client does not sufficiently well feel what he or she thinks and where the thinking does not touch the areas that are necessary for overcoming disorders" (Boeschemeyer, 2010b, p. 26).

According to Boeschemeyer (2010b), working with *Value-Oriented Imagery* is indicated in the following areas of psychotherapy and counselling:

- in the field of psychotherapy,
  especially in the field of the so called neurotic disorders:
  as for example depression, anxiety disorders,
  compulsive/obsessive disorders, addictions, burnout syndrome

- in the field of psychosomatics

- in the field of relationship problems

- in the field of couples therapy

- when working with persons suffering from an
  irreversible fate

- when working with persons searching for meaning in life or
  wanting to engage with their spirituality

- in the field of personal growth

As Boeschemeyer (2010b, 2009, 2007b, 2005, 2000) observed, working with *Wertimagination* is mostly advantageous because it often leads to:

- improved self-confidence

- greater sense of inner freedom

- inner strength

- inner balance

- experiencing joy in life

- improving one's creativity

- preparation of solutions (*Transfer Imagery*)

- inner calmness

- trust in life

- a deepened engagement with life

- transcendental experiences

- gaining a clear sense of identity

- finding meaning in one's life

As one can see the developer of *Value-Oriented Imagery* found this approach to be applicable to many fields of therapy and counselling. He observed various positive effects of working with *WIM®*. He therefore continues training therapists and counsellors with a lot of conviction and enthusiasm.

3.2.3   Other therapist's perspectives.

The briefly documented perceptions and experiences of therapists other than the logotherapists interviewed for this study, as well as Boeschemeyer's students working in the field of counseling with *Value-Oriented Imagery* – published in the journals of his institute – are outlined below.

The German psychiatrist and psychotherapist Clemens Brandt (2003), one of Boeschemeyer's first imagery students, is the only author's article found who reflects on the impact of *WIM®* on the therapeutic process and encounter. He describes what he observed in his own practice and at his work at a psychosomatic clinic in Northern Germany as follows:

- *Value-Oriented Imagery* is of diagnostic and prognostic use, because it shows the client's inner state of being.

- The salutogenetic value-orientation of *WIM®* strengthens the client and weakens his/her pathologic aspects.

- In *Wertimagination* a deep confrontation with inner life-negating forces becomes possible.

- *Wertimagination* enables a felt contact with the client's own inner resources.

- A therapist with self-experience in *WIM®* is better able to understand the unconscious destructive forces within his/her clients and therefore is less likely provoked by agitating client's, testing the therapeutic relationship.

- Being experienced in working with *WIM®* improves the therapist's intuition ("I am so to say perceiving my patients with two times five senses when I talk with them. I hear what is said on an outer level and at the same time I perceive it on the level of an inner stage." (Brandt, 2003, p.102)

- Working with *WIM®* deepens the work relationship in psychotherapy: the inner landscapes, inner resources, hurts and needs of a client, shown on the imagery journeys can be looked at together on the inner stage. This leads to the therapist-client relationship being challenged less often.

- The relationship between therapist and client becomes more relaxed when working with *WIM®* because the client together with the therapist as a witness experiences touching moments in his/her inner world, when getting into contact with inner constructive values.

- Encouraging experiences in the inner world enable the client to try out new constructive behavior in the outer world.

- Trust in life can be experienced again, distrust gets reduced.

- Experiences of unconditional acceptance in the client's inner world enable the client's self-acceptance.

- Regressive wishes of the client are transformed into wanting to take responsibility for his/her life again.

- Experiencing own undestroyed and healthy inner aspects in *WIM®,* comforts clients.

- Where the outer parents did not fulfill the clients' needs for being parented, *Inner Parents* can help heal these wounds.

- At the end of the therapeutic process, having worked with *WIM®* makes the letting go of the therapeutic relationship easier for the client because the client experienced inner strengthening forces within his/her own soul and takes this with her/him.

- In a clinical setting, working with *WIM®* can be of major impact even if only a few imagery journey sessions can be conducted, if they are used at the crucial points of a therapy.

In the journals of Boeschemeyer's institute single students of his, in the years 1996-2010, in short articles only report successful work experiences with *Value-Oriented Imagery*. They observed the following impacts:

- *WIM®* together with *Visualisations* developed by Simonton was a powerful supplement to chemotherapy and radiation therapy. It helped a client to fully recover from cancer (Non-Hodgkin-Lymphoma) (Unruh, 1999).

- Positive impact of working with *Value-Oriented Imagery* was observed when working with patients who had received a donated organ from a deceased person. Here it helped in the psychological acceptance of the transplanted gift. This had a positive effect on the physical acceptance of the donated organ (Hohmeyer, 1999, 1996).

- When working with clients suffering from psychosomatic problems, *Value-Oriented Imagery* enables the client and the therapist to "travel" into the affected organ. This has proven to be an intense and insight generating intervention (Eisner, 2010).

- Working with *WIM®* can help finding access to buried grief and console feelings of guilt. It is very useful to reflect on conflicts in couples therapy. Clients suffering from a burnout syndrome come into contact with their inner feelings and needs through *Value-Oriented Imagery* (Eisner, 2010).

- In the field of personal growth it helped women to get into contact with, to explore and to appreciate their femaleness (Hansen, 2010).

- Clients can encounter transcendental experiences in *WIM®*. Through them they experience feelings of being held in life, loved and taken care of. They feel complete and at peace with themselves (Bilitewski, 2003; Tauber, 2009).

- Working with *Wertimagination* can have a useful impact when working with children in educational and therapeutic contexts (Geisler, 2007; Horn, 2010; Paulsen-Franke, 2007).

- Children and teenager overcame their dyslexic problems through working with *WIM®* (Tomka-Papp, 2010).

- For clients suffering from psychosomatic problems working with *Value-Oriented Imagery* can lead to the experience of inner strength, calmness, ease and gratitude. Meeting the *Inner Healthy One,* the personification of the inner potential of health, can be an eye-opening and healing encounter (Ruschmeyer, 2009).

- A doctor and pain therapist reports of her enhanced and deepened work understanding, and, success with patients suffering from chronic pain disorders, since she integrated *WIM®* to her work (Hackmack-Eder, 2009).

- Clients suffering from mobbing experiences can be helped to get out of their victim role through working with *Wertimagination* (Horn, 2010).

3.3   Conclusion

The scientific literature found on Boeschemeyer's *Value-Oriented Imagery* is sparse. However, the many brief promising reports and a few more in-depth essays on aspects of working with *WIM®* that could be found leave the reader with the impression that this approach has a lot to offer to the field of logotherapy and psychotherapy in general. Two qualitative studies of clients' perceptions of the impacts of *Wertimagination* have been conducted. They confirm the developer's, Uwe Boeschemeyer's, and the other reviewed therapists' and counsellors' perceptions of the special healing potential of *WIM®*.

What has not yet been researched is how this imagery approach is perceived and experienced by logotherapists working in the field of psychotherapy. Another aspect has not been explored yet: what are the experienced limitations of working with *Value-Oriented Imagery*? The two mentioned studies on *Wertimagination* focus on the potentials of *WIM®* and don't provide much information to answer these questions.

This shows the importance of my study: it will contribute additional angles and perspectives on the promising therapeutic approach of Boeschemeyer's *Value-Oriented Imagery*, so that a more complete picture of *WIM®* and its workings and potential limitations can be drawn.

CHAPTER 4

Research Design

4.1 The qualitative research design

The research conducted for this study is of qualitative nature. A qualitative approach in research methodology is used for explorative or mainly descriptive studies, in which phenomena are examined to contribute towards a better understanding of *how* they are and *what all* they are about (Sarantakos, 1998).

On the contrary, quantitative research is conducted within a modern, positivist epistemology and is commonly used to measure specific phenomena which are assumed to objectively exist in a stable external reality, with definable and measurable dependencies of other constructs – other assumptions on aspects of life – and a detached observer (Terre Blanche et al., 2006). This means, quantitative research is about measuring *how much* there is of certain (usually isolated) factors that are assumed to objectively exist and to be of significant importance.

Before anything can be measured, the constructs about reality have to be built. Qualitative research is needed to pursue that task: to examine (new) phenomena with an inquisitive and open mind and with as little preconceived expectations as possible. Qualitative research is conducted within a postmodern, interpretive or constructionist epistemology. For this study the qualitative research is done within an interpretive paradigm. It means the researcher is interested in the internal realities of human beings, in their experiences concerning a defined issue (work experiences with *WIM®*). Here the researcher's relationship to the persons to be interviewed is explorative and empathic and the researcher is aware of her own subjectivity as an observer and interacting interviewer (Terre Blanche & Durrheim, 2006).

This qualitative research contributes towards finding out how *Wertimagination* works and is applied, what all it has to offer and where potential limitations were

experienced. Afterwards quantitative studies could follow to measure the significance of those explored aspects.

Because no research was done yet on the (logo)therapists' work experiences with Boeschemeyer's *Value-Oriented Imagery,* I explored practicing logotherapists' perceptions and experiences of the contribution of this method to their (logo)therapeutic work – not assuming certain answers that I wanted to measure, but inquisitive and open to hear all possible responses to my questions (outlined in Chapter 1) as rich, diverse, multi-layered and in depth as possible.

special potentials?   used for what percentage of clients?

most impressive client reports   limitations/contraindications?

advantages/disadvantages   indications?   acceptance?

one on one   useful tool?   gender   age

group   different settings   **WIM®**   culture
usage

creative means?

intercultural experience?

WIM® &   affecting   therapeutic relationship?
Logotherapy

personal experiencing   therapeutic process?
of the method?

how contact with *WIM®*?   within Logotherapy   in general

perception of *WIM®* impact

logotherapists   work experiences with *WIM®*

fields of work   rewarding ones   disappointing ones

children/teenagers included?

what importance does *WIM®* use have?

Figure 4.1 **Researcher's mind map** (designed by author of dissertation)

Doing so, I am moving within the interpretive paradigm, because I am interested in the internal realities, the logotherapists' subjective perceptions of their work experiences with *Value-Oriented Imagery.* The methodology suiting this paradigm is qualitative, interpretive and interactional (Terre Blanche & Durrheim, 2006).

The conducted interviews were the interactional part of the study. They are analysed in a qualitative interpretive way, to provide a "thick description" of the researched phenomena (Geertz, cited in Terre Blanche, Durrheim & Kelly, 2006 p. 321). The first step of research methodological impact was the author of this dissertation drawing a mind map to clarify her research focus (see *Figure 4.1*). It was used to induce the research questions pointed out in Chapter 1 and for conceptualising the interview guide (attached in Appendix A.1).

4.2   Logotherapists' perspectives

To explore the perceptions and experiences of logotherapists working with *Value-Oriented Imagery*, I conducted an interview study with eight participants. They were all professionally trained in *Wertimagination* and used their expertise within their professional fields of work. Therefore, the interview type of expert interviews best suited this kind of interview study (Flick, 2009).

4.2.1   The expert interviews.

The interactional part of the study's research methodology mentioned above, consisted of unique (taking place only once), personal (face to face), individual, oral, semi-structured (using an interview guide) expert interviews (Sarantakos, 1998). I conducted interviews with experts, logotherapists practicing *Wertimagination*, to subsequently analyse the gathered data within an interpretive framework.

I opted for live, one on one interviews, because these enable a more natural interaction between the interviewees and myself, the researcher, than a questionnaire study or telephone interviews could do. I wanted the interviews to feel more like a conversation than an interrogation, as Kelly (2006) recommends. Benox (2006), who conducted a study on *Wertimagination* clients analysing posted questionnaires, from her experience recommends to preferably conducting face to face interviews for similar qualitative studies to achieve a richer extract of data.

As Flick (2009, p. 166) points out, expert interviews "can be used for exploration, for orientation in a new field". Among the characteristics of an expert interview is that, in contrast to biographical interviews, "the interviewees are of less interest as a (whole) person than their capacities as experts for a certain field of activity" (Flick, 2009, p. 165).

Flick (2009) made me aware that expert interviews are often challenging to conduct for various reasons: time constraints of the interviewees, potential lecturing instead of answering questions and potential self-marketing instead of open communication. I viewed this as a challenge and Sarantakos' following words (1998, p. 262) encouraged me to continue with the planned interviews: "interviewers are more likely to develop a positive and effective relationship with the respondent if they come from a similar background". I believed to be in a good position to gain the intended interviewees' interest and trust to participate in the study, being a colleague, a logotherapist also working with *Value-Oriented Imagery*, with some expert knowledge of the field myself.

4.2.2   The sampling process.

The sampling process for the expert interview study took place as follows: to identify logotherapists who practice *Value-Oriented Imagery* for being potential interviewees I searched the webpage of the *Deutsche Gesellschaft fuer Logotherapie und Existenzanalyse* (DGLE) (see page iv). Part of that webpage is a practice list of all logotherapists who are registered members of the DGLE, including their contact

details and indicating their fields of work and specific work methods offered. I did research on this page for the first time in April 2009. For the sampling process I preferred to use this version rather than an updated DGLE practice list from 2010, because it ensured that the logotherapists listed had some longer practice experience and were not only recently listed.
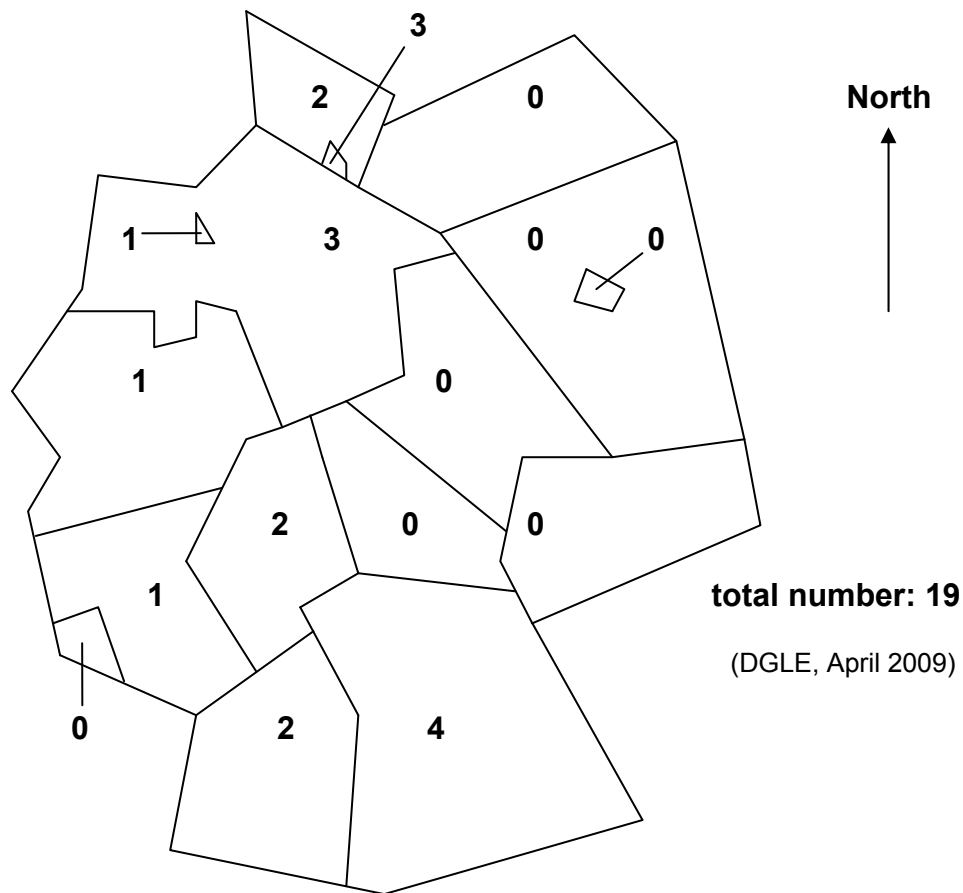
Figure 4.2 **Distribution of DGLE registered logotherapists working with WIM® in Germany**[30]
(designed by author of dissertation)

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[30] In this figure the potential interviewees are summarised by the German federal states (Bundeslaender). None of the DGLE listed logotherapists offered *Value-Oriented Imagery* in Eastern Germany at the time of the research. There might not be a "market" for *Wertimagination* yet, or therapists and counsellors working with *WIM®* in Eastern Germany are not members of the DGLE. The information used for this map stems from the DGLE webpage (hhttp://www.logotherapie-gesellschaft.de/Praxen/praxen.html), retrieved on April 23, 2009.

Listed on this webpage[31] were 19 logotherapists who offer *Wertimagination* to their clients. One of them is myself (as already indicated above), to be excluded. This means there were 18 logotherapists left, working with Boeschemeyer's *Value-Oriented Imagery* who I could potentially interview. They were distributed all over Germany (see *Figure 4.2*). Germany is well-accessible by fast trains and busses, so I could have reached all potential interviewees fairly well.

As Kvale and Brinkmann (2009, p. 113) indicate "in common interview studies, the number of interviews tends to be around 15 plus minus 10", this means 5 to 25 interviews. Together with my supervisor I decided to opt for conducting 6 to 8 expert interviews to remain within a realistic time frame and budget.

I had planned to preferably interview the DGLE logotherapists offering *Value-Oriented Imagery* who, on the DGLE practice webpage, clearly indicated that they work in the field of psychotherapy. Those were 8 of the 18 potential interview partners. One of them did not respond to my telephonic and e-mail contact making, while the other seven therapists agreed to being interviewed, after I had phoned them and sent an official letter lining out my research interest and the purpose of the study.

Table 4.1 **Interviewees' gender distribution**

Interviewees	
female	**male**
Ms A, Ms D, Ms E	Mr B, Mr C, Mr F, Mr G, Mr H

To improve the quota of female interviewees I decided to do one additional interview with a DGLE registered logotherapist working with *Wertimagination* in the field of counselling. Here I opted for DGLE listed counsellors who were located close to other interviewees' place of practice and selected the first available participant. Therefore,

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[31] (http://www.logotherapie-gesellschaft.de/Praxen/praxen.html, retrieved on April 23, 2009)

the total number of interviews conducted for this study was eight: three of them are female and five of them are male (see *Table 4.1*). Their letters (A to H) were distributed in the chronological order the interviews were conducted in.

4.2.3   The interview guide.

To ensure a variety of interesting aspects to be explored, and not to get lost in only one aspect, semi-structured interviews were conducted, using an interview guide (attached in Appendix A.1) containing a list of topics and sub-topics to help myself stay focused on the study's aims, but not to strictly stick to a certain order or wording of questions to be posed, as has been suggested by Flick (2009).

4.2.4   The interviewing.

The common time-frame for an interview lies between 20 minutes to 1,5 hours (Kelly, 2006). I asked the potential interviewees whether they could set aside one hour for the interview. This seemed to me the minimum amount of time needed for building up a trusting relationship and posing the most important questions. If there was more time for the interview on the interviewees side, I planned to extend the interview time to 1,5 hours. The actual length of the interview meetings ranged from 60 minutes to 180 minutes. The recorded interview time varied from 45 minutes to 90 minutes.

The first 15 minutes of the interview time were usually used to "warm up" with the interviewee and to create an atmosphere of trust and openness between the interviewee and the interviewer. This part of the interview was not audio-recorded. All interviews took place in an undisturbed atmosphere, at the practice of the logotherapists.

Audio-recording interviews has its pros and cons, I had considered. To make a recording would make the interviewing easier for me, because I could fully

concentrate on listening and understanding, and collect rich material for transcription and analysis – on the other hand it "could detract from the intimacy of the encounter", as Kelly (2006, p. 298f) notes. Some interviewees might not appreciate being recorded, I anticipated. My solution was to keep this part of the methodology flexible: the interviewees were asked for their consent to audio-record the interview and if they disagreed, I took manual notes. Seven interviewees agreed to being tape-recorded, one not.

I was able to arrange for and to conduct the interviews within four months (from May to August 2010), two months faster than estimated, due to the good availability of the interviewees and the possibility to combine trips to the interviewees' places. Between the first and the second interview I had five weeks to transcribe and translate the first interview and to also use it as a test interview to learn from. This also left ample time to have my supervisor and co-supervisor review and evaluate the first transcribed interview. Both supervisors were satisfied and gave the go-ahead for me to continue with the rest of the interviews. Between the seventh and the eighth interview I had nine weeks which gave me a chance to transcribe, translate and do a first coding of the other seven interviews, in case some aspect of my interview guide had often remained unanswered, I could focus on these aspects in the last interview.

I had planned to take supplementary process notes during the interviews, for example of non-verbal communication of the interviewees. When I did my first interview I refrained from this intention. I found it would have detracted too much from being able to concentrate on the conversation and would not have contributed towards creating a trusting atmosphere. Using the tape-recorder only I could fully be with the interviewee. Therefore I documented my impressions of the encounter afterwards in brief post-interview notes to, during analysis, be "mindful of co-determining contextual factors" of the interviews, as Smith (2008, p. 31f) suggests.

4.2.5 The transcription.

Transcripts always are abstractions, and by that they are reductions of a live conversation of two persons physically present (Kvale & Brinkmann, 2009).

When transcribing a recorded interview from oral into written language I wrote it by hand word-for-word. I did not transcribe pauses, changes in tone of voice or other non-verbal utterances (such as laughter or sighing) and observations (for example body posture and facial expression). This was done for a better readability of the text, and is, as Kvale & Brinkmann (2009) point out, justified for this study because I am interested in the best possible transfer of the statements' contents of the conversation to the reader – and not in linguistic analysis or psychological interpretations (such as examining the level of excitement or possibility of denials).

Transcripts were written of the seven audio-recorded interviews and then I translated them into English. In the case of the non audio-taped interview the hand written notes were directly after the interview encounter translated into fluent-style written English by the author.

To ensure the interviewees' anonymity, names and places specific to the interviewees have been made unrecognisable in the transcripts. The interviewees were named with a capital letter and their gender is indicated in the title (Ms A to Mr H – see *Table 4.1*).

4.2.6 The translation.

Translating the interview transcripts and in one case the interview notes from German (the language it was conducted in) to English, I decided to use a fluent written language style. This means I left out utterances that where fillers and repetitions common in oral language, which usually constitutes of oral flowing, partly paraphrasing "run-on sentences" (Kvale & Brinkmann, 2009, p. 185). My "hm"s, meant to signal the interviewee that I am listening carefully, were taken out of the

translated interview text, to not disturb the reader when concentrating on the statement contents.

A further reason for having chosen fluent written language instead of documenting verbatim oral language, is to prevent the interviewee to appear somehow "disabled", because oral language transcribed verbatim can appear as "incoherent and confused speech, even as indicating a lower level of intellectual functioning" (Kvale & Brinkmann, 2009, p. 187). This can be a shock to the interviewee and give a wrong impression to the reader who might not be familiar with the differences between oral and written language as Kvale and Brinkmann (2009) point out. I had painfully experienced exactly this phenomenon myself, when I read a printed interview with myself as the interviewee, documented in oral language.

Where the translator made a note for the better understanding of the reader, the comment was put in square brackets and in italics.

To ensure the interviewees' anonymity, names and places specific to the interviewees had already been made unrecognisable in the transcripts as pointed out in the previous section.

4.2.7   The evaluation.

Transcripts, interview notes and post-interview notes were analysed by the researcher, using Terre Blanche et al.'s (2006, p. 322ff) "steps in interpretive data analysis" as guidelines: The analysis of the interviews began after the conduction of the first interview, to gain a preliminary understanding of the data collected. The process of analysis entailed familiarisation and immersion in the gathered data, the induction of themes and the coding of passages of the interviews and notes, using *descriptive* and *in vivo codes* as suggested by Saldaña (2009, p. 3ff). The elaboration of themes with the emergence of subthemes and sub-issues, interpretation of the meanings of evolved issues and critical reflection of my own role in the data collection and interpretation were part of this process.

4.2.7.1 Data Analysis.

As Terre Blanche at al. (2006, p. 321) point out: "The key to doing a good interpretive analysis is to stay close to the data." To stay as close as possible to the interviews' data, the following steps of data analysis were undertaken:

1. *The coding process.*

As recommended by Terre Blanche et al. (2006), I started the process of familiarisation and immersion with the expert interviews already after the first interview was conducted. For this codes of themes and subthemes related to the research questions were noted on the side of the transcribed and translated interviews and significant statements marked. The interview guide (attached in Appendix A.1) was used to deduct potential key words for this purpose. Where additional themes emerged in the interview, they were marked with suitable additional codes. Saldaña (2009, p. 3) provides a thorough definition of a code: "A code in qualitative inquiry is most often a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data."

Saldaña (2009, p. 3f) in addition differentiates between *descriptive codes* and *in vivo codes*. The first type of code "summarises the primary topic of the excerpt". The second type of code "is taken directly from what the participant himself says and is placed in quotation marks". I used *descriptive codes* and *in vivo codes*, noted on the transcribed and translated interviews.

2. *Compilation of Interview Condensations.*

Condensed interview contents were compiled (see section 5.1) using the codes of the transcribed and translated expert interviews as markers for important and relevant sections to provide a dense description of the interviews' contents to the

readers. The approach for *Condensation Protocols*[32] as pointed out by Langer (2000) was partly followed: as suggested by Langer the interview extracts were neither analysed nor interpreted, but simply presented. A difference to the suggestions of Langer is that the interview extracts were sorted thematically following the order of the interview guide where possible: questions deduced from the interview guide were used as headings, as well as suitable headings indicating other additional themes mentioned in the interviews. The presented *Interview Condensations*[33] cannot be called Condensation *Protocols* because the suggested verbatim interview opening sequence is not documented, nor the conversation steering interventions of myself, the researcher, or the interviewees, as it is common for Langer's (2000) *Condensation Protocols.*

This was done because only the contents of the expert statements given are of interest for this study and not the whole process of the interview encounter (see 4.1.5). The chosen approach increases the readability of the *Interview Condensations.* Another adjustment of Langer's (2000) approach to condensing interview transcripts is that the author of this dissertation did refrain from providing any information on the personal background of the expert interviewees at the beginning of the *Interview Condensations*. Where ever in the interviews aspects were mentioned that could disclose the interviewees' identity, they were left out or changed in a way that did not impact on the contents of the statements made. This was done to ensure the expert interviewees' anonymity.

3. *Tabular comparison of expert interviewees' statements.*

The eight interviewees' experiences and perceptions relating to the research questions were extracted from the *Interview Condensations* and visualised in tables for explorative comparison. These tables are presented in section 5.2.

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[32] The German term Langer (2000, p. 58) uses is *Verdichtungsprotokoll.*
[33] The term *Interview Condensation* is used by the author to differentiate her way of condensing her semi-structured expert interviews from Langer's (2000) method of compiling *Condensation Protocols*.

4. *Tabular comparison of interviewees,' other therapists', clients' and developer's statements.*

Following the analysis of the eight interviews, it was decided to use a three-dimensional perspective when evaluating the study-data: the interviewed logotherapists' experiences with *Wertimagination* (practitioners) will be compared with other psychotherapists', clients' and the developer's experiences (as outlined in 3.2). To enable a comparison, their key statements (from the interviews/from literature) were summarised and visualised in tables, presented in section 5.3.

For these tables, the eight expert interviewees' (logotherapists) perceptions and experiences were extracted from the *Interview Condensations* presented in section 5.1 and in Appendix A.2 of this study. The perceptions and work experiences of the 'other therapists' are extractions of the literature reviewed in section 3.2.3 of this dissertation. The perceptions of the 'clients' are extractions of the two existing qualitative studies from Benox (2006) and Klimpel (2007), outlined in section 3.2.1 of this study. The perceptions and experiences of the 'developer' of *WIM®*, Uwe Boeschemeyer, are extractions from the literature reviewed in section 3.2.2 as well as further statements extracted from Boeschemeyer's book "Unsere Tiefe ist hell. Wertimagination – ein Schluessel zur inneren Welt"[34] (2005).

5. *Overlapping and differing experiences and perceptions – (logo)therapist, clients, developer.*

Finally the statements compiled in the tables mentioned above were once more condensed and analysed by focusing on three themes which are most probably of major interest to the reader: the experienced *WIM®* benefits, *WIM®* indications and *WIM®* limitations.

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[34] In English the title translates to: "Our depth is full of light. Value-Oriented Imagery – A key to our inner world."

For this analysis a differentiation of overlapping, partly overlapping and differing views appeared to be relevant. The clients might for example have different or similar perceptions of aspects of *WIM®*, the (logo)therapists' experiences might differ or be overlapping with the perceptions of the developer (see *Figure 5.1*, section 5.4).

For this analysis the two categories of *Expert Interviewees'* (eight logotherapists) and *Other Therapists'* statements were condensed into one category called (logo)therapists, so that the three compared perspectives in section 5.4 are: (logo)therapists, clients, developer (Boeschemeyer).

The common views of these three groups – (logo)therapists, clients, developer – on these three themes – *WIM®* benefits, *WIM®* indications, *WIM®* limitations – were extracted from the results tables in section 5.3 and are visualised graphically in section 5.4 (*Figure 5.2, 5.3, 5.4*). These overlapping experiences and perceptions are represented in *Figure 5.1* (section 5.4) as category A.

The differing or only partly overlapping experiences and perceptions of *Value-Oriented Imagery*'s benefits, indications and limitations are represented in *Figure 5.1* as the categories B (partly overlapping) and C (differing). Their major aspects were extracted from the tabular results presentation of section 5.3 and are presented in a brief written form in section 5.4.

Subsequently the results outlined in Chapter 5 are reflected upon and discussed in Chapter 6 of this dissertation.

4.2.7.2   Validity.

In scientific interview studies, "validity means whether an interview study investigates what is intended to be investigated" (Kvale & Brinkmann, 2009, p. 102). Validity in qualitative interpretive research is linked to *credibility,* achieved by critical reflection on one's own evaluations and assumptions, Van der Riet & Durrheim (2006, p. 90ff) add.

The transcriptions of the interview contents were done by the author of this dissertation transcribing them word by word. There, little threat to validity could be identified, especially because the person who conducted the interviews was the same person who also transcribed and translated them into English. On the other hand, as Kvale and Brinkmann (2009) point out correctly, already the translation from oral to written language is an interpretive act, where just the positioning of a comma within a sentence may already change the meaning of its contents.

The translations of the transcribed interviews from German to English, and with it the translation from oral language to written fluent language (as outlined in section 4.2.6) therefore was an at least partly interpretative act. Here fine nuances of meaning intended by the interviewees might potentially have been misunderstood or slightly mistranslated.

The transcribed and translated interviews as well as the *Interview Condensations* could have been returned to the interviewees for validation, as for example suggested by Langer (2000). I refrained from this approach assuming that most interviewees were not comfortable and familiar enough with the use of the English language. This assumption was strengthened when the interviewees were asked by the author of this dissertation if they were interested to receive a summary of the research findings in English, once the research study was completed. Here most interviewees clearly indicated they would prefer a summary in German and that they would not be too comfortable in reading English texts. The German hand written transcripts, consisting of oral language, could not be sent to the interviewees, they might well have felt offended by them, not being aware of the difference between oral and written language (Kvale & Brinkmann, 2009). To translate and type the

transcripts twice, into a fluent written language in German and in English, would have been unrealistically time intensive, within the researcher's limited time frame and budget.

The validity of the author's coding and *Interview Condensations* was double-checked by her supervisor and co-supervisor to achieve an inter-subjective validity.

The *internal validity* of this study, its causal conclusions drawn from the data collected, was discussed with and double-checked by the supervisor and co-supervisor of this dissertation. The *external validity*, this means the transferability of the conclusions drawn, are discussed in Chapter 6 of this dissertation, as well as the *measurement validity*, reflecting on whether the research question constructs were successfully operationalised. The *interpretative validity* was discussed with both supervisors. It focuses on the question of appropriate conclusions drawn from data analysed (Van der Riet & Durrheim, 2006, p. 90).

4.2.7.3   Reliability.

Reliability in scientific research generally "refers to how consistent the results are" (Kvale & Brinkmann, 2009, p. 102). This means how far the same results could be received if the study was repeated. Van der Riet and Durrheim (2006, p. 90ff) point out that reliability in qualitative studies is *dependable*. It is enacted through detailed and rich descriptions of researched phenomena and their perceived *contextual dependabilities.*

If the same researcher would conduct the same research study again, interviewing the same participants using the same question guide, she would most probably not get the very same results for several reasons. The interviewees might in the meantime have encountered new experiences concerning the research topics. Because the interviewees already had some kind of impression of the researcher now, they might change their focus of what experiences and perceptions to share in the interview, affecting the direction or depth of the interview conversation's contents.

I myself, the researcher, would not be exactly the same person I was at the first time of interviewing, having encountered new experiences in the meantime and having a first picture of the interviewees already. Because of this I might pose my questions slightly differently and respond differently within the interview encounter.

This is a normal reality to interpretive and constructionist research, Van der Riet and Durrheim (2006) point out. They suggest that qualitative research use the term *dependability* instead of reliability to indicate the assumption of an ever changing reality that makes the construction of reliability the way it is seen in a positivist scientific approach, impossible. They point out that "Dependability is achieved through rich and detailed descriptions that show how certain actions and opinions are rooted in, and developed out of, contextual interaction" (Van der Riet & Durrheim, 2006 , p. 93f).

To provide rich and detailed descriptions as called for by Van der Riet and Durrheim above, all eight expert interviews are presented in *Interview Condensations* to the readers of this dissertation (see section 5.1), before they are evaluated in a tabular and written form.

4.2.8   Ethical considerations.

All data collected was evaluated anonymously to not cause the participants any potential disadvantages by publishing personal perceptions and experiences. The participants were informed about the nature and aim of the study, the research methods used and the analysing techniques applied. The interviewees were informed that all data is used and interpreted anonymously only. They participated out of free will and were asked for their consent to audio-record the interview. Where they did not agree, manual notes of the interview were taken instead.

In translated interview transcripts used, places and other circumstances mentioned that could help identify the interviewees were changed. This I regard as especially

important when working with experts in a new and relatively small community (such as the logotherapists working with *Wertimagination*), where colleagues might know each other well whilst potentially competing in their professional world.

The research participants were offered a summary of the study and of the interviews' analysis to personally benefit directly from their participation. Most of them preferred to receive this in German and will get a translation. Indirectly they are all assumed to benefit from this study as their logotherapeutic community and its relatively new method of *Value-Oriented Imagery* gains publicity through each scientific study done on it. In addition, as far as I am informed, this is the first research study on *Wertimagination* conducted in English. This contributes to making this new logotherapeutic imagery approach known beyond the boundaries of German speaking communities.

The participants were treated equally as far as possible: I had planned for the same time frames (one interview at 1-1,5 hours per interviewee) and conditions as far as possible (I travelled to their place of practice, used the same interview guide and the same analysing methodology) – knowing that each encounter would be unique at the same time.

Corey (2009a) wrote about the ethical principles of confidentiality and informed consent with regard to clients in therapy. The same principles were adhered to with regard to the participants in this study: the principle of confidentiality, as far as not revealing the participants' identity; and the principle of the right to informed consent, as far as informing the participants about the nature and aims of the study and getting their consent to participate.

The four issues at the core of ethical theory, as pointed out by Murphy and Dingwall (cited in Flick, 2009), of non-maleficence, beneficence, autonomy/self-determination of research participants, and justice were considered and applied for the study.

4.3   Other therapists' perspectives

The findings on other than the interviewed therapists' perspectives on *Wertimagination* are reviewed in section 3.2.3 of this dissertation. They are visualised for comparison with the other groups explored in section 5.3 of this dissertation and discussed in Chapter 6.

4.4   Clients' perspectives

The findings on the clients' perspectives on *Wertimagination* are reviewed in section 3.2.1 of this dissertation. In addition, further parts of Frauke Benox' (2006) and Ute Klimpel's (2007) qualitative studies, illustrating clients' perceptions of and experiences with WIM® have been extracted for this table. They are visualised for comparison with the other groups explored in section 5.3 of this dissertation and discussed in Chapter 6.

4.5   Developer's perspective

The findings on the perspectives of the developer of *Wertimagination*, Uwe Boeschemeyer, are reviewed in section 3.2.2 of this dissertation. They are visualised for comparison with the other groups in section 5.3 of this dissertation and discussed in Chapter 6.

4.6   Conclusion

The way the interpretive paradigm of qualitative research was implemented was discussed in this chapter. The methods to gather and analyse the data has been described.

The steps suggested by Terre Blanche et al. (2006) were used as a guideline for the interpretive data analysis: familiarisation and immersion with the gathered data (interview transcripts and literature) took place as an ongoing process. Here a special focus on it was laid after the first and before the last interview was conducted. An interview guide was designed to help the interviewer stay focussed on her research questions, yet allowing it to also explore additional and unexpected themes emerging during the interview encounter. Coding was constantly done on all interview transcripts to spot and integrate possible new emerging themes. New issues and sub-issues were identified during elaboration. Interpretation started with grouping segments of the statements given according to headings in tables. Checking of the coding and of the interview condensing process was done by the author and by the two supervisors.

CHAPTER 5

Results

The results of this study are presented in this chapter in the form of *Interview Condensations* made from the transcribed and translated interviews with the eight logotherapists. The logotherapists' *WIM®* work experiences and perceptions are compared with each other, as well as with the views of other therapists, clients and the developer of *Value-Oriented Imagery* (Uwe Boeschemeyer). The comparisons are presented in tabular form as well as graphically in order to depict similarities and differences between the various views.

5.1 The Interview Condensations

Six of the eight interviewees appeared very open in the interview encounter. Here the official part of the interviews was embedded in a personal and collegial exchange prior to and after the interview. They seemed to enjoy sharing their work experiences with the author of this dissertation who had some insight to their field of work.

Two interviewees seemed to experience great time pressure which might have caused them to appear less open than the other six interviewees. One of them did not want to be tape-recorded. With these two interviewees I unfortunately did not have the chance to have a first "warm up" conversation on the telephone prior to the interview, as I did with the six other participants when trying to win them to participate in the study. One of these two participants had been on leave till right before the conduction of the interview. The other interviewee had not communicated with me personally prior to the interview, but through a secretary only. They both were providing valuable information on a contents level, but appeared a bit reserved in the personal encounter. These interviews were the shortest, with a complete interview encounter time of one hour and of one and a half hours respectively.

In most of the interview encounters the interviewed logotherapists enjoyed sharing examples of their work experiences with *Wertimagination* and with other psychotherapeutic methods they perceived as beneficial. In some cases the author of this dissertation had to restrict the time spent on reporting of the latter in order to pursue her research aim. The question guide proofed to be very helpful for his purpose. The interviewees respected it as an orientation guide for the conversation.

Condensations of all eight interviews were compiled as lined out in section 4.2.7.1: quotations of the interviewees were extracted and sorted according to the order of contents of the interview guide (see Appendix A.1). Answers given to the opening question ("How did you come to work with *Wertimagination*?") were not documented in the *Interview Condensations* to ensure the anonymity of the interviewees. Where additional relevant themes emerged they were taken into the condensations under a separate heading. The *Interview Condensations* are the largest part of the results of this research study and provide a rich insight to the interview contents to the reader.

To allow the reader to gain some insight into the condensation process, the interview condensation of Mr G is given as an example below. The other seven *Interview Condensations* appear in Appendix A.2 (because these take up another 44 pages).

5.1.1   Interview Condensation example: Mr G.

<u>What importance does WIM® have within your work?</u>
Mr G: I think WIM® plays a major part in the satisfaction of my clients. It is a very effective method, especially within the context of Logotherapy, when you enter into this dimension of depth, it enables very sustainable new experiences. Working with WIM® provides great sustainability of psychotherapy, from my point of view. With it we don't work at the symptoms but at the source of the problems.

<u>To whom of your clients do you offer to work with WIM®?</u>
Mr G: I offer working with WIM® to all clients.
Mr G: I work with clients across all ages, from very young to really old.

Mr G: My youngest client is 18 years old. His father approached me.... It worked very well, especially where an 18 year old person wants to free himself of his inhibitions. For him it was a very liberating perspective to get to know about the spiritual person within oneself and to experience his inner *Value Figures*, representing an undamaged part of his own self. Using their wisdom he could solve his problems. It gave him a lot of hope.

In what fields of work do you use WIM®?

Mr G: One part of my clients are people who want to work at their potential, because they feel inhibited in one or the other way. The other part are very desperate clients, some of them are in psychiatric care somewhere and heard of me.

In what settings do you work with WIM®: one on one or group settings? What are the advantages and disadvantages?

Mr G: I usually work with WIM® in a face to face setting. I have some experience with group settings as well.

Mr G: My impression is that working with WIM® in a group setting is a very slow process.

Mr G: The success, the experience, the getting into it of the individual participants was much slower when working with WIM® in a group setting. I offered to the participants who had difficulties getting into the imagery in a group setting, to come for a face to face session. And there it worked far better for them. Doing WIM® in a group session is not as beneficial, is my impression.

Mr G: Even though I myself had a beautiful experience on my first WIM® journey in a group setting. I also benefited from the experiences shared by the other participants.... Another benefit of working in a group is that it always feels, as if everything was amplified there. It also helps people to concentrate on the assignment.

Mr G: I once led a WIM® group. Whenever I gave them some imagery exercises to practice at home almost no-one ever did them.

At what point in therapy/counselling do you offer working with WIM®?

Mr G: Relatively early I tell my clients we could work with WIM®. Most of my clients are willing to try it. It is something very special.

Mr G: I use it whenever clients in conversational therapy experience a new understanding of their problems but don't really experience that deep change. Clients can learn to understand their childhood trauma, and this may help to somehow deal with it in a more effective way, but it does not get changed in its base. The basic feeling towards themselves and towards life is not changed.

Mr G: Here I work with WIM®, to get into the deep layers where real felt change can take place.

How is the clients' acceptance of working with WIM®?

Mr G: Most clients agree to it. Some have great difficulties with it. This is a very small percentage, but it happens as well.

Mr G: I think it is about 5%. I then try to integrate the felt dimension into the conversational therapy.

Mr G: My clients consist of about 90% woman and 10% men. The acceptance of the method is evenly high. I don't see any *[gender related]* differences here.

Over what period of time and in what intervals do you work with WIM®?

Mr G: As opposed to my teacher who used to talk of an average WIM® length of about 30 minutes, I tend to see this time span as the minimum for an imagery journey. I personally find it difficult to end an imagery session when the *Value Figures* are still busy assisting an important process. So, it can happen that an imagery journey takes an hour in my practice.

Mr G: Usually I work with clients for about 1 to 1,5 years. They come for weekly sessions or every two weeks or sometimes the time between the sessions is even longer.

Mr G: I think it *[shorter inventions]* is okay as a booster to the self-healing capacities of a client.

Mr G: I once had a client, a relatively young woman, who came for four imagery sessions only. She was lovesick. And these four WIM® sessions were amazingly sufficient. At the fourth imagery journey I asked the client to ask her *Value Figure* whether we should go on working. The *Value Figure* replied it was fine as it was and enough. So we ended the sessions.

Do you offer the use of creative means to deepen the experience of WIM®?

Mr G: That differs from case to case. It can happen that I say to a client: "Paint it out of you!" or "Write a letter!"

Does working with WIM® in any way affect the therapeutic process?

Mr G: I do experience a greater sense of closeness when working with WIM®.

Mr G: I think it is because I get to know the inner-psychic space of the clients. It enables me to pose questions much more directly. Sometimes it has the consequence that clients are very grateful. And sometimes it also has the consequence that clients throw all their resistance at me.

Mr G: When working with WIM®, the dimension of depth is much greater and the emotional dimension as well.

Mr G: I think using WIM® can make the psychotherapeutic process more effective and can even shorten the whole process. Because with this method, clients get into touch with themselves much quicker, easier and on a deeper level than possible in purely conversational therapy, for example.

Mr G: I also use the *Value Figures* to enquire about the therapy duration and themes, it prevents me from wanting to do more than is useful for the client.

<u>How is it for you, the therapist, to work with WIM®?</u>

Mr G: Since I integrated WIM® into my work, I feel I am doing really useful work. It adds a dimension to therapy that cannot be reached through conversational therapy alone.

Mr G: I notice it in the way ex-clients approach me, when I happen to meet them again. Then I can see what strength they have developed. When I meet them after one or two years and compare it with my first encounter with them, I can see the difference. Then I got the impression that my clients really strongly benefited from our work. This of course makes me feel satisfied as well.

Mr G: Even though, I also have to say that I was experiencing satisfying work results also when I worked with a systemic approach, but I was never a psychotherapist working with conversational therapy alone.

Mr G: Working with the inner *Value Figures* gives me a great sense of security, because they protect the client from potential re-traumatisation. They guide the client in the imagery and say where to go and what to look at, and where not to go.

Mr G: Important is of course, that I make sure the clients don't lose contact to their *Value Figures*, it can easily happen.

Mr G: It can happen that clients want to do everything themselves and by doing so lose contact to their *Inner Helpers*, the *Value Figures*. Or the contact becomes weaker and weaker.... As long as the client remains within the energy of the *Value Figure* everything goes well.

<u>Do you have any intercultural experiences in working with WIM®?</u>

Mr G: No, I don't.

<u>What are your observed impacts/potencies of working with WIM®?</u>

Mr G: I have clients coming to me who have done one to three other forms of psychotherapy before, and who tell me: "It is only now, with this imagery work that I feel I am getting somewhere!"

Mr G: I see an advantage in working with WIM® for all problems or disorders. Where ever a client focuses on his/her potentials, his/her life-oriented power, it is very helpful.

Mr G: WIM® can prevent resignation as well as blindly doing things all the time. Working with WIM® one always is on a meaningful path.

Mr G: This is achieved because one does not blindly go just anywhere on the imagery journey. Instead one's inner potentials are approached and activated, in the form of one's inner *Value Figures*.... Before I go anywhere in WIM®, I always get into contact with my *Value Figures* first. So that when things are getting challenging on an imagery journey, when there is the danger of potentially being re-traumatised, the client is protected by the inner *Value Figures*.

Mr G: When we want to track something down, if the client for example suffers from some unfounded fear, working with WIM® is ideal. Because in the *Value-Oriented Imagery* I can see the soul's landscape of my client and what all is in there.

Mr G: Once a client found an access to his or her *Value Figures* he or she cannot get lost. With their assistance I can go into traumatic experiences and they are guiding me right through the whole traumatic situation.

Mr G: In the end they help the clients to position themselves in a new way. To position oneself on the side of a *Value Figure* is already an essential change.

Mr G: It is a phenomenon on its own with this our inner world, our inner-psychic world that we can access through WIM®, and with the reality in the outer world. I experience this again and again: when we look at it carefully, we see how things get mirrored in reality.

Mr G: Most probably the inner world as well as the outer world is very real. The outer world is extremely important because here the inner worlds have to be expressed. The change has to be enacted here.

Mr G: To take a personal position consciously is something very essential, in WIM® as well as in the outer world. On the other hand, when in WIM® I have worked at my fear and discovered my courage and the will to confrontation within me, I am more likely to prove this courage at the next confrontation in the outer world as well. Once the basic emotion has changed within oneself this of course becomes visible in the outer world as well.

Mr G: The imagery is like a proof of how much the client has achieved in therapy already.

Mr G: I am thinking of an example right now, of a client who experienced sexual violence. This client as an adult always had the same dream: of a door that had to be kept locked. On a WIM® journey we looked behind this door. The sexual violence experience had been locked away behind that door. The client went into that room with her *Inner Healer*. The *Inner Healer* went to the hurt child in that room and took it away from its uncle. And it handed the child over to the client, put it into her arms. The *Inner Healer* was supporting and protecting both of them with her strongly positive energy. Then this room that had been very dark and

frightening changed into a green flowering meadow which the client was finally standing on with her *Hurt Inner Child.* This whole process showed that the client was moving towards greener pastures, that she had really gone through this traumatic experience. When symbols change like that, from a dark room to a green, flowering meadow, I assume that a lot has changed in the client's basic feeling. What was frozen, the shock that the dear uncle had forced her to do things she had never wanted, could be gone through by the client, now that she was a grown up and mature woman.

Mr G: WIM® ... helps to get into contact with oneself: one learns to feel, one learns to perceive and to trust one's perception.

Mr G: ... suicidal clients ... I experienced it to be very useful the work with WIM® here, because it helps the clients to find a way out of their self-destructive dead-end street. As soon as they manage to get into contact with their inner *Value Figures,* they find a way out. Their perspective, their horizon becomes enlarged. And suddenly the alternatives to committing suicide come up, that is very beautiful!

<u>What are your experienced limitations to working with WIM®?</u>

Mr G: Sometimes there is a reason for the imagery not to work. As for example in the case of the one client, who was unable to call her inner *Value Figures,* who in the end still wanted to keep her family secrets hidden away. My experience is that once clients move more towards the life-oriented pole of being, the ability to do imagery increases.

Mr G: I talk with them about resistance, often in a provocative way. It can happen that a client does not come again. I wait for two weeks, and usually she or he has called me up again by then. Now we can really move on. I can also see it in their imagery that an important decision was made. The WIM® journeys become easier.

<u>Did you encounter any negative or disappointing experiences working with WIM®?</u>

Mr G: No, not really. Except for the clients I worked with who did not manage to get into the imagery and believed because of that that something was wrong with them. It can happen where people have such personality traits that they easily get very frustrated and devalue themselves.

<u>What are your experiences and perceptions of the contribution of WIM® to Logotherapy?</u>

Mr G: WIM®, I experience this again and again, works at the emotional existence of a person, at his/her very deep layers. To philosophically talk about the spiritual person is something very different from experiencing the spiritual person within oneself. It is especially touching after also having looked at the shady areas of one's existence. To experience the

resurrection of the spiritual person within me, in the midst of my shady areas, is a very big experience. One cannot forget that, it lasts.

Mr G: In WIM® I see a further development of Logotherapy. Maybe Frankl had a blind eye here. Frankl complained that people were too self absorbed and did not need any further "hyperreflection" of the self. Frankl's "dereflection" can be psychotherapeutically useful, but I see certain limits to his postulated defiant power of the human spirit. When I am walking around with an old trauma, I can probably still do some meaningful things in life. But whether I manage to get into this meaning-orientation in a state like that, whilst I cannot really be in the here and now, with the old trauma still pulling me somewhere else, I doubt it. My impression is that Frankl might not have looked at things with both eyes whilst he was protesting against Freud and Adler. From my point of view, Boeschemeyer's approach with *Value-Oriented Imagery* could open this second eye, so to say. I think, only when I am willing to also look backwards, it is never too late for a good childhood. I see Boeschemeyer's work as an essential contribution to Logotherapy in general.... My impression is that Boeschemeyer's WIM® rounds off Logotherapy as a whole. I think, Frankl's very valuable noodynamics[35] could well integrate the psychodynamic elements missing.

<u>Anything else you find important to mention?</u>

Mr G: When I talk with colleagues outside, I always experience that Logotherapy, if known at all, is seen as a rather exotic, elitist, but not really recognised approach to psychotherapy.... But in WIM® I see a great potential. Through WIM® one can experience what Logotherapy is all about.

5.2   Tabular comparison: Expert Interviewees' statements

From the *Interview Condensations* (see above and in Appendix A.2) the interviewees' answers (experiences and perceptions) are summarised per question in tabular form. Each interviewee's main view/opinion/perception is given in the tables below. This enabled the researcher to compare the main views with some ease.

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[35]   *[Frankl opposed Freud's term "psychodynamics" with his term "noodynamics", dynamics of the spirit, to emphasise his perception of the importance of a human being's spirit (Frankl,1992).]*

5.2.1 Importance of WIM® within interviewees' work.

Ms A	"It was of very, very high importance. And it is still like that for me."
Mr B	"I do not stick to the pure WIM®, even though WIM® is a very decisive part of my work."
Mr C	"Working with WIM® is of very high importance to me because it shortens the time needed for counselling or therapy significantly."
Ms D	"I find it incredibly precious to work with WIM® when the client is ready to open up for this."
Ms E	"It practically never happens that I work with a purely conversational approach, usually imagery is part of it.... In the beginning my work consisted to 100% of Logotherapy and working with WIM®, today ... it is still a large percentage.... I usually combine it with other methods."
Mr F	"Working with WIM® is my first choice.... It would not be right to just work with WIM®. The imagery must be bound into a verbal dialogue and into the actual encounter with the client."
Mr G	"I think WIM® plays a major part in the satisfaction of my clients. It is a very effective method, especially within the context of Logotherapy."
Mr H	"It is part of the psychotherapy I offer. I don't use it on its own, but it is a very important part of my toolbox."

5.2.2 Work with WIM® – offered to whom?

Ms A	"I would try it with every client." "Sometimes someone only needs a short term therapy In this case I do not work with WIM®."
Mr B	"I do not only work with WIM®. This kind of work depends on the kind of problem the client is coming with." "Important is a thorough preliminary talk to see what kind of problem the client is coming with." "This imagery technique helps to get into touch with one's feelings."
Mr C	"I offer it to all clients. Actually clients often come to me because they want to work with this method."
Ms D	"*[To]* most of my clients. But there are also clients who only need help for a very short time. They find it helpful enough to work on a conversational level. But if someone wants to get to the core of things and really wants help it is wonderful to work with WIM®."
Ms E	"Almost all my clients get to experience the privilege of working with WIM®.... Actually I always integrate working with imagery somehow." "I do not work with borderline and psychotic clients. This is my personal limitation."
Mr F	"I offer WIM® and try to work with it with all my clients. The only contra-indication is when clients are psychologically very unstable. With them I carefully see whether it could make sense to do imagery work or not."
Mr G	"I offer working with WIM® to all clients." "I work with clients at all ages ..."
Mr H	"In the first place *[I find working with WIM® useful]* for all clients who suffer from feeling a lack of meaning in their life."

5.2.3   WIM® work experiences with children and teenagers.

Ms A	"With teenagers it is difficult. You can work pretty well with children before puberty and again after puberty."
Mr B	"I don't usually work with children, more likely with teenagers." *[Mr B reported of successful therapy experiences with a 16 year old client including work with WIM®.]*
Mr C	"I do not work with children.... Doing WIM® with teenagers works very well."
Ms D	/ [36]
Ms E	"It is very easy for children to get into imagery. They more easily get into positive pictures, and can easily name the negative experiences. They almost always manage to end the imagery session with positive images.... My youngest clients are six to seven years old."
Mr F	"My youngest clients are usually about 18 to 19 years old. I once worked with WIM® with a 16-year old boy.... It actually worked well."
Mr G	"My youngest client is 18 years old.... It worked very well.... To experience his inner Value Figures, representing an undamaged part of his own self.... It gave him a lot of hope."
Mr H	"The younger the clients, the faster it works because they have not yet been on a wrong track for a long time.... Children often get into it *[WIM®]* much easier than adults, because they approach it more playfully.... Children deal with it much better.... They show their feelings. And through their expressed feelings one can quickly get to the source of the problem." *[It is possible to use WIM® for children]* "From the age of four."

5.2.4   Work with WIM® – in what fields?

Ms A	"In the first place I use it in the field of personal growth." *[In the course of the interview Ms A mentioned she used WIM® for clients suffering from anxiety disorders, depression or from psychosomatic disorders as well.]*
Mr B	"I work in the fields of supervision ... counselling and psychotherapy."
Mr C	"I use WIM® in the fields of counselling, psychotherapy, couples therapy, coaching and supervision (individual, and sometimes also in group supervision)."
Ms D	"I think one calls it counselling."
Ms E	"In the fields of coaching, counselling, spiritual counselling and psychotherapy."
Mr F	"In all fields: counselling, psychotherapy, training and coaching."
Mr G	"One part of my clients are people who want to work at their potential, because they feel inhibited in one or the other way. The other part are very desperate clients, some of them are in psychiatric care."
Mr H	"I integrate WIM® into all my fields of work, but not always." *[Mr H mentioned the fields of psychotherapy, couples therapy (when only one partner is present at the time), family therapy (when only one family member is present at the time)*

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[36] No statement – related to the heading of the table – was given or asked for during the course of the interview.

	and coaching.]

5.2.5   WIM® settings: one on one versus group setting.

Ms A	"Only in a face to face setting psychotherapeutic WIM® work is possible."
Mr B	"In face to face settings one can guide the client throughout the imagery journey. This is indicated when working in the therapeutic field." "In a group setting one can only guide one participant in his/her imagery journey at the time. The others are without any external guidance."
Mr C	"Working with WIM® in group settings is only advisable when working in the field of value-oriented personal growth, with psychologically healthy participants...." "In the field of psychotherapy working with WIM® has to be done in face to face settings with the therapist...."
Ms D	*[I work with WIM®]* "... only in face to face settings."
Ms E	"From a therapeutic point of view, the more severe the client's disorder the more a face to face WIM® setting is indicated – for being able to respond to the individual needs of the client ... There is an advantage of doing WIM® in a group setting: the clients are not alone, they can witness that there are others with similar problems. ... it is very ... stimulating to experience the plurality of inner pictures ... whilst focused on the same theme."
Mr F	"In the field of psychotherapy, I only work with individuals." "If one does WIM® in a group ... people often compare themselves with other group members. And participants who struggle to get into their pictures are either sad or jealous or think: Why can't I do this? Here it is important to talk with them ... One disadvantage of doing WIM® in a group setting definitely is that always only one client can be guided on his/her inner journey by the therapist...."
Mr G	"I usually work with WIM® in a face to face setting." "My impression is that working with WIM® in a group setting is a very slow process .... Even though I myself had a beautiful experience on my first WIM® journey in a group setting. I also benefited from the experiences shared by the other participants.... Another benefit of working in a group is that it always feels, as if everything was amplified there."
Mr H	"I only work with WIM® in a one on one setting. In the therapeutic field I don't work with groups at all.... If I offer interpretations to an individual in a group, there is always a tendency of the other group members to generalise the interpretation ... This is why I find it important to work with inner pictures individually and not in a group setting."

5.2.6   WIM® – offered at what point in therapy/counselling?

Ms A	/ [37]
Mr B	"I would start using WIM® from the very first session if a client does not just come for counselling but needs therapeutic help."

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[37] No statement – related to the heading of the table – was given or asked for during the course of the interview.

Mr C	"I usually start working with WIM® when there is stagnation on the conversational level of therapy/counselling/coaching/supervision. Some clients have a lot of psychotherapy experience already when they come to me. With them I start working with WIM® very soon, after having heard their biography...."
Ms D	"... when I have the impression the client might be open to this method."
Ms E	"Often the clients already use verbal pictures when talking to me ... Then I reply: "Please close your eyes. Does the pressure come more from the inside or more from the outside? What does he pressure look like?"
Mr F	"Relatively soon ... I start with imagery work in the third, fourth, or at the latest in the fifth session."
Mr G	"Relatively early I tell my clients we could work with WIM®." "I use it whenever clients in conversational therapy experience a new understanding of their problems but don't really experience that deep change...."
Mr H	/ [38]

5.2.7 WIM® intervals and usage over what period of time?

Ms A	"One cannot say this in general terms.... in the field of personal growth ... I would recommend 10 sessions.... In the field of psychotherapy, you will have to plan for 20 to 30 sessions." "It differs from case to case.... *[These 20-30 sessions should take place]* Over one and a half years, about every three or every four weeks. It depends on how the person deals with it and needs it."
Mr B	"There are clients with whom I have worked for three weeks, or five to six sessions. And there are clients with whom I have worked for three years. Some clients ... do a sort of interval therapy ... It is different from client to client ... The length of an imagery journey can vary from one minute to two hours...." "When one does WIM® in a group setting and does not give a time limit most participants are usually done after 20 to 25 minutes." "In the beginning it should be more often ... Twice per week is okay in any way.... One has to see how a client deals with it...."
Mr C	"This varies a lot from case to case.... In some cases a single WIM®-session is sufficient.... Sometimes I work with clients, using WIM® over many years, often in intervals."
Ms D	"... one session, it can take an hour or longer. It differs a lot." "It happens that someone comes for half a year and perhaps comes again after another half a year ... Then it often is enough to come for one more session to get back on the track."
Ms E	"Every single WIM® session is valuable and useful ... There is no limit to the top.... This differs from client to client.... There are other clients who came to me to work with WIM® for more than ten years. They say: "Others go for physical cosmetics I go for cosmetics of my soul every two months or once a month ... The average working time with WIM® is half a year to one year."
Mr F	"... it is not very useful to do single WIM® sessions every now and then. On the

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[38] No statement – related to the heading of the table – was given or asked for during the course of the interview.

	other hand ... there are also cases in which this has been useful. But it is best to do WIM® sessions in series. If it is situated more in the field of counselling, I think a series of 20 WIM® sessions is a respectable number." "It is not beneficial for clients, at least in the beginning and in the middle field of their therapy or counselling process, to come less than every two weeks for a session. The more severe the problem of the client the more indicated it is to work with WIM® at least once per week.... One has to individually see what a client can handle."
Mr G	"... about 30 minutes, I tend to see this time span as the minimum for an imagery journey ... it can happen that an imagery journey takes an hour in my practice ... Usually I work with clients for about 1 to 1,5 years. They come for weekly sessions or every two weeks or sometimes the time between the sessions is even longer." "I think it *[shorter inventions]* is ok as a booster to the self-healing capacities of a client...."
Mr H	"This also differs a lot. For some clients a few sessions are sufficient.... And then there are clients with whom one has to work for a couple of years." "In the beginning I usually conduct WIM® sessions every one to two weeks. Then it soon shows whether this is too much or too little." "With children it works very fast, they usually need from one to four or five sessions only." "*[For children WIM® imagery journeys take]* ... between five to ten minutes."

5.2.8 Differences in acceptance related to gender, age or background?

Ms A	"Clients at the age of 40 and older work very well with inner pictures." "With teenagers it is difficult. You can work pretty well with children before puberty and again after puberty." "75% of my clients are female. Women are more likely to want to work with themselves." "Sometimes I don't tell them, we are going to try imagery now.... Instead I say: 'O, well, let us look for images.' And when it worked, I tell them afterwards; 'This was imagery!'"
Mr B	"I did not notice any *[gender related]* differences here ... I have experienced women who had difficulties getting into imagery. And I have experienced men who got into it very well and quickly. And I have experienced it the other way around as well." "Generally it is more difficult for very rational persons to accept working with imagery."
Mr C	"Most of my clients come to me because they want to work with WIM®.... I did not observe any differences in the acceptance of this method linked to age, gender or background."
Ms D	"No, not at all. Religion also makes no difference, whether one is part of a specific denomination or not. It is independent of gender and age. It is independent of political convictions. It is simply human-like."
Ms E	"Men sometimes struggle more getting in touch with their world of emotions. But this is a general phenomenon that shows on the conversational therapy level as

	well."
	"I don't introduce WIM® as a method – this could scare clients ... I avoid that by letting them imagine the verbal pictures they use to describe their problems. Then I say: 'Now you are already in the imagery!'"
Mr F	"I experience a very high acceptance throughout my client base. Often there is even the particular wish to work with WIM® ... Once the clients have experienced WIM® they are usually touched by it."
	"I also experienced that if I remain very patient and don't put clients under any pressure, most of them finally become more and more able to open up to their inner pictures."
Mr G	"Most of my clients are willing to try it. It is something very special."
Mr H	"No. One has to see for whom it is appropriate in that moment. I don't have any scheme I use. There are different options of combining different methods. Some clients respond well to working with WIM® and others might need a cognitive approach, for example.... One has to see this very individualised."

5.2.9 WIM® effects on the therapeutic process and encounter.

Ms A	"When working with inner pictures you always get valuable hints to the questions: 'What is actually happening? ... What is important for you?'"
	"When they *[the clients]* see it *[inner resources]* without me having suggested those pictures, then they can accept it. This is when the clients begin believing in themselves."
	"The inner hurts also show up in the inner pictures...."
	"It is a very intimate frame we are working in. We are getting ... deep into these pictures. The clients are very often touched by them ... deeply moved and shaken up ... These pictures ... never get lost."
Mr B	"The relationship between therapist and client plays a role in how far a client is able to let go and get into deep imagery. In imagery clients disclose very intimate details of their inner worlds, often contents they have not been aware of themselves."
	"The therapeutic work relationship is very intense. I still get e-mails from my ex-clients many years later."
Mr C	"It is not only the method that works. In the first place it is a relationship of trust that has to be established with the client.... In my perception the relationship between therapist and clients does not get changed through the use of WIM®."
	"The use of WIM® makes counselling and therapy more effective and shortens the counselling or therapy time significantly."
Ms D	"In WIM® ... you can enter different levels of consciousness and this timeless dimension which does not exist in conventional conversation ... In WIM® you don't think but you perceive and you receive...."
	"Counselling becomes more effective, because one encounters such sweeping experiences in WIM®."
	"When working with WIM®, one experiences closeness in very intimate areas of the soul ... A client would often not have talked about these themes if they would not have come up in his or her inner pictures."
Ms E	"... it makes a difference, when a client opens up to his or her unconscious when

	doing WIM® ... The client has the competencies within himself/herself, in his/her unconscious, and I can guide him/her there. That brings us to a very different level of working together."
Mr F	"The sustainability effect of psychotherapy increases noticeably...." "... it is much easier to get to the essential sources of problems, because they simply show themselves in WIM®." "*[Working with WIM]* generates a lot of empathy on the side of the therapist, because the client is showing himself or herself very clearly. On the side of the client ... it creates an increased openness for the therapeutic process because the client actually experiences that something happens during the session." "The autonomy of the client gets fostered when working with WIM® ... Even in a guided WIM® the client to a large degree leads himself/herself through his/her own *Value Figures.*"
Mr G	"I do experience a greater sense of closeness when working with WIM® ... I get to know the inner-psychic space of the clients. It enables me to pose questions much more directly." "... WIM® can make the psychotherapeutic process more effective and can even shorten the whole process. Because with this method, clients get into touch with themselves much quicker, easier and on a deeper level than possible in purely conversational therapy, for example." "I also use the *Value Figures* to enquire about the therapy duration and themes, it prevents me from wanting to do more than is useful for the client."
Mr H	"Through working with inner pictures the therapeutic relationship becomes personal very quickly, because through their inner pictures the clients show a lot of themselves. In contrast to that, if one works on a purely cognitive level, it remains very intellectual.... The clients directly reveal themselves through their inner pictures.... I don't mean 'personal' in terms of transference and counter-transference, but I mean that the clients this way open up relatively quickly and one soon gets to the core of things...."

5.2.10 Interviewees' own work experiences with WIM®.

Ms A	"Even when you agree on an imagery goal before you get going on your inner journey, you never know what is going to come up next. It always is a challenge to the therapist." "And to witness this *[clients experiencing and accepting their constructive inner resources]* touches me again and again."
Mr B	"It differs. There are clients who experience the most amazing stories on their imagery journeys, and one listens to it like a child listens to fairy tales. Only that as a therapist I have to be more attentive and to also do my part of the work with interventions. It is sometimes exciting and sometimes also rather tiring and strenuous. When things on the imagery journey are moving very slowly, and one gets tired but has to be very patient ..."
Mr C	/ [39]

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[39] No statement – related to the heading of the table – was given or asked for during the course of the interview.

Ms D	"It is something very special for me to work with WIM® ... that one can witness very closely what another person experiences. That people's souls can meet that closely through working with WIM® whilst keeping physical distance.... Another special thing about working with WIM® is that one can help others progress in a very gentle way."
Ms E	"I love the variety and the continuous challenge it offers to me as the therapist. Every session, every client is different. And I love working value-oriented. I also benefit from that, because I am part of the positive energy which is entered." "Another aspect I very much like about working with WIM® is that it leaves a lot of space for feeling. When I give the client space and time to feel, I don't sit there and take notes or do something else, but I am mentally and energetically in this feeling-room too."
Mr F	"A person shows a lot of himself or of herself through his or her inner symbols. These inner symbols are very touching to the therapist as well at times. This creates a greater sense of feeling close to the client."
Mr G	"Since I integrated WIM® into my work, I feel I am doing really useful work. It adds a dimension to therapy that cannot be reached through conversational therapy alone." "Working with the inner *Value Figures* gives me a great sense of security, because they protect the client from potential re-traumatisation."
Mr H	"Exciting! I find the inner pictures fascinating, especially how differently coloured they can be, depending on the specific disorder and cause of the disorder. I find it fascinating."

5.2.11 Creative means to deepen the WIM® experience?

Ms A	"I encourage clients to do so, yes. Some like doing it and some don't."
Mr B	"There are clients who paint their imagery experiences ... it can be very helpful if it is a kind of follow-up work. There are also situations where I ask clients to please draw their imagery, because I don't understand all that was there and it helps me to get an overview. I also usually ask clients to draw their *Tree of Life*. Nobody is scared of drawing this motive. It is also important to tell the clients that the quality of the drawing does not matter at all." "*[They]* Sometimes *[draw it]* within the session, usually at home."
Mr C	"I encourage clients to share their imagery journey experiences and to write them down. Sometimes clients experience a deepening of their emotions and of their feeling of being moved by their inner pictures and experiences within them during the writing down process. Some clients paint or draw imagery scenes on their own. Sometimes I encourage them to do so."
Ms D	"In the beginning I ask my clients to write their imagery journey experiences down back at home. It would be a pity not to write them down. And if clients see things very colourfully I ask them directly: "Don't you want to paint this?" The client I told you about, she very much enjoyed painting her imagery and it meant a lot to her."
Ms E	"No. It would be too time intensive."
Mr F	"I don't do that.... I did gather certain experiences though. A client asked an artist to build a one meter long wooden rainbow for her, to represent the rainbow

	she had experienced during a WIM® session. It turned out to be a dead piece of wood for her. One cannot capture the power of an experienced inner symbol and preserve it like that. It is different when the client who experienced something touching in the imagery expresses this herself, for example by painting it, or by writing a poem, or in any other means. This I think is useful and meaningful."
Mr G	"That differs from case to case. It can happen that I say to a client: 'Paint it out of you!' or 'Write a letter!'"
Mr H	"Some of my clients do that out of their own, especially children.... They bring it along to the following session ... one can read a lot in these drawings.... It is also possible that clients extend the drawing. That they have not told everything they have seen on the imagery journey... I find out more and I can ask more ... The younger the client is, the more expressive his/her drawing or painting is, because the person is not reflecting what it should look like ... Clients who are verbally rather plain often can express themselves far better in pictures...."

5.2.12   Intercultural experiences with WIM®.

Ms A	"I have no experience with this ..."
Mr B	"Theoretically one should be able to do imagery work with any person from any cultural background. In some cultures dream work is very common." "I did imagery sessions with people from East Germany ... In certain groups an *Inner Figure* that is Jesus-like appears in imagery. Clients who come from the atheistic German Democratic Republic socialisation sometimes have similar religious symbols, but they may be lined up in a row: Buddha, Jesus, Mohammed and so on."
Mr C	"I do not have any experience of working with clients from different cultural backgrounds than my own."
Ms D	"One client of mine was from Russia. And even here in Germany people are very diverse."
Ms E	"I have quite a number of clients from a Muslim and Turkish background.... I had a client last week from Turkey, a cultural background where people believe in the 'magic eye', where the mother protects her child so that no-one will become jealous of it.... When doing WIM® with this client these magical beliefs also showed in her imagery symbols. Luckily I knew about this aspect, so I could recognise it and integrate it into our work.... I have to know the major cultural elements that could make a difference in the client's perception of the world and himself/herself."
Mr F	"I once had a Greek client. In his imagery positive symbols showed itself which I did not instantly recognise for what they were. But it becomes clear when the client answers the standard question of what a symbol emits and what it makes him or her feel like when looking at it and when getting closer to it. I assume that in our collective subconscious there is a treasure of very common symbols but differentiated into regional dialects, as Fromm once put it."
Mr G	"No, I don't."
Mr H	"Interestingly the inner pictures, the basic and archetypal ones, are rather similar ... *[I have worked using WIM®]* For example with clients from South America,

	actually with clients from all continents.... From Africa as well.... There are also some cultural specialities. In China, for example, being tricky is seen as a virtue ... In our *[German]* culture being tricky is seen as something negative. These are cultural specialities one has to know a little about.... For example an inner figure could appear, saying 'I am great, I am tricky!' It would have a different meaning here.... I ask the client what it means, and I read about the culture of the client I work with."

5.2.13   Experienced WIM® impacts and potencies.

Ms A	"This it is a wonderful method to get into a better, loving contact and into harmony with oneself and with others, to live a rich and meaningful life." "It is a method that ... generates solutions...." "One can actually not escape those images again. The beauty about this method is that it puts itself into practice almost by itself." "One can do a lot of stabilising work with it." "Many people suffering from some psychological disorder feel inferior, are ashamed, have a very low self-confidence. And here are the inner *Helping Figures* accepting them without judgement and exactly as they are." "One can ... take the discovered and established inner figure into one's outer reality." "All this *[these pictures and this knowledge]* is within the people themselves." "I can enter into the dream and develop a WIM® out of it, going further."
Mr B	"This imagery technique helps to get into touch with one's feelings, especially with one's *Value Feelings* ... feelings that represent human core values." *[Mr B tells an example of successful therapeutic work with a client who suffered from depression and suicidal intentions. A second example is of a client who suffered from an anxiety disorder and includes successful inner fear exposition training, see Interview Condensation Mr B , Appendix A.2]* "Some clients only start remembering their dreams after having worked with imagery.... They often show where the problems of the clients are.... One can work with WIM® at their contents and enter right into them consciously."
Mr C	"I ... use it *[WIM®]* to enable the transfer of cognitive knowledge into action. To come into touch with one's own potential through WIM® helps make new options come true." "I for example worked with a manager suffering from symptoms of burnout ... It helped him to get out of his burnout. Another client was a woman who was a cancer patient. She was very afraid of the chemotherapy waiting for her.... To meet this personified fear *[in her inner pictures]*, to walk up to her, face up to her and get into contact with her was strengthening." "By getting into contact with their inner resources in WIM® they *[the clients]* can quickly regain autonomy and inner freedom. Through *Value-Oriented Imagery* focussing on the clients' resources, problems can dissolve without having had to work conflict-oriented ... Counselling times are drastically shortened when WIM® is used."
Ms D	"It is very helpful in finding oneself and in more and more being oneself." "Aspects of your self will surface ... and can be reintegrated when working with

	WIM®." "At some point a person's spirituality becomes visible, even when people did not think they had any.... It can touch people deeply and change their attitude." "This is also something special: the lawfulness one experiences in WIM®. That everything is meaningfully interconnected...." "When working with WIM® you experience that you are not alone and that you will receive help." *[Ms D tells an example of a client with whom she did successful grieving work using WIM®. In another example Ms D shows the case of helpful partnership crisis work with WIM®, see Interview Condensation Ms D, Appendix A.2.]*
Ms E	"It helps the client to get to know her/his soul's landscape." "The strength of logotherapy and of working with WIM® is the focus on the individual's resources." "... WIM® is very potent in the field of disclosure.... Usually clients don't know what the source of their problem might be, when consciously thinking about it.... Working with WIM® makes the true inner reasons surface." "I use WIM® to disclose traumata and to make inner values accessible and to enable clients to experience them *[the values]* within their inner worlds."
Mr F	"For the basic question of "How can I talk with a client that he/she also really feels what we are talking about?" ... I see working with WIM® as a very excellent answer. I get this feed-back from my clients as well."
Mr G	"It *[WIM®]* enables very sustainable new experiences." "One's inner potentials are approached and activated...." "When we want to track something down ... working with WIM® is ideal. Because in the *Value-Oriented Imagery* I can see the soul's landscape of my client and what all is in there." "Once a client found an access to his/her *Value Figures* he/she cannot get lost.... In the end they help the clients to position themselves in a new way. To position oneself on the side of a *Value Figure* is already an essential change." "The imagery is like a proof of how much the client has achieved in therapy already."
Mr H	"For some clients WIM® is a very good tool to get to the sources of their problems or also to work at them therapeutically." "To work with WIM® is very diagnostic." "A person is able to perceive in inner pictures what is happening. After such an experience it is also very understandable for the client *[for example psychosomatic connections]*." "There are great parallels between imagery pictures and dream pictures. The one helps to interpret and understand the other." "WIM® helps clients to find back to their spiritual dimension, and by that also helps to find meaning in their lives.... This interestingly is completely independent of the cultural background of the client."

5.2.14   WIM®, especially useful for specific disorders/problems?

Ms A	/ [40]
Mr B	"Actually one can work with WIM® in all fields, in principle, because it is mainly about using *Inner Helpers.* They are personifications of positive inner forces."
Mr C	"From my experience working with WIM® is especially helpful for person's suffering from anxiety disorders, mild to medium severe depression, eating disorders (for example anorexia nervosa), compulsive disorders, somatoform disorders, addictions (after detoxification), and within couples therapy. Even for persons suffering from major depression I have collected positive experiences working with WIM**®:** it can prevent clients from having to go into a clinic for treatment." "It is also an excellent method when working with sexual trauma...." "In the case of a serious couple conflict already a single WIM® session helped a client to reach a clearly felt inner decision, whilst hours of counselling on the cognitive level did not bring any progress."
Ms D	/ [41]
Ms E	"Working with WIM® is more or less equally useful for all problems." "This is what WIM® is very good for, to get to these positive inner potentials."
Mr F	"I would not say that working with WIM® is especially useful for specific disorders. I would instead say in WIM® it shows that the name of the disorder is not actually that important, but what lies underneath this disorder is the central question. And that results into different disorders in different individuals for whatever reason. One person is more prone to slide into an addiction the other person is more likely to develop a compulsory disorder."
Mr G	"I see an advantage in working with WIM® for all problems or disorders. Where ever a client focuses on his/her potentials, his/her life-oriented power, it is very helpful."
Mr H	"In the first place *[I find working with WIM® useful]* for all clients who suffer from feeling a lack of meaning in their life."

5.2.15   Limitations to working with WIM®.

| Ms A | "It *[work with WIM®]* helps when you are willing to engage with it. Otherwise it is just colourful pictures."
 "It is rather difficult to dissolve systemic entanglements with imagery.... With one *Family Constellation* I can save four to five imagery sessions."
 "You should not use imagery with psychotic persons."
 "A dental treatment also has a contra-productive effect! ... The injection was still working. And then you see pink cows and purple clouds and things like that."
 [Ms A mentioned that any sedative medication taken could have a blocking effect on imagery.] |
| Mr B | "There are certain areas in which I ... would avoid working with imagery: ... with psychotic clients ... here a doctor would have to be involved as well ... it would |

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[40] No statement – related to the heading of the table – was given or asked for during the course of the interview.
[41] see footnote 40

	have to be done within a team of therapists. Then it might be useful to work with WIM® here as well." "In the group setting it may happen that participants fall asleep on their imagery journey ... this can even happen in a one on one setting, it once happened to me.... *[The client]* said she was too exhausted from work. I ... later realised it was ... resistance instead." "I once had a negative experience.... A client from a neighbouring town came to me. I did imagery work with him, and he did not tell me all he had experienced on the imagery journey. Afterwards he experienced problems because of this. If someone does not communicate his/her imagery experiences during the session I cannot respond."
Mr C	"Working with WIM® is no magic cure. It is important to work together with specialists from other fields as well, for example in the case of working with clients suffering from major depression." "It is very difficult to work with WIM® when clients cannot let go of conscious control, for example in the case of clients with severe compulsory disorders. The same is the case for clients with very severe anxiety disorders...." "Working with WIM® is very difficult or may not work for clients with a lot of inner resistance ... a fear of coming into contact with one's own inner world." "I have heard of clients' negative experiences with group imagery that was conducted without an experienced therapist and without the offer of after imagery care."
Ms D	"It *[WIM®]* only works for the themes that are relevant to the individual person at that specific time in his or her life." "Limitations of working with WIM® are ... when the client would have an inadequate guide *[or therapist]*. Because it is very important to make sure the client is not sliding onto a rational, cognitive level of consciousness during the imagery. The rational judging process is absolutely in the way when doing imagery." "It can also happen that a client does not want to work with WIM®, because he/ she is scared of what might happen there.... These are clients who do not want to know about themselves in depth. But this is the exception." "It does not work if you want to do it for someone else. You have to do it and to want it for yourself."
Ms E	"I see the limitation of working with WIM® for clients who suffer from flash backs, from traumatic pictures torturing them ... I call it trauma processing, what is needed here.... My experience is that looking at inner pictures alone often is not sufficient or takes too long and is quite strenuous.... I looked around with the question: how can a trauma get erased from one's memory? I found the Wingwave-Method[42].... By testing the muscle tension we find out where the stress is located and work with EMDR[43], with guided eye movements, to delete the trauma memory. I combine working with EMDR and WIM®.... If I would use WIM® alone, I would have to do a separate imagery journey to each destructive belief and work at changing them."
Mr F	"For about 10% to 15% of my clients it is not useful, they don't get into it

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[42] *[see Interview Condensation Ms E in Appendix A.2]*
[43] *[EMDR is the abbreviation for Eye-Movement Desensitisation and Reprocessing. It is a fairly common method used in trauma therapy to help treat post traumatic stress disorders (Colman, 2006)]*

	because they cannot let go of conscious control." "... some clients ... did not want to see what was coming up in their inner pictures ... In a case like that it is important to see whether it makes sense to talk with the client about her/his resistance to finally overcome it. It could also be the case that the resistance has an important function and should be respected." "One ... has to ask, could it be, that a person, because of his or her disorder is psychologically too 'I' ('Ego')-instable, so that he/she could possibly be pulled away when diving into the world of symbols during WIM®. If this was the case, it would be a contra-indication for working with WIM®.... You will see this very soon when trying to do WIM®. You can hear it from the way the person's voice starts sounding. You will see it from the symbols that are coming up.... "
Mr G	"Sometimes there is a reason for the imagery not to work. As for example in the case of the one client, who was unable to call her inner *Value Figures,* who in the end still wanted to keep her family secrets hidden away. My experience is that once clients move more towards the life-oriented pole of being, the ability to do imagery increases.... I talk with them about resistance, often in a provocative way. It can happen that a client does not come again. I wait for two weeks, and usually she/he has called me up again by then. Now we can really move on. I can also see it in their imagery that an important decision was made. The WIM® journeys become easier." "Clients I worked with who did not manage to get into the imagery and believed because of that that something was wrong with them. It can happen where people have such personality traits that they easily get very frustrated and devalue themselves."
Mr H	"With clients suffering from psychotic disorders I don't do imagery. With clients suffering from a borderline personality disorder I would not do imagery in the beginning of the therapeutic process. I prefer working with other methods here. Later on, when the client emotionally has become more stable ... it is possible to work with WIM®.... Where someone is suicidal, I do not use imagery. Not in the beginning. But once the clients have reached safer grounds again, one can of course work with WIM®."

5.2.16   WIM®'s contribution to Logotherapy.

Ms A	"Logotherapy has as its central core to help me find my meaning in life. It is a meaning-centred form of therapy. WIM® is a practical method to achieve this.... The WIM® experiences all want to evoke meaning. Very often people say after a WIM® journey: 'Yes, this makes sense!' 'This is my sense, my meaning'." "In WIM® we also have *The Meaning Finders* as inner figures, they can ... guide us to our meaning.... It is a wonderful method to implement the logotherapeutic attitude."
Mr B	"Logotherapy without WIM® usually takes place on the conversational level, with for example inspirational stories being told or read by the therapist. It is more distanced which sometimes is good. When working with WIM®, the clients get into greater depth. He/she can deepen encouraging experiences in his/her inner world. It enables clients to get closer to their emotions and felt inner values."
Mr C	"Boeschemeyer's *Wertimagination* is an excellent contribution, because Frankl's

	Logotherapy is very much founded on the intellectual level. Through working with WIM® the pre- and unconscious levels are added. By integrating WIM®, the *Enneagram* and the *Dense Dialogue*, Boeschemeyer closed a gap in Logotherapy. Not everybody is able to practise Frankl's *Paradox Intention*. Frankl had a great sense of humour, for him this method was working well, it suited him. But one cannot simply copy this."
Ms D	"It *[WIM®]* is an unbelievably important method. I have a lot of respect for its developer. It is the most helpful method we have at hand."
Ms E	"I got to know WIM® first and afterwards I got to know Logotherapy. Logotherapy without WIM® would not be an approach I would want to work with. So, the contribution of WIM® to make Logotherapy attractive for me is huge, I cannot think of separating the two.... To work on a cognitive level only is not an approach to psychotherapy I would want to follow. The anthropology of Logotherapy in many ways is very impressive to me, but without WIM® I would not want to work with it."
Mr F	"Logotherapy ... *[in Germany]* it is split up into two major streams. The one direction is ... led by Dr Lukas, it teaches a very cognitive approach and rejects working with the subconscious dimension ... Then there is another movement, led by Dr Boeschemeyer, in which working with the subconscious plays an essential role ... In the section of Logotherapy that works with the subconscious as well, WIM® plays a central role ... A precondition for being able to find meaning in life is that I experience the inner enabling reasons and the inner disturbances or blockages to meaning finding as well. This means that I feel inner freedom, inner ease, inner security and so on. The experience of those emotional forces within myself is the experience of meaning and enables at the same time the going out into the world and finding meaningful assignments there ... It can be experienced through working with WIM®."
Mr G	"WIM® ... works at the emotional existence of a person, at ... very deep layers ... "In WIM® I see a further development of Logotherapy ... Frankl's *Dereflection* can be psychotherapeutically useful, but I see certain limits to his postulated 'defiant power of the human spirit'. When I am walking around with an old trauma, I can probably still do some meaningful things in life. But whether I manage to get into this meaning-orientation in a state like that, whilst I cannot really be in the here and now, with the old trauma still pulling me somewhere else, I doubt it ... I see Boeschemeyer's work as an essential contribution to Logotherapy in general.... My impression is that Boeschemeyer's WIM® rounds off Logotherapy as a whole ... Through WIM® one can experience what Logotherapy is all about."
Mr H	"I believe Logotherapy to be far more successful with WIM® than without. This is my personal experience and the experience of other therapists I know." "I think the major contribution of WIM® is that working with imagery was introduced to Logotherapy. With this one can ... move from a purely cognitive level into spiritual areas. It happens very often, if one works with WIM® over a longer time, that clients enter the area of *religio*. I don't want to say religion or denomination. It does not have anything to do with that. But they enter a spiritual area." "To work with WIM® is very diagnostic. This is why I appreciate WIM® within Logotherapy a lot."

5.3   Tabular comparison: Expert Interviewees', Other Therapists', Clients' and Developer's perceptions

In this section further abstractions of the expert interview result tables presented in the previous section are compiled, as well as the major aspects of the work experiences and perceptions of *Wertimagination* reported by other therapists, clients and the developer (Uwe Boeschemeyer) found in the existing body of literature (see section 3.2). This was done to enable an easier comparison of the different perspectives of work experiences with *Value-Oriented Imagery*.

5.3.1   WIM® effects on the therapeutic process and encounter.

Expert Interviewees	- valuable diagnostic tool - stabilising and strengthening approach - provides authentic, touching, moving or "shaking up" insight to clients - provides clients with access to their feelings and inner resources - creates an intimate, personal, empathic and open frame for therapy/counselling - intense therapeutic work relationship - deepens therapeutic process - spiritual themes may surface - client's autonomy remains relatively high - increases effectiveness and speed of therapeutic process - increases sustainability of psychotherapy
Other Therapists	- valuable diagnostic and prognostic tool - stabilising and strengthening - deepens therapeutic process - provides clients with access to their feelings and inner resources - creates an intimate, personal, empathic and open frame for therapy/counselling - spiritual themes may surface - the clients' autonomy remains relatively high - working with WIM® improves the therapist's intuition - a WIM® experienced therapist can understand the unconscious destructive forces of her/his clients better and is less likely to be provoked by clients' therapy relationship tests - the end of a therapeutic process is less difficult for the client because the inner *Value Figures* are taken along

Clients	• the clients' autonomy remains high/gets fostered • feeling of independence from the therapist, because their own inner pictures speak to the clients • the method is transparent, no secret expert knowledge on the side of the therapist • the client remains the specialist and is responsible for her/his own life • the client is the one who has the final insight and right to the interpretation of his/her inner pictures
Developer (Uwe Boeschemeyer)	• the clients' autonomy remains relatively high • the clients' independence and capacity to take on responsibility for themselves gets fostered • spiritual themes may surface

5.3.2 Experienced WIM® impacts and potencies.

Expert Interviewees	• exploring, confronting and overcoming destructive feelings and beliefs • strengthening and comforting through focus on inner resources; this may make conflict-oriented work unnecessary • enhanced self-knowledge of one's "soul's landscape" • regaining autonomy and inner freedom • kind and constructive contact with oneself and with others • *Value Feelings* can be discovered to live a rich and meaningful life • provides solutions not accessible to rational thinking • enables transfer of cognitive knowledge into action • reintegration of suppressed aspects of the self • sustainable new, positive experiences are made • unconditionally being accepted can be experienced in one's inner world • transcendental experiences often surface unintended, they can be very touching and lead to changed attitudes • a meaningful inter-connectedness can be experienced • psychosomatic connections become visible and understandable • trauma disclose becomes possible, if wanted • gentle and safe trauma therapy becomes possible under the assistance of inner *Value Figures* • constructive dream work becomes possible
Other Therapists	• strengthening impact through focus on inner resources; this may make conflict-oriented work unnecessary • deep confrontation of inner life-negating forces becomes possible

	- felt contact with inner resources becomes possible - encouraging experiences in the inner world enable the clients to try out new constructive behaviour in the outer world - trust in life can be experienced, distrust gets reduced - experiences of unconditional acceptance in the inner world enable the client's self-acceptance - regressive wishes of the clients are transformed into wanting to take responsibility for their life again - experiencing own healthy inner aspects comforts clients - psychosomatic connections become visible and understandable - clients suffering from psychosomatic problems can experience inner strength, calmness, ease and gratitude through work with WIM® - WIM® helps in the transplantation of donated organs to enable the psychological acceptance of a new organ *Inner Parents* can assist heal inner wounds - clients suffering from mobbing can receive help to get out of their victim role - enables the healing of grief and feelings of guilt - clients suffering from burnout syndrome come in touch with their feelings and needs again - transcendental experiences often surface unintended, they can be very touching and lead to changed attitudes - children and teenagers can benefit: for example overcome dyslexic problems
Clients	- constructive inner values are experienced, for example courage, hope, joy, inner strength, warmth, love, inner calmness, dignity and trust - new development opportunities are discovered - improved control of destructive feelings - encounter of the inner self - integration of repressed aspects of self - acceptance of oneself - individual and creative solutions become visible - activation of the inner potential - increased inner strength - increased courage in dealing with outer life challenges - gained optimistic and more joyful outlook on life - revived interest in music/creativity - having become more playful - increased ability to sense own needs - having become more open and positive towards other people - increased ability to stay calm when dealing with conflicts - discovery of an *Inner Place of Quiet*

	• transcendental experiences • psychosomatic symptoms (for example nausea and dizziness) are overcome or improved • sustainable support through *Inner Parents*
Developer (Uwe Boeschemeyer)	• improved self-confidence • greater sense of inner freedom • inner strength, balance and calmness • experiencing joy in life • improving one's creativity • preparation of solutions • trust in life • deepened engagement with life • transcendental experiences • getting a clear sense of identity • finding meaning in one's life

5.3.3 WIM® – specific indications.

Expert Interviewees	• useful for all fields of problems, because WIM® mainly is about work with *Inner Helpers* who are personifications of positive inner forces • more or less equally useful for all problems or disorders, because of its focus on the client's inner constructive resources • especially helpful for person's suffering from anxiety disorders, mild, medium severe and even major depression, eating disorders (for example anorexia nervosa), compulsive disorders, somatoform disorders or addictions (after detoxification) as well as for couples and trauma therapy • for person's who suffer from a lack of meaning in their life
Other Therapists	• psychotherapy • personal growth • educational context • couples therapy/relationship problems • mobbing • burnout syndrome • psychosomatic disorders • chronic pain disorders • grieving • feelings of guilt • transcendental experiences • dyslexia (children and teenagers) • psychological organ transplantation acceptance • supplement to conventional cancer therapy

Clients	- relationship conflicts and couples therapy - psychosomatic problems/disorders - personal growth - burnout syndrome - disclosure and healing of sexual trauma - auto-aggressive behaviour - acceptance of aging
Developer (Uwe Boeschemeyer)	- psychotherapy: especially for all so called neurotic disorders: for example depression, anxiety disorders, compulsive/obsessive disorders, addictions, burnout syndrome - psychosomatics - relationship problems and couples therapy - irreversible fate - search for meaning in life - wanting to engage with one's spirituality - personal growth

5.3.4 WIM® limitations.

Expert Interviewees	- WIM® only helps when the person is willing to engage with her/his inner world - clients have to be willing to let go of conscious control to do imagery, this might be problematic for example for persons suffering from severe compulsory disorders or from very severe anxiety disorders - inner resistance might for example lead to clients falling asleep during the imagery - clients have to be willing to communicate their imagery experiences to the therapist to receive adequate assistance on the imagery journey and afterwards - any sedative (or anaesthetic) medication still active in the body can have a blocking effect on the ability to do imagery - in a psychotherapeutic context, WIM® should only be done in a face to face setting - imagery should not be done with "I" ("Ego")-instable, psychotic persons; it might only be beneficial here, if it is done in a team of therapists and doctors - WIM® group imagery should only be done in a personal growth context; it needs the offer of individual after care; it should not be conducted by an unqualified and therapeutically inexperienced person - WIM® only works for themes relevant to the person going on the imagery journey - WIM® can only be used successfully, if the therapist/ counsellor is well-trained and self-experienced at it

	• WIM® is no magic cure: other psychotherapeutic approaches and specialists should be integrated where ever beneficial for the client (as for example Family Constellation methods for diagnosing systemic entanglements or EMDR techniques to treat persons suffering from post traumatic flash backs)
Other Therapists	/
Clients	• one WIM® seminar participant could not overcome her inner resistance to get into the imagery and felt disappointed about that • one WIM® seminar participant experienced great problems to stay in the imagery due to inner resistance (foggy, blurred pictures, quickly changing, unconnected pictures, headache, heartache); the feeling that other group participants were "doing it better" was additionally stressing him
Developer (Uwe Boeschemeyer)	• intellectualising imagery scenes can prevent the client from a deep and moving experience and insight • if a client is not willing to see the full meaning of his/her inner pictures (for example only wanting to focus on the beautiful aspects) he/she might not benefit from WIM® • "I"-instable persons or persons with inner resistance might respond with somatic reactions to imagery experiences

5.4 Overlapping and differing experiences: (Logo)therapists, Clients and Developer

In the following section overlapping, partly overlapping and differing perceptions and work experiences of the three researched groups (reported in interviews or in the reviewed body of literature) with *Value-Oriented Imagery* will be presented in writing and partly graphically to show the major common and differing perceptions.

The experiences and perceptions about three important researched aspects of working with *Value-Oriented Imagery,* namely *WIM®* benefits, *WIM®* indications and *WIM®* limitations, that fully overlap, which means they are shared by all three researched parties – (logo)therapists, clients and the developer (Uwe

Boeschemeyer) – are presented in the *Figures 5.2, 5.3 and 5.4* to enable a quick glance at them. They are represented as category A in *Figure 5.1*.

The only partly overlapping perceptions and experiences documented, which means they are shared by two of the researched parties only (represented as category B in *Figure 5.1*), as well as the differing perceptions and experiences that were only reported by one of the researched groups (represented as category C in *Figure 5.1*) are abstracted and presented in writing in this section because here it was perceived as necessary by the author to use more than just one expression to explain what aspects were mentioned.
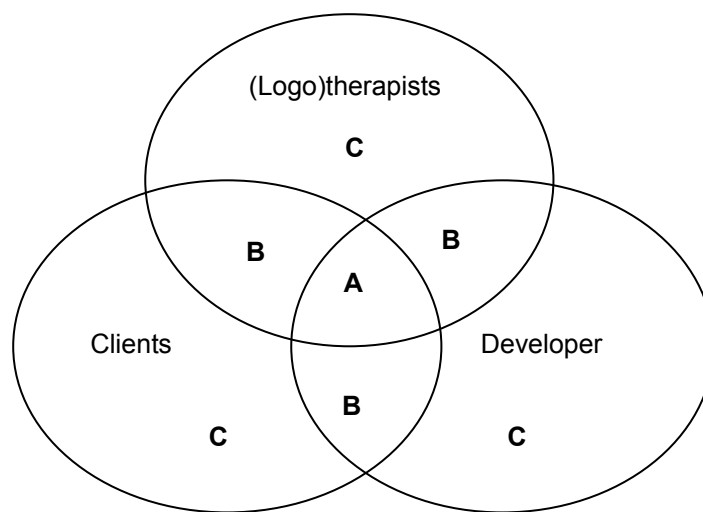
Figure 5.1 Three perspectives:
Overlapping and differing experiences with WIM®
(developed by author of dissertation)

5.4.1 WIM benefits.

Category A: experiences of *WIM®* benefits shared by all three parties

From immersing myself in the contents of the tables presented in section 5.2 it became clear that there was a great area of overlap: many similarities in the experiences with and perceptions of the beneficial impacts of working with *Value-Oriented Imagery* were reported by all three researched groups (logo)therapists,

clients and the developer). To portray the major benefits reported by all groups researched, *Figure 5.2* was designed.

A

**enhanced self- knowledge
& self-confidence**

acceptance of oneself

inner strength

inner calmness

trust in life

joy in life

client's autonomy gets fostered

transcendental experiences

solutions become visible
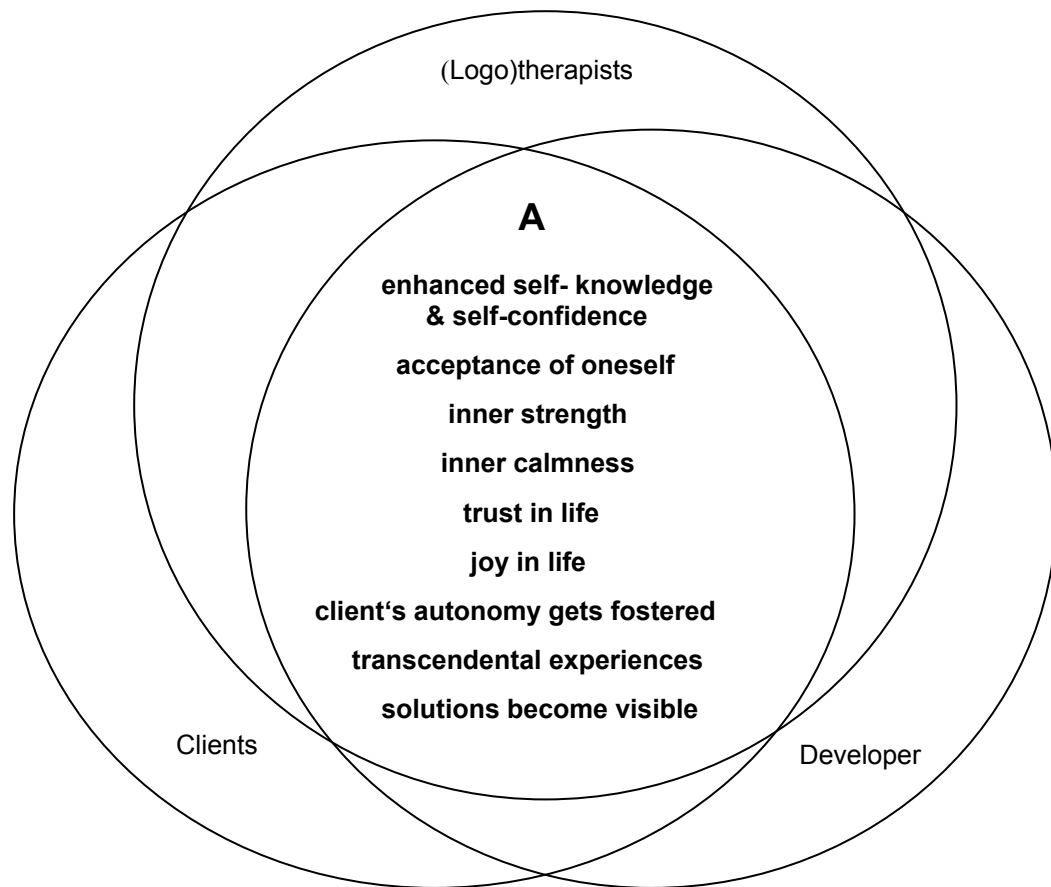
Figure 5.2 **WIM® benefits experienced by all three parties**

Category B: experiences of *WIM®* benefits shared by two parties

(Logo)therapists and clients both state the following additional benefits of working with *Wertimagination*:

- **constructive values/*Value Feelings* (for example courage, hope, love, dignity, gratitude) are experienced and activated in the inner world**

- **destructive feelings and beliefs are explored, deeply confronted and overcome or controlled**

- **(re)integration of suppressed aspects of the self**

- **psychosomatic symptoms become visible and can be overcome or improved**

- **increased ability to sense own feelings and needs**

- **sustainable healing support through *Inner Parents***

- **regained inner strength and courage for dealing with conflicts in outer life**

Together with the developer (Uwe Boeschemeyer) the (logo)therapists additionally point out they experienced the following benefits of working with *Value-Oriented Imagery:*

- **greater sense of inner freedom and autonomy**
- **finding one's meaning in life**

Together with the clients the (logo)therapists additionally emphasise the following benefits:

- **kind, constructive and more open contact with oneself and with others**

Together with the developer (Uwe Boeschemeyer) the clients point out one additional benefit:

- **revived interest in creativity**

Category C: experiences of *WIM®* benefits stated by only one party

The (logo)therapists additionally mention the following benefits of working with *Wertimagination*:

- **comforting therapy/counselling effect through focus on healthy inner resources**
- **conflict-oriented work may become unnecessary**
- **transfer of cognitive knowledge into action becomes possible**
- **new positive experiences are made in one's inner world: for example being unconditionally accepted**
- **provides authentic, touching or "shaking-up" insight for clients**
- **provides valuable diagnostic and prognostic insight**
- **enables healing of grief and feelings of guilt**
- **trauma disclosure and gentle trauma therapy becomes possible**
- **dream work (for example nightmares can be worked at)**
- **the therapeutic process gets deepened**
- **intense (intimate, personal, empathic and open) work relationship can be established**
- **the effectiveness, speed and sustainability of therapy/counselling can be increased**

The clients additionally point out the following benefits of working with *Value-Oriented Imagery*:

- **new development opportunities become visible**

- **becoming more playful again**

- **regained interest in music**

- **transparent method to work with – no secret knowledge on the side of the therapist**

- **the client remains the specialist and responsible for her/his life**

- **client has final insight and right to the interpretation of his/her inner pictures**

The developer (Uwe Boeschemeyer) additionally points out the following benefits of working with *Wertimagination*:

- **deepened engagement with life**

- **getting a clear sense of identity**

5.4.2   WIM® indications

Category A: experiences of *WIM®* indications shared by all three parties

With regard to the specific indications for working with *Value-Oriented Imagery* the fields of beneficial application reported by the three researched groups all together was very similar. The major fields mentioned are shown in *Figure 5.3.* Work with *WIM®* was experienced to be helpful in the following fields:

- **for all problems in the field of personal growth**, for example irreversible fate, grieving, feelings of guilt, search for meaning in life or wanting to engage with one's spirituality

- **in the field of psychotherapy** for all so called neurotic disorders, for example anxiety disorders, mild and medium severe depression, compulsive/obsessive disorders, eating disorders, somatoform disorders, addictions, trauma therapy, couples therapy or relationship problems. Positive experiences have also been made by the interviewed logotherapists in using *Wertimagination* for persons suffering from borderline personality disorder, suicidal intentions and from severe depression – in cooperation with psychiatric specialists. Psychotic disorders are usually seen as contra-indicated for the work with *Value-Oriented-Imagery.* Persons suffering from a burnout syndrome are reported to benefit from *Wertimagination* by all three parties.

- **in the field of medicine** work with *Value-Oriented Imagery* is for example experienced as helpful in transplantation medicine (for the psychological acceptance of donated organs) and as a supportive component of conventional cancer therapy (as reported by (logo)therapists)

- **in the educational field** work with *Wertimagination* is reported to be of great benefit for example in cases of mobbing or children/teenager suffering from dyslexia
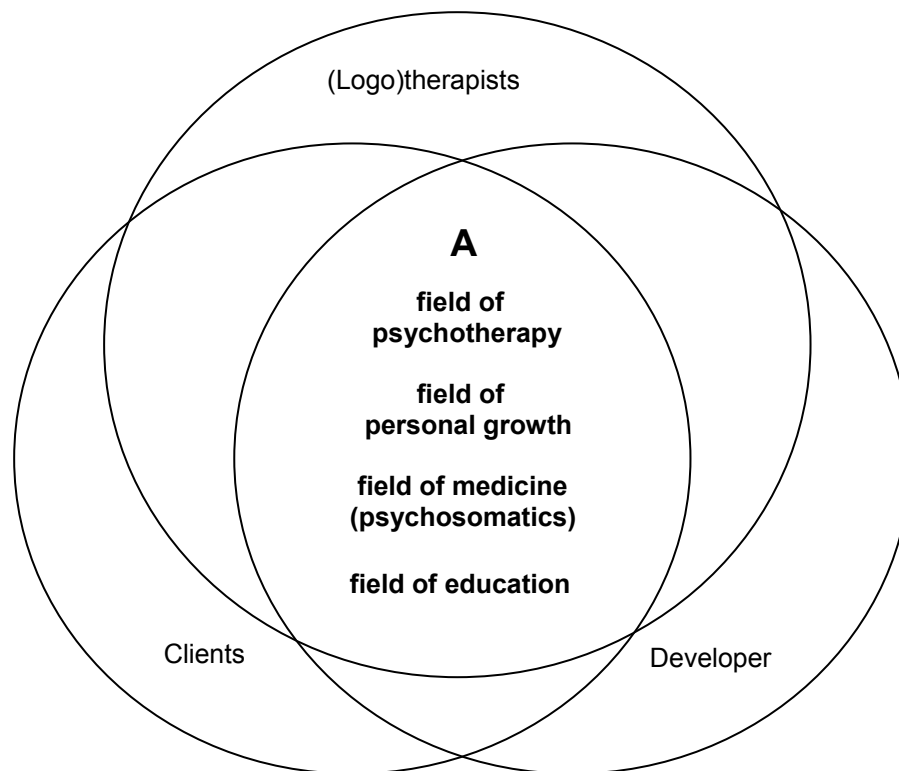
Figure 5.3 **WIM® indications experienced by all three parties**

5.4.3 WIM® limitations.

Category A: experiences of *WIM®* limitations shared by all three parties

As visible in *Figure 5.4* only one possible limitation to working with *Value-Oriented Imagery* was expressed by all three parties: the case of the client's resistance to getting into closer contact with his/her felt inner realities. This was reported to for example result in clients agreeing to work with *Value Oriented Imagery*, but not getting into their inner pictures, not being able to stay in them, quickly changing pictures, experiencing foggy or blurred pictures, not being touched and not gaining insight from the inner pictures – but intellectualising the experiences instead, not wanting to see the whole picture, developing somatic symptoms during the imagery or falling asleep on the imagery journey.
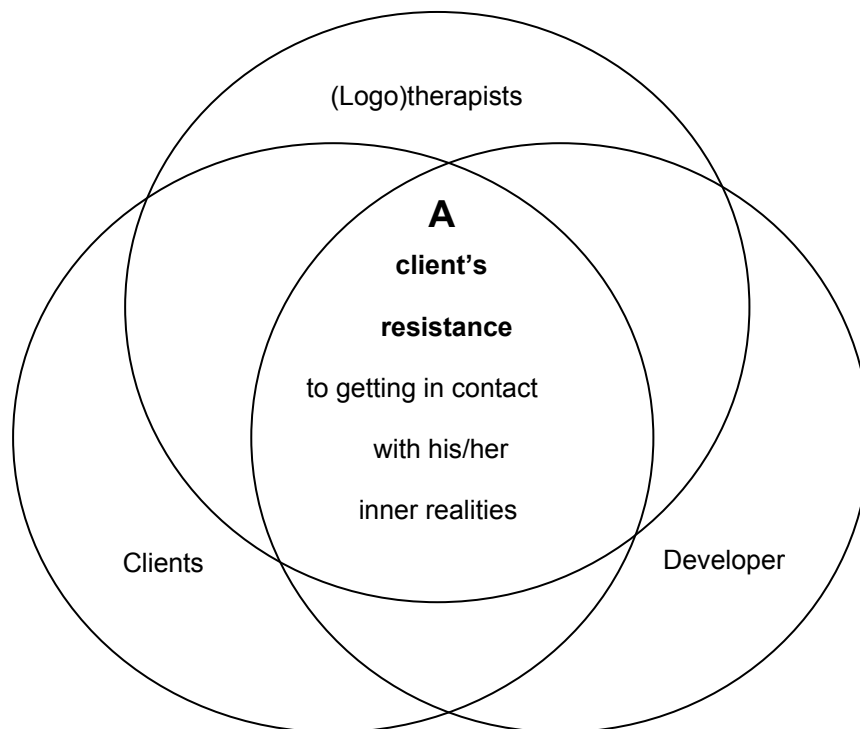
Figure 5.4 **WIM® limitation experienced by all three parties**

Category C: experiences of *WIM®* limitations stated by only one party

The *Wertimagination* developer (Uwe Boeschemeyer) in addition points out the following limitation to working with *WIM®*:

- **"I" ("Ego")-instable persons might respond with hindering somatic reactions to imagery experiences**

A client adds another possible limitation, where *Value-Oriented Imagery* is done in a group setting:

- **feeling of competition about getting into imagery**

The (logo)therapists additionally state the following experienced limitations to working with *Wertimagination*:

- **clients are not willing to let go of conscious control during the imagery**
  (for example persons suffering from severe compulsory disorders or very severe anxiety disorders)

- **clients are not willing to communicate their imagery experiences to the therapist**

- **WIM® only works for themes that are relevant to the person going on the imagery journey**

- **any sedative or anaesthetic medication still active in the body can block the imagery**

- **WIM® in a psychotherapeutic context should only be done in one on one settings**

- **not recommended for psychotic, "I" ("Ego")-instable persons, unless accompanied by a psychiatrist/doctors**

- **group imagery only in the field of personal growth recommended, after care one on one sessions need to be offered**

- **only well-trained and WIM® self-experienced therapists/counsellors can offer helpful WIM® sessions**

- **WIM® is no magic cure, other therapeutic approaches and specialists should be integrated where indicated**

5.5 Conclusion

In his chapter the analysed results of the qualitative study were presented. To ensure a thick description of the interview contents, transcribed and translated *Interview Condensations* of all eight logotherapists were made available to the reader (one in this chapter and the other seven in Appendix A.2). Subsequently quotations of the interviewees were presented in tables, grouped according to the themes indicated as relevant by in the interview guide. Additional aspects that appeared relevant to the author of this dissertation where included. In these tables original statements of the experts interviewed evolving around the same themes can be compared.

As a following step the essential statements extracted from the interviews were viewed together with condensed statements given with regard to the same aspects of working with *Wertimagination* by other (logo)therapists, clients and the developer of *WIM®*, Uwe Boeschemeyer, to provide a three perspective panorama of experiences and perceptions: (logo)therapists', clients' and the developer's view on *Value-Oriented Imagery.* Overlapping and differing perceptions and experiences were presented subsequently.

The presented results will be discussed in the following chapter and a conclusion will be drawn, as well as recommendations for further research will be given.

CHAPTER 6

Discussion, Conclusions and Recommendations

A qualitative expert interview study was conducted to explore eight German logotherapists' work experiences with Boeschemeyer's *Value-Oriented Imagery*. The majority of the interviewees (seven of eight) work in the field of psychotherapy and one in the field of counselling. As common to qualitative studies with a small sample size, the results of this study cannot be generalised. In addition, the study was limited to a German logotherapeutic context and by the limited interview time (about 1 to 1,5 hours per interview) that did not always allow all questions of the interview guide to be answered in depth.

Being of explorative nature, the expert interview study examined eight logotherapists' work experiences and perceptions, within an interpretive, or also called phenomenological, paradigm. As the South African psychologists Terre Blanche et al. (2006, p. 273f) point out "the interpretive paradigm involves taking people's subjective experiences seriously as the essence of what is real to them … making sense of people's experiences by interacting with them and listening carefully to what they tell us."

The main aim of the study, namely to provide a rich insight to the logotherapists' work experiences could be accomplished – due to the mostly very open and informative expert interview encounters (conducted along the questions of the Interview Guide, attached in Appendix A.1). The eight interviewees shared work experiences with *Value-Oriented Imagery* in the fields of psychotherapy, couples therapy, counselling, supervision (of individuals and of groups), coaching, training, spiritual counselling and personal growth.

Intimate insights to the work with *Value-Oriented Imagery* could be gained in the interactions between the eight logotherapeutic experts and the author within the interview encounters. All interviewees were willing to share examples of their work

experiences and perceptions of working with *WIM®*. The fact that the interviewer was a specialist in their field of work as well most probably had a very positive impact here. The German psychologist Inghard Langer (2000, p.39) wisely points out about qualitative interview encounters in general: "The own limitations are finally going to be the limitations in the depth of the information up to what we can accompany the persons participating in a conversation."

Critical checking of the author's own influence on interview results is an important part of qualitative research done within the interpretive paradigm (Terre Blanche et al., 2006). Was I biased, did I want to hear a certain panorama of experiences with *WIM®* and not want to be informed about another part of it? I was interested to get a rounded picture of the perceived and experienced potentials and limitations of working with *Value-Oriented Imagery.* The fact that all interviewees shared with me both their experiences of the beneficial workings of *Wertimagination* as well as their perceptions of its limitations could be understood as a sign that I as the interviewer was indeed convincingly signalling I was interested in both aspects while in the existing body of literature the focus had usually been on the potential of *WIM®* only. By exploring the potentials *and* limitations of *Value-Oriented Imagery* I could prove that I was not interested in a one-sided/biased picture of this kind of therapy, but in a rounded picture of the perceived and experienced potentials and limitations of working with *Wertimagination*.

Wherever the author and researcher of this study or her interview partners tended to drift away from the intended interview focus, the interview guide proved to be very helpful in keeping the interview conversation swinging around the theme of the logotherapists' work experiences with *WIM®* on a variety of aspects.

The fact that I was doing research in a field that I also had some expert knowledge in, most probably helped to gain the trust of the interviewees, because this meant we had a similar background to relate to and we were likely to sense common values or a familiar common understanding of psychotherapy.

At the same time I might have been tempted to assume I "understood" too soon because of the very same fact of being familiar with the therapeutic approach of

Wertimagination. I noticed this when a particular language was used that Boeschemeyer had created, myself assuming we connected the same meanings to those terms, without always questioning and verifying this. On the other hand, if I would have "overdone" asking for the subjective meaning connected to the *WIM®* terminology used, I would have risked losing the trust of my interview partners, to whom I had introduced myself as someone who knows this particular language and the meanings connected to its terms and constructs.

A large amount of original material from the interviews is provided to the readers in the form of *Interview Condensations* (in Chapter 5 and in Appendix A.2) so that they may immerse in it and may draw their own and additional conclusions. In the *Interview Condensations* further examples of *Value-Oriented Imagery* journeys are also shared. From the large amount of raw data and the analysis thereof (by identifying themes, making condensations of the interviews and comparing the views of the research participants), the author of this dissertation came to draw the following conclusions:

The eight interviewed logotherapists experience *Wertimagination* as a fascinating, exciting, continuously challenging, sometimes also strenuous, but satisfying, special and useful therapeutic method that creates an intimate work atmosphere and adds a dimension of depth to psychotherapy and counselling.

The expert interview study confirmed the author's assumption, that *WIM®* probably was perceived as a valuable psychotherapeutic tool by the eight logotherapeutic practitioners. Seven of the eight interviewed logotherapists expressed that working with *Wertimagination* was a very important or even decisive part of their work that significantly contributed to their clients' satisfaction. In addition, all eight interviewed logotherapists underlined that they did not work with *Wertimagination* alone, but that they had experienced it as beneficial to follow an integrative approach to psychotherapy and counselling: they also work with conversational therapy or Socratic Conversation, with systemic approaches (such as Family Constellation), with dream analysis, with psychoanalytical elements, with behavioral therapy elements and with trauma therapeutic tools (such as EMDR).

Half of the interviewed logotherapists offer working with *Value-Oriented Imagery* to all their clients, whilst two interviewees don't use it for short term counselling, where problems can be solved on a conversational level. One interviewee only uses *WIM®* where clients want to get into touch with their feelings. Another interviewee experienced working with *Wertimagination* as specifically indicated in the classical logotherapeutic case, where clients suffer from a perceived lack of meaning in their life.

In accordance with the experiences of the German therapist Petra Samarah (2008), none of the interviewed experts had observed gender related differences in the acceptance of working with inner pictures (*Value-Oriented Imagery*) – even though one interviewee noted that the larger percentage of the clients coming for psychotherapy in general were women. Four interviewees pointed out that their clients usually find this method very attractive and even come especially to work with it. One interviewee underlined that the socio-economic background had an impact on the clients being willing to privately pay for logotherapeutic sessions. They would prefer free (government health insurance financed) psychotherapy, irrespective of the methods offered there. The educational or cultural background of clients was never mentioned as to make a difference in the method's acceptance. One interviewee emphasised that the cultural or religious background would make no difference in the acceptance of work with *Wertimagination*.

Whilst two interviewees had gathered experiences in using *Value-Oriented Imagery* for the therapy of children, and had observed very positive results, and four interviewees reported of positive *WIM®* work experiences with teenagers, one interviewee thought *WIM®* to be contra-indicated during puberty. The German psychotherapists Andreas Krueger and Luise Reddemann (2009) confirm from their work experience that therapeutic imagery work is very well possible not with adults alone but also with children and teenagers. They published a whole manual on how to use their imagery techniques for traumatised children and teenagers.

WIM® group settings were experienced as suitable for personal growth work, whilst one on one settings were generally seen as necessary for therapeutic imagery work,

because in the latter the therapist stays in dialogue with the client during his/her imagery journey and can guide the client safely through his/her inner pictures. This perception was already stated by C.G. Jung, the founder of *Active Imagery,* as pointed out by Smolenski (1997). In personal growth group settings it is assumed, that the participants are "healthy" and psychologically stable and by that able to handle whatever might show on their imagery journey. Many of the interviewed logotherapists nevertheless emphasised that it would be very necessary to offer individual "after care" to the personal growth group imagery participants, in case there was an imagery experience that for example caused fear or destructive feelings in single participants.

The eight interviewed logotherapeutic experts had different ways of integrating *WIM®* into their therapeutic or counselling work. Two interviewees would use *Value-Oriented Imagery* from the very first session, when a client comes for therapeutic help. Others would only use it when the conversational therapy level was perceived as stagnating. Others implement it where a client wants to work at the roots of a problem. Two other interviewees would use the first few sessions for conversational therapy, exploring the client's biography and typology (according to the *Enneagram*) first and then start working with *Wertimagination*. Two other interviewees usually start working with *WIM®* wherever a client uses verbal metaphors to describe his/her problem. One interviewee decides for each client individually which therapeutic methods appear most appropriate and does not always integrate work with *Value-Oriented Imagery.*

From the experience of the eight interviewed logotherapists the perceived optimum or minimum/maximum length of a single *WIM®* journey differs a lot as well as the perceived best interval between imagery sessions and the minimum or maximum therapy or counselling duration with *Value-Oriented Imagery* (see section 5.2.7). What the interviewees' perceptions have in common is the experience that it is necessary to individually respond to the clients' needs and abilities in these regards.

Creative means to express the imagery experience directly after the imagery journey, as common to *KB* therapy sessions (Běťák, 2008), are only sometimes offered by

one interviewee. Here the clients' drawings are mainly thought to help the therapist understand a complex imagery scene. All interviewees told of instances where clients out of their own motivation, for example, painted a picture or wrote a poem on a moving imagery scene at home. Some of the interviewees sometimes encourage their clients to do this any time after the imagery session. The therapist Koppe (2007) points out that painting or drawing of inner pictures can function as a sort of evaluation process for the client.

Wertimagination can also be a valuable tool to help traumatised clients. One interviewee emphasised that trauma confrontation and trauma therapy can be done very carefully and securely using *Value-Oriented Imagery* – and with it the wisdom and protection of the clients' inner *Value Figures.* The therapist can therefore feel guided and supported by the client's own inner wisdom and by that prevent potential re-traumatisation taking place during trauma therapy.

Five of the eight interviewed logotherapists had some experience with using *Wertimagination* for clients from other cultural backgrounds than their own. They experienced that some inner symbols encountered during the imagery journeys showed culture specific characteristics. This aspect could not be explored in depth due to the time constraints of the expert interviews.

One theme that was not part of the question guide surfaced in many interviews: the rewarding possibility of working on disturbing dream contents, including depressing nightmares, with *Value-Oriented Imagery* was emphasised by the majority of the interviewed logotherapists. The psychologist and psychotherapist Eisner (2009) wrote an article on psychotherapeutic dream work with *Wertimagination* where she shares a few examples of clients' positive experiences with this approach.

The second aim of the study was to also find out about potential negative experiences, disappointments and experienced limitations of working with *WIM®*. Inner resistance to looking inwards on the clients' side – that made working with *WIM®* impossible or very difficult – was experienced by all three parties,

(logo)therapists, clients and the developer to strongly limit the ability to do *Wertimagination*. This inner resistance to honestly look at oneself, is a limitation that in the eyes of the author can be encountered within any psychotherapeutic approach. In working with *WIM®* it seems to become visible more easily and very quickly.

Other limitations to working with *Value-Oriented Imagery* were experienced for example if narcotic medicines and possibly also sedative medication were still active in the clients' bodies, blocking a person's ability to do imagery. Another experienced limitation to working with *Wertimagination* was where clients were not willing to let go of conscious control during the *WIM®* imagery journeys, where inner pictures are passively received from the unconscious and not consciously made.

As negative or disappointing work experiences with *WIM®* one interviewee told about a case where a client had not communicated all imagery experiences and, because of that, had not received the necessary support from the therapist. This is a potential problem that could occur with all therapeutic methods working with inner pictures.

In the field of personal growth, competitive situations in group settings can be a hindering factor to *Wertimagination* – as reported by a client and one interviewed logotherapist. The fact that *WIM®* only works for the themes relevant to the client at that time, was mentioned as a further limitation. From the author's point of view this could as well be seen as a great advantage: it means *Value-Oriented Imagery* diagnostically shows what is relevant to the client at that time and what is not.

Both (logo)therapists and Uwe Boeschemeyer state that psychotic, "I" ("Ego")-instable persons are usually contra-indicated for imagery work. On the other hand Benedetti and Peciccia (1997) report of positive psychotherapeutic *KB* work experiences with psychotic persons who were not able to understandably communicate using verbal language. They conducted imagery on paper with them, communicating through drawing and further developing inner pictures. By that they achieved a restructuring of inner symbolic representations. The *KB* therapist Schnell (1997) writes about specific difficulties and benefits in conducting imagery with

persons suffering from a borderline personality disorder. The psychiatrist and psychotherapist Reddemann (2008, 2005) reports of positive results working with her *PITT®* imagery techniques in the field of trauma therapy. Further research would be necessary for being able to examine the potential benefit of *Value-Oriented Imagery* within an integrative psychotherapeutic approach for persons suffering from psychotic disorders.

A common experience made by therapists working with imagery seems to be that for psychotherapeutic imagery work a face to face setting that enables carefully guided imagery experiences in a protected space is essential (Benedetti & Peciccia, 1997; Schnell, 1997). The interviewed logotherapists confirmed this precondition for successful *Value-Oriented Imagery* work.

The statement of a couple of logotherapists that persons offering work with *Wertimagination* should be well-trained and self-experienced appears to be obvious to the author as it is with any other therapeutic method. It was experienced that *Fantasy Journeys*, which also consist of work with inner pictures, for example offered in the context of personal growth, are often guided by persons not experienced or trained at work with inner pictures. Negative experiences with such situations had been reported by clients to some of the interviewed logotherapists.

The third aim of the study was to compare the perceptions of (logo)therapists, clients and the developer (Boeschemeyer) on the potentials and limitations of working with *WIM®*. The results are presented in section 5.4 of this study. The indications for *Wertimagination* seem to be wide and not yet fully explored. It has successfully been used for example in many fields of psychotherapeutic, medical, personal growth and educational fields, as the researched three perspectives – (logo)therapists, clients and the developer (Uwe Boeschemeyer) – show.

The *WIM®* benefits, visualised in *Figure 5.2,* experienced by (logo)therapists, clients and the developer (Boeschemeyer) underline the salutogenetic, resources-oriented character of working with *Value-Oriented Imagery:* by the clients experiencing their

own unconscious wisdom and self-healing forces, the feeling of inner strength, calmness, self-confidence and trust in life was enhanced, as all three parties researched pointed out. In addition, working with *Wertimagination* was by all three parties perceived as strengthening the clients' independence of the therapist or counsellor. These observed benefits could also be interpreted as a consequence of having experienced constructive inner values and *Value Feelings* and through them found meaning within oneself again. Subsequently this increases a person's sense of autonomy, inner freedom and the will to take on responsibility for his/her own life.

Clients' inner resistance to engage with their inner worlds was the one limiting factor to successful work with *Wertimagination* reported by all three parties. This can be regarded as a common limitation to all psychotherapeutic approaches. Differing further experiences of *WIM®* limitations are already mentioned earlier in this chapter.

In summary: The interviewed eight logotherapists experienced Uwe Boeschemeyer's *Value-Oriented Imagery* as a very valuable further development of Logotherapy and as a practical, non-cognitive method that helps clients to experience and feel human core values that enable a meaningful life. With its diagnostic qualities *Wertimagination* in addition makes inner biographical, typological and ratio-related meaning barriers visible and treatable. *WIM®* is perceived by the interviewees as a practical and successful tool to experience Logotherapy within one's inner world: to discover and deeply feel what a person really wants to live for. With these qualities *WIM®* is additionally seen as a valuable supplementary method to any psychotherapeutic integrative approach.

As Riemeyer (2007) points out, Frankl had rejected biographical psychotherapeutic work and psychotherapeutic self-experience, because he believed both would detract from the future-oriented focus of a person's meaning finding mission. Boeschemeyer disagrees with Frankl here. He suggests to combine the resources-oriented and meaning-focused approach of Frankl's Logotherapy with also looking at inner emotional "lumps". He found out that often biographical, typological (*Enneagram*) and archetypal (*Inner Antagonist*) inner "meaning barriers" prevent persons from finding meaning in their lives. He experienced that *WIM®* can be used to integrate

psychodynamic and psychoanalytical elements into the practice of Logotherapy. In the center of working with *Value-Oriented Imagery* nevertheless are the often very touching inner experiences of constructive human core values. These experiences activate a person's inner positive resources and with them the will and the ability to find meaning in the outer world, as all three examined parties – (logo)therapists, clients and the developer (Boeschemeyer) – report.

After the evaluation of this study the author of this dissertation is impressed by the reported touching workings of *WIM®* and concludes using Viktor Frankl's term: the logotherapeutic "torch" (Frankl, 1992) was passed on to Uwe Boeschemeyer. Boeschemeyer rounded off and enriched the logotherapeutic approach through the development of *Wertimagination.* Viktor Frankl (1992, p. 153) had explicitly called for the further development of his Logotherapy: "My interest does not lie in raising parrots that just rehash 'their master's voice', but rather in passing the torch to 'independent and inventive, innovative and creative spirits'". Boeschemeyer with his *Value-Oriented Imagery* added the dimension of the "oculus internus" (Guardini, cited in Einig, 2005), the "inner eye" which is, as Einig (2005) put it, the organ that can perceive essential truths of life, to Frankl's Logotherapy and potentially to all other forms of integrative psychotherapy.

My recommendations for further qualitative interview research are to always plan for sufficient "warm up time" (of at least half an hour) with all interviewees prior to the official interview time and to also plan for about half an hour of "closing time", following the official part. As I experienced, where this is possible, the chance of creating an open and trusting atmosphere for the interview encounter is more likely. In two of the eight cases the author of this study had not planned for this additional time and had to experience the difference in the quality of the interview encounters.

A further need for research on *Value-Oriented Imagery,* the author of this study identifies primarily in two areas. In the field of integrative psychotherapy long-term clinical studies of the usage and benefits of *Wertimagination* for specific psychological disorders would be very valuable to gather insights to the applicability of *WIM®* in a clinical setting and its long term effects. This could also contribute to

one day obtain government health insurances' recognition for working with this logotherapeutic imagery approach in all countries, not only in private practices, but also in governmental psychotherapeutic wards or clinics. By this *Value-Oriented Imagery* could become more accessible to more persons in need from all economic backgrounds.

Another aspect to be researched is the applicability of *WIM®* independent to the client's cultural background. This would be of particular interest to logotherapists and psychotherapists who are open to integrative approaches working in multi-cultural societies like South Africa and in all other countries with a high rate of migration.

I wish this study may encourage many more researchers to further explore the very promising reported healing capacities of Uwe Boeschemeyer's *Value-Oriented Imagery.*

References

Achterberg, J. (2002). *Imagery in Healing. Shamanism and modern medicine*. Boston: Shambhala.

Achterberg, J., Dossey, B., & Kolkmeier, L. (1994). *Rituals of healing. Using imagery for health and wellness.* New York: Bantam.

Adams, S. (2007). *Fantasiereisen fuer Jugendliche. Entspannende Uebungen fuer Jugendliche und junge Erwachsene* [Fantasy Journeys for teenagers. Relaxing exercises for teenagers and young adults]. Norderstedt: Books on Demand.

Behme-Matthiessen, U. & Pletsch, T. (2009). Die Anwendung von Gesundheits-konzepten in der Arbeit mit Familien in einer Kinder- und Jugendpsychiatrie [The application of health concepts working with families in a child and teenager psychiatry]. *Zeitschrift fuer Transaktionsanalyse*, 3, 234-247.

Benedetti, G. & Peciccia, M. (1997). Was sind und wie wirken imaginative Verfahren in der Psychotherapie von psychotischen Kranken [What are imagery techniques and what is their impact in the psychotherapy of psychotic patients]? In L. Kottje-Birnbacher, U. Sachsse & E. Wilke (Eds.), *Imagination in der Psychotherapie (pp. 199-221).* Bern: Huber.

Benox, F. (2006). *Heilsame Erkundungen in der inneren Welt – Ein Weg zu Hoffnung, Freude und Mut. Dokumentation eines Seminars mit Wertimaginationen zum Thema "Leistung und Stille"* [Healing explorations into the inner world – A path towards hope, joy and courage. Documentation of a seminar with Value-Oriented Imagery on "performance and silence"]. Unpublished *Diplomarbeit.* Psychology Department of the Hamburg University. Hamburg.

Běťák, L. (2008). Baum und Traumbaum [Tree and dream tree]. In M. Buergi-Kraus, L. Kottje-Birnbacher, I. Reichmann & E. Wilke (Eds.), *Entwicklung in der Imagination – Imaginative Entwicklung* (pp. 152-166). Lengerich: Pabst.

Bilitewski, G. (2003). Ueber Wertimagination und Spiritualitaet [Value-Oriented Imagery and spirituality]. In C. Boeschemeyer & M. van Cappellen (Eds.), *Prof. Dr. Uwe Boeschemeyer zum 65. Geburtstag. Eine Festschrift* (pp. 52-59). Norderstedt: Books on Demand.

Boeschemeyer, C. & van Cappellen, M. (2003). Biografie [Biography]. In C. Boeschemeyer & M. van Cappellen (Eds.), *Prof. Dr. Uwe Boeschemeyer zum 65. Geburtstag. Eine Festschrift* (p. 166). Norderstedt: Books on Demand.

Boeschemeyer, U. (2010a). Von beruehrender und treffender Sprache in wertorientierter Persoenlichkeitsbildung [Touching and effective language in value-oriented personality development]. In M. van Cappellen (Ed.), *Bildung und Werte, Jahrbuch 4* (pp. 9-21). Norderstedt: Books on Demand.

Boeschemeyer, U. (2010b). *Du bist mehr als dein Problem. Uli – eine ungewoehnliche therapeutische Begegnung* [You are more than your problem. Uli – an unusual therapeutic encounter]. Muenchen: Koesel.

Boeschemeyer, U. (2010c). *Du bist viel mehr. Wie wir werden was wir sein koennten* [You are much more. How we become what we could be]. Salzburg: ecowin.

Boeschemeyer, U. (2009). Sonderbeitrag: Die charakteristischen Elemente der Wertimagination [Special article: The characteristic elements of Value-Oriented Imagery]. In M. van Cappellen (Ed.), *Bildung und Werte, Jahrbuch 3* (pp. 11-13). Norderstedt: Books on Demand.

Boeschemeyer, U. (2007a). Mensch sein – Mensch werden. Erfahrungen aus 25-jaehriger Institutsarbeit [Being human – becoming human. Experiences from 25 years of institute work]. In van Cappellen, M. (Ed.), *Bildung und Werte, Jahrbuch 2* (pp. 23-47). Norderstedt: Books on Demand.

Boeschemeyer, U. (2007b). *Gottesleuchten. Begegnungen mit dem unbewußten Gott in unserer Seele* [God's radiation. Encounters with the unconscious God in our soul]. Muenchen: Koesel.

Boeschemeyer, U. (2007c). *Gespraeche der inneren Welt* [Conversations of the inner world]. Norderstedt: Books on Demand.

Boeschemeyer, U. (2006). Wertorientierte Persoenlichkeitsbildung – WOP®. Eine Grundlegung [Value-Oriented Personality Development – WOP®. A basic outline]. Lueneburg: Anton

Boeschemeyer, U. (2005). *Unsere Tiefe ist hell. Wertimagination – ein Schluessel zur inneren Welt* [Our depth is full of light. Value-Oriented Imagery – a key to our inner world]. Muenchen: Koesel.

Boeschemeyer, U. (2003). *Worauf es ankommt. Werte als Wegweiser* [What matters. Values for signposts]. Muenchen: Piper.

Boeschemeyer, U. (2002a). *Sinn fuer mein Leben finden* [Finding meaning for my life]. Hamburg: Ellert & Richter.

Boeschemeyer, U. (2002b). Wertimagination als Beitrag zur Erschliessung der Fuelle des Lebens [Value-Oriented Imagery as a contribution to accessing the richness of life]. *Existenz und Logos. Zeitschrift fuer Sinnzentrierte Therapie, Beratung, Bildung,* 2/2002, 20-32.

Boeschemeyer, U. (2000). *Wertorientierte Imagination in Theorie und Praxis. Grundlagen – Methodik – Anschauung* [Value-Oriented Imagery in theory and practice. Foundations – Methodology – Conception]. Hamburg: Books on Demand.

Boeschemeyer, U. (1996). *Dein Unbewußtes weiß mehr als du denkst. Imagination als Weg zum Sinn* [Your unconscious knows more than you think. Imagery as a path towards meaning]. Freiburg: Herder.

Boeschemeyer, U. (1994). *Vom Typ zum Original. Die neun Gesichter der Seele und das eigene Gesicht. Ein Praxisbuch zum Enneagramm* [From type towards original. The nine faces of the soul and the own face. An Enneagram manual]. Lahr: Edition Lebenszeichen.

Bolle, R. (2005). Schattengeschwister. Die Aktive Imagination nach C.G. Jung und die Katathym-Imaginative Psychotherapie (KIP) nach H. Leuner [Shade siblings. C.G. Jung's Active Imagery and H. Leuner's Katathyme Imagery Psychotherapy (KIP)]. In L. Kottje-Birnbacher, E. Wilke, K. Krippner & W. Dieter (Eds.), *Mit Imaginationen therapieren. Neue Erkenntnisse zur katathym-imaginativen Psychotherapie* (pp. 37-50). Lengerich: Pabst.

Brandt, C. (2003). Die Bedeutung der Wertimagination fuer meine psycho-therapeutische Arbeit [The importance of Value-Oriented Imagery for my psychotherapeutic work]. In C. Boeschemeyer & M. van Cappellen (Eds.), *Prof. Dr. Uwe Boeschemeyer zum 65. Geburtstag. Eine Festschrift* (pp. 89-105). Norderstedt: Books on Demand.

Brockhaus, F.A. (Ed.) (1990). *dtv Lexikon, Band 11, Len-Mec* [dtv encyclopedia, volume 11, len-mec]. Mannheim: dtv.

Chodorow, J. (1997). *Jung on Active Imagination.* Princeton: Princeton University Press.

Colman, A.M. (2006). *Oxford dictionary of psychology.* 2nd ed. Oxford: Oxford University Press.

Corbett, L. (2007). *Psyche and the sacred. Spirituality beyond religion.* New Orleans: Spring Journal.

Corey, G. (2009a). *Theory and practice of counseling and psychotherapy.* 8th ed. Belmont: Thomson.

Corey, G. (2009b). *The art of integrative counseling.* 2nd ed. Belmont: Thomson.

Csikszentmihalyi, M. (1992). *Flow. Das Geheimnis des Gluecks* [Flow. The secret of happiness]. Stuttgart: Klett-Cotta.

Daigger, M. (2010). Selbstbeelterung sowie Neuentscheidung mithilfe des Motivs „die inneren Helfer" [Self-parenting and redecision with the assistance of "inner helpers"]. *Zeitschrift fuer Transaktionsanalyse*, 2, 130-141.

Der Brockhaus (Ed.) (2001): *Psychologie. Fuehlen, Denken und Verhalten verstehen* [Psychology. Understanding feeling, thinking and behaviour]. Mannheim: F.A. Brockhaus.

De Saint-Exupéry, A. (2000). *The little prince.* Harcourt: New York.

DuBois, T.A. (2009). *An introduction to shamanism.* Cambridge: Cambridge University Press.

Eglau, U. (2003). Die Stellung der Logotherapie und Existenzanalyse in der Psychotherapie und Visionen fuer die Zukunft [The position of Logotherapy and Existential Analysis within psychotherapy and visions for the future]. In C. Boeschemeyer & M. van Cappellen (Eds.), *Prof. Dr. Uwe Boeschemeyer zum 65. Geburtstag. Eine Festschrift* (pp.11-27). Norderstedt: Books on Demand.

Einig, E.-M. (2005). Sinnsuche und Imagination – Illusion oder legitimer Ansatz [Meaning searching and imagery – illusion or legitimate approach]. In Kottje-Birnbacher, L., Wilke, E., Krippner, K., & Dieter, W. (Eds.), *Mit Imaginationen therapieren. Neue Erkenntnisse zur katathym-imaginativen Psychotherapie* (pp. 239-248). Lengerich: Pabst.

Eisner, M.B. (2010). Wertorientierte Persoenlichkeitsbildung in der psychotherapeutischen Arbeit [Value-Oriented Personality Development in the context of psychotherapy]. In M. van Cappellen (Ed.), *Bildung und Werte, Jahrbuch 4* (pp. 69-79). Norderstedt: Books on Demand.

Eisner, M.B. (2009). Die wertimaginative Bearbeitung von Traeumen [Dream work with Value-Oriented Imagery]. In M. van Cappellen (Ed.), *Bildung und Werte, Jahrbuch 3* (pp. 57-67). Norderstedt: Books on Demand.

Epstein, G. (1989). *Healing visualizations. Creating health through imagery.* New York: Bantam.

Flick, U. (2009). *An introduction to qualitative research.* 4th ed. London: Sage.

Frankl, V.E. (2004a). *The doctor and the soul. From Psychotherapy to Logotherapy.* London: Souvenir.

Frankl, V.E. (2004b). *On the theory and therapy of mental disorders. An introduction to Logotherapy and Existental Analysis.* New York: Brunner-Routledge.

Frankl, V.E. (2004c). *Der unbewusste Gott. Psychotherapie und Religion* [The unconscious God. Psychotherapy and religion]. Muenchen: dtv.

Frankl, V.E. (2003). *Der Mensch vor der Frage nach dem Sinn* [The human search for meaning]. Muenchen: Piper.

Frankl, V.E. (2002). *Logotherapie und Existenzanalyse. Texte aus sechs Jahrzehnten* [Logotherapy and Existential Analysis. Articles from six decades]. Weinheim: Beltz.

Frankl, V.E. (2000). *Recollections. An autobiography.* Cambridge: Basic.

Frankl, V.E. (1992). *Man's search for meaning. An introduction to Logotherapy.* 4th ed. Boston: Beacon Press.

Friebel, V.E. (2000). *Innere Bilder. Imaginative Techniken in der Psychotherapie* [Inner pictures. Imagery techniques in psychotherapy]. Duesseldorf: Walter.

Geisler, M. (2007). Kinder brauchen Werte – Kinder leben Werte [Children need values – children live values]. In M. van Cappellen (Ed.), *Bildung und Werte, Jahrbuch 1* (pp. 76-83). Norderstedt: Books on Demand.

Gieser, S. (2005). *The innermost kernel. Depth psychology and quantum physics. Wolfgang Pauli's dialogue with C.G. Jung.* Berlin: Springer.

Graham, H. (1996). *Visualisation. An introductory guide. Use visualisation to improve your health and develop your self-awareness and creativity.* London: Piatkus.

Guttmann, D. (2008). *Finding meaning in life, at midlife and beyond. Wisdom and spirit from Logotherapy.* Westport: Praeger.

Hackmack-Eder, R. (2009). Psychosomatik und Wertimagination [Psychosomatics and Value-Oriented Imagery]. In M. van Cappellen (Ed.), *Bildung und Werte, Jahrbuch 3* (pp. 38-56). Norderstedt: Books on Demand.

Halder, A. (2008). *Philosophisches Woerterbuch. Mitbegruendet von Max Mueller* [Philosophical dictionary. Co-founded by Max Mueller]. Freiburg: Herder.

Hall, E., Hall, C., Stradling, P. & Young, D. (2006). *Guided imagery. Creative interventions in counselling and psychotherapy.* London: Sage.

Hannah, B. (2001). *Encounters with the soul. Active Imagination as developed by C.G. Jung.* Wilmette: Chiron.

Hansen, H. (2010). Erfahrungen mit Wertimaginationen zum Thema Weiblichkeit [Experiences with Value-Oriented Imagery concerning femaleness]. In M. van Cappellen (Ed.), *Bildung und Werte, Jahrbuch 4* (pp. 80-87). Norderstedt: Books on Demand.

Harner, M. (2002). *Der Weg des Schamanen. Das praktische Grundlagenwerk zum Schamanismus* [The path of the shaman. Practical basics on shamanism]. Muenchen: Econ.

Hohmeyer, M. (1999). Existenzanalytische Logotherapie in der Transplantations-Medizin. Weiterfuehrende Gedanken [Existence-analytical Logotherapy and transplantation medicine. Inspiring thoughts]. *Zeitschrift des Hamburger Instituts fuer Existenzanalyse und Logotherapie,* 4. Jahrgang, 14, 11-17.

Hohmeyer, M. (1996). Existenzanalytische Arbeit mit Lungen transplantierten Patienten [Existence-analytical work with lung transplanted patients]. *Zeitschrift des Hamburger Instituts fuer Existenzanalyse und Logotherapie,* 1. Jahrgang, 3, 3-9.

Hoffmann, B. (1997). *Handbuch Autogenes Training. Grundlagen, Technik, Anwendung* [Autogene Training manual. Basics, technique, usage]. Muenchen: dtv.

Horn, E. (2010). Mobbing in der Schule [Mobbing at school]. In M. van Cappellen (Ed.), *Bildung und Werte*, *Jahrbuch 4* (pp. 49-55)*.* Norderstedt: Books on Demand.

Horn, G, Sannwald, R., & Wienand, F. (2006). *Katathym Imaginative Psychotherapie mit Kindern und Jugendlichen* [Katathyme imagery psychotherapy with children and teenagers]*.* Muenchen: Reinhardt.

Huber, M. (2005). *Der innere Garten. Ein achtsamer Weg zur persoenlichen Veraenderung* [The inner Garden. A careful path towards personal change]. Paderborn: Junfermann.

Huether, G. (2006). *Die Macht der inneren Bilder. Wie Visionen das Gehirn, den Menschen und die Welt veraendern* [The power of inner pictures. How visions change the brain, people and the world]. Goettingen: Vandenhoeck & Ruprecht.

Johnson, R.A. (1995). *Bilder der Seele. Traumarbeit und Aktive Imagination* [Pictures of the soul. Dream work and Active Imagery]. Muenchen: Irisiana.

Jung, C.G. (2009). *The archetypes and the collective unconscious.* 2nd ed. Hove: Routledge.

Jung, C.G. (2006). *Archetypen* [Archetypes]*.* Muenchen: dtv.

Jung, C.G. (1968). Approaching the unconscious. In C.G. Jung (Ed.), *Man and his symbols* (pp. 1-94). London: Dell.

Jung, C.G. (1958). Five Chapters from: Aion: Contributions to the symbolism of the self. In V.S. de Laszlo (Ed.), *Psyche & Symbol. A selection from the writings of C.G. Jung* (pp. 1-60). New York: Anchor.

Kast, V. (2007). *Die Dynamik der Symbole* [The dynamics of symbols]*.* Duesseldorf: Patmos.

Kast, V. (1988). *Imagination als Raum der Freiheit. Dialog zwischen Ich und Unbewusstem* [Imagery as a space of freedom. Dialogue between I(Ego) and the unconscious]. Olten: Walter.

Kelly, K. (2006). From encounter to text: collecting data in qualitative research. In M. Terre Blanche, K. Durrheim & D. Painter (Eds.), *Research in practice. Applied methods for the social sciences* (pp. 285-319)*.* Cape Town: UCT Press.

Kipfelsberger, P. (2008). Der Mensch strebt nach Sinn [The human being is striving for meaning]. In R. Schlieper-Damrich, P. Kipfelsberger & Netzwerk CoachPro (Eds.) (2008), *Wertecoaching. Beruflich brisante Situationen sinnvoll meistern.* Bonn: managerSeminare.

Klimpel, U. (2007). *Wertimaginationen: Erfahrungen mit einer logotherapeutischen Methode. Eine Interviewstudie* [Value-Oriented Imagery: Experiences with a logotherapeutic method. An interview study]. Unpublished *Diplomarbeit,* Psychology Department of the Hamburg University. Hamburg.

Koppe, A. (2007). *Mut zur Selbstheilung. Innere Koerperreisen und Visualisierung nach der Methode Wildwuchs* [Courage for self-healing. The Wild Growth Method's inner body journeys and visualisations]. Wuerzburg: Diametric.

Koppe, A. (2005). *Dein Koerper ist ein weiser Coach* [Your body is a wise coach]. Wuerzburg: Diametric.

Kottje-Birnbacher, L., Sachsse, U. & Wilke, E. (1997). Vorwort [Preface]. In L. Kottje-Birnbacher, U. Sachsse & E. Wilke (Eds.), *Imagination in der Psychotherapie* (pp.9-11). Bern: Huber.

Kriz, J. (2001). *Grundkonzepte der Psychotherapie* [Basic concepts of psychotherapy]. Weinhein: Beltz.

Krueger, A. & Reddemann, L. (2009). *Psychodynamisch imaginative Traumatherapie fuer Kinder und Jugendliche. PITT-KID – Das Manual* [Psychodynamic imagery trauma therapy for children and teenagers. PITT-KID – The manual]. Stuttgart: Klett-Cotta.

Kvale, S. & Brinkmann, S. (2009). *Interviews. Learning the craft of qualitative research interviewing.* 2nd ed. Los Angeles: Sage.

Ladenbauer, W. (2008). Tibetischer Schamanismus aus der Sicht eines KIP-Therapeuten [Tibetan shamanism from the perspective of a KIP-therapist]. In Buergi-Kraus, M., Kottje-Birnbacher, L., Reichmann, I., & Wilke, E. (Eds.), *Entwicklung in der Imagination – Imaginative Entwicklung* (pp. 318-333). Lengerich: Pabst.

Ladenbauer, W. (2005). Die Systematik der Techniken in der Begleitung katathymer Bilder [Systematics of guidance techniques for katathyme pictures]. In L. Kottje-Birnbacher, E. Wilke, K. Krippner & W. Dieter (Eds.), *Mit Imaginationen therapieren. Neue Erkenntnisse zur katathym-imaginativen Psychotherapie* (pp. 196-202). Lengerich: Pabst.

Lange, K. (1991). *Herz, was sagst du mir? Selbstvertrauen durch innere Erfahrungen* [Heart, what are you telling me? Self-confidence through inner experiences]. Stuttgart: Kreuz.

Langer, I. (2000). *Das persoenliche Gespraech als Weg in der psychologischen Forschung* [Personal conversation as a way of psychological research]. Koeln: GwG.

Lazarus, A. (2006). *Innenbilder. Imagination in der Therapie und als Selbsthilfe* [Inner pictures. Imagery in therapy and for self-help]. Stuttgart: Klett-Cotta.

Leuner, H. (2003). *Lehrbuch der Katathym-imaginativen Psychotherapie. Grundstufe,*

Mittelstufe, Oberstufe [Katathyme imagery psychotherapy textbook. Basic level, medium level, advanced level]. 3rd ed. Bern: Huber.

Leuner, H. (1986). Die Grundprinzipien des Katathymen Bildererlebens (KB) und seine therapeutische Effizienz [The basic principles of Katathyme Picture Experience (KB) and its therapeutic efficiency]. In J.L. Singer & K.S. Pope (Eds.), *Imaginative Verfahren in der Psychotherapie* (pp. 149-194). Paderborn: Junfermann.

Leuner, H. & Kottje-Birnbacher, L. (1997). Zur kreativ-symbolischen Autonomie in der katathym-imaginativen Psychotherapie [Creative symbolic autonomy in katathyme imagery psychotherapy]. In L. Kottje-Birnbacher, U. Sachsse & E. Wilke (Eds.), *Imagination in der Psychotherapie* (pp.19-31). Bern: Huber.

Lukas, E. & Frankl, V.E. (2007). *Der Seele Heimat ist der Sinn. Logotherapie in Gleichnissen von Viktor E. Frankl* [The soul's home is the meaning. Logotherapy in parables by Viktor E. Frankl]. Muenchen: Koesel.

Lukas, E. (2006). *Wertfuelle und Lebensfreude. Logotherapie bei Depressionen und Sinnkrisen* [Values abundance and joy of life. Logotherapy for depression and meaning crisis]. 3rd ed. Muenchen: Profil.

Lukas, E. (2005). *Freiheit und Identitaet. Logotherapie bei Suchtproblemen* [Freedom and identity. Logotherapy for problems of addiction]. 2nd ed. Muenchen: Profil.

Maass, E. & Ritschl, K. (2006). *Phantasiereisen praktisch anwenden. Phantasie als Quelle der Inspiration* [Fantasy Journeys' practical usage. Fantasy as a source of inspiration]. Paderborn: Junfermann.

Maschwitz, G. & Maschwitz, R. (1998). *Phantasiereisen zum Sinn des Lebens. Anregungen fuer Kinder, Jugendliche und Erwachsene* [Fantasy Journeys to the meaning of life. Inspirations for children, teenagers and adults]. Muenchen: Koesel.

McDougall, D.L. (1999). *The group treatment of social phobia with cognitive-behavioural therapy and imagery. A dissertation (PhD).* Calgary: University of Calgary Press.

Meyer, D.E. (2007). Transzendenz-Erfahrungen bei Wertimaginationen [Trancendental experiences with Value-Oriented Imagery]? In M. van Cappellen (Ed.), *Bildung und Werte, Jahrbuch 1* (pp. 63-65). Norderstedt: Books on Demand.

Meyer, W., Moore, C. & Viljoen, H. (2003). *Personology. From individual to ecosystem.* 3rd ed. Johannesburg: Heinemann.

Moeller, H.-J., Laux, G. & Deister, A. (2005). *Psychiatrie und Psychotherapie* [Psychiatry and psychotherapy]. 3rd ed. Stuttgart: Thieme.

Mueller, E. (2006). *Duft der Orangen. Phantastische Reisen zu den fuenf Sinnen* [The fragrance of oranges. Fantastic journeys to the five senses]. Muenchen: Koesel.

Palmer, H. (1991). *Enneagram. Understanding yourself and the others in your life.* New York: Harper Collins.

Panholzer, T.N. (2008). *Hypnotische Phantasiereisen. Auf den Pfaden des Unterbewusstseins zu tiefer Entspannung und Selbsterkenntnis* [Hypnotherapeutic Fantasy Journeys. On the paths of the subconscious to deep relaxation and self-knowledge]. Muenchen: Suedwest.

Passie, T. (2005). Imaginationserleben und halluzinogene Substanzen: Entwicklungsbeziehungen von Katathymem Bildererleben und psycholytischer Therapie. Ein historischer Beitrag [Imagery experiences and hallucinogenic substances: development relationships of Katathyme Picture Experience and psycholytic therapy. An historic article]. In L. Kottje-Birnbacher, E. Wilke, K. Krippner & W. Dieter (Eds.), *Mit Imaginationen therapieren. Neue Erkenntnisse zur katathym-imaginativen Psychotherapie* (pp. 51-65). Lengerich: Pabst.

Paulsen-Franke, E. (2007). Wertimaginationsarbeit mit „besonderen" Kindern [Value-Oriented Imagery work with „special" children]. In M. van Cappellen (Ed.), *Bildung und Werte, Jahrbuch 1* (pp. 67-74). Norderstedt: Books on Demand.

Peeck, S. (2008). *Was uns gesund macht. Die heilende Kraft von Liebe und Glauben* [What creates health in us. The healing power of love and faith]. Hamburg: Ellert & Richter.

Peeck, S. (2005). *Woher kommt die Kraft zur Veraenderung? Neue Wege zur Persoenlichkeitsentwicklung* [Where does the strength to change come from? New paths for personality development]. Hamburg: Ellert & Richter.

Peeck, S. (2003). Von der Logotherapie zur Wertorientierten Persoenlichkeitsbildung [From Logotherapy to Value-Oriented Personality Development]. In C. Boeschemeyer & M. van Cappellen (Eds.), *Prof. Dr. Uwe Boeschemeyer zum 65. Geburtstag. Eine Festschrift* (pp. 28-51). Norderstedt: Books on Demand.

Peiffer, V. (1996). *Principles of Hypnotherapy.* London: Thorsons.

Peters, G., Ploehn, S., Buhk, H. & Dahme, B. (2000). Die Bedeutung haeuslicher Uebung bei der Behandlung chronischer Kopfschmerzen mit Imaginationsverfahren [The impact of home exercise to the treatment of chronic headache with imagery techniques]. *Verhaltenstherapie. Praxis – Forschung – Perspektiven*, 10, 154-159.

Pfau, A. (2005). Zur Existenzanalyse des Sollens: Was sollen wir und was wollen wir? Erfahrungen durch Wertorientierte Imaginationen [The existential analysis of „should": What shall we and what do we want? Experiences from Value-

Oriented Imagery]. *Sein und Sinn. Blatt der Gesellschaft fuer Logotherapie und Existenzanalyse – Ost – e.V.,*1/2005, 24-27.

Pfau, A. (2004). Wollen wir wirk-lich? Wille und wollen – Erfahrung durch Wertorientierte Imaginationen [Do we really want? Will and wanting – Experiences from Value-Oriented Imagery]. *Sein und Sinn. Blatt der Gesellschaft fuer Logotherapie und Existenzanalyse – Ost – e.V.,*1/2004, 14-19.

Pfau, A. (2003a). Zur Wahrnehmung innerer Bilder aus psychologischer Sicht [The perception of inner pictures from a psychological perspective]. *Existenz und Logos. Zeitschrift fuer sinnzentrierte Therapie, Beratung, Bildung.* Heft 1/2003, 43-80.

Pfau, A. (2003b). Das *Innere Kind* als Entwicklungshelfer? Erkenntnisse durch Wertorientierte Imaginationen [The inner child as a development helper? Insights from Value-Oriented Imagery]. *Existenz und Logos. Zeitschrift fuer sinnzentrierte Therapie, Beratung, Bildung,* 1/2003, 91-114.

Pfau, A. (2003c). Hoffnung und Zuversicht als Themen Wertorientierter Imaginationen [Hope and optimism as themes of Value-Oriented Imagery]. *Sein und Sinn. Blatt der Gesellschaft fuer Logotherapie und Existenzanalyse – Ost – e.V.,* 1/2003, 16-19.

Pfau, A. (2002). Das Ja zum Leben und die Fuelle des Lebens. Erkenntnisse aus der Arbeit mit Wertorientierten Imaginationen. Seminarbericht ["Yes" to life and to the richness of life. Insights from work with Value-Oriented Imagery. Seminary report]. *Existenz und Logos. Zeitschrift fuer sinnzentrierte Therapie, Beratung, Bildung,* 2/2002, 20-32.

Pfau, A. (2001a). Sterben, Tod und Trauer. Erkenntnisse aus dem Blickwinkel Wertorientierter Imaginationen [Dying, death and grieving. Insights from the perspective of Value-Oriented Imagery]. *Existenz und Logos. Zeitschrift fuer sinnzentrierte Therapie, Beratung, Bildung,* 2/2001, 235-253.

Pfau, A. (2001b). Zur Arbeit mit inneren Bildern und Imaginationen im Kontext von Logotherapie und Existenzanalyse. Versuch eines Ueberblicks [Work with inner pictures in the context of Logotherapy and Existental Analysis. Attempt of an overview]. *Existenz und Logos. Zeitschrift fuer sinnzentrierte Therapie, Beratung, Bildung,* 1/2001, 117-140.

Pfau, A. (2000). Zum Begriff „Freiheit" aus dem Blickwinkel von Psychologie, existenzanalytischer Logotherapie und der Arbeit mit Wertorientierten Imaginationen [„Freedom" from the perspective of psychology, existence-analytical Logotherapy and the work with Value-Oriented Imagery]. *Sein und Sinn. Blatt der Gesellschaft fuer Logotherapie und Existenzanalyse – Ost – e.V.,* 1/2000, 13-17.

Phillips, M. (2000). *Finding the energy to heal: how EMDR, hypnosis, TFT, imagery, and body-focused therapy can help restore mindbody health.* New York: Norton.

Pincus, D. & Sheikh, A.A. (2009). *Imagery for pain relief. A scientifically grounded guidebook for clinicians.* New York: Routledge.

Reber, A.S. (1985). *The penguin dictionary of psychology.* Harmondsworth: Viking.

Reddemann, L. (2008). *Psychodynamisch imaginative Traumatherapie. PITT – Das Manual* [Psychodynamic imagery trauma therapy. PITT – The manual]. 5th ed. Stuttgart. Klett: Cotta.

Reddemann, L. (2006). *Dem inneren Kind begegnen. Hoer-CD mit resourcen-orientierten Uebungen* [Encounter the inner child. Audio-CD with resources-oriented exercises]. Stuttgart: Klett-Cotta. Audio-CD: ISBN 3-608-89036-X.

Reddemann, L. (2005). *Imagination als heilsame Kraft. Zur Behandlung von Traumafolgen mit ressourcenorientierten Verfahren* [Imagery as healing power. Treatment of trauma aftermaths with resources-oriented methods]. Stuttgart: Klett-Cotta.

Riedel, C., Deckart, R. & Noyon, A. (2008). *Existenzanalyse und Logotherapie. Ein Handbuch fuer Studium und Praxis* [Existential Analysis and Logotherapy. A manual for studying and practice]. 2nd ed. Darmstadt: WBG.

Riemeyer, J. (2007). *Die Logotherapie Viktor Frankls und ihre Weiterentwicklungen. Eine Einfuehrung in die sinnorientierte Psychotherapie* [Viktor Frankl's Logotherapy and its further developments. An introduction to meaning-oriented psychotherapy]. Bern: Huber.

Roth, W. (2003). *Einfuehrung in die Psychologie C.G. Jungs* [An introduction to C.G. Jung's psychology]. Duesseldorf: Patmos.

Ruschmeyer, J. (2009). Im Land der Gesunden angekommen – Erste Erfahrungen in der Begleitung von Wertimaginationen [Arrived at the Land of the Healthy – First experiences in guiding Value-Oriented Imagery]. In M. van Cappellen (Ed.), *Bildung und Werte*, *Jahrbuch 3* (pp. 25-37). Norderstedt: Books on Demand.

Sachsse, U. & Reddemann, L. (1997). Katathym-imaginative Psychotherapie in der Behandlung traumatisierter Patientinnen [Katathyme imagery psychotherapy and the treatment of traumatised patients]. In L. Kottje-Birnbacher, U. Sachsse & E. Wilke (Eds.), *Imagination in der Psychotherapie* (pp.222-228). Bern: Huber.

Saldaña, J. (2009). *The coding manual for qualitative researchers.* London: Sage.

Samarah, P. (2008). *Fantasie- und Koerperreisen fuer Therapie und Supervision. 60 Anleitungen, weiterfuehrende kreative Gestaltungshinweise und eine Gebrauchsanweisung* [Fantasy and body journeys for therapy and supervision. 60 examples, further creative input and an instruction]. Neukirchen-Vluyn: Affenkoenig.

Sarantakos, S. (1998). *Social Research.* 2nd ed. Hampshire: Palgrave.

Schiffer, E. (2001). *Wie Gesundheit entsteht. Salutogenese: Schatzsuche statt Fehlerfahndung* [The manifestation of health. Salutogenesis: Treasure hunt instead of searching for faults]. Weinheim: Beltz.

Schmidt, G. (2008). Einige hypnosystemische Ueberlegungen fuer die zieldienliche Nutzung von Imaginationen [Hypno-systemic thoughts on the goal-oriented usage of imagery]. In G. Schmidt (Ed.), *Symposium "Kraft von Imaginationen und Visionen". Im Kongresshaus, Stadthalle Heidelberg, 01/05 – 03/05 2008.* Symposium reader distributed at the symposium, consisting of the papers presented. Heidelberg: Milton-Erickson-Institut.

Schnell, M. (1997). Der imaginative Raum – vom Uebergangsobjekt zur Objekt-beziehung [The space of imagery – from transitiorial object to object relationship]. In L. Kotje-Birnbacher, U. Sachsse & E. Wilke (Eds.), *Imagination in der Psychotherapie (pp. 207-215).* Bern: Huber.

Seifert, A.L., Seifert, T. & Schmidt, P. (2003). *Der Energie der Seele folgen. Gelassen und frei durch Aktive Imagination* [Following the energy of the soul. Calm and free through Active Imagery]. Duesseldorf: Walter.

Simonton, O.C. (2004). *Auf dem Wege der Besserung. Schritte zur koerperlichen und spirituellen Heilung* [On the road to improvement. Steps for physical and spiritual healing]. Reinbek: Rowohlt.

Simonton, O.C. (1991). Audio-taped live lecture in English on imagery in cancer therapy, live translated into German. In B. Ulrich & A. Weiss (Eds.), *Seminar: Imagination in der Krebstherapie. Carl O. Simonton.* Live audio-tape, recorded in 1991. Auditorium Netzwerk: ISBN 978-3-83020061-1.

Simonton, O.C., Matthews-Simonton, S., & Creighton, J. (1992). *Getting well again. A step-by-step, self-help guide to overcoming cancer for patients and their families.* New York: Bantam.

Singer, J.L. (2006). *Imagery in psychotherapy.* Washington: American Psychological Association.

Singer, J.L. (1974). *Imagery and daydream methods in psychotherapy and behaviour modification.* New York: Academic Press.

Smith, J.A. (2008). *Qualitative Psychology. A practical guide to research methods.* 2nd ed. London: Sage.

Smolenski, C. (1997). Autogene Imagination – analytisch orientierte Oberstufe des Autogenen Trainings [Autogene imagery – analytically oriented advanced level of Autogenic Training]. In L. Kottje-Birnbacher, U. Sachsse & E. Wilke (Eds.), *Imagination in der Psychotherapie (pp. 104-112).* Bern: Huber.

Stumm, G., & Pritz, A. (Eds.) (2000). *Woerterbuch der Psychotherapie* [Encyclopedia of psychotherapy]. Wien: Springer.

Swan, W. (2007). *C.G. Jung and Active Imagination. A case study of Tina Keller.* Saarbruecken: VDM.

Tauber, L. (2009). Wertimagination und Mystik [Value-Oriented Imagery and mysticism]. In M. van Cappellen (Ed.): *Bildung und Werte, Jahrbuch 3* (pp. 68-74). Norderstedt: Books on Demand.

Terre Blanche, M. & Durrheim, K. (2006). Why qualitative research? In M. Terre Blanche, K. Durrheim & D. Painter (Eds.), *Research in practice. Applied methods for the social sciences* (pp. 1-17). Cape Town: UCT Press.

Terre Blanche, M., Durrheim, K. & Kelly, K. (2006). First steps in qualitative data analysis. In M. Terre Blanche, K. Durrheim & D. Painter (Eds.), *Research in practice. Applied methods for the social sciences* (pp. 320-344). Cape Town: UCT Press.

Tomka-Papp, E. (2010). Wertimaginative Arbeit mit Kindern und Jugendlichen, die unter Legasthenie leiden [Value-Oriented Imagery with children and teenagers suffering from dyslexia]. In M. van Cappellen (Ed.), *Bildung und Werte, Jahrbuch 4* (pp. 56-68). Norderstedt: Books on Demand.

Ullmann, H. (2005). KIP und Hypnose in Konkurrenz – Gemeinsamkeiten und Unterschiede [KIP and hypnosis in competition – similarities and differences]. In L. Kottje-Birnbacher, E. Wilke, K. Krippner & W. Dieter (Eds.), *Mit Imaginationen therapieren. Neue Erkenntnisse zur katathym-imaginativen Psychotherapie* (pp. 124-143). Lengerich: Pabst.

Unruh, H. (1999). Visualisierung und Imagination. Arbeit mit einer an Krebs erkrankten Klientin [Visualisation and imagery. Work with a client suffering from cancer]. *Zeitschrift des Hamburger Instituts fuer Existenzanalyse und Logotherapie,* 4. Jahrgang, 13, 6-9.

Van der Riet, M. & Durrheim, K. (2006). Putting design into practice: writing and evaluating research proposals. In M. Terre Blanche, K. Durrheim & D. Painter (Eds.), *Research in practice. Applied methods for the social sciences* (pp. 80-111). Cape Town: UCT Press.

von Franz, M.-L. (1995). *Shadow and evil in fairy tales.* Boston: Shambhala.

Vopel, K.W. (2006). *Hoeher als die Berge, tiefer als das Meer. Phantasiereisen fuer Neugierige* [Higher than the mountains, deeper than the sea. Fantasy Journeys for inquisitive people]. Salzhausen: iskopress.

Walsh, R.A. & McElwain, B. (2006). Existential Psychotherapies. In D.J. Cain & J. Seeman (Eds.), *Humanistic Psychotherapies. Handbook of research and practice* (pp. 253-278). Washington: American Psychological Association.

Wiggins-Frame, M. (2003). *Integrating religion and spirituality into counselling. A comprehensive approach.* Pacific Grove: Thomson.

Wilke, E. (1997). Zur Entwicklung und Definition der katathym-imaginativen Psychotherapie [Development and definition of katathyme imagery psychotherapy]. In L. Kottje-Birnbacher, U. Sachsse & E. Wilke (Eds.), *Imagination in der Psychotherapie* (pp.13-18). Bern: Huber.

Woeller, W. (2006). *Trauma und Persoenlichkeitsstoerungen. Psychodynamisch-integrative Therapie* [Trauma and personality disorders. Psychodynamic integrative therapy]. Stuttgart: Schattauer.

Wrage, M. (2007). Zur Geschichte des Instituts [History of the institute]. In M. van Cappellen (Ed.), *Bildung und Werte*, *Jahrbuch 2* (pp. 10-21)*.* Norderstedt: Books on Demand.

Apppendix A1: **Interview Guide**
'Wertimagination' and Logotherapy

Opening Question: How did you come to work with *Wertimagination* (WIM®)?

What importance does WIM® have within your work?

How often do you use it? (on what percentage of your clients - estimated?)

In what fields of work do you use WIM®?
(psychotherapy, counselling, education, coaching...)

How do you work with WIM®?

Do you offer it to all clients? (who are your clients? children & teenagers included?)

At what point in therapy do you offer it?

Over what period of time?

In what kinds of settings? (single - group: advantages and disadvantages)

Creative means (drawing...) used to deepen WIM® experience?

What are your experiences working with WIM®?

Its potencies (especially in psychotherapy) ?
    In general: .....
    Is it especially useful for clients with specific problems?
    Any especially impressive results?

Its limitations (especially in psychotherapy)?
    E.g., not useful for clients with specific disorders or conditions?
    Any negative or disappointing experiences?
    Any cases where you regretted having used WIM®?

Acceptance of the method by clients?
(differences linked to age, gender or background?)

Does WIM® use affect the therapeutic process?
(relationship, themes, duration, effectiveness)

How does WIM® use affect you/your work experience?

Intercultural experiences with WIM®?

What are your experiences and perceptions of the contribution of WIM® to Logotherapy?

Closing Question: Anything else you would like to mention?

Appendix A.2: Interview Condensations
Ms A, Mr B, Mr C, Ms D, Ms E, Mr F and Mr H

Interview Condensation: Ms A

<u>What importance does WIM® have within your work?</u>

Ms A: Well, it was of very, very high importance. And it is still like that for me.

<u>To whom of your clients do you offer working with WIM®?</u>

Ms A: I would try it with every client.

Ms A: Sometimes someone only needs a short term therapy. If this is the case I do not work with WIM® at all, because imagery is meant to be used over a longer period of time.

<u>In what fields do you offer to work with WIM®?</u>

Ms A: In the first place I use it in the field of personal growth.

[In the course of the interview Ms A mentioned that in the field of psychotherapy she uses WIM® for example when working with clients suffering from anxiety disorders, depression or psychosomatic disorders.]

<u>In what settings do you work with WIM®: one on one or group settings? What are the advantages and disadvantages?</u>

Ms A: One can conduct imagery in a one on one setting.... One stays in contact with the client whilst the client is experiencing his/her inner pictures.

Ms A: I do also have an imagery group.... And in a group, we negotiate an imagery journey's goal. Then the participants get a set time structure. I lead into the imagery by leading into a relaxation exercise to start with. Then the participants get 25 to 30 minutes for their silent imagery. Afterwards every participant shares his/her imagery experiences with the group. We then evaluate the inner pictures. To express the experiences and to analyse the meaning thereof after the imagery itself is always a very important part of *Value-Oriented Imagery.*

Ms A: I gave a talk ... hoping to interest some listeners for my work. The imagery group was recruited out of this event. And now they have been together for three years. It is a very warm group.... One gets to know each other on another level. They love coming to their imagery group. And each of them says "I have changed!" This happens almost unnoticeably, the change. Everybody becomes softer, rounder, more open and more lovingly with him-/herself and with others.... It is a group of five persons now. I find this group size good for

keeping the time structure. And I did experience it myself.... If a group grew together like that, it is almost a closed group. It is difficult for a new person to get into it.

Ms A: ... the mentioned imagery group. There I could also not offer psychotherapeutic work, because it is a group. If any group member wants a therapeutic imagery session in addition, I offer this in a one on one setting. Only in a face to face setting psychotherapeutic *WIM®* work is possible.

Ms A: I cannot work with a person suffering from an anxiety disorder or of a depressive disorder in an imagery group setting. A person like that is going to affect all the other group members negatively. Someone who suffers from an anxiety disorder might get a panic attack during the session. I have to be able to concentrate my attention on that person then. This is not possible in a group setting.

Ms A: The disadvantage *[of working with WIM® in group settings]* is that the participants know they will be asked to share their imagery journey with the group after the imagery is done. So they tend to reflect a bit more whilst doing the imagery journey, trying to memorise it all.... And, so it happens that participants don't recognise important symbols on their imagery journey.... But, the imagery experience can be rescued through a *guided follow-up imagery [in German: Nachimagination]* by the group leader or therapist.

How long are the imagery journeys in your group settings?

Ms A: 25 to 30 minutes. Usually you can see or hear when the participants are done.

Ms A: Because the closing image usually is very touching, or very lasting. When everybody has been breathing very deeply once, they are usually done.

How is your clients' acceptance of working with WIM®?

Ms A: They are all enthusiastic about it!

Ms A: I tell my clients in the beginning what methods I can offer to work with.... Some might react, when they hear about imagery: "O God! Then I might see all the dead bodies stored in my basement!"

Ms A: My experience from my practice is that many young people are very head driven and head focussed. And they appear very flooded with electronic stimuli. I have a problem getting them into inner pictures. Well, and they then often say: "No, this is not for me."

Ms A: Clients at the age of 40 or older work well with inner pictures. With clients under 40 it becomes more difficult.

Ms A: With teenagers it is difficult. You can work pretty well with children before puberty and again after puberty.

Ms A: 75% of my clients are female. Women are more likely to want to work at themselves. But, there is also a new trend at the moment: a tendency of more men coming for help.

Ms A: Sometimes I don't tell them, we are going to try imagery now. This is a term some clients don't know at all. Instead I say: "O, well let us look for images." And when it worked, I tell them afterwards: "This was imagery!".... I can give an example for this. I once worked with a woman suffering from multiple sclerosis. My colleague sent her to me to do supportive psychotherapeutic work with her. Well, and in the first session one usually explores the client's life history. And I remember her saying during that first session "Sometimes I feel like an eagle with clipped wings." The eagle is a strongly symbolic animal. He often appears in imagery work. Well, and then I used that opportunity and said: "Please close your eyes." "Can you see this eagle in front of you?" And she replied "Yes, there he is!" I said: "Please describe this eagle to me. What is he doing?" She answered: "He is busy cleaning his head. Wow, he looks very strong!" I replied: "What does he exude?" And she answered "O, he has so much strength!" And I asked "What does he want to do?" Well, and by now she had gotten into imagery without any effort ... straight out of a therapeutic conversation. It also does not have to be a completed imagery journey. It can also happen that a client says: "I have a tree that I love spending time at." And then I suggest "Please close your eyes and let this tree appear in front of you. What does it exude?" And then, suddenly, the tree starts moving and she explores the tree from inside. Then we look at the treetop and at its roots.[44] And this is already imagery!

Ms A: One develops this for oneself, how to best begin with imagery.

Over what period of time and at what intervals do you work with WIM®?

Ms A: One cannot say this in general terms. In case you want to work in the field of personal growth only, I would recommend 10 sessions.... But, when you are working with it in the field of psychotherapy, you will have to plan for 20 to 30 sessions.

Ms A: But it differs from case to case. Working with imagery touches very deep levels of a person. It is no short term therapy.... *[These 20-30 sessions should take place]* Over one and a half years, about every three or every four weeks. It depends on how the person deals with it and needs it. Clients with an anxiety disorder need more contact with me. They like working in a two weeks rhythm. And they often ask "can't I come more often?" But that would be too much, to work once a week with them. They also need to have time for transfer of the imagery experiences into daily life.

Ms A: I do usually work with an interval of three weeks between the sessions. This has proven to be a good frequency in my practice.... This interval is long enough, also in view of the financial abilities of the clients. They have to pay for it themselves, in most cases.

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[44] *[The tree in WIM® is a symbol for the current state of being of the person seeing his/her Inner Tree. Bĕt'ák (2008) writes about a similar understanding of the tree symbol in KB imagery therapy.]*

Ms A: We *[the imagery group]* meet once a month.... It is very important to the participants. They don't want a summer break or anything like that. We meet 12 times a year.

Do you offer the use of creative means to deepen the experience of WIM®?

Ms A: I encourage clients to do so, yes. Some like doing so and some don't like it.

Ms A: But it is rare - maybe because I myself dislike painting, I cannot paint! Maybe my attitude gets transferred.

Ms A: One woman from an imagery group had found a heart at the ground of the ocean. Her *Inner Dolphin* had taken her there. She afterwards carved herself a heart and always carried it with her.

Does working with WIM® in any way affect the therapeutic process and encounter?

Ms A: Yes.... when working with inner pictures you always get valuable hints to the questions: "What is actually happening? Where is it going? What is important for you?" Otherwise you as the therapist have your plan for the client and are tempted to press your client into your plan. The inner pictures are very authentic. The client has to indicate where to go, instead of me ticking off my to-do-list. That is the beauty of working with WIM®.

Ms A: This is the difference to conversational therapy. I could talk to my clients and say: "I can see this when I look at you, and I know it: no person consists just of the disorder!" And they know this, they have been told this a thousand times. But when they see it, without me having suggested those pictures, then they can accept it. This is when the clients begin believing in themselves. And to witness this touches me again and again.

Ms A: The inner hurts also show up in the inner pictures.... I am just thinking of a 65 year old lady with whom I worked. She read my webpage and wanted to work with WIM® to deepen her spirituality. This is beautifully possible with WIM®. But, never the less, on the imagery journeys we also met her life's themes, the hurts she had experienced.... The method of WIM® shows this on its own.

Ms A: Nothing can be more authentic than these pictures. You receive these pictures first from your own innermost kernel, afterwards you tell them to your therapist.

Ms A: We are working at very deep levels of our soul.

Ms A: It is a very intimate frame we are working in. We are getting very, very deep into these pictures. The clients are very often touched by them. They are deeply moved and shaken up. They say: "O my God, how did I treat myself, what did I do to myself!" Sometimes they feel ashamed. Through all of this we are getting into deep emotions with the clients and that connects us incredibly. It is the same in imagery groups: people meet each other on a different level. This creates a special connecting energy among the people who are part of this experience. It does not happen in the head but here *[Ms A points to her heart]*.

Ms A: Even when you agree on an imagery goal before you get going on your inner journey, you never know what is going to come up next. It always is a challenge to the therapist. You always have to be open to everything that might show. You have to be able to deal with it. And because of this it is good to be well-trained and have done a lot of self-experience with WIM®.

Ms A: These pictures ... they never get lost. And the way you change with this method is a lasting change. You cannot change back.... You would have to work against yourself to change back. And for that you would have to invest energy again. You could also manage to do that, but you would have to really work hard at it.

Do you have any intercultural experiences in working with WIM®?

Ms A: I have no experience with this.

What are your observed impacts/potencies of working with WIM®?

Ms A: It is a method that is very authentic, because it generates solutions that one cannot get to just using the head. The inner images are coming up and they are pulling you. They are pulling you personally, because they appear again and again in front of your inner eye.

Ms A: One can actually not escape those images again. The beauty about this method is that it puts itself into practice almost by itself.

Ms A: One can do a lot of stabilising work with it.

Ms A: As a first imagination I do ... very much like the *Inner Garden*, because it provides me with an overview. I have seen so many different *Inner Gardens*!... Sometimes there are high walls around it, and the clients can't enter it. This means they don't have access to themselves. Some *Inner Gardens* are perfectly tidy.... You can observe that the people are like that as well: they need everything to be orderly and structured. From this inner image you can draw conclusions about the personality.

Ms A: Working with WIM® has the great advantage that I am able to get into contact with myself very well.... Many people who suffer from psychological disorders are not in contact with themselves. And, clients learn to treat themselves more kindly and lovingly through work with WIM®.... This is another important element: many people suffering from some psychological disorder feel inferior, are ashamed, have a very low self-confidence. And here are the inner *Helping Figures* accepting them without judgement and exactly as they are. And it is real.

Ms A: For example, the multiple sclerosis patient: it was in her second imagery session, and it touched me very much. There was a figure with a horn of plenty, the horn of plenty of life. This figure had turned into stone. Many people suffering from multiple sclerosis are very stiff

and inflexible, and have very rigid structures in their lives. After this imagery she cried a lot and said "Yes, this is how I feel! What can I do to become more alive?"

Ms A: We initially work stabilising and strengthening, so that you start seeing what wealth you have got within yourself. You see then, that there is not only a desert, but also an oasis. And that the oasis stretches into a new green landscape.

Ms A: All this *[these pictures and this knowledge]* is within the people themselves.

Ms A: One can ... take the discovered and established inner figure into one's outer reality. One can take the *Inner Child* into one's every-day-life and walk with it to every part of it.

Ms A: It helps when you are willing to engage with it. Otherwise it is just colourful pictures. When I don't get into contact with it I cannot benefit from it.

Ms A: In case you would, for example, come to me and tell me about a dream, I would say: "Please close your eyes and look at your dream again!" Some clients tell me about their dreams in e-mails they send to me between the sessions. I integrate the dream in the following session. I ask then, or write in a mail: "What did you feel?" This is always the most important question. Then we can, during a WIM®, enter into the dream scene again. And look at the thousands of ants sitting there and running over each other. And look at the giant, who is standing there threatening to step onto it all. I can enter into the dream and develop a WIM® out of it, going further.

What are your experienced limitations to working with WIM?

Ms A: There is one disadvantage.... It is something I personally don't like. I did a systemic training as well.... This aspect only very rarely comes to the fore when working with imagery. When working with WIM® my individual history is more in the foreground. It is rather difficult to dissolve systemic entanglements with imagery.... With one Family Constellation I can save four to five imagery sessions.

Ms A: You should not use imagery with psychotic persons.

Ms A: A dental treatment also has a contra-productive effect!... On the very same day after the dental treatment it is very difficult to get into the imagery. I experienced it myself. We then puzzled over this: why was I not getting into the pictures? It was terribly strenuous to even try it. I had a dental operation the day before. The injection was still working. And then you see pink cows and purple clouds and things like that.

Ms A mentioned that any sedative medication taken could have a blocking effect on imagery.

Did you encounter any negative or disappointing experiences working with WIM®, where you maybe regretted having worked with it?

Ms A: Well, I cannot really say I have regretted it. But last year I worked with a lady. I had been invited to give a talk on WIM® and I met her there. She had beautiful *[inner]* pictures

and was inquisitive. But she was very sceptical and distanced and wanted to defend the picture she had of herself. She basically did not get involved with her inner pictures. And then, after having been to, I think, five to six imagery sessions, she said: "Well, I will take a break for some time." And I knew she would not come again.

Ms A: I was disappointed. But I have to accept that.

What are your experiences and perceptions of the contribution of WIM® to Logotherapy?

Ms A: Logotherapy has as its central core to help me find my meaning in life. It is a meaning-centred form of therapy. WIM® is a practical method to achieve this.... The WIM® experiences all want to evoke meaning. Very often people say after a WIM® journey: "Yes, this makes sense!" "This is my sense, my meaning".

Ms A: In WIM® we also have *The Meaning Finders* as inner figures, they can ... guide us to our meaning.... It is a wonderful method to implement the logotherapeutic attitude.

Is there anything else you find important to mention?

Ms A: I would appreciate it if this method could be accessible to more people. But I also find it important that people who offer work with WIM® are responsible enough to get themselves well-trained at the use of it. And that they gather a lot of experience by doing a lot of WIM® themselves before offering it to others. If one follows all of this it is a wonderful method to get into a better, loving contact and into harmony with oneself and with others, to live a rich and meaningful life.

Interview Condensation: Mr B

What importance does WIM® have within your work?

Mr B: I do not stick to the pure WIM®, even though WIM® is a very decisive part of my work. *[This logotherapist follows an integrative approach to counselling and psychotherapy, also integrating other imagery techniques.]*

To whom of your clients do you offer working with WIM®?

Mr B: This imagery technique helps to get into touch with one's feelings, especially with one's *Value Feelings* ... feelings that represent human core values.... In WIM® one can experience what freedom is or what guilt means, for example, to feel these *Value Feelings* and to work with them.

Mr B: I do not only work with WIM®. This kind of work depends on the kind of problem the client is coming with.

Mr B: Important is a thorough preliminary talk to see what kind of problem the client is coming with. Even though I must say using WIM® can be very useful, even in a simple case of counselling.

Do you also do WIM® with children and teenagers?

Mr B: I don't usually work with children, more likely with teenagers, but I have an example. A young teenager had run away from home. Her parents asked me whether I could work with her. *[Mr B illustrated the successful therapeutic work including Value-Oriented Imagery done with a 16 year old female teenager. The reported imagery work done here did not appear to be any different from working with an adult client.]*

In what fields of work do you use WIM®?

Mr B: I work in the field of supervision ... *[and in the fields of]* counselling and psychotherapy.

In what settings do you work with WIM®: one on one or group settings? What are the advantages and disadvantages?

[Mr B is experienced in both settings: one on one and imagery group settings.]

Mr B: In face to face settings one can guide the client throughout the imagery journey. This is indicated when working in the therapeutic field.

Mr B: In a group setting one can only guide one participant in his/her imagery journey at the time. The others are without any external guidance. Later I did not guide anyone in group imagery settings through the imagery any more. Instead I lead the initial getting into the theme of the session only.

Mr B: If anything disturbing happens during the imagery journeys in a group setting, I offer that participants come for a one on one session to look at that afterwards.

At what point in therapy/counselling do you offer working with WIM®?

Mr B: I would start using WIM® from the very first session if a client does not just come for counselling but needs therapeutic help.

How is your clients' acceptance of working with WIM®?

Mr B: People who come to me with a problem are usually very open to the methods I offer.

Mr B: I did not notice any *[gender related]* differences here. One would assume that it might be easier for women to get into imagery, this would be a common prejudice, but I cannot confirm this at all.... I have experienced women who had difficulties getting into imagery. And

I have experienced men who got into it very well and quickly. And I have experienced it the other way around as well.

Mr B: Generally it is more difficult for very rational persons to accept working with imagery.

Over what period of time and in what intervals do you work with WIM®?

Mr B: It is very different. If someone suffers from depression, for example, it is a longer term therapy. One can't heal this within a few days.

Mr B: There are clients with whom I have worked for three weeks, or five to six sessions. And there are clients with whom I have worked for three years. Some clients come back later to do a sort of interval therapy, which is actually very good.... It is different from client to client.

Mr B: The length of an imagery journey can vary from one minute to two hours. I did a two hour imagery journey with a client once. Both, therapist and client are almost exhausted afterwards. But where it is necessary, and where someone doesn't have the opportunity to arrange for it any differently, I would still offer it. It is better than having to let the client go home with a half done matter. In a normal *[public health insurance financed]* practice this is actually not possible. There you have got your 50 minutes sessions and a 10 minutes break in between the sessions. In a context like that 20 minutes are a good time for a WIM® journey. When one does WIM® in a group setting and does not give a time limit most participants are usually done after 20 to 25 minutes.

Mr B: In the beginning it *[the frequency of WIM® sessions]* should be more often. It depends on the client.

Mr B: Twice per week is ok in any way. It depends on the client's problem and possibilities. If someone struggles getting into the imagery it might be good not to do it twice per week. One has to see how a client deals with it not only from a technical point of view, but also regarding the development of the client.

Mr B: When we got together as a group at Boeschemeyer's, it was usually difficult for me to get into the imagery on the first day. Maybe it was easier for others, but for me it was difficult, my head was in the way. On the second day the imagery went deeper, and then it slowly flattened again. So, to do imagery more times in a row can deepen the experience.

Mr B describes the state of consciousness of his clients whilst gone on a WIM® journey:

Mr B: Someone who is deeply in his/her imagery does not notice the outer surrounding distractions any longer. That person is sunk into it.

Mr B: Talking about closing one's eyes, there is another good example of how deeply one can go into the imagery. I had a client who came to me from far away and stayed for two days to do imagery work. Whilst he was on an imagery journey the light bulb in my work

room went off with a loud noise. And he kept on telling me what he experienced on his journey. Afterwards I asked him: "Did you not notice anything?" He said: "No. What should I have noticed? Well it is dark now." He had not noticed the noise, nor the light being gone whilst he was in imagery. ... it is like with a dream. If it gets interrupted one can easily continue it.

Do you offer the use of creative means to deepen the imagery experience?

Mr B: There are clients who paint their imagery experiences. I think it can be very helpful if it is a kind of follow-up work. There are also situations where I ask clients to please draw their imagery, because I don't understand all that was there and it helps me to get an overview. I also usually ask clients to draw their *Tree of Life*. Nobody is scared of drawing this motive. It is also important to tell the clients that the quality of the drawing does not matter at all.

Mr B: [They] Sometimes [draw it] within the session, usually at home.

Mr B: There are WIM® experiences which are that intense that the main picture remains in front of one's inner eye and wants to be painted.... I once had an artist as a client. He had amazing imagery scenes and afterwards expressed them creatively. He even composed an exhibition out of the imagery based art.

Does working with WIM® in any way affect the therapeutic process?

Mr B: The relationship between therapist and client plays a role in how far a client is able to let go and get into deep imagery. In imagery clients disclose very intimate details of their inner worlds, often contents they have not been aware of themselves.

Mr B: The therapeutic work relationship is very intense. I still get e-mails from my ex-clients many years later. It is even more a question of the relationship between client and therapist as to how far working with WIM®/imagery is possible. The client has to close his/her eyes and be with himself/herself.

How is it for you, the therapist, to work with WIM®?

Mr B: It differs. There are clients who experience the most amazing stories on their imagery journeys, and one listens to it like a child listens to fairy tales. Only that as a therapist I have to be more attentive and to also do my part of the work with interventions. It is sometimes exciting and sometimes also rather tiring and strenuous. When things on the imagery journey are moving very slowly, and one gets tired but has to be very patient, then it becomes strenuous. And when it is exciting that does not mean it is not strenuous.

Do you have any intercultural experiences in working with WIM®?

Mr B: Theoretically one should be able to do imagery work with any person from any cultural background. In some cultures dream work is very common.

Mr B: I did imagery sessions with people from East Germany.

Mr B: In certain groups an *Inner Figure* that is Jesus-like appears in imagery. Clients who come from the atheistic German Democratic Republic socialisation sometimes have similar religious symbols, but they may be lined up in a row: Buddha, Jesus, Mohammed and so on.

Mr B: I have been told of someone who on her imagery journey was in Egypt and suddenly able to read the Egypt letters, even though in her outer life she knew nothing about this at all. That was amazing, but I did not witness such phenomenon personally.

Mr B reflected on the differences between *Value-Oriented Imagery* and meditation:

Mr B: The intention of WIM® is to get into contact with one's emotions. It is the opposite intention of doing meditation, where one wants to get rid of feelings to experience a spiritual level for example. One can discuss whether it is possible to experience love through meditation, because love is connected to feelings and value-oriented emotions. This is a common discussion when talking about imagery and meditation.... *Value-Oriented Imagery* is about getting in touch with one's feelings. If someone does not want that he/she has to choose another path.

Mr B integrated systemic aspects into his use of imagery: *Inner Family Constellation*

Mr B: One usually does not know about these family systemic aspects, but they have an effect as well. But this is not really part of Boeschemeyer's approach.... One has to explain well how this is meant. I consciously say: "It does not matter whether the persons are still alive or not." It is important to give this information to the client before the imagery. And: "It does not have to be family members only. It could also be good persons who were or are important to you.".... Boeschemeyer also used this, but maybe not the way I do. I have deepened this theme by studying literature on it.

What are your observed impacts/potencies of working with WIM®?

Mr B: Actually one can work with WIM® in all fields, in principle, because it is mainly about using *Inner Helpers.* They are personifications of positive inner forces.

Mr B tells an example of a client who suffered from depression and suicidal intentions

Mr B: The Fear on an imagery journey ... appeared in a personified way to a ... client. He was a man who had wanted to commit suicide. The following day he came to me. He only told me about his suicide attempt some time later. He had not told anyone about this, not even his

wife. He had gone with a rope into the forest to hang himself but did not have the courage to do so. When I did imagery work with him he met *His Fear* and received a symbol that helped him. He had been suffering from severe reactive depression. This term does not exist any longer in the ICD10 classification system[45]. But for me this term was helpful because it said the depression was not written down in his genes but caused by life events. This means the chances to get out of it, especially with using WIM®, were much higher. And he managed to get out of the depression.... I worked with him for one to two years. The end was great! We had worked with different methods.... He once said to me: "Only twice in my life have I actually made my own will come true." The one was to do a certain hobby and the other was to marry his wife. He had wanted that. In the meantime they are divorced. And his wife is regretting it deeply. She had been suppressing her husband a lot.... She got divorced from him. He was not keen on that, but managed to deal with it very well. Astonishingly well, I would say. In his imagery he received a symbol, a knife, a figure that again cuts himself off with his armour. It symbolised masculinity and protection. This knife gave a shining stone to him. My client symbolically took this stone with him. When he went to the doctor he took it with as well. Usually he did not tell his doctor anything, just the very minimum necessary ... not even communicating his pains. He took the stone along and now he started talking. He imaginatively had this stone with him in his pocket.... This really helped him.... And he also worked at his wanting. He made himself signs and put them up everywhere. He wrote on them "I want!" His wife was getting irritated by that. But she had sent him to me.... In the end he came to me one day and said: "I want to end our sessions!" Here I could feel hurt as a therapist, but I was very delighted.

A second example is of a client who suffered from an anxiety disorder and includes successful inner fear exposition training

Mr B: There was a client who had great difficulties getting into his inner pictures and who had almost no *Inner Helpers*. He was strongly engaged on the rational level.... I used the animal world to lead him into closer contact with his inner pictures. I did an imagery journey into his *Inner Zoo* with him. Initially the animals did not touch him at all. The giraffe and so were locked in animals *[in a zoo],* was one of my ideas. Then he came to see a cage with a gorilla. The gorilla wanted to get out of his cage. This anthropoid also symbolises masculinity, wild and original masculinity. Finally the gorilla walked out of his cage but did not want to leave the zoo. In the evening he wanted to return to his cage, because he was getting food there and so on.... Later on, the gorilla on an imagery journey was at his work

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[45] *[The ICD-10 is the International Classification of Diseases, 10th edition. It was introduced in 1991 by the WHO (World Health Organisation) and in Germany is the obligatory medical diagnostic tool since 2000. It is the equivalent to the US American DSM system (Diagnostic and Statistical Manual of Mental Disorders) (Moeller, Laux & Deister, 2005).]*

place. This *[the place of work]* is where the client experienced problems in his outer world. He rationalised this symbol with the comment "The monkey is going mad at work anyway." This client was very rational and had to be this way minding his development *[biography].* I always wasn't sure if our work helped him. Even though something visible had changed to the positive: this client could not drive a car over long distances when we started working together. It made him panic. I exercised driving the car in the imagery journeys with him. I will never forget what all he had to do before finally driving. He had to check all parts and functions of the car first. Then he drove the car till the moment arrived where he would usually start panicking. I asked: "Do you really need to panic now?" He replied: "Maybe I can drive a little further without." This is the level of confrontation. It helped. He was able to drive the car in the outer world afterwards, could even go on holiday by car. And afterwards he also managed to do his tiresome business trips by car. They were most probably the source of this problem.

What are your experienced limitations to working with WIM®?

Mr B: There are certain areas in which I ... would avoid working with imagery: in the psychiatric field, with psychotic clients. I would say here a doctor would have to be involved as well. Here it would have to be done within a team of therapists. Then it might be useful to work with WIM® here as well.

Mr B: In the group setting it may happen that participants fall asleep on their imagery journey. Well, this can even happen in a one on one setting, it once happened to me.... *[The client]* said she was too exhausted from work. I was sceptical and later realised it was a phenomenon called resistance instead. The longer I worked with this young lady, the more open she became and then she no more fell asleep on the imagery journeys. She needed the falling asleep to protect herself when things got too much for her, just like the depressive client needed her hole to hide in on her imagery journey.

Did you encounter any negative or disappointing experiences working with WIM®?

Mr B: I once had a negative experience. One should also talk about this. A client from a neighbouring town came to me. I did imagery work with him, and he did not tell me all he had experienced on the imagery journey. Afterwards he experienced problems because of this. If someone does not communicate his or her imagery experiences during the session I cannot respond. One has to communicate this very clearly before starting with imagery work: "I can only assist and escort you. You have to walk your own paths. What I suggest is not important but what comes from you is important. My suggestions are only inspirations, nothing more. But if you don't tell me what happens on your imagery journey, I cannot be of any help to you."

Mr B: It is disappointing when someone drops out of the therapeutic or counselling process. The example I have told you, where someone came once or twice and did not communicate his imagery experiences to me, and did not come again. And I heard it from somewhere that this client felt bad after the imagery session. Even though this also does not mean it had not been beneficial to him in some way. But I don't know, and I don't regard this to be very professional. That is a certain disappointment to me. Or when I was hoping for the client to progress further, but the client felt it was enough the way it was. Than one gets the feeling one might have gone a step too far here or there.

What are your experiences and perceptions of the contribution of WIM® to Logotherapy?

Mr B: Logotherapy without WIM® usually takes place on the conversational level, with for example inspirational stories being told or read by the therapist. It is more distanced which sometimes is good. When working with WIM®, the clients get into greater depth. He/she can deepen encouraging experiences in his/her inner world. It enables clients to get closer to their emotions and felt inner values.

Is there anything else you find important to mention?

Mr B: Some clients only start remembering their dreams after having worked with imagery.... They often show where the problems of the clients are.

Mr B: I find it very important to integrate dreams into therapy and counselling. One can work with WIM® at their contents and enter right into them consciously. This is helpful especially for very rational clients who might experience greater resistance to the work with imagery.

Interview Condensation: Mr C

What importance does WIM® have within your work?

Mr C: Working with WIM® is of very high importance to me because it shortens the time needed for counselling or therapy significantly.

To whom do you offer to work with WIM®?

Mr C: I offer it to all clients. Actually clients often come to me because they want to work with this method.

Mr C: I do not work with children. But colleagues of mine reported good experiences when working with children. Here, WIM® needs to be done focussing on positive, strengthening imagery goals only. Doing WIM® with teenagers works very well.

In what fields of work do you use WIM®?

Mr C: I use WIM® in the fields of counselling, psychotherapy, couples therapy, coaching and supervision (individual, and sometimes also in group supervision).

Mr C: In team supervision using WIM® it is often not possible when team members don't want to show themselves with personal themes. In case there is openness to show oneself, working with WIM® is a good method to improve conflict solving. When there is a team conflict, one useful option is to ask all team members to go on an imagery journey to their *Place of the Determining Feelings*. Doing so, projections of the individual team members can become visible and for example be dissolved in individual supervision.

In what settings do you work with WIM®: one on one or group settings? What are the advantages and disadvantages?

Mr C: From my point of view working with WIM® in group settings is only advisable when working in the field of value-oriented personal growth, with psychologically healthy participants. In this context usually mainly the human core values and other positive places are the intended goals of the single imagery journeys. Part of working in a group setting always is the offer by the conducting therapist to individually work with threatening imagery aspects that might have come up during the silent group imagery, in an individual and guided follow-up WIM® session.

Mr C: In the field of psychotherapy working with WIM® has to be done in face to face settings with the therapist, because areas of conflict should not be wandered into during an imagery journey without the assistance of an experienced therapist. If this would be done without the assistance of a therapist the client would face the danger of being over-flooded by emotions on his/her inner journey.

At what point in therapy/counselling do you offer working with WIM®?
Mr C: I usually start working with WIM® when there is stagnation on the conversational level of therapy/ counselling/ coaching/ supervision. Some clients have a lot of psychotherapy experience already when they come to me. With them I start working with WIM® very soon, after having heard their biography, vertically and horizontally[46].

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[46] *["Vertical biography" means an overview of the chronological significant happenings of an individual's life – "my life story". "Horizontal biography" means an overview of the currently important aspects and fields in one's life (as the author was taught at her own Hamburg Model Logotherapy training).]*

How is your clients' acceptance of working with WIM®?

Mr C: Most of my clients come to me because they want to work with WIM®.... I did not observe any differences in the acceptance of this method linked to age, gender or background.

Over what period of time and at what intervals do you work with WIM®?

Mr C: This varies a lot from case to case.

Mr C: In some cases a single WIM®-session is sufficient. There was for example a male client coming for help with some partnership conflict. He had to decide between his wife and his lover. I worked with him during the first two counselling sessions on a conversational level. At the third counselling session I suggested to work with WIM® because he could not decide for either of them clearly on a rational level. I accompanied him on an imagery journey to the following goal *My Wife, My Lover and Myself in a Landscape.* In the imagery the client was standing in a desert, all alone. When he looked around he saw his wife and his daughter. They were standing next to a dead tree. As he walked towards them, the desert began to flower and the tree became alive again and grew fresh, green leafs. The closer the man walked up to his wife and daughter the more he felt drawn to them. He had the deep feeling of belonging with these two persons and of wanting to stay with them. Then he also discovered his lover and her daughter. He walked towards them and felt a lot of respect for them. At the same time he clearly felt that he did not belong there. This experience helped him to reach a very clear decision within his inner world.

Mr C: Sometimes I work with clients, using WIM® over many years, often in intervals. I have for example over a period of ten years worked at intervals with a woman suffering from severe depression.

Do you offer the use of creative means to deepen the experience of WIM®?

Mr C: I encourage clients to share their imagery journey experiences and to write them down. Sometimes clients experience a deepening of their emotions and of their feeling of being moved by their inner pictures and experiences within them during the writing down process. Some clients paint or draw imagery scenes on their own. Sometimes I encourage them to do so.

Does working with WIM® in any way affect the therapeutic process?

Mr C: It is not only the method that works. In the first place it is a relationship of trust that has to be established with the client.... In my perception the relationship between therapist and clients does not get changed through the use of WIM®.

Mr C: The use of WIM® makes counselling and therapy more effective and shortens the counselling or therapy time significantly.

Do you have any intercultural experiences in working with WIM®?

Mr C: I do not have any experience of working with clients from different cultural backgrounds than my own.

What are your observed impacts/potencies of working with WIM®?

Mr C: I ... use it to enable the transfer of cognitive knowledge into action. To come into touch with one's own potential through WIM® helps make new options come true.

Mr C: I for example worked with a manager suffering from symptoms of burnout and this was very short but intensively. We worked together for four days in a row, eight hours each day. I conducted eight imagery journeys with him within these four days. It helped him to get out of his burnout. Another client was a woman who was a cancer patient. She was very afraid of the chemo-therapy waiting for her. In her inner pictures I went with her into her fear. The fear showed itself as a person. To meet this personified fear, to walk up to her, face up to her and get into contact with her was strengthening.

Mr C: By getting into contact with their inner resources in WIM® they *[the clients]* can quickly regain autonomy and inner freedom. Through Value-Oriented Imagery focussing on the clients' resources, problems can dissolve without having had to work conflict-oriented. Working with WIM® helps people experience all that they have within themselves. Counselling times are drastically shortened when WIM® is used. Clients working with WIM® reach their goals much faster.

Mr C: From my experience working with WIM® is especially helpful for person's suffering from anxiety disorders, mild to medium severe depression, eating disorders (for example anorexia nervosa), compulsive disorders, somatoform disorders, addictions (after detoxification), and within couples therapy. Even for persons suffering from major depression I have collected positive experiences working with WIM®**:** it can prevent clients from having to go into a clinic for treatment.

Mr C: It is also an excellent method when working with sexual trauma, if this is wanted. During intensive *Value-Oriented Imagery* work, for example when working with WIM® three or four days in a row, traumata often show themselves in the form of disguised, abstract symbols. They can be looked at and worked through, if wanted by the client. I have often met such symbols on the clients' imagery journeys within their "Inner Castle". Symbols which by looking at them make the client feel disgust usually are an indicator for such a trauma. One can look into the symbols to understand what they stand for and work through them carefully.

Mr C: In the case of a serious couple conflict already a single WIM® session helped a client to reach a clearly felt inner decision, whilst hours of counselling on the cognitive level did not bring any progress.

<u>What are your experienced limitations to working with WIM®?</u>

Mr C: Working with WIM® is no magic cure. It is important to work together with specialists from other fields as well, for example in the case of working with clients suffering from major depression.

Mr C: It is very difficult to work with WIM® when clients cannot let go of conscious control, for example in the case of clients with severe compulsory disorders. The same is the case in clients with very severe anxiety disorders who often also do not want to let go of any conscious control. Working with WIM® is very difficult or may not work for clients with a lot of inner resistance. When clients are very sceptical about the workings of WIM® it can take for example up to ten WIM® sessions till they get emotionally really involved with their inner pictures.... This resistance represents a fear of coming into contact with one's own inner world. Sometimes I have to stop an imagery journey and instead talk about inner resistance with the client. I ask them: "What is not allowed to show up, under any circumstances? What don't you want to see?"

<u>Did you encounter any negative or disappointing experiences working with WIM®?</u>

Mr C: I did not have any negative experiences working with WIM®. I never regretted having worked with WIM®.

Mr C: But I have heard of clients' negative experiences with group imagery that was conducted without an experienced therapist and without the offer of after imagery care. For example, this should be done in the form of an offer, announced by the group imagery conductor, of reworking possible frightening experiences during the group imagery in an individual follow-up session.

<u>What are your experiences and perceptions of the contribution of WIM® to Logotherapy?</u>

Mr C: Boeschemeyer's Wertimagination is an excellent contribution, because Frankl's Logotherapy is very much founded on the intellectual level. Through working with WIM® the pre- and unconscious levels are added. By integrating WIM®, the Enneagram and the Dense Dialogue, Boeschemeyer closed a gap in Logotherapy. Not everybody is able to practise Frankl's Paradox Intention. Frankl had a great sense of humour, for him this method was working well, it suited him. But one cannot simply copy this.

Is there anything else you find important to mention?

Mr C: The persons offering *Value-Oriented Imagery* need a thorough training in working with WIM® and a large amount of self-experience.

Interview Condensation: Ms D

What importance does WIM® have within your work?

Ms D: I find it incredibly precious to work with WIM® when the client is ready to open up for this.

To whom of your clients do you offer to work with WIM®?

Ms D: [To] most of my clients. But there are also clients who only need help for a very short time. They find it helpful enough to work on a conversational level. But if someone wants to get to the core of things and really wants help then it is wonderful to work with WIM®.

Ms D: [My clients are] men and women.

In what fields of work do you use WIM®?

Ms D: I think one calls it counselling.

In what settings do you work with WIM®: one on one or group settings?

Ms D: ... only in face to face settings.

At what point of counselling do you offer working with WIM®?

Ms D: When a person has the feeling of "I want to be helped, I am in a situation right now, where I don't want to get stuck!" That is the starting point. He or she has to want that.

Ms D: I am offering it where I regard it as suitable at the very same moment. Where a point is reached, where I feel, now we have to move forward, and when I have the impression the client might be open to this method.

Ms D: I decide this intuitively.

Does your clients' acceptance of working with WIM® differ linked to age, gender or background?

Ms D: No, not at all. Religion also makes no difference, whether one is part of a specific denomination or not. It is independent of gender and age. It is independent of political convictions. It is simply human-like.

<u>Over what period of time and at what intervals do you work with WIM®?</u>

Ms D: I always say, come for one session, it can take an hour or longer. It differs a lot. There are clients who came for a long time, and there are clients who did not come for a long time. One cannot say that Logotherapy always has to be long term therapy or counselling.

Ms D: It happens that someone comes for half a year and perhaps comes again after another half a year saying: "And now I would very much like to go on an imagery journey to the *Place of Freedom* again." Then the client already feels at home with the method of WIM® and knows what he or she wants. Then it often is enough to come for one more session to get back on the track.

<u>Do you suggest the use of creative means to deepen the experience of WIM®?</u>

Ms D: Yes, if a client sees the scenes very clearly and colourful. In the beginning I ask my clients to write their imagery journey experiences down back at home. It would be a pity not to write them down. And if clients see things very colourfully I ask them directly: "Don't you want to paint this?" The client I told you about, she very much enjoyed painting her imagery and it meant a lot to her.

<u>Does working with WIM® in any way affect the counselling process?</u>

Ms D: In WIM® the whole way of experiencing is similar to that in dreams. The soul can move on its own, you cannot experience this in a verbal dialogue. Through this different state you are in, you can enter different levels of consciousness and this timeless dimension which does not exist in conventional conversation. Normally we are very much focussed on the worldly aspects, the way we think and so on. In WIM® you don't think but you perceive and you receive without any know-it-all attitude.

Ms D: By doing so the real life comes to the surface. This is invaluable.

Ms D: Counselling becomes more effective, because one encounters such sweeping experiences in WIM®. One always has the feeling: "Yes, this is true! No way doubting this, this is simply true!"

Ms D: When working with WIM®, one experiences closeness in very intimate areas of the soul, especially when spiritual themes and experiences surface in the imagery. A client would often not have talked about these themes if they would not have come up in his or her inner pictures. It is too imminent.

<u>How is it for you, the therapist, to work with WIM®?</u>

Ms D: It is something very special for me to work with WIM®. I always say "Thank you!" to the clients afterwards for having trusted me with it.

Ms D: Very special about it is that one can witness very closely what another person experiences. That people's souls can meet that closely through working with WIM® whilst keeping physical distance.... Another special thing about working with WIM® is that one can help others progress in a very gentle way.

Do you have any intercultural experiences in working with WIM®?
Ms D: One client of mine was from Russia. And even here in Germany people are very diverse.

What are your observed impacts/potencies of working with WIM®?
Ms D: It only works for the themes that are relevant to the individual person at that specific time in his or her life.
Ms D: The client has to be the one who knows "This is my session.", that the themes are not pre-given but that it is the client's responsibility to own the themes so that they can be reached on the imagery journey.
Ms D: This is one of the very important things about WIM®: at some point a person's spirituality becomes visible, even when people did not think they had any. It is simply part of every human being. It can touch people deeply and change their attitude.
Ms D: This is also something special: the lawfulness one experiences in WIM®. That everything is meaningfully interconnected, especially spiritual aspects. As unique as the single imagery journeys are. They somehow all show the natural laws that are embedded in all creation instead of arbitrariness that one might feel exposed to.
Ms D: When working with WIM® you experience that you are not alone and that you will receive help. This is a basic human experience not bound to any spiritual denomination.

Ms D tells an example of a client with whom she did successful grieving work using WIM®
Ms D: There was for example a woman who's parents had both passed away within one week. With her mother she had made peace during the mother's three months of illness. With her father she had not done so. She wanted reconciliation with her father, but he died before this was achieved. This was torturing her. She said to me: "Please free me from this pain!" And we did manage to do that. It was only possible through the WIM® work we did.... In the following session I said: "Today we will meet your father on your imagery journey." That was our imagery goal. And it worked.... This woman had had a terribly difficult life. Her father had rejected her completely. He did not want her even to exist. When she was born he put her mother under great pressure: "You can decide either for me or for the baby. But I will not survive it if you decide for the baby!" The mother stayed with this man and gave her baby to her own mother. After four years a second baby was born, the client's sister. Now she was

allowed to return home to her parents, but her father still could not accept her and put her on for adoption. Luckily this did not work. And it went on like that. Despite all of this the client still had the strong desire to make peace with her father. In the WIM® she saw the eyes of her father, they were blue like the sky. It was a wonderful blue, and she instantly fell in love with it. Then she saw a poisonous yellow coming from outside. It was pressing on the wonderful sky blue again and again in rhythmic intervals. And the client positioned herself, with all her feeling on the side of the sky blue and helped it fight the poisonous pressing yellow. Black came from the edges and pushed the yellow even further towards the sky blue. There she realised that she could help him. When she came back from this imagery journey she said: "I love him!" It was only there that she realised her father had really been ill and suffering from his schizophrenia that pressed on him. She had positioned herself on the healthy side of her father, the sky blue side and had wanted to help him. This experience was a great relief for her. She was freed from this – contrast.... She always treated him like a healthy person when she was a child. He was also an alcoholic, on top of this. She always had expected him to act the way a healthy father should do. But very often he was not like that. Now she realised how difficult life was for her father, and that her father was ill. That gave great relief to her. She painted this imagery.... And then she happened to clean up her home in the week after our imagery session. And there she suddenly found a very old postcard in her home sent to her when she was a small girl. Her father had sent it to her from Paris. And he had written on it: "I am very much looking forward to seeing you again! I am arriving at that and that day and time.".... At the following session she told me about this postcard and commented it "I did not at all remember this!" It was like a confirmation of her experience from her last imagery session.... It was an overwhelmingly beautiful experience for her. And then in the following WIM® session I did a river journey imagery with her. It was very useful. She saw different steps from her past life that had been important experiences to her. When walking along the river up to its place of origin one does not see one's whole life but only what was experienced as very important. There was a dark section on the side of the river where no flowers were growing any longer. It symbolised her marriage that had failed. And finally where the river was originating she saw a cave. When she went inside she found herself in the uterus of her mother. She was thrilled by the sense of inner security and the sparkling light she experienced inside there. She had to paint this scene back at home. In the following session she told me: "I have painted a cave, it is beautiful as if it was out of a fairy tale. When I don't feel well I withdraw into this cave and feel at home and very secure there."

Ms D: And I always experience the clients to be extremely grateful afterwards and to walk away beaming from within. They walk away with the feeling of "I got helped!" I cannot say that about all counselling encounters without WIM®.

In another example Ms D shows the case of a partnership crisis and working with WIM®

Ms D: A client of mine had a major family crisis. Two days before he was to travel on his holiday journey with his wife and his children his wife out of the blue told him: "Go and travel on your own with the kids, I don't love you any longer!" The young man was devastated. He went on the holiday trip with his children. His small daughter ran up and down complaining, calling for her mum. For a whole week the man stopped talking and allowed his little daughter to sleep on his belly. He was suffering terribly and did not know what to do. He came to me for help. Over one week I did daily WIM® sessions with him to help him out of this crisis. The first point on the agenda was to find out what was really happening and to answer his questions: "Do I have to fight for this marriage, is that my responsibility even though she says she does not love me any longer? Or should I run away? What am I to do?" He quickly got into his inner pictures. In one imagery session we went to the beach and he threw himself into the sea. He swam in the ocean of his life. Suddenly he said: "I can hear a ship's propeller, it is coming very close to me! It gets very dangerous for me, it could destroy me, I have to be very careful! Now I can also see the whole ship." I helped him with a little intervention, saying: "Ships usually have names written on them, can you see it?" He saw one letter after the other and finally spelled out the name of his wife. The ship then moved on and he remained, protecting himself carefully to not get damaged by the ship's propeller. After that imagery he saw his situation more clearly: "I cannot save the situation." In the following WIM® sessions he got helped. He felt terribly lonely and hurt. I wanted to guide him to the *Place of the Firm Inner Hold* because there are also other things in life that can support you besides from your spouse. On the following imagery journey already when he went down the stairs he noted a person standing there and waving at him in a welcoming way. When I asked him after the imagery who that person was who had waved at him he said it was a work colleague of his. He had been keen to get into contact with him. Later he told me he had approached that colleague and they had become good friends.... It is unbelievable how such waiting possibilities in the outer world are pointed out in WIM®. It does not only show what has been but also provides very tangible help.... The imagery continued, the client jumped into bubbling water and regained new strength.... This imagery experience was important to help the client see clearly again.

What are your experienced limitations to working with WIM®?

Ms D: The limitations of working with WIM® are or would be ... when the client would have an inadequate guide *[/ therapist].* Because it is very important to make sure the client is not sliding onto a rational, cognitive level of consciousness during the imagery. The rational judging process is absolutely in the way when doing imagery, one has to let go of that.

Ms D: It can also happen that a client does not want to work with WIM®, because he or she is scared of what might happen there.

Ms D: These are clients who do not want to know about themselves in depth. But this is the exception.

Ms D: Concerning the limits of working with WIM® there is the possibility that someone does not want to get involved in this receiving level of being. Or that someone does not know that he or she herself has to have the courage to do this. It does not work if you want to do it for someone else. You have to do it and to want it for yourself. One has to want to engage with one's inner world, and not find this dimension too scary.

Did you encounter any negative or disappointing experiences working with WIM®?

Ms D: There was a case where a client always fell out of the imagery when he started thinking about it.... He was not able to perceive and feel the pictures any longer. He did not want to continue working with WIM® because his intellect was very much in the foreground of everything.... Another client also did not come back. He was very young. His mother had sent him to me. That is not the right prerequisite for working together.

What are your experiences and perceptions of the contribution of WIM® to Logotherapy?

Ms D: It *[WIM®]* is an unbelievably important method. I have a lot of respect for its developer. It is the most helpful method we have at hand.

Ms D: It is very helpful in finding oneself and in more and more being oneself. For example, when you want to meet your *Inner Child* in the imagery you may find a child standing somewhere in a corner all tied up. It looks at you and you feel an affinity. Till you realise that this child is yourself. Then you feel the urge to move to the child and free it from the ropes. You free the child and take it into your arms. You bring it back to yourself. You reintegrate it and don't allow it to suffer like that any longer, or to run away from you or to be scared of you. Or other aspects of your self will surface as well and can be reintegrated when working with WIM®.

Is there anything else you find important to mention?

Ms D: Yes, I would want the outer conditions to change, so that everyone could afford Logotherapy and working with WIM®. Often the people who need help most are financially not that well off and are unwilling to spend money for counselling. If they knew how much they could benefit from working with this method they would pay for it. I offer it for a very affordable fee. But today people want everything to be paid for by the government. So people tend to not look at the contents of a therapy method but only at the fact whether the

government health insurance pays for it or not, this way people often end up with a form of psychotherapy that is not really suited for them.

Ms D: I think working with WIM® is an incredibly wonderful option.

Interview Condensation: Ms E

What importance does WIM® have within your work?

Ms E: I always felt just talking about problems does not solve them. It practically never happens that I work with a purely conversational approach. Usually imagery is part of it.

Ms E: In the beginning my work consisted to 100% of Logotherapy and working with WIM®, today it is no more 100% but it is still a large percentage.

Ms E: But I do only seldom work with WIM® alone. I usually combine it with other methods.

To whom of your clients do you offer to work with WIM®?

Ms E: Almost all my clients get to experience the privilege of working with WIM®.... Actually I always integrate working with imagery somehow. So the percentage of my clients experiencing WIM® with me is very high.

Ms E: I do not work with borderline and with psychotic clients.... This is my personal limitation. I do not say this is the limitation to working with WIM®.

Do you also do WIM® with children and teenagers?

Ms E: Children are less disconnected from their inner self. It is very easy for children to get into imagery. They more easily get into positive pictures, and can easily name the negative experiences. They almost always manage to end the imagery session with positive images. Working with them also takes less sessions.... My youngest clients are six to seven years old.... They often have their own fantasy figures. One eight year old child had watched a movie with her grandparents, a crime thriller. The following nights she had nightmares of a thief, like the one she had seen on TV, stealing her pictures. As a therapist I understand the thief is stealing her inner pictures. Since she had these nightmares she could not concentrate at school any longer because she was too much focussed on having to protect her pictures. I looked with her how she could protect herself in case someone would come to steal from her. We found an *Inner Fox* and a *Hunter*. They secured her room. With their presence she could feel secure and be open for other things again. I go along with what the child offers and find out what the child needs to feel secure and positive.

<u>In what fields of work do you use WIM®?</u>

Ms E: In the fields of coaching, counselling, spiritual counselling and psychotherapy.

Ms E: I am working as an Existence-Analytical Logotherapist in the fields of counselling and psychotherapy at my own practice.

<u>In what settings do you work with WIM®: one on one or group settings? What are the advantages and disadvantages?</u>

Ms E: From a therapeutic point of view, the more severe the client's disorder the more is a face to face WIM® setting indicated – for being able to respond to the individual needs of the client. A WIM® group setting is less therapeutic but rather personal growth oriented, even though it can always shift towards being therapeutic.... In a case like that, I would offer the participants to come for face to face setting sessions to work on their individual themes. If one does imagery in a group one is likely to avoid certain aspects.... There is an advantage of doing WIM® in a group setting: the clients are not alone, they can witness that there are others with similar problems. And it is very interesting and stimulating to experience the plurality of inner pictures, produced by the individual group participants whilst focused on the same theme.

Ms E: I lead an imagery group of ten to twelve participants, in an honorary capacity. The group session lasts three hours and is conducted every two weeks.... *[There is another]* imagery group where I am the co-leader, and *[where]* I prepare the imagery themes ... this group also takes place every two weeks, for three hours per session.

Ms E: I do bible imagery[47] with that *[first]* group.... In this cultural region the bible is the major spiritually inspired book known.... Through bible imagery one gets into contact with the spiritual dimension very quickly.

Ms E: In WIM® you always intend to reach a certain goal that is agreed upon before you start. When I do bible imagery the goal can be a certain verse of the bible.... Bible imagery does not work the way that one tells the participants what they should believe in. It provides everyone with the opportunity to become a responsible and faithful person, because it helps one realise that every person always believes in something. Through working with WIM® we find out what we really believe in, our deepest convictions surface.

Ms E: I do it differently, with and without *Helping Figures.* Many of the bible imagery participants have God or Jesus as *Inner Helpers* and ask Jesus or God to guide them on their imagery journey.

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[47] *[Bible imagery with WIM® is offered and conducted in a similar way described by the interviewee by some other spiritual counsellors in Germany as well. The author of this dissertation had experienced this at a workshop offered by students of Boeschemeyer.]*

Ms E: Of course knowing that this is not God in persona but my picture of God that accompanies me, my inner archetype of God that I have within myself.

<u>At what point in therapy/counselling do you offer working with WIM®?</u>

Ms E: Often the clients already use verbal pictures when talking to me. They say for example: "I feel such a pressure in my belly!" Then I reply: "Please close your eyes. Does the pressure come more from the inside or more from the outside? What does he pressure look like?" Then they could say for example: "It looks like a hand." Then I suggest: "Please have a look whose hand this is!" I sometimes start an entry into imagery in his very simple way. Or somebody tells me of a way he behaves in certain situations, and I ask for example: "How old do you feel when you feel this isolated?" The client may response: "I actually feel I am eight years old." I then suggest: "Please close your eyes. How was it when you were eight years old? What did you experience then?" And immediately one is right in the imagery.

<u>How is your clients' acceptance of working with WIM®?</u>

Ms E: Most of my clients have heard about me, we had an initial meeting and they looked at my webpage to find out what they can expect from me. They sometimes arrive here saying: "I don't know whether I can do this!" This is more an expression of their own fears and not a questioning of the methods offered.

Ms E: Men sometimes struggle more getting in touch with their world of emotions. But this is a general phenomenon that shows on the conversational therapy level as well.

Ms E: I don't introduce WIM® as a method – this could scare clients. There are clients who would then think: "I can't do that! I am not skilled at this! I don't have the talent to do this!". . . I avoid that by letting them imagine the verbal pictures they use to describe their problems. Then I say "Now you are already in the imagery!"

<u>Over what period of time and in what intervals do you work with WIM®?</u>

Ms E: Every single WIM® session is valuable and useful. It is better to have gone for it than to not have gone for it. There is no limit at the top.... this differs from client to client. Some clients come to me with very clear instructions. With them I do relatively little imagery work.... Some clients come for appearance coaching or examination anxiety or another very clearly defined topic, where they want to get rid of that symptom only. There are other clients who came to me to work with WIM® for more than ten years. They say: "Others go for physical cosmetics I go for cosmetics of my soul every two months or once a month.... And then there is anything in between these two extremes. The average working time with WIM® is half a year to one year.

Do you offer the use of creative means to deepen the experience of WIM®?

Ms E: No. It would be too time intensive …

Does working with WIM® in any way affect the therapeutic process?

Ms E: It makes a difference, when a client opens up to his or her unconscious when doing WIM®. By doing so already a different level is entered.... The client has the competencies within himself/herself, in his/her unconscious, and I can guide him or her there. That brings us to a very different level of working together. Thinking, wanting only to be rational, often is part of the problem.

Ms E: Sometimes the clients want direct advice. I always try to activate the clients' self healing capacities, for example by doing WIM® to discover the *Inner Doctor*, the *Inner Wise Man/Woman* and the other *Inner Helpers*. My advice, seen through my own "glasses", is not important.

How is it for you, the therapist, to work with WIM®?

Ms E: I love the variety and the continuous challenge it offers to me as the therapist. Every session, every client is different. And I love working value-oriented. I also benefit from that, because I am part of the positive energy which is entered.

Ms E: Another aspect I very much like about working with WIM® is that it leaves a lot of space for feeling. When I give the client space and time to feel, I don't sit there and take notes or do something else, but I am mentally and energetically in this feeling room too.

Do you have any intercultural experiences in working with WIM®?

Ms E: I love working in intercultural settings! I have quite a number of clients from a Muslim and Turkish background.... I had a client last week from Turkey, a cultural background where people believe in the "magic eye", where the mother protects her child so that no-one will become jealous of it, because it is very beautiful. When doing WIM® with this client these magical beliefs also showed in her imagery symbols. Luckily I knew about this aspect, so I could recognise it and integrate it into our work.... I have to know the major cultural elements that could make a difference in the client's perception of the world and himself/herself.

What are your observed impacts/potencies of working with WIM®?

Ms E: Working with WIM® is more or less equally useful for all problems.

Ms E: Logotherapy is a wonderful method to get to know oneself better and to explore one's resources.

Ms E: It helps the client to get to know her/his soul's landscape.... to get to know the language of one's soul is the most rewarding language to be learnt. Because in everything

we do our own soul is very much involved.... The strength of Logotherapy and of working with WIM® is the focus on the individual's resources.... When working with Logotherapy and WIM®, the underlying anthropology always makes you look at the "gold in the mine", to examine what a client has that is working, what the client needs, and where the client already had the seemingly lost resources needed. Often clients had access to these resources at some point in their life. Then a trauma happened and they stopped living these aspects, but the feeling of these values had been there till the age of five, for example. Then one can reconnect with this five year old boy or girl to bring back the feeling of these values into the life of the adult.

Ms E: And WIM® is very potent in the field of disclosure. In WIM® one can for example directly go to *The Fear*, or to the *Forecourt of Fear.* The *Unknown Room* is a diagnostic imagery goal. With WIM® we can find out where exactly the problem is.

Ms E: When they go to the *Unknown Room* on their imagery journey, usually the main problem that wants to show itself gets symbolised there.

Ms E: Usually clients don't know what the source of their problem might be, when consciously thinking about it.... Working with WIM® makes the true inner reasons surface.

Ms E: Sometimes clients can't get in touch with their feelings and say: "It is like a wall!" Then I ask them to close their eyes and have a look at this wall. Or they say "I have a lump in my throat!" Here I would let them look at the lump.

Ms E: The *Inner Throne* ... symbolises one's inner dignity and self-confidence. For clients who's self-confidence went down a lot it is very important to manage to get onto their *Inner Throne*.... Sometimes the *Inner Throne* is occupied by persons from the past. This is of course not allowed to happen. My *Inner Throne* is my throne. Sometimes the *Inner Throne* is found in the lumber room, totally scraped or rotten. Here the task is to get it out of that room, to own it and to get seated on it. This is what WIM® is very good for, to get to these positive inner potentials.

Ms E: You asked if I could give you an especially impressive example of working with WIM®. Yesterday a young woman came here for the second time. She came with feelings of anxiety that popped up after she had failed an examination. She also has problems finding a partner. This is a theme that I often meet in my practice: young women with failing partnerships, again and again. She discovered her *Inner Throne.* It was fascinating. It was the second time she was here and her first real guided imagery journey. Her *Inner Castle* was at the distance, very far away, but it was golden. She could walk up to her castle with ease. She was surprised by that herself. Her castle had golden walls and plenty of doors. I find it very astonishing for a person on her first imagery journey to already see that many doors. And I said: "Today we want to go to the throne." But, of course it would have been rewarding to look behind all the doors, with all this gold around. Gold symbolises contact to

one's spirituality. It was difficult for her to open the door to the throne room – this symbolised it was not a room she usually went to. Before doing this imagery journey we had worked at a birth trauma of the client where she got stuck in the birth cannel. By walking up to her *Inner Throne* she was claiming back her right of birth. She happily got seated on her throne and found it to be very inviting. On a table next to the throne was her crown. Initially she found it to be too heavy, but when she put it on her head it fitted perfectly. She discovered the crown on her own. Sometimes one has to ask: "Is there also a crown?" She saw it, put it on and felt good with it. It was absolutely beautiful, the way she felt and perceived herself and her surroundings, sitting on her *Inner Throne* for the first time.

What are your experienced limitations to working with WIM®?

Ms E: I have never regretted having worked with WIM®.... I find working with WIM® very helpful, but up to a certain point.

Ms E: I see the limitation of working with WIM® for clients who suffer from flash backs, from traumatic pictures torturing them, coming up again and again. I call it trauma processing, what is needed here.... Traumata can be disclosed when working with WIM®. And we can strengthen the client by doing imagery into the client's resources. But my experience is that looking at inner pictures alone often is not sufficient or takes too long and is quite strenuous. ... I looked around with the question: how can a trauma get erased from one's memory? I found the Wingwave-Method[48].

Ms E: By testing the muscle tension we find out where the stress is located and work with EMDR[49], with guided eye movements, to delete the trauma memory. I combine working with EMDR and WIM®. I use WIM® to disclose traumata and to make inner values accessible and to enable clients to experience them within her inner worlds: for example what it feels like to really love oneself and to be calm. I use my additional methods to "wing" those new positive experiences "in", to anchor them deeply, as we call it.... If I would use WIM® alone, I would have to do a separate imagery journey to each destructive belief and work at changing them.... WIM® is a wonderful tool but I do need additional tools as well.

Did you encounter any negative or disappointing experiences working with WIM®?

Ms E: Last week a woman came to my practice. Both her children are getting therapy and we noticed that it of course also had something to do with her. She was willing to come to my practice. At our second therapy meeting, on the WIM® journey I guided her to the inner

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[48] *["Wingwave" is a method related to EMDR and is in Germany offered in the field of coaching (http://belcaoch.de/Wingwave/wingwave.html, retrieved on September 10, 2010).]*
[49] *[EMDR is the abbreviation for Eye-Movement Desensitisation and Reprocessing. It is a fairly common method in trauma therapy to help treat post traumatic stress disorders (Colman, 2006).]*

Unknown Room. It was completely dark in there. The light of consciousness was missing. It matched my perception of her as a rather not very conscious woman. That was a problem for her family. But she felt good with everything being in the dark. Her inner pictures told me that this state of being was ok for her. Whenever there was a little bit of light coming into her pictures, she reacted with physical tension. I commented his phenomenon with: "Maybe it is good to leave it as it is. Maybe it is not the right time for psychotherapy now." By saying this I left the door open for her to come back again at some other time. I have experienced something like this once in twelve years. It is also okay to accept this and to leave it like that.

<u>What are your experiences and perceptions of the contribution of WIM® to Logotherapy?</u>
Ms E: I got to know WIM® first and afterwards I got to know Logotherapy. Logotherapy without WIM® would not be an approach I would want to work with. So, the contribution of WIM® to make Logotherapy attractive for me is huge, I cannot think of separating the two.... To work on a cognitive level only is not an approach to psychotherapy I would want to follow. The anthropology of Logotherapy in many ways is very impressive to me, but without WIM® I would not want to work with it.

Interview Condensation: Mr F

<u>What importance does WIM® have within your work?</u>
Mr F: Working with WIM® is my first choice. It is also important to say that it would not be right to just work with WIM®. The imagery must be bound into a verbal dialogue and into the actual encounter with the client. But, for the basic question of "How can I talk with a client that he/she also really feels what we are talking about?" ... I see working with WIM® as a very excellent answer. I get this feed-back from my clients as well. Most of them come mainly because they want to work with this method. They usually don't know *Value-Oriented Imagery* when we begin working together. But once we start with the imagery journeys after some sessions, I can perceive a latent dissatisfaction whenever we do not integrate WIM® into the session.

<u>To whom of your clients do you offer to work with WIM®?</u>
Mr F: I offer WIM® and try to work with it with all my clients. The only contra-indication is when clients are psychologically very unstable. With them I carefully see whether it could make sense to do imagery work or not. I usually try to work using WIM® with all clients. Then I can see how much the client is able to open up to this method. It is important not to become

dogmatic about it. The method is there for the client and not the client for the method. If someone cannot get into it, there is no use forcing it.

Mr F: My youngest clients are usually about 18 to 19 years old. I once worked with *Value-Oriented Imagery* with a 16-year old boy, but that was long ago. It actually worked well.

Mr F: From my experience I would say it works very well with about 50% of my clients and with about 25% it works well enough.

In what fields of work do you use WIM®?

Mr F: In all fields: counselling, psychotherapy, training and coaching.

In what settings do you work with WIM®: one on one or group settings? What are the advantages and disadvantages?

Mr F: In the field of psychotherapy I only work with individuals.

Mr F: If one does WIM® in a group, as I do in ... training groups, people often compare themselves with other group members. And participants who struggle to get into their pictures are either sad or jealous or think: "Why can't I do this?" Here it is important to talk with them and to tell them: "It is not any life deficit if you cannot get into the imagery. It is just one method amongst many others to get into touch with oneself."

Mr F: From a therapeutic point of view I would think of the social aspect of working in a group as beneficial. Here clients can experience that there are others who also have problems. They could also benefit by hearing about the inner symbols and pictures of others.

Mr F: A problem could be that problematic moods and symbols of group members could affect others negatively. Not in any magic, hidden way, but simply when clients tell about their destructive symbols it could darken other clients' mood as well. I assume this phenomenon is potentially part of any other form of psychotherapeutic group process. One disadvantage doing WIM® in a group setting definitely is that only one client can always be guided on his inner journey by the therapist. The other group members are without the therapist's guidance and support on their inner journeys. Usually it is more difficult to do an imagery journey by oneself. It is more difficult to stay focussed and to also recognise and get into contact with all relevant symbols showing up. Doing WIM® is easier and more intense with the guidance of an experienced therapist.

How long is an imagery journey?

Mr F: 20 to 45 minutes. I would not go with clients on imagery journeys longer than 45 minutes. That is sufficient. On average an imagery journey in my practice takes 30 to 40 minutes. After that follows a dialogue about what happened during the imagery, so that the experience and the understanding get joined together.... An imagery journey can also be too long. Even though this is not visible from the outside, going on an imagery journey is hard

work. It is inner energetic hard work. Even an intense experience of inner strongly positive energy can get too much.

How is your clients' acceptance of working with WIM®?

At what point in therapy/counselling do you offer working with WIM®?

Mr F: Relatively soon. Usually I built up the sessions as follows: in the first session "What is your problem?" is in my focus, after that follows the vertical and horizontal biography of the client *[these expressions are explained in the footnotes of the Interview Condensation of Mr C]*, then the *Enneagram* typology. Sometimes the latter is already present when enquiring about the client's problem.... After that I start with imagery work, in the third, fourth, or at the latest in the fifth session.

How is your clients' acceptance of working with WIM®?

Mr F: I experience a very high acceptance throughout my client base. Often there is even the particular wish to work with WIM®.

Mr F: Once the clients have experienced WIM® they are usually touched by it.

Mr F: I also experienced that if I remain very patient and don't put clients under any pressure, most of them finally become more and more able to open up to their inner pictures.

Over what period of time and at what intervals do you work with WIM®?

Mr F: It is difficult to give you a fixed time span. I think it is not very useful to do single WIM® sessions every now and then. On the other hand there are also exceptions to the rule. There are also cases in which this has been useful. But it is best to do WIM® sessions in series. If it is situated more in the field of counselling, I think a series of 20 WIM® sessions is a respectable number.

Mr F: It is not beneficial for clients, at least in the beginning and in the middle field of their therapy or counselling process, to come less than every two weeks for a session. The more severe the problem of the client the more indicated it is to work with WIM® at least once per week. One can also do it twice per week, but it depends on the client, it could also be too much. Once per week or at least once every two weeks I consider as the best rhythm for working with WIM®. One has to individually see what a client can handle.

Do you offer the use of creative means to deepen the experience of WIM®?

Mr F: I don't do that.... I did gather certain experiences though. A client asked an artist to build a one meter long wooden rainbow for her, to represent the rainbow she had experienced during a WIM® session. It turned out to be a dead piece of wood for her. One cannot capture the power of an experienced inner symbol and preserve it like that. It is different when the client who experienced something touching in the imagery expresses this

herself, for example by painting it, or by writing a poem, or in any other means. This I think is useful and meaningful.

Does working with WIM® in any way affect the therapeutic process and encounter?

Mr F: I would not say that working with WIM® necessarily speeds up the therapeutic process, but it deepens it. The sustainability effect of psychotherapy increases noticeably compared to working only with conversational therapy.

Mr F: ... even though it is much *easier* to get to the essential sources of problems, because they simply show themselves in WIM®.

Mr F: A person shows a lot of himself or of herself through his or her inner symbols. These inner symbols are very touching to the therapist as well at times. This creates a greater sense of feeling close to the client. If one for example witnesses the *Hurt Inner Child* of a client showing itself and then hears what the client sees, what a bad time this child is having. That generates a lot of empathy on the side of the therapist, because the client is showing himself or herself very clearly. On the side of the client, I would say, it creates an increased openness for the therapeutic process because the client actually experiences something that happens during the session.

Does working with WIM® foster the clients' autonomy?

Mr F: On the one hand this definitely depends a lot on the therapist's personality and is independent of the methods used. When a therapist's personality has a strong narcissistic component there is of course the danger to somehow signal the client: "See how wonderfully you can do imagery with me!" Here the therapist could get idealised because he has such a great method to offer.... The autonomy of the client get's fostered when working with WIM® in that way that the subconscious of the client dictates the work directions.

Mr F: I had once suggested to a compulsive client to examine his aggressive energy with an imagery journey. The following night he had a dream: he was playing a computer game. A war game was to come up. It did not, instead a writing appeared on the computer screen, it said: "Please don't activate this programme within the close future!" This was a very clear message to me, the therapist, meaning aggression is not the topic to be worked at now.... The same way the clients' imagery itself says what themes want to be worked at. One can suggest and intend a certain goal or topic in WIM®, and something completely different can show up. Then one has to reflect of course, whether it makes sense to head that way. Even in a guided WIM® the client to a large degree leads himself or herself through his or her own *Value Figures.* The client's autonomy remains relatively high.

Do you have any intercultural experiences in working with WIM®?

Mr F: I assume that in a different cultural setting, at least partially differently formed language of inner symbols would surface. I once had a Greek client. In his imagery positive symbols showed itself which I did not instantly recognise for what they were. But it becomes clear when the client answers the standard question of what a symbol emits and what it makes him or her feel like when looking at it and when getting closer to it. I assume that in our collective subconscious there is a treasure of very common symbols but differentiated into regional dialects, as Fromm once put it.

What are your observed impacts/potencies of working with WIM®?

Mr F: I have realised, when working with WIM® it is important to be aware not to let some sort of parallel world come into existence. This would happen, if clients go on imagery journeys, feel very good in the symbolic inner world, go back into their outer worlds, but are unable to connect these two worlds. A simple example is the imagery journey to the *Inner Courage*: The client sees a lion, gets into contact with his lion and feels the strength of the lion during the imagery. Now it is important, after this imagery journey, to also talk with the client as to what this means for the client and for his life in the outer world. Experiencing and understanding should go hand in hand. The inner experiences should encourage the client to consciously try to live those experiences of inner resources more and more in the outer world as well.

Mr F: My experience is that we human beings are neither only existing in the outer world, just like some behavioural machines, nor is the human being only existing in the symbolic inner world. From my observations what was experienced in the inner world also wants to be lived in the outer, conscious world. I have to make use of this power consciously.

Mr F: When doing WIM® one climbs deep down into the subconscious.... The psychological disorders, each of them looking very different, they are so to say what is visible on the surface of a problem. Depression, anxiety disorders, addictions, compulsory disorders and so on. Once you go deeper you will see that basically the different disorders are all symptoms of different colour. And below the symptoms there are the actual areas of problems.

Mr F: I would not say that working with WIM® is especially useful for specific disorders. I would instead say in WIM® it shows that the name of the disorder is not actually that important, but what lies underneath this disorder is the central question. And that results into different disorders in different individuals for whatever reason. One person is more prone to slide into an addiction the other person is more likely to develop a compulsory disorder.

Mr F: Underneath lie, to put it simply, two major intra-psychic climates. I came to witness this from more than 10.000 WIM® sessions I accompanied as a logotherapist. On the one hand

there is a very destructive field of energy that is given with life and that works against me, we call it the *Inner Antagonist*. It is a very destructive force, an energy of destruction. On the other side there is a very positive and constructive energy that strongly wants me to live and be well. It is a strong field of energy out of which I can accept myself. It accepts me as I am and it transports a very positive force. Depending on which of these two spheres of influence a human being is closer to, closer to the destructive or closer to the constructive pole, a person is better or worse off. This essentially lies underneath.

Mr F: I personally do not work with psychotic clients. I would say, if a client is within a psychotic episode, it is of course not useful to do imagery. This is at least what I would assume, because that person does not have to get into imagery, but has to get out of imagery instead. Because he or she is actually doing imagery against his or her own will. If a psychotic person is not in a psychotic episode one could try very carefully to work with WIM®, I would think.

Mr F: I do have an example of a client with what used to be called an endogenous depression, bi-polar, manic-depressive. When doing WIM® he saw the *Native American*, the symbol for being steadfast and unwavering, courageous and strong and a symbol for the coming together of one's spirit and nature. Far in the distance, he saw the *Native American* coming towards him. It was a very strengthening and relieving experience for him. He said: "A long forgotten part of myself is walking up to me!" There was an undamaged, healthy part of his personality walking up to him. Another client of mine is suffering from a borderline disorder. Both clients did of course have psychiatric assistance as well. With her it is also possible to work with WIM®. One has to see how long an imagery journey can be, it is usually shorter imagery sessions. There was a situation in which she arrived quite churned up inside, feeling emotionally instable. After working with WIM® she seemed much more grounded and went out of this session far more relaxed than she had walked in.

What are your experienced limitations to working with WIM®?

Mr F: For about 10% to 15% of my clients it is not useful, they don't get into it because they cannot let go of conscious control.

Mr F: There was no client who did not want to work with WIM®. Only some clients who did not want to see what was coming up in their inner pictures. I am thinking of a client with an addition problem, suffering from severe alcohol addiction. For two years now she has not had a drink of alcohol. She wanted to do imagery. When we did so, she soon got unwilling and used to say: "No, we should leave it like that for today."…. It was similar with a client who had experienced abuse. When doing WIM® she got into a dark cellar, and nothing wanted to show up there. She looked into the dark, this symbolises repression. Then something started showing, but as soon as this happened everything went pitch dark again.

Mr F: With some clients it is like that, through getting in touch with their inner worlds when doing WIM®, the depths of it come up as well. And it can happen that this is not really wanted by the client, or that the resistance is too high. In a case like that it is important to see whether it makes sense to talk with the client about her or his resistance to finally overcome it. It could also be the case that the resistance has an important function and should be respected.

Mr F: One ... has to ask, could it be, that a person, because of his or her disorder is psychologically too "I" ("Ego")-instable, so that he or she could possibly be pulled away when diving into the world of symbols during WIM®. If this was the case, it would be a contra-indication for working with WIM®.

Mr F: You will see this very soon when trying to do WIM®. You can hear it from the way the person's voice starts sounding. You will see it from the symbols that are coming up.

Mr F: It could for example look like this. A client sees the initial symbol, when doing the beach imagery, the ocean. And then he says he sees a giant black wave coming towards him at great speed. And when this wave starts rolling over him and swallowing him, and he gets lost within this wave, this means he gets swallowed down by a very dark, however motivated inner feeling. Another example is if a client sees an anthill during imagery. Then the ants start moving everywhere and ants are swarming out of all corners and holes, covering everything. Or, there is a big blaze of fire coming closer and closer to the person, burning down everything.

Mr F: ... where *Inner Helpers* become ineffective. When the *Value Figures* are effective the client has enough of the opposite, positive pole. When they cannot become effective the client is too much in the energy of the destructive pole. It may also happen that an imagery journey becomes cosmic. This means, that out of the cosmos or out of the sky something starts covering up the earth in a destructive way. Such are difficult symbols. It might also happen, that powerful earth quakes start showing up in the imagery scenes, so that the inner ground becomes too shaky.

Mr F: As long as the opposite, the constructive pole is reachable I don't see a danger in it.... One also sees whether a client is stable enough to do imagery or not from the aftermath, whether a client is able to handle the emotions following. It is wanted to have emotions coming up through WIM®, and it often cannot be avoided that this is also a difficult phase of transition.

Mr F: [But] the client has to remain stable enough to deal with all these emotions and has to remain able to act.

<u>What are your experiences and perceptions of the contribution of WIM® to Logotherapy?</u>

Mr F: Logotherapy ... is no uniform undertaking. *[In Germany]* it is split up into two major streams. The one direction is the Logotherapy led by Dr Lukas, it teaches a very cognitive approach and rejects working with the subconscious dimension at all. Then there is another movement, led by Dr Boeschemeyer, in which working with the subconscious plays an essential role.

Mr F: In the section of Logotherapy that works with the subconscious as well, WIM® plays a central role.... I want to explain why.... A precondition for being able to find meaning in life is that I experience the inner enabling reasons and the inner disturbances or blockages to meaning finding as well. This means that I feel inner freedom, inner ease, inner security and so on. The experience of those emotional forces within myself is the experience of meaning and enables at the same time the going out into the world and finding meaningful assignments there.... The experience of this energy is the experience of meaning, from my point of view. It can be experienced through working with WIM®.

<u>Is there anything else you find important to mention?</u>

Mr F: I think working with WIM® is an excellent method.... I wish that WIM® could experience a widespread acknowledgment and central position within all Logotherapy communities.

Interview Condensation: Mr H

<u>What importance does WIM® have within your work now?</u>

Mr H: It is part of the psychotherapy I offer. I don't use it on its own, but it is a very important part of my tool box. I use it for about 15% of my psychotherapeutic work.

<u>To whom of your clients do you offer working with WIM®?</u>

Mr H: In the first place *[I find working with WIM® useful]* for all clients who suffer from feeling a lack of meaning in their life.

<u>Do you also use WIM® for children and teenagers?</u>

Mr H: The younger the clients, the faster it works because they have not yet been on a wrong track for a long time.... There are persons who walk around with a certain pattern for more than 50 years already, and get hurt by it again and again. It is far more difficult then to change such behaviour, compared to being a young person still. I very much like working with children and teenagers.... They are very refreshing, inquisitive and one can work with

them quickly.... Children often get into it *[WIM®]* much easier than adults, because they approach it more playfully. Children love fantasy anyway.... Children can deal with it much better, even with frightening aspects. They show their feelings. And through their expressed feelings one can very quickly get to the source of the problem.... I talk with them in pictures already, and not on a cognitive level. The more grown up the clients are, the more abstract the level of communication becomes. The more child-like a client is, or if the client is a child, the more I use pictures already in the conversation. Children respond better to that kind of language. They are not interested in rational explanations.... I very much like working with teenagers, even in puberty. I find them to be very straight forward. Even if they tend to be a little beefy, they do show exactly what they feel. I find this even positive, they show honest reactions. Often, underneath that *[being beefy]* they are screaming for love. Decisive is how I respond to that. They show a lot of themselves, that makes working with them easy.

Mr H: I am always an advocate of protecting a person's privacy, no matter how old or young a person is. Children are very sensitive here: they often don't want me to tell their parents anything.... They say: "But you are not allowed to tell mum or dad anything!" And I don't. I then tell the parents: "Your child does not want me to tell you anything, please tolerate that!" And the parents do so, because the child can trust me that way. Once it would notice I have nevertheless told mum or dad, it would stop talking to me.

Underline: From your experience, from what age on is it possible to do WIM® with children?

Mr H: From the age of four.

Do the children close their eyes for the imagery or do they keep them open?

Mr H: Most of them close their eyes. With children it is always a short imagery journey. One cannot sit with them for 20 minutes, they would find that boring. It is also not necessary.

How long are your imagery journeys with children?

Mr H: ... between 5 to 10 minutes.

Do you use a relaxation exercise for them before the imagery, or don't you?

Mr H: Some children find a relaxation exercise before the imagery journey to be fun. Others are too restless. Here it does not make sense, it is better for them to continue jiggling around. They can jiggle around with their legs, it soothes them. Best is they sit high up so that their feet don't touch the ground. This way they can wonderfully swing their legs. This is very helpful. Children also tend to rock their bodies in some rhythm, it soothes them.... whilst they do the imagery and also when they get into it. It is a good method to calm children down. To

tell them "Sit quietly!" is useless. The children's swinging legs are also useful indicators of what happens in their imagery: in exciting moments the speed of the swinging increases.

<u>In what fields do you work with WIM®: you have mentioned psychotherapy already, also in other fields?</u>

Mr H: Sometimes in the field of coaching as well ... I integrate WIM® into all my fields of work, but not always. It shows in the conversation with the client what tools are best suited.

<u>Do you use WIM® within family therapy?</u>

Mr H: Yes, but ... not with all involved family members at the same time. They are not supposed to know the inner pictures of the other family members. This is too private, I think. They have to be able to open up, and the inner pictures should not be used against the person owning them, after the session, saying for example: "You and your strange inner pictures!" Even the parents of a child coming for therapy I ask to wait outside till we are done, no matter how young the child is. The parents are always disturbing the process. The children are much more open when their parents are outside.... One sometimes is surprised, what all children tell.

<u>Do you use WIM® for couples therapy?</u>

Mr H: Yes. But I also don't use it in a session where both partners are present.... If I do it, I do it with both partners individually. It simply is too private. A client's partner does not necessarily understand the inner pictures of the client and could even misunderstand them. If someone wants to share his or her inner pictures with his or her partner, it has to be their own decision.

<u>In what settings do you work with WIM®: one on one or group settings?</u>

Mr H: I only work with WIM® in a one on one setting. In the therapeutic field I don't work with groups at all, only in the field of mental training.... because the inner pictures are pictures that belong to the individual persons. And if one would interpret an inner picture and another person would be around who had a similar inner picture, one would have to interpret the latter very differently again. If I offer interpretations to an individual in a group, there is always the tendency of the other group members to generalise the interpretation and to apply it for their own inner pictures as well. That would be wrong. If for example there would be a red flame in imagery, one person could perceive it as a symbol for danger whilst another person could perceive it as a cosy, warming fire. The same picture could evoke very different associations in different people. This is why I find it important to work with inner pictures individually and not in a group setting.

<u>Did you experience any differences in your clients' acceptance of working with WIM®, linked to their age, gender or background?</u>

Mr H: No. One has to see for whom it is appropriate in that moment. I don't have any scheme I use. There are different options of combining different methods. Some clients respond well to working with WIM® and others might need a cognitive approach, for example.... One has to see this very individualised.

<u>From your experience, over what period of time and in what intervals is it beneficial to work with WIM® sessions?</u>

Mr H: This also differs a lot. For some clients a few sessions are sufficient, when they come with examination anxiety for example. Sometimes one to two sessions are enough here. And then there are clients with whom one has to work for a couple of years. It depends on the kind of trauma underlying the problem.

Mr H: In the beginning I usually conduct WIM® sessions every one to two weeks. Then it soon shows whether this is too much or too little.

Mr H: With children it works very fast, they usually need from one to four or five sessions only.... Then they are stable again.... Sometimes their parents have to come for conversational therapy as well. It is not rare that they are the actual problem. Not always, one cannot say it is always the parents' fault, I don't see it that way.

<u>Do you offer the use of creative means to deepen the experience of WIM®?</u>

Mr H: Some of my clients do that out of their own, especially children.... They could do it after the therapy session in my waiting room. But they can also draw it at home. It is not possible here.... They bring it along to the following session. They usually like doing that.... Children very often draw animals, and father, mother, child, or the teachers. If one is systemically trained, as I am as well, one can read a lot in these drawings.... It is also possible that clients extend the drawing. That they have not told everything they have seen on the imagery journey. And looking at the drawings one realises: "There have been even more figures!", which they did not mention on the imagery journey. Once the clients are sitting at home remembering and drawing or painting their inner pictures, it often becomes more alive, the picture, than what they have told about it.... I find out more and I can ask more. And we can do a further imagery journey into certain aspects of the last inner pictures. The younger the client is, the more expressive his/her drawing or painting is, because the person is not reflecting what it should look like, but just drawing it. Clients who are verbally rather plain often can express themselves far better in pictures.... It reveals a lot, how figures are positioned, their relative sizes, their degree of closeness – systemically interpreted.... I usually talk about it *[the drawings or paintings]* with the client. Or I for example ask them:

"Why is this green and why is this red?" "Why are you standing close to your mum and why is dad so far away?" – or the other way round. And they *[the children]* do know this very well, interestingly, if one asks about it.

Does working with WIM® in any way affect the therapeutic process and encounter?
Mr H: Through working with inner pictures the therapeutic relationship becomes personal very quickly, because through their inner pictures the clients show a lot of themselves. In contrast to that, if one works on a purely cognitive level, it remains very intellectual.... The clients directly reveal themselves through their inner pictures.... I don't mean "personal" in terms of transference and counter-transference, but I mean that the clients this way open up relatively quickly and one soon gets to the core of things.... This is why I use it.

How is working with WIM® for you, the therapist?
Mr H: Exciting! I find the inner pictures fascinating, especially how differently coloured they can be, depending on the specific disorder and cause of the disorder. I find it fascinating.

Do you have any intercultural experiences in working with WIM®?
Mr H: Yes. It is astonishingly similar, whether working with clients from an Asian background or clients with other religions, as Hinduism for example. Interestingly the inner pictures, the basic and archetypal ones, are rather similar.... There are books on comparative religious studies, for example, I use them to inform myself. But this is less necessary than I had initially thought. We human beings are functioning rather similar in our basic elements.

With clients from what different cultural backgrounds did you work using WIM®?
Mr H: For example with clients from South America, actually with clients from all continents.... From Africa as well.... It is real international here, in my practice. And it is of course very interesting, when I get to see myself what the real basic human patterns are and what is put on top of it by one's culture.... There are also some cultural specialities. In China, for example, being tricky is seen as a virtue.... Being tricky is not at all negative in that culture. There it means who is tricky is being good and clever. In our *[German]* culture being tricky is seen as something negative. These are cultural specialities one has to know a little about.... For example an inner figure could appear, saying "I am great, I am tricky!" It would have a different meaning here.... I ask the client what it means, and I read about the culture of the client I work with. Now I know that being tricky has been a virtue for many thousands of years in the Chinese culture.... I am learning myself whilst doing therapy with clients.

<u>What are your observed impacts/potencies of working with WIM®?</u>

Mr H: For some clients WIM® is a very good tool to get to the sources of their problems or also to work at them therapeutically.

Mr H: I also do dream analysis. There are great parallels between imagery pictures and dream pictures. The one helps to interpret and understand the other. They are not the same but related to each other.

Mr H: WIM® helps clients to find back to their spiritual dimension, and by that also helps to find meaning in their lives.... This interestingly is completely independent of the cultural background of the client. These inner pictures are very similar, no matter how a client names them. They could for example say: "This is an angel, what I see!" or "I see a figure made up of light!" They name the phenomenon they see in their inner picture according to their culture. But, the perception itself, the way I look at it from the outside, is practically identical.... For example, a client sees a helping inner figure on the imagery journey and says: "This is an angel!" Here someone else, from a culture in which angels don't play a role, or with a religion that does not have the idea of angels in it, would not say: "This is an angel!", but: "It is a figure that is radiating light". There you will get a description that means the same inner picture, but that is named differently. When the client describes the inner picture one sees that the term "angel" is also just a naming of a perception. And this naming is culturally formed, but not the perception itself. This I find extremely interesting.

Mr H: A woman who saw herself as an absolute atheist came to me for two or three sessions. On her imagery journey she hummed and hawed and then said: "Well I am seeing something here that is impossible! It definitely is complete nonsense! I am just making this up." And I replied: "Well, why don't you tell me what you are making up, it is also ok, and it could be of interest as well!" And she said: "Well, I see some figure made up of light." And I said: "Please describe what you see." This was terribly embarrassing to her. Then she said: "If I was a religious person, I would say, what I see is an angel." She had such difficulties describing it, because what she saw in her inner pictures did not match with her picture of herself, as being atheistic.... After this imagery journey she felt relieved that she had described it this way.... The figure of light had helped her on her imagery journey by saying something like: "Don't go here, walk that way!"

Was this inner figure asked to come to help her?

Mr H: No. I never ask anything like that. The client suddenly says: "I see this now!" And I ask: "What is it that you see?" It would be half a suggestion already, the question: "Is there any helping figure?" I would never do that. Usually it happens very surprisingly for the clients. They would not have thought or believed that anything like that could happen. This is very moving for the client as well as for the therapist.... She did not enter any denomination. This

is something different anyway. But for her was clear now, that there is a helping force in life, irrespective of how we want to name it. She was delighted to experience that she was not all on her own in front of a big nothing, but that there was something.... She had *[come to me with]* a relationship problem.

Mr H: Yes it *[the imagery experience described above]* was helpful. She was demanding a feeling of warmth and security from her husband that he was not able to give. A partner cannot replace a lack of feeling warm and secure within oneself. But this is what one hopes, suffering from a lack of inner warmth and security. She was able to develop a sense of warmth and security within herself, and also in a transcendental dimension. Through that she stopped unrealistically demanding these aspects to be delivered by her husband. This was a delighting experience for both of them.

Do you also use WIM® as a diagnostic tool for clients with psychosomatic disorders?

Mr H: I would for example ask a client to imagine his/her heart, and then to get into it. There he/she might for example see that his/her heart is captured in a castle with all the castle's openings closed and all bridges pulled high up – whilst suffering from a sensations of a suffocated heart.... A person is able to perceive in inner pictures what is happening *[for example psychosomatic connections].* After such an experience it is also very understandable for the client.

What are your perceived and experienced limitations to working with WIM®?

Mr H: With clients suffering from psychotic disorders I don't do imagery. With clients suffering from a borderline personality disorder I would not do imagery in the beginning of the therapeutic process. I prefer working with other methods here. Later on, when the client emotionally has become more stable and does not seem to be endangered any longer, it is possible to work with WIM®.... They are endangered to commit suicidal actions, or to go totally mad, or to opt for excessive drug abuse, to not feel any longer, or to use alcohol or something else.... Where someone is suicidal, I do not use imagery. Not in the beginning. But once the clients have reached safer grounds again, one can of course work with WIM®.

What are your experiences and perceptions of the contribution of WIM® to Logotherapy?

Mr H: I believe Logotherapy to be far more successful with WIM® than without. This is my personal experience and the experience of other therapists I know.

Mr H: I think the major contribution of WIM® is that working with imagery was introduced to Logotherapy. With this one can really move from a purely cognitive level into spiritual areas. It happens very often, if one works with WIM® over a longer time, that clients enter the area of *religio*. I don't want to say religion or denomination. It does not have anything to do with

that. But they enter a spiritual area.... Transcendental experiences can have the form of religious pictures, but they don't have to.

Mr H: To work with WIM® is very diagnostic. This is why I appreciate WIM® within Logotherapy a lot.

Is there anything else you find important to mention?

Mr H: I find it important to not use WIM® as a therapeutic method on its own. To me WIM® is very valuable. It is helpful within a broader therapeutic context. But WIM® is not yet a method that could be a form of psychotherapy on its own. It is an excellent tool for psychotherapy. This is my experience. From my point of view this method alone is not enough to treat severe psychological or psychosomatic disorders.... I think alike about the other psychotherapy methods as well: Behavioural Therapy on its own, for example, I also don't regard to be sufficient. The human being, the body, the soul, the psyche is so very complex that I did not yet get to know any one method that could be sufficient to treat the whole of the human being.... WIM® is a very good piece within the mosaic of psychotherapeutic tools.