

MARTY ROSSMAN, MD IMAGERY: THE BODY'S NATURAL LANGUAGE FOR HEALING

Interview by Bonnie Horrigan • Photography by Anne Hamersky

Martin L. Rossman, MD, received his medical training at the University of Michigan Medical School in Ann Arbor, Mich. In addition to his conventional training, he is a diplomate of acupuncture with the National Commission for the Certification of Acupuncturists.

Dr Rossman is the founder and director of the Collaborative Medicine Center (a private, holistic medical clinic using mind-body medicine, acupuncture, nutrition, bodywork, and herbal medicine) and is the cofounder and codirector (with David Bresler, PhD) of the Academy for Guided Imagery, both in Mill Valley, Calif. In addition, he is a clinical associate in the Department of Medicine at the University of California Medical Center in San Francisco, Calif; chairman of the Department of Mind-Body Medicine at the University of Integral Studies in Sonoma, Calif; and an adjunct faculty member at the California School of Professional Psychology in Alameda, Calif. He currently serves on the scientific advisory boards for the Rosenthal Center for Complementary Medicine at Columbia Presbyterian Medical Center in New York City and the University of California—San Francisco (UCSF) Study on Complementary and Alternative Therapies for HIV/AIDS in San Francisco.

Dr Rossman, who has published numerous clinical papers and book chapters, is the author of Guided Imagery for Self-Healing, published by New World Library, and the tape series Healing Yourself, published by the Academy for Guided Imagery. He speaks and teaches nationally on the subjects of guided imagery, mind-body medicine, and self-healing. He and Dr Bresler have created a new self-care series using guided imagery (CD and workbook) for 36 different medical and lifestyle applications that is being released as a case-managed benefit by American Specialty Health in early 2002.

Alternative Therapies interviewed Dr Rossman at his clinic in Mill Valley, Calif.

Alternative Therapies: You are best known for your work with guided imagery, so tell me about that journey. What attracted you to imagery?

Shown here at his offices in Mill Valley, Calif, Dr Martin Rossman uses guided imagery to help patients stimulate self-healing capabilities.

Marty Rossman: I have always been interested in questions like, what's our real nature? why are we here? and what happens when we die? I actually went to medical school with the idea of becoming a psychiatrist, but in the 1960s I was very socially motivated and the zeitgeist I resonated with was more, how do you bring good-quality medicine to the poor and disadvantaged?

I graduated from the University of Michigan in 1969 and interned in Oakland. After that I practiced part-time in the Oakland County Medical Clinic and worked in the various free clinics in Berkeley and the surrounding area. I also worked with a house-call practice in east Oakland for a couple of years.

I became interested in the problems of chronic illness because in a county clinic or free clinic you deal mostly with chronic illnesses. You deal with diseases of civilization or lifestyle, as they're sometimes euphemistically called. It's the diabetic who weighs 300 pounds and still eats donuts 4 times a day or the chronic lung patient who smokes 3 packs a day and is mad at you because you can't get rid of his cough.

I've always enjoyed interacting with the people in my practice, but after a couple of years the practice of medicine seemed like a futile dance. I would put patients on medication and they'd feel better for a while, but a few months later they would have side effects. Then I'd either put them on another medication to treat the adverse effects of the first medication or I'd take them off the medication. They'd feel better for a while and then they'd come back feeling bad again.

What happened is that in caring for these people and trying to help them, I got burned out. Many doctors can relate to this. You're working hard to try to help people get better, yet it seems like they're working hard to keep themselves sick. You can end up being mad at your patients and then what have you got? Nothing, because a practice is really a series of relationships with people.

So that's how I became interested in the question, how do you get people to care for themselves?

AT: That's a great question.

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Rossman: It's why I call my practice "Collaborative Medicine." But to get back to your original question: imagery started doing me before I even knew anything about imagery.

I remember the day when I knew I couldn't do it anymore. I literally had a vision. It was like a theater marquee with lights around it, and it said, "I quit."

I told myself that if this was what the practice of medicine was about, then I had to find something else to do. I didn't know what it was, but I knew that I couldn't spend my life practicing medicine the way it was practiced at that time. As fate would have it—you know what synchronicity is—the very next day at a medical staff meeting they showed a videotape of the American Medical Association's first visit to China in 1971. In the videotape, people were having major surgeries with acupuncture anesthesia. One surgeon was cutting a man's ribs open and lifting a section of his lung out and the man was awake and talking to the nurses who were feeding him little sections of mandarin orange, litchi nuts, and sips of tea. The top of my head just about blew off. It was so beyond anything that I had ever seen. At the end of the operation the surgeons sat the man up and bandaged him. Then he put an arm around each surgeon and they walked him out of the operating room.

The head of the delegation was a surgeon from Columbia University named Samuel Rosen, who happened to be one of my medical heroes. Rosen invented an operation that restored hearing for some people by replacing one of the little inner-ear bones. On the videotape he said, "We don't know what's happening here. We saw a hundred of these operations and there's something very real going on that deserves immediate, serious investigation." So I took that as my cue.

I was able to spend 3 months with 2 Chinese psychiatrists who were doing the first research study on acupuncture for pain relief in this country. They were treating intractable pain patients—rejects from the Mayo Clinic, Case Western Reserve University, or the University of Michigan. I would examine them and go through their histories and then the 2 psychiatrists performed some straightforward acupuncture with electrostimulation. It was very clear to me that acupuncture was able to help a lot of those people.

When I came back to California, I opened a practice in Stinson Beach. I was the only one in Marin County doing acupuncture at the time. You couldn't get any training then, so we were all just reading books and talking to other people. And that's what brought me in touch with a physician in Bolinas, Calif, named Irving Oyle.

AT: I'm not familiar with him. Who was he?

Rossman: Irving is one of the unknown fathers of holistic medicine. He was a general practitioner from New York—a very sharp clinician with the gift of gab—who retired in Bolinas. He was interested in mind-body and in the early 1970s he went on a number of trips to Russia and Czechoslovakia with people like Stanley Krippner and Stanislav Grof to study psychokinesis, extrasensory perception, and things of that nature.

There was a big oil spill close by, so he and a few other local doctors opened a clinic to help treat the volunteers. Then they stayed open because they had a mutual interest in what was emerging at the time. They were interested in acupuncture, biofeedback, meditation, the relaxation response, visualization, massage, and nutrition. Oyle was quite visionary and the thing he was most excited about was consciousness. He was very big on Carl Jung and he is the one who got me to study Jungian psychology and imagery.

AT: What is it about imagery that really interests you?

Rossman: The reason I'm interested in imagery is that it seems to be the natural language of the unconscious. I've been referring to it lately as the Rosetta stone of the mind-body-spirit.

Imagery is a coding language of the nervous system. It carries information in such a way that what we call the body and the mind and the spirit are able to communicate through and respond to it. It seems to be a language or vehicle through which we can explore whatever it is that we are.

I'm not sure anybody has ever talked about this in terms of the history of the mind-body holistic movement, but one of the things that introduced many of us to imagery was a funny little course called Silva Mind Control.

Silva Mind Control was developed by a man named José Silva and it is taught all over the world. It's a basic self-hypnosis course. You are taught to go to a sanctuary inside where you have controls that you use to call up pictures and images of anything you want to know more about. Part of the process is that an elevator comes down into your room and 2 guides come out. You can talk with the guides about anything. Silva Mind Control also teaches healing methods such as a visualization, in which a person focuses on an area of the body—one's own or somebody else's—and changes the image to one that is healthy. It also teaches people how to diagnose at a distance through the images.

AT: And you did all this?

Rossman: Yes; it was a wild time. Murray Korngold, Efreim Korngold's father, taught us. Using what he had learned from Silva and Jung, Oyle would work successfully with patients day after day after day in the clinic in Bolinas. I was his devil's advocate for about 3½ years, trying to punch holes in his logic. But after he demonstrated to me over and over and over again how much people could know if they used their minds in a certain way, I finally stopped fighting it.

AT: What are the roots behind imagery and mind-over-matter?

Rossman: In many ways it's probably the oldest medicine there is. Every ancient culture had imagery-based rituals. They might have been called prayer or sacrifice or ceremony or taking a journey to another world, such as a shamanic healer might say, but however they explained it, the methods are similar.

For instance, with shamanic healing you go looking for help and call up power animals or guides. You might encounter and negotiate or do battle with a spirit that is believed to be involved in the creation of the illness in question. But if you take away the elaborate ritual that the shaman participates in—the days of fasting and the rattling and the dancing and the sacrifices and possibly the psychedelic substances—the process looks pretty similar to guided imagery in terms of what actually happens.

So I tell people that I don't know if we're dealing with angels or spirits or power animals or guides or if it's just a part of the mind; I'm interested, but as a physician, I don't care. I care about what effect it has on you and whether it makes your headache go away. Do you feel more powerful in relation to dealing with your tumor or your arthritis? That's really what I'm looking for.

Some of the Western roots of imagery go back to the ancient Greeks. Aristotle said that imagination was a window to the soul and the Greeks actually considered the imagination to be an organ. Their schema was that you took in the world through your senses, and your senses subtracted the matter.

AT: That's a wonderful concept.

Rossmann: Yes, it is. And, of course, it's true that our senses are data-reduction systems. Scientists tell us that we live in an energy soup of every possible frequency. But our eyes only see a certain frequency, so they select out the vibrations of that frequency and

now we have you and me sitting here in this room. The ears select out another frequency and the olfactory nerves another, and when we put those frequencies together, we construct a perception of the world.

Remember, the Greeks said that the senses take in the world, subtract the matter, and form an image in the psyche, which was their term for soul and which they believed lived in the heart. Now some of those images stimulated emotions, either positive or negative, and the emotions are what drove the circulation of the humors. Their model of the universe was that there were 4 different humors, 4 different kinds of substances or energies that, once combined, made all of physical reality.

It was the physics of the time, much like the Chinese 5-element system. But the Greeks had a 4-element system. The humors circulated around the body, and it was the balance

between the humors and circulation of the humors that either supported your health or, through their imbalance, deficiency, or excess, made you sick.

What's interesting about this model is that if you substitute the word "hormones" or "peptides" for "humors," you get a very up-to-date model for what we think are the mechanisms of mind-body medicine.

AT: Which are?

Rossmann: Sometimes—at least when you're dealing with stress-induced illness and maybe far beyond that—we have perceptions of consensual reality that make us sick. We all have our own perception of what's going on, and our own worldview is, in a very real sense, an image. We have an image of who we are and the

world we live in and our relationship to it. It's a complex image that you can tease out of somebody if you pay attention. Most of the time we don't pay attention—it's simply deeply unconscious. But our images of who we think we are, what we think the world is, how we relate to it, and what we think we deserve are the basis of how we care for ourselves on a day-to-day basis.

So I have a perception of what's going on around me and some of those perceptions will lead to the stimulation of emotions. Emotions are normal, but sometimes we're overwhelmed by them, or we get stuck in one emo-

tion, or we never feel a certain emotion. Our society is relatively emotionally illiterate. We handle our anger and anxiety very poorly. We handle compassion and joy pretty well, but we have difficulty with sadness, grief, fear, and anger. We either stuff them away or express them destructively. The drinking, smoking, drugs, violence, depression—I think all of it is evidence of an epidemic of unresolved emotional pain.

Chinese medicine, like all ancient medicines, teaches us that seasons cycle. Things are supposed to keep moving. We're not supposed to stay stuck in one place. We're not supposed to be angry all the time or never be angry or always be scared or never be scared or always be sad. If we get stuck in an unbalanced position, we tend to develop behaviors that are bad for our health and somewhere along the line something breaks down. It's very often a direct or indirect consequence of how we're handling emotions.

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The emotions are physiologically different from each other. We're finally getting to the place where scientists can physiologically characterize one emotion from another by measuring your breathing rate, your muscle tension, your levels of catecholamines in the blood, and so forth. The emotions are chemically different from each other, which is why they feel different. They have different patterns of muscle tension, of vasodilation, of endocrine output, of peptide output, and so on. And, again, if it's temporary and it flows and the situation resolves, it's no big deal. But if we live in a highly aroused state for a long time, eventually something breaks down.

Then, as far as I'm concerned, we make another error and call it a disease and try to make it go away without addressing its origins.

Let's say the oil light is on in your car. What you do is that you find out what's going on. Maybe you need to top off your oil or maybe you need a ring job or maybe the fuse is stuck. But there aren't 10 people in America who would take their car into a gas station and say, "Would you please rip the wires out? The oil light being on is making me nervous."

AT: Great analogy.

Rossman: It's true. If we treated our cars the way we treat our bodies, that's what we'd do. We'd take it into the station and say, "The light's on and I've got a lot to do, so can you tape over it? Can you rip the wires out? I've got to be on my way."

But that's how we practice medicine. It's all "anti": it's anti-hypertensive, antidepressive, anti-anxiety, antibiotics, anti-inflammatory. Largely it's because we don't really understand the nature of more than 90% of all the diseases that we diagnose. We may know what the body looks like with the disease, or what people who had it look like after they're dead, or we might know some data about the pathology of it, but it's very rare that we step back and say to somebody, "Hey, the oil light's on. What do you think is going on?"

We don't ask what's happening with the whole person. What's happening in your life? How are you feeling? What's your stress level? How have you been taking care of yourself lately? This doesn't mean we shouldn't look for serious diseases for which we may have life-saving interventions, but, truthfully, only a small percentage of people who go to the doctor are that sick.

AT: What is imagery best at?

Rossman: A symptom is a signal, so for me one of the most striking uses of imagery is to answer the question, what does it mean?

As doctors, we're taught to look for patterns of symptoms and signs that we classify as diseases and then try to treat, but in doing this we've cut the patient out of the equation. I think this is one of the big things that is wrong with our whole medical system, and it's one of the potentially great things about the new influence coming from complementary and alternative medicine (CAM) therapies. But it's also one of the dangers that must be addressed so that we do not degenerate into a focus on the separate modalities.

Yes, modalities are important. Extensive knowledge and skill are required to do good acupuncture and Chinese herbal medicine; nutritionists need knowledge and skill; and homeopathy is a life-long study. All these things are important. But what's really alternative about alternative medicine is that it goes back to the understanding that you have a whole human being who has innate healing abilities that are built into him or her by nature or God.

People have a mind that can influence their health for better or worse, and they can learn how to use that mind to participate in the process of healing. The choices and decisions they make every day will affect, to some degree, whether they are going to heal or not.

AT: Do you think it's all under our control?

Rossman: No, I don't. But you can certainly move it in one direction or another and sometimes to a startling degree.

Western medicine is the only medicine I've ever studied or heard of that doesn't appreciate that life is different from anything else we know. Whether you call it life force or qi or prana, it's self-repairing. Who knows where it comes from and who knows where it goes, but it's capable of incredible healing. And it's totally ignored. Not only do we ignore it, we look down our nose at it because it's not scientific. Our attitude is very bizarre and it's painful to everybody including the doctors, because it's disempowering.

AT: When you use imagery with a patient, what does that look like? How do you begin?

Rossman: First I spend time with a patient and do a good medical workup. I'm not going to train someone to do imagery without knowing if he or she has a brain tumor. But the history I take



is very expanded. I try to get to know the person and understand what his or her life situation is like. We call it a psychosocial history, and I may even get a spiritual history, depending on my sense of the person. Imagery is not something that you do *to* somebody: it's something that you do *with* somebody, so you have to have a sense of rapport and trust. You're not going to reveal intimate things about yourself, even to yourself, in the presence of somebody you don't trust.

So you've got to take however much time it takes to establish rapport. Say I have a patient with migraine headaches who's new to imagery. First I make sure she's had a good diagnostic evaluation and that we're really dealing with migraines. Then we may go through the physiology of migraines and how stress and relaxation play into that. For some people it's useful to know that there is a physiology behind it or that being stressed doesn't mean they're crazy or bad. And I usually share some of the research studies that show that regular, good relaxation practices prevent migraines just as effectively as the common drugs, but with no side effects.

If the patient is willing, I'll also guide her through the body scan or a simplified progressive muscular-relaxation exercise. You know: paying attention to the feet, the ankles, the shins, and then each muscle group up through the body. I'll either do this myself or give her a tape to take home, depending on the time factor.

AT: When do you do an actual guided imagery session?

Rossman: The first imagery I introduce them to is a kind of ubiquitous image of a beautiful, safe place that they love to be in. I just ask them to imagine themselves in some beautiful place where it's peaceful, safe, secure. It could be a place they've been

to or an imaginary place or a combination. It doesn't matter as long as it's beautiful, peaceful, safe, and secure.

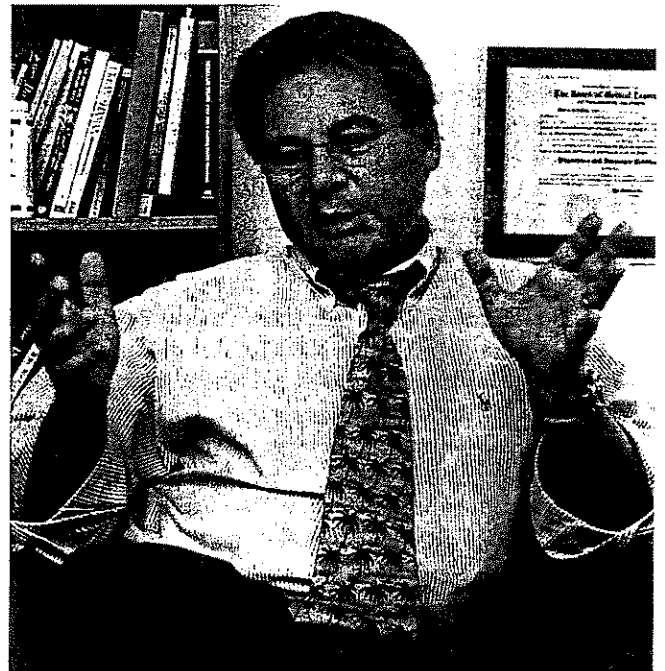
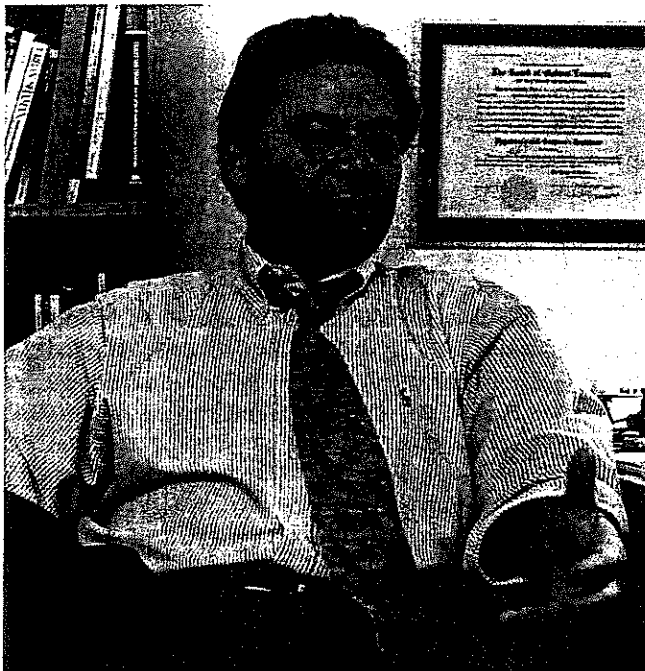
Once they are there, we usually do imagery in an interactive mode. I'll ask them what they imagine seeing there and they'll describe whatever they see. I'll say, "What else do you see? What do you hear?" And they will say things like, "The birds are singing and there's some breeze in the trees." Some people tell me that it's very quiet or that they hear the sound of the stream. Then I'll ask about an aroma or fragrance. Some people will smell and some people won't. Either way is fine. I'll ask them what the temperature is like, what time of day it is, and what season of the year it is.

Basically, this is a hypnotic technique called sensory recruitment. You ask people to pay attention to each of their senses and describe what they perceive, because imagery is sensory-based thought. Imagery is thoughts that you can see or hear or smell or feel or some combination. And it's different from abstract thinking in words and numbers because it's based on senses.

AT: So all thoughts are not sensory-based?

Rossman: Do you have a sensation for the number 4? Do you have a sensory-based equivalent of 4? You can imagine patterns of 4 things, but the number 4 is an abstraction just like liberty is an abstraction.

The kind of thinking humans are able to do with words and numbers that allows us to make calculations so we can send a rocket to Jupiter that will circle around the planet and come back to earth and land somewhere in the ocean is amazing. But they are abstractions. There's no sensory-based reality involved. And, for the most part, we mentally live in that world, while our



emotions and bodies are much more highly attuned and responsive to the world of the senses.

We've all had a lot of education in linear, logical thinking. It's verbal and mathematic. Some people call it left-brained. Our whole educational system is based around it, and almost no one has had formal education in using the imagination as a thinking tool. So when we train professionals through our academy—the Academy for Guided Imagery—we're doing remedial education. We're teaching people how to use an incredible mental faculty that few of them have ever learned to use purposefully.

AT: Is there a physiological difference between sensory thought and abstract thought?

Rossman: Yes. We've learned from research with devices like magnetic resonance imaging (MRI) that you can actually watch which parts of the brain are active at any given time. When you ask people to visualize something, the parts of their brain that process visual information get active. Their occipital cortex lights up on functional MRIs. When you ask them to imagine their favorite tune or passage of music, their temporal cortex, which processes sound, becomes active. If you ask them to imagine doing something physical like walking, their premotor cortex gets activated. So when you imagine things, the part of your brain that processes that sensory information becomes activated.

So what we now think is that if you imagine yourself to be in a quiet place that looks beautiful and sounds peaceful and smells good, then you're activating all these different parts of the cortex. Your cortex is sending messages down through your hypothalamus to the rest of your body, and so your body goes into a relaxation response. A lot of reparative, restorative, and renewal processes happen more efficiently in the relaxation state than when you're battling the dragons, real or imaginary, of daily life. It's also a state of which most of us are deprived.

Back in 1968, Benson and Wallace published "Physiology of Meditation" in *Scientific American*, and showed that certain repair processes, like the cleaning of lactic acid metabolites from muscles, happened 4½ times faster in a relaxed state.

I think that for many people imagery is the easiest way to get to a healing state. Many of us almost never experience this state because we're either sleeping or trying to sleep, or we're up and we're busy and we're stressed and we're focused on the outside world. But by nature we are probably meant to spend some time in each of those states. Natural-living humans, even though I wouldn't want to trade places with them, aren't always busy. They have down time. They've got their hunts and occasional wars and natural disasters, but in between they spend a lot of time hanging out in hammocks and playing with their kids and just doodling around.

AT: I think you are right. My biggest craving these days is simply for some quiet time.

Rossman: What I tell my patients with chronic illnesses is that even if you do nothing else, do this because your body knows

how to heal. I really believe that you don't need to direct your body on how to heal. What you need to do is get out of the way. You didn't have to sit in your mother's womb and visualize your arm and your eye sockets. That's carrying responsibility a little too far. The thing that knows how to make you knows how to heal you. What you do need to do is give it a chance.

So I tell my patients to go to their healing place and hang out. And if you want company, invite somebody in. It's your imagination, so you can have anybody there you want. You can do whatever you want. And if your mind wanders, use that place as your focus of attention. So it's in place of a mantra. Not that there's anything wrong with a mantra, but use that place of peace, that place of healing, to come back and focus the mind. Then, I think, a lot of healing happens by itself.

AT: What you've just described seems very passive. Do you ever get active with guided imagery?

Rossman: Absolutely. But this is the first step and almost everybody's successful in it.

About 30 years ago, the Simontons theorized that by visualizing—symbolically or anatomically—an active and vigorous immune system attacking the cancer, a person could stimulate his or her immune system. We now know that's correct. There are about 20 studies that show this. When people image their immune system stimulated, they not only increase the number of circulating natural killer cells, but the thymus gland actually puts out more thymic hormones that put the cells on a higher state of alert and responsiveness when they encounter an intruder like a virus or cancer cell.

There's enough evidence now that if this were in pill form, every patient in America who had a situation that needed immune stimulation would be on that pill or doctors would be guilty of malpractice.

There is mind-body literature showing the benefit of imagery in all kinds of medical situations and events. Imagery doesn't cure everything, but there is tremendous benefit to people in everything from reducing anxiety and depression to increasing comfort, making surgeries go smoother, stimulating the immune system, and relieving pain. We just need to get the information into the medical schools so it becomes part of standard care.

But just because we can stimulate immunity with visualization doesn't mean that we don't need to treat people who have cancer with chemotherapy or surgery or radiation. But it does mean that we can effectively augment their treatment in a way that has no toxic adverse effect.

AT: Do you use this on yourself?

Rossman: Yes. If I have a sore throat then I'll stretch out and let whatever image is happening at the time emerge. Once again, using the oil-light theory, there's something going on that I haven't had room to pay attention to, so I want to do that. But I

will also imagine that all the blood vessels in my throat are open and that all the blood is coming into the area, because the body brings all its healing elements through the blood. The blood also washes away all that nasty inflamed material. Then I will imagine that the white cells are coming and gobbling up all the goop and that there are little guys in there with brushes who are painting my throat with soothing antiseptic liquids. All kinds of things have worked over the years and it's amazing how different you can feel in 10 minutes.

So that's healing imagery, and it's often the second thing we'll teach somebody, though it's very often the first thing I'll teach somebody who's had a life-threatening illness diagnosed.

Very often when people with cancer come to see me, they're in shock. Their body has been invaded by something strange and foreign that they never expected and don't understand. They feel frightened because it's not under their control, and the messages they too often receive from medical encounters tend to reinforce their sense of helplessness. That's why the model I like best for cancer treatment now is the integrated model. The purpose of radiation and chemotherapy and surgery is to reduce the number of cancer cells. CAM is about changing the terrain where that cancer could occur, and nourishing the body, mind, and spirit on whatever levels are needed to create a stronger organism. So as you're reducing the cancer cells, you're also improving the immunity and vitality and livability of the organism, and that combination, I'm sure, is going to pay off with better cancer treatment.

AT: When we were talking about the soul, you mentioned something about guides. Could you elaborate?

Rossman: Yes. This takes advantage of the third and often most powerful use of imagery: its ability to connect people to both information and resources they have inside. If you look at my book, or tapes, or the way we teach professionals at the academy, the order in which we introduce things is relaxation, directive imagery like the healing imagery we've discussed, and then receptive imagery. If you use the oil-light model, receptive imagery is looking under the hood. And very often we'll use an imaginary intermediary that we call the inner adviser.

People have a lot of different names for this: inner guide or guardian angel or spirit guide or the God within. What we do is characterize the inner adviser as a figure who has 2 specific qualities: wisdom and compassion.

So I'd have you relax and go to your special place, and then invite an inner adviser—an image that's both wise and loving—to appear.

We encourage people to let that be however it comes, just so long as it's wise and loving, for several reasons. One is a safety issue. Generally when you have a life-threatening situation, there will be emotions and issues that are hard to deal with. There may be anger, or rage, or sad feelings that we've walled off. There may be fear or even terror. And we instinctively know that if we open the box it could be painful. So instead of going to that box directly, let an image come that is caring and wise and have a talk with that image about what to do with what's in the box.

If you were going on a safari in Africa, it would be nice to have somebody who knew his way around who would help you stay out of trouble. The inner guide is the same thing. It provides a safety buffer.

Then, my job as an imagery guide is to help you connect with your own imagination and to support you in asking the questions that are important to you. I will also help you hold the space where you can let the information come to you. My function is to be relatively free of con-

tent and to act as a facilitator in the process.

Your unconscious mind speaks in images and symbols, and that's a language your conscious mind may not have learned. So my function is to facilitate a conversation between your conscious mind and your unconscious mind.

This goes back to what we started talking about in the beginning, which is how to get people to care for themselves. One thing that truly doesn't work is telling people what to do. It just mobilizes resistance. Rachel Remen puts it in a beautiful way. She says, "The doctor could fall into the trap of becoming the voice of the disease," because you're telling people to take their insulin or not eat the donuts or so on. So here's this person diagnosed with diabetes. He hates it and he doesn't want to have it and he doesn't want the label and he doesn't want to think about it. And now the doctor or diabetes educator or nurse keeps telling him about behaviors he should do, and he's getting more and more resistant.

THE MOST POWERFUL USE OF IMAGERY IS ITS ABILITY TO CONNECT PEOPLE TO INFORMATION AND RESOURCES THEY HAVE INSIDE.

It feels like you're working against each other, and it's very confusing to the practitioner. But by learning some different communication skills and a different way of being collaborative and helpful with people, you can actually help them come to terms within themselves in a way that lets them take care of themselves.

When information comes from a source that is wise and loving and is inside the person, the information often has a power that it doesn't have when it comes from the outside.

AT: Is there a story you could tell that would illustrate this point?

Rossman: A fellow in his late 50s was diagnosed with diabetes. He was a bright, successful guy with his own company and a wife and 4 daughters. Everyone loved him. But since he was diagnosed, his doctor of many years could not get him to take care of himself, eat right, exercise, or lose some weight. The man was on a couple of medications that he took erratically, and his blood sugars were way up. The doctor tried to scare him: "You're going to lose your eyes, your heart's going to go bad, you're going to lose your feet." The diabetes educators couldn't get him to take care of himself, either. And this is a really common story.

Finally the doctor sent him to me. We talked about the imagery and he was willing to try it. So he relaxed and went to a quiet place. I said, "Focus on diabetes—the word *diabetes* and the whole idea of diabetes—and let an image come to mind that represents the diabetes."

After a few minutes, he said, "It's like a big, heavy, black ball chained around my ankle."

I asked him to tell me about the ball and he said, "It's heavy, it's black, and it's chained to my ankle so I can't move. I drag it around and it's interfering with everything I do."

I asked him how he felt about it and he said, "I want it to go away. I absolutely hate it."

I began facilitating a dialogue between him and the image by asking him to tell the ball how he felt about it, which he did. He told the ball that he hated it. Then I told him to let it respond and to tell me what happened.

He was quiet for a minute and then he got a funny look on his face and said, "You know, it's sad. This is crazy, but it's got a little face on it, and it's frowning and looks sad."

I asked him if he felt any differently now about the ball and he said, "Now I kind of feel sorry for it." After he let the ball know that he felt sorry for it, he got into a conversation with it. The ball told him that it was really sorry for interfering with his life and for making him carry it around. It told him that it didn't mean to hurt him, but it was just exhausted and couldn't move or go any further. It started telling him that while he had tons of energy, it couldn't keep up with him anymore.

So I said, "Ask the ball what you can do about it."

By this time he said, "This ball is not a ball anymore. It's a dog. It's this little black poodle." So then he gave the dog something to eat.

To make a long story short, he began to like the dog. As he was having a further conversation with it, he asked what he

could do about the dog being exhausted. The dog told him that it just needed the usual things that any dog needs. It needed water and good food, to be walked twice a day, and to sleep when it was tired. The dog said it also appreciated a scratch on the back and time to play.

So I asked him, "How do you feel about that?" and the man said, "That makes sense, any dog needs that." Then this man got a big smile on his face because he realized he was actually promising it to himself. After that, the man started doing all the stuff that everyone had been trying to get him to do because he finally realized that there was a part of him that couldn't go on unless he took care of himself.

AT: That's a wonderful story.

Rossman: I think it's one of the best examples of how you get yourself out of the middle. As a compassionate person and a physician, I wanted him to take care of himself, but there was no way I could do it without his participation. And making him feel bad or bossing him around wouldn't work. That's why I'm so excited about this. This process is a life changer for doctors and patients alike.

AT: Do you have another story?

Rossman: Here is an example of the difference between the directed or active imagery and the receptive.

I took a year off to write my first book about 15 years ago. I wanted to see what was possible in terms of healing with imagery, so during that year I conducted a private study with a dozen patients. They had to have a serious, incurable disease and be willing to see me 12 times so we could get deeply involved with imagery to see how much healing could be done. And I did not charge anyone.

One of these patients was a young woman about 31 years old. She had been diagnosed with a serious autoimmune disease called polymyositis, a disease in which a person's own immune system eats away at the muscles. The characteristic symptoms were pains in her arms and legs, and her upper arms were wasting away. It's a serious disease, usually fatal, and there's no known medical cure. She was on super-high doses of steroids when she came to see me, but was getting progressively worse.

As we talked about her history, she told me that she had been working for this guy as his right-hand person. He produced television commercials and became very successful very fast. At first, they were making a lot of money and having a great time. Then all of a sudden he started disappearing for days and then weeks at a time and she found herself as basically a secretary in charge of a multimillion-dollar television production's business. When he came back, he would sometimes be full of praise and other times he'd come in raging and yelling and screaming and throwing tantrums. It turned out that this guy had developed a bad cocaine habit and was getting crazy. She was stressed to the gills and after 8 months of this, the disease started to develop.

In our first session, I taught her to relax and to go to a quiet, peaceful place. The next week she came back with a new symptom. She had a burning stomach pain that she never had before. Medically it was probably from the steroids, because that is a common side effect, but I suggested that it might be a good opportunity to see if there was something she could do with her mind or with imagery to give herself some pain relief.

I told her to put her attention directly on the pain and let any image come to mind that represented the pain, and she saw her stomach lining as a fire.

I asked her what she would do to help heal it or relieve the pain if the fire was the symptom. She came up with water, so I said, "Imagine you have a source of water and you can spray it on the fire." She told me she was imaging that she had a garden hose and was spraying the fire. Then she told me that it was fizzling and smoking. About 2 minutes later she said, "I actually feel as if it's cooling off."

I reminded her that it was her imagination and that she could have as much water as she wanted. So then she began to soak it with fire hoses.

Her pain was completely gone in about 10 minutes and she was delighted. As she was leaving, I reminded her that she could do this any time she wanted. She canceled the next week's appointment and told me, "I get the burning once in a while, but I can always put it out. I've got a cold mountain stream going through it now and everything's healing up nicely." But the next week when she came in, she was crying. No matter how much water she put on it, she could not put out the fire.

We went through the relaxation process and I had her focus on the pain again. I asked her to let another image come to mind. After a minute she said, "There's this hand and it's pinching the lining of my stomach." I asked her what she wanted to do about it and she said, "I want it to stop."

I told her to tell it to stop, but she said, "It won't stop. It won't let go." I had her ask the imaginary hand why it was pinching her stomach. When she did that, the hand let go of her stomach and turned into a fist that began shaking at her. When she asked it why it was angry with her, it turned into a finger that was pointing up into her heart. So I said, "Look where it's pointing and tell me what you see."

She grew teary and said, "My heart's in this big burlap bag and there's all kinds of sharp, pointed objects in there with it and everything's zooming and buzzing around. The hand is angry because I'm letting my heart get pierced." When I asked her what she wanted to do about it, she said, "I don't know."

Now normally if I'm doing a good job of being an interactive guide, I don't suggest anything, but this time I said, "How about opening the bag and letting it out?" Well, she almost had a full-blown anxiety attack. So I quickly told her that she didn't have to open the bag.

At this point, I introduced her to the inner adviser. An archetypal, wise old American Indian woman comes to her in buckskins and braids, with beautiful, soft, brown eyes. She was a very wise earth mother and said, "Very slowly and carefully untie the

bag and just let one thing out and then close it up again." She also said, "There's no one thing in that bag that you can't deal with."

So she slowly and carefully untied the knot, let one thing come out of the bag, and then tied the knot. The thing that came out of the bag was the face of her stepfather.

Her parents were divorced when she was young and her mother married a guy who was quite nice except when he got drunk. As things progressed, he became more and more alcoholic. One night she heard a big ruckus from downstairs. She went downstairs and her mother was lying on the ground. So she ran up and jumped on her stepfather, hitting him on the back and screaming at him to leave her mother alone. He turned around and grabbed her by her upper arms and screamed in her face, "If you ever hit me again, I'll kill you."

And so here she has developed a disease in which her own immune system has started taking away the muscles on her upper arms, right where her stepfather was holding them. And it started in the context of her not being able to control a difficult situation and being at the mercy of an unpredictable and intermittently rageful addict. The parallels between her illness and her imagery memories were absolutely startling.

It doesn't always work like this, but it's an amazing story. After that session we worked on 2 levels: we worked on physical healing where we had talks with her immune system and her muscles, and then we worked on her life situation. She realized that she kept getting in relationships with the same types of guys, so I referred her to a good therapist and she did a couple of years of therapy. Her disease was rapidly progressing beforehand and, while it did not go away, it did stop progressing. Over a 2-month period we were able to get her down to 5 mg of prednisone every other day from more than 80 mg a day.

I have since lost track of her, but she was in remission for at least 12 years that I know of.

AT: That's a great example of what you said about doctors leaving the patient out of the equation. If you had left her out of the equation, she would have been dead.

Rossman: Yes. But she *is* the equation. And the cure isn't in the disease. The cure is in the person.

Helping people to mobilize their healing abilities—that's really our academy mission. My partner David Bresler and I believe very deeply in bringing the whole person back into the healing equation and empowering people to learn more about their own healing abilities. We feel that teaching professionals and the public to access their innate abilities is the best thing we can do to improve public health.

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