

Roosevelt University

Spirits and Images in Dreams:

A Comparative Analysis

Between Archetypal Psychology and Shamans' Healing Practices

A Doctoral Project Submitted to
the Faculty of the College of Arts and Sciences
in Candidacy for the Degree of
Doctor of Psychology

by

Freddie A. Taborda

Chicago, Illinois

October 2010

UMI Number: 3444230

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent upon the quality of the copy submitted.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if material had to be removed, a note will indicate the deletion.



UMI 3444230

Copyright 2011 by ProQuest LLC.

All rights reserved. This edition of the work is protected against unauthorized copying under Title 17, United States Code.



ProQuest LLC
789 East Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106-1346

Date of Oral Defense: October 1, 2010

Doctoral Project Committee:

Chair:

Edward D. Rossini, Ph.D

Professor of Psychology

Roosevelt University

Members:

James P. Choca, Ph.D

Professor of Psychology

Roosevelt University

Robert Moretti, Ph.D

Associate Professor, Clinical

Northwestern University

Acknowledgements

I would like to take this opportunity, first of all, to thank Dr. Edward Rossini, Dr. James Choca, and Dr. Robert Moretti for their constructive comments. Their guidance proved invaluable in the process of integrating science and spirituality.

Analytic Psychology illuminated the psychological path I have walked in the process of individuation, which has had a significant impact on the conceptualization of this doctoral project. Therefore, I would like to thank the following Jungian analysts: Dr. Caroline Stevens, Dr. Kennon McKee, and Dr. Fred Gustafson.

In addition, I would like to state openly my admiration and respect for Carl G. Jung's work. His courageous confrontation with the unconscious opened the door to dialogue with the personifications of the human psyche, which allowed me to discover, among other things, my ancestors' spirits.

Thank you, father, for repeating a statement, which has become your gift: "My legacy is your education." Thank you, mother, for your passion. Needless to say, I would like to thank my wife, Elena, for her encouragement to complete this project. Your continuous support comforted in moments of distress, doubts, and confusion.

I would like to dedicate this doctoral project to my son, Noah. During my seven years of study, I had the opportunity to play with you every other hour in the midst of writing papers, studying for exams, and reading complex articles. You were a witness to the completion of my doctoral program, and you taught me the importance of play when facing difficult challenges. Likewise, I would like to dedicate this dissertation to the personifications that have appeared in my dreams and guided me during the last 20 years.

Abstract

Archetypal Psychologists perceive dreams as images. Shamans from traditional societies perceive dreams as spirits. Whether images and spirits are equivalent constructs and how this knowledge can be useful in multicultural counseling are the topics of this dissertation. A cross-cultural comparison and contrast between these two perspectives will be conducted. Shamans from traditional societies rely on spirits to heal people. Archetypal Psychologists work with images to help clients therapeutically. Shamans grant full ontological status to the spirits that appear in dreams and seek their help in order to heal people. Archetypal Psychologists have delineated and explained the anthropomorphic qualities of the image in dreams but have not really accepted images as manifesting a full living status. A closer look at what Archetypal Psychologists view as images finds them to be similar to what shamans perceive as spirits. It is suggested in this paper that spirits may be perceived as images. The approach of seeing spirits as living images by the Archetypal Psychologists will have therapeutic implications, especially in their clinical work with dreams.

Table of Contents

Acknowledgments.....	iii
Abstract.....	iv
Chapter	
1. Spirits and Images: A Comparative Analysis.....	1
2. Archetypal Psychology.....	15
Overview of Archetypal Psychology.....	15
The Role of Image in Archetypal Psychology.....	20
Relation between Images and Dreams in Archetypal Psychology.....	28
Images and Dreams.....	29
Qualities of Dream Images.....	31
The Relationship between the Dreamer and the Dream Images.....	40
3. Shamanism.....	45
The Selection, the Calling, and the Initiation.....	46
Shamans and the Altered State of Consciousness (ASC).....	48
The Role of Spirits in Indigenous Healing Practices.....	49
Illness and Spirit Helpers.....	49
Sacred Dance and Plants.....	50
Spirits in Shamans' Dreams from around the World.....	51
4. The Science of Dreams and Mental Imagery.....	57
Research on Dreams.....	57
Physiology of Dreaming.....	58
Psychology of Dreaming.....	63

Research on Mental Imagery.....	68
Biology of Mental Imagery.....	68
Psychology of Mental Imagery.....	69
Therapeutic Role of Mental Imagery.....	80
5. Integration.....	83
Relationship between Images and Spirits in Dreams.....	84
Cross-Cultural Guidelines for Archetypal Dream Work with Spirits.....	98
Clinical Implications for Cross-Cultural Archetypal Dream Work with Spirits...	102
References.....	117
Endnotes.....	135
Biographical Statement.....	136

Chapter 1

Spirits and Images in Dreams: a Comparative Analysis

The purpose of this introductory chapter is to offer support for the conjecture that the images that Archetypal Psychology perceives in dreams are conceptually the same as the spirits that shamans observe in dreams. Because Archetypal Psychology can improve its clinical work with clients from different ethnic backgrounds by learning about cross-cultural perspectives on dreams, the explanation of some basic concepts related with this hypothesis is necessary.

To begin with, this chapter will provide a succinct explanation of the following concepts: a) Archetypal Psychology, b) shamanism, c) multicultural counseling, d) spirituality and e) current dream research. A more extensive explanation of Archetypal Psychology, the role of the image, and the relationship between dreams and images will be the focus of Chapter 2. Chapter 3 provides a more comprehensive explanation of shamanism, the role of spirits and dream spirits in healing practices across different geographical areas around the world. Chapter 4 provides information about the science of dreaming and mental imagery. Chapter 5 focuses on the relationship between images and spirits in dreams, along with delineating the implications for clinical work with dreams from an archetypal perspective.

Archetypal Psychology is a contemporary school of Jungian thought usually associated with the writings of psychoanalyst James Hillman. The central theoretical construct and most accessible vehicle for personality exploration is the *image* (Hillman, 1975, 1983). From this perspective, images, whether from nocturnal dreams, visions, art, legends, fairy tales, or mythology, are the fundamental manifestations of the soul or

psyche. The terms soul and psyche will be used interchangeably during this study.

Hillman (1975) defines soul in non-theological terms. It is a perspective or viewpoint towards events and things in the world. The soul is a reflective moment between the individual and the events. The images from the soul are considered psychologically alive, and one of the fundamental tasks of therapeutic psychology is to engage them as such. In addition, Hillman (1977) makes a distinction between images and symbols. Symbols become images only when they are attached to specific moods, scenes and a clear personal context. They are contextualized psychological experiences that can also be described as motivational adaptations in contemporary personality theory (McAdams & Pals, 2006). Other major psychodynamic theorists have used more banal sounding but equally speculative motivational constructs or characteristic adaptations as the central element of their models (e.g., the series of 20+ unconscious needs posited by Henry A. Murray (1938)). From the perspective of Archetypal Psychology, the field of clinical/theoretical psychology becomes the study of the images that constitute the soul.

Archetypal Psychology is based on the work of Swiss psychiatrist, Carl G. Jung (1875-1961). Jung (1929) developed a comprehensive psychological theory of personality, which he named Analytical Psychology. He reintroduced the notion of soul into the psychological lexicon and clinical conceptualizations about the inner life of individuals. In addition, Jung identified the personal and the collective unconscious as two important areas of the human psyche. While the personal unconscious refers to the personal reservoir of experience that is unique to each individual, the collective unconscious refers to the universal symbols found in myths, legends, and stories that transcend and underlie our current existence.

According to Jung (1964), symbols are important representations of significant psychological dimensions of our lives. Consistent with most psychodynamic theorists, Jung thought that intra-psychic energy is the most important motivational force within a person's personality structure. In the Jungian tradition, intra-psychic energy is embodied within a symbol. Archetypes are structures of the collective unconscious. They are unconscious phenomena and yet they manifest themselves into consciousness through visual, auditory and kinesthetic symbols. The precise definition of "archetype" is elusive.

According to Jung (1934),

...archetypes are not determined as regards their content, but only as regards their form and then only to a very limited degree... [Archetype] is determined as to its content only when it has become conscious and is therefore filled out with the material of conscious experience. (p. 79)

Campbell (1971) concluded that the essence of the archetype is more aptly described through the specific form that it takes. For example, Jung talked about the archetype of the Great Mother, which describes innate traits in each individual connected with mothering and maternal qualities. The essence of this archetype is connected more with these universal qualities than with the particular content of the individual's conscious experience.

A conscious and deliberate relationship with dream symbols brings, in and of itself, changes in the psychological life of the individual. At the same time this relationship promotes the flow of the psychological energy between consciousness and the unconscious. According to Jung, symbols have a meaning, and they seek to promote psychological development. For example, a man who is excessively ascetic in his conscious life may have the dream of a man who is hedonistic. The dream image of this

hedonistic man may try to balance, from the unconscious point of view, his conscious excessively ascetic tendencies.

It is important to mention that symbols and archetypal images are regarded differently by the three main schools of Jungian thought (Samuels, 1985). The Archetypal School sees images as the primary theoretical concept. The Classical School regards the symbol as the primary theoretical concept. The Developmental School focuses its attention on the influence of childhood and adolescence on the life of the individual, and does not assign a very important value to either symbols or images. A comparison and contrast between the Archetypal and Classical School in terms of their understanding and clinical use of images and symbols will be provided in Chapter 2 in order to delineate a theoretical foundation for the comparative analysis between images and spirits in dreams.

Jung (1934/1954) explored the relationship between spirits and the unconscious from a psychological point of view. Jung believed that spirits were psychological experiences that originated within the psyche and that these experiences were projected subsequently unto the outside world. In addition, the spirits or the visual projection of these psychological experiences seemed to behave autonomously and independently from the ego. Jung stated that “Spirits... are unconscious autonomous complexes which appear as projections because they have no direct association with the ego” (p. 304). In addition, Jung described spirits as an invisible presence that has the psychological function of correcting the deficiencies in our conscious lives. His perception of the function of the spirits is similar to the role that symbols play for the human psyche: the correction of an imbalance between the conscious and the unconscious. Jung implicitly begins to

delineate the similarities among symbols, images and spirits. According to Jung (1959), spirits are psychological manifestations that are either personified (e.g., “The Wise Old Man”) or that take the form of an animal. After having explained the existence of spirits as psychological phenomena during most of his professional career, he added the following footnote, 40 years later, at the end of an article dealing with the issue of spirits: “...I doubt whether an exclusively psychological approach can do justice to the phenomena in question” (p. 318).

The extent of Jung’s research on spirits and their role in the human psyche was very limited. In addition, current psychological interest in investigating the relationship between symbols and spirits is almost non-existent. The only scientific field that has lately conducted extensive qualitative research into the belief in spirits has been anthropology. This research focus has usually been associated with the study of shamanism.

It is therefore important to review the research on shamanism in order to ascertain the anthropological contributions to the understanding of the relationship between images and spirits within shamanism. A more extensive and cross-cultural review of the healing role that spirits play in shamans’ dreams will be conducted on Chapter 3.

Four of the most important anthropological writers on the field of shamanism, Dubois (2009), Vitebsky (1995), Atkinson (1992), and Peter and Price-Williams (1980) have discussed, in general terms, the relationship between spirits and the “multidisciplinary” roles that shamans from around the world have had within their societies. A shaman is a person within traditional societies who has been chosen by the spirits to perform healing practices (the precursor to modern psychotherapy, for

example), along with other socio-economic functions necessary to those societies (Vitebsky, 1995). The shaman is initiated by the spirits who provide him with “spirit helpers” so that the shaman can conduct his social functions. These spirits may manifest themselves to the shaman through dreams. The communication with the spirits is a *sine qua non* for performing his psychological ministry and socioeconomic responsibilities. For example, Turner (1996) described, within the Inuit community in Alaska, how spirits provide songs to shamans to attract animals during the hunting season. Likewise, spirits provide some valuable information to the shaman for executing his healing/physician functions. Whereas a shaman may receive his psychological knowledge from the spirit of his “ancestors” through dreams, the current psychotherapist receives his psychological knowledge from the scientific research that previous theoretical “ancestors” (e.g., Freud, Jung, Adler, et al.) have conducted.

The professional interface between shamans and psychologists has been researched previously. Sixty years ago, Levi-Strauss (1949) pointed out the similarities between European psychoanalysts and shamans in terms of the importance that each profession gives to images and symbols for psychological healing. Several decades later, Noll (1987) defined spirits as mental images and concluded that mental imagery was the commonality between psychology and shamanism. Finally, Walsh (1990) has concluded that it is difficult to determine whether or not spirits exist and suggested that shamans are pioneers in exploring the poorly understood human mind. A cross-cultural dialogue between psychology and shamanism may help multicultural psychology understand the role that spirits play in defining and shaping the human psyche, as well as contributing to the onset, development, and maintenance of psychopathology.

According to shamans, the spirits' presence is ubiquitous (Vitebsky, 1995). The essence of an animal, a plant, a person, and any natural phenomenon is a spirit. Therefore, spirits are everywhere geographically. Moreover, personal qualities of an individual may be associated with the presence of certain spirits in his life. For example, a shaman may correlate the feelings of being big and fierce with the presence of the bear spirit in a person's life, while being timid and afraid may indicate the presence of the mouse spirit. Whereas a shaman may describe a child that is unable to speak as possessed by the mouse spirit, a psychotherapist may describe him as suffering from a specific anxiety disorder called selective mutism. Therefore, psychology may use cross-cultural anthropological studies on the belief in spirits and the cultural meaning of illness to establish a broader definition of psychopathology as the human embodiment of unconscious negative spirits.

Unfortunately, even within the field of anthropology, traditional methodological approaches for the study of the spirits within shamanic societies have become obstacles for the proper understanding of spirits. Turner (1992), Harner (1999), and Horrigan (1997) have written about how the reality of the spirits has been undermined by the positivist approach of claiming that spirits do not exist, by the structural approach of perceiving spirits as merely projected images, and by the metaphorical model that conceives spirits simply as symbols.

Likewise, psychology has adopted a dismissive and undermining perspective toward the existence of the spirits and their role in the human psyche. This is due to the pejorative attitude that Christian tradition has taken towards traditional societies' perceptions and the dogmatic scientific belief that postulates that a phenomenon exists

only when it is observable and measurable (e.g., systematic empiricism). For example, in the 16th century the Spanish navigator, Fernandez De Oviedo (1535), wrote about the vice that traditional societies had for using tobacco in order to communicate with the spirits. In the 17th century, the French priest Biet (1664) described how indigenous inhabitants communicate with the spirits in order to learn how to cure by fasting, combined with the use of tobacco. Denis Diderot (1765), the chief editor of the *Encyclopedie*, one of the most important works during the Enlightenment in France, stated that shamans were impostors who claim to consult with the devil. The German philosopher and theologian Gottfried Herder (1785) postulated that shamans were impostors who use the power of imagination as their primary tool. Several centuries later, Silverman (1967) wrote that there was a correlation between acute schizophrenia and shamanism.

Despite this historically negative connotation about spirits, the epistemological and clinical role of the Fifth Force in psychology (Multicultural Psychology) has opened new doors for the mutually enriching clinical understanding between therapeutic psychologists and shamans. Multicultural counseling is highlighting the importance of traditional healers and the belief in spirits, culture and religious beliefs in clinical work with ethnic minorities. Some multicultural counseling research has focused on understanding the international migration of individuals from traditional societies and their cultural and psychological perspectives on traditional healing. According to Yeh, Hunter, Madan-Bahel, Chiang, and Arora (2004), different worldviews produce different perspectives on psychopathology and mental health, particularly when culture-bound methods are referred to as indigenous methods of healing. One such perspective is the

near-universal belief in spirits and the importance for healing of the proper interaction between the individual and the spirits.

In addition, the consistent finding that mental health resources are underused among ethnic minorities suggests that conventional mental health practices (i.e., self-disclosing talk therapies) may be inadequate in meeting their needs (Yeh et al., 2004). Marbella, Harris, Diehr, Ignace, and Ignace (1998) reported that ethnic minorities rely more on traditional healers than on psychologists for mental health issues. Therefore, psychological treatment of ethnic minorities and, to some extent, of non-minorities, requires a greater level of communication and understanding about such speculative constructs as spirits between shamans and psychologists.

While initially appearing to be more anthropological than psychological, the most widely used manual for the diagnosis of mental disorders, the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR; American Psychiatric Association, 2000) includes, in Appendix I, an Outline for Cultural Formulation and Glossary of Culture-Bound Syndromes (pp. 843-849). This section emphasizes that a counselor must “take into account the individual’s ethnic and cultural context in the evaluation of each of the DSM-IV axes” (p. 897). In order to conduct a proper cultural formulation, the clinician must ascertain several domains: the individual’s cultural identity, the cultural underpinnings of his illness, psychosocial environment and levels of functioning, the cultural elements of a therapeutic relationship, and the overall cultural assessment for diagnosis and care. A more in-depth explanation of these domains will be provided in Chapter 5.

The subdivision “Cultural Explanations of the Individuals’ Illness” of that appendix highlights, to some extent, the importance of the notion of spirits in understanding cross-cultural psychiatric illnesses, as well as the understanding of the predominant idioms of distress and cross-cultural understandings of psychopathology.

For example, “ghost sickness” is a preoccupation with the death and the spirit of the deceased among American Indian tribes. The disease of “mal de ojo,” is contracted, in Mediterranean cultures, by looking at the eyes of an evil spirit. The psychological illness of “rootwork” is contracted, in the Caribbean cultures, through hexing, witchcraft, or sorcery. “Shin-byung” is a Korean syndrome that includes possession by ancestral spirits. “Spell” is a trance state in which an African American individual communicates with deceased relatives or spirits. “Susto” is a Latin American illness in which the soul of an individual leaves the body due to a frightening event, and “zar” which is the behavior exhibited by a North African and Middle Eastern person when possessed by a spirit (6th Ed.; DSM-IV-TR; American Psychiatric Association, 2000). Cross-cultural psychology has taken some minor steps in recognizing the role that spirits may play in the etiology of psychopathology.

Unfortunately, the role that spirits play in the current theories and practice of psychology, with the exception of the material cursorily mentioned in the Outline for Cultural Formulation and Glossary of Culture-Bound Syndromes, has been minimal. A clinical exception to addressing the presence of spirits in the psychological life of the individual may be found in the work of psychoanalysts Carl. G. Jung (1920/1948, 1945/1948) and James Hillman (1975, 1983). However, there has been a growing research interest within the previous decades on the interface of spirituality and

psychology. Even though there is a growing body of scientific knowledge about spirituality and psychological well-being, there is a disparity between the research on spirits and research on spirituality. Although Worthington, Kurusu, McCullough, and Sandage (1996) did an extensive 10-year review on religion and psychotherapeutic process outcomes, their review focused on organized Western religions and neglected to address any study that emphasized the belief in the influence of spirits on psychological well being. Hathaway, Scott, and Garver (2004) concluded that a client's religiousness/spirituality is an important psychological domain, but their study did not include the variable of belief spirits and the importance of such belief when working clinically with clients. Seeman, Dubin, and Seeman (2003) concluded that there is evidence that religiosity and spirituality may be correlated with health-related physiological processes such as cardiovascular, neuroendocrine, and immune function; however, they did not include the belief in spirits as one of the research variables. It is possible to infer from previous research on spirituality and psychology exactly what the barriers to the acceptance of the belief in spirits are as a clinical tool in psychotherapy. Longo and Peterson (2002) wrote that such barriers are related to the history of mental health treatment, professional stereotypes, confusion, and fears over the meaning of spirituality and of spirits.

Despite the existing research on spirituality and psychology, the question still remains whether a school of Jungian psychology, Archetypal Psychology, may include the existence of spirits in its clinical work, especially in their understanding dreams. Therefore, it is important to understand what the dream research has focused on, and what it says about the relationship, if any, between dream images and spirits.

The current scientific research on dreams and dreaming has focused its epistemological endeavor on the study of the biology of dreaming, the relationship between dreaming and Rapid Eye Movement (REM) (Rock, 2004), the function of dreams towards environmental mastery, anthropological research on dreaming, and task performance improvement for people who had dreams with visually altered elements. Dream research has neglected to study the relationship between spirits and psychological growth.

In terms of the biology of dreaming, the center stage of the research has been occupied by the Hobson-Solms controversy. This controversy attempts to clarify whether or not dreams are wish fulfillments (Domhoff, 2005). While Hobson (2002) believes that there is no neurophysiological evidence to support Freud's perspective that dreams are wish fulfillments, Solms claims that there is scientific evidence, through neuro-psychoanalysis, that shows that dreams are motivated by sexual energy which seeks fulfillment (Solms & Turnbull, 2002). Another area that dream research has focused on is the role of the brain in processing similarities between visual images in waking states and images in dreams (Schredl, 2005). Therefore, the biology of dream research has not included the study of the psychological role that spirits play in dreams. A more extensive and comprehensive explanation of the biology and psychology of dreaming will be provided in Chapter 4.

In terms of dream content, the psychological research has focused primarily on the function of dreams for problem solving, information processing, and ego consolidation (Dallett, 1973). In addition, one of the most recent pieces of research (Eudell-Simmons & Hilsenroth, 2005) has found empirical support for using dreams for

improving therapeutic process, promoting patient insight and self-awareness, providing appropriate and meaningful clinical information to the clinician, and supplying a measure of therapeutic change. Therefore, the dream content research has not studied the psychological role of spirits in dreams.

Anthropological research on dreaming has provided a multidisciplinary perspective on the cultural, sociological, religious and philosophical understanding of the phenomenon of dreaming (Tedlock, 1987). Within the Ongee people of the Andaman Islands, Pandya (2004) has studied the phenomenon of the spirit leaving the body during dreamtime in order to gain knowledge about the environment for survival. Renne (2004) described, within the context of the Cherubin and Seraphim Church in Nigeria, how dreams provide a venue for communicating with the spirits beyond the human world. Wax (1999) and Stewart (2004) wonder why some societies perceive dreams as serious resources of valuable personal and societal information, while Western societies dismiss them as irrelevant. Anthropological research on dreams and spirits has been more prolific than that of psychological research. Anthropological research has shown that shamanistic societies see a relationship between dreams and spirits, and that shamans find helpful spiritually, psychological and collectively the messages that spirits communicate in dreams. A more extensive review of the relationship between spirits and dreams in shamanistic societies will be provided in Chapter 3.

The purpose of this psycho-ethnographic study is to reposition the belief in, and to use the help of, the spirits as a central factor for contemporary psychological healing and growth within the counseling profession. Such purpose will be circumscribed within the clinical realm of Archetypal Psychology in conjunction with the traditional knowledge

about spirits that shamans from around the world have used for healing. The specific field of the study will be the understanding and use in counseling of nocturnal dreams. Spirits may manifest themselves to shamans and other people through their dreams. Therefore, the communication with those spirits becomes crucial for living. Whereas images in dreams for Archetypal Psychologists are the voice of the soul “speaking” to the individual, images in dreams, for shamans, are the spirits that visit the individual. I will attempt to show that dream images from Archetypal Psychology are the visual manifestation of the shamanic spirits. The integration of images and spirits as well as the clinical implication in working with dreams for Archetypal Psychologists will be described in Chapter 4. Let us take a more extensive look at the school of Archetypal Psychology in the next chapter, before proceeding to describe more extensively how shamans from around the world view dreams.

Chapter 2

Archetypal Psychology

The purpose of this chapter is to describe the basic tenets of Archetypal Psychology. In order to accomplish this goal, this chapter will be divided in three main sections: a) an overview of Archetypal Psychology, b) the role that images play in Archetypal Psychology and, finally, c) the relationship between images and dreams in Archetypal Psychology. This chapter will lay the foundation for understanding the similarities and differences between archetypal images and spirits as well as the implications for archetypal clinical work with dreams, which will be explained in Chapter Four. Let us begin with the overview.

Overview of Archetypal Psychology

This overview of Archetypal Psychology will focus on explaining a) the notion of archetypes and images, b) archetypes as images with psychological value, c) the phenomenological approach to images, d) the process of deliteralization of reality and the making of the real “imaginal” and, e) reality as imagination, and imagination as reality.

Archetypal Psychology is a post-Jungian school that is based on a critical revision of Jung’s theory and practice. Hillman (1977, 1978, 1983) has been one of its main proponents. One of the fundamental concepts in Jungian thought is that of archetype. While Jung (1934) believed that archetypes are innate images that may be cultivated and developed through experience, Archetypal Psychologists believe that there are no archetypes as such. In addition, Archetypal Psychologists believe that psyche presents itself to the individual through images (e.g., dream images), that instead of archetypes there are images, and that these images are visual, auditory, kinesthetic and proprioceptive

experiences. Archetype is not a category for Archetypal Psychologists. Archetype is a way of looking at things, a perspective, a point of view (Adams, 1997).

Jung believed in the Kantian notion that there was an inner (unconscious) and outer (consciousness) reality in the life of individuals (Hillman, 1983). On the other hand, for Archetypal Psychologists, images are not Kantian categories that live inside the body or that stem from an inner reality. For Archetypal Psychologists, the phenomenological presentation of the psyche is the image, and psyche presents itself to the individual through images. The conscious experience of these images, as opposed to the understanding of their meaning, is an important clinical tenet in Archetypal Psychology. Therefore, Archetypal Psychologists are moving toward a phenomenological experience of images. What matters psychologically to the individual is experiencing those images phenomenologically, that is, experientially and imaginally.

Archetypal Psychologists work with images in a phenomenological way. In other words, they put significant emphasis on the imaginal experience, the imaginal unfolding of the psyche's images and their metaphorical implications. The imaginal unfolding of an image refers to the visualization of an image unfolding. It is an active imagination that seeks the development of images, but does not aim at promoting an understanding of their meaning. The metaphorical implication refers to the continuous and systematic imaginal changes and mutations of the image. For example, if a person has a dream of a singer, the imaginal unfolding of this image is the active visualization of the singer singing; the metaphorical implication of this image refers to the continuous and systematic visualizing the singer singing a specific song, the singer singing while he is walking, the singer singing in a coffee shop, and so on.

Archetypal Psychologists, according to Adams (1997), want to re-vision classical Jungian analysis. Freudian psychoanalysis is primarily a talking cure in which the use of words and thoughts plays an important role for healing. Classical Jungian analysis is a combination of the talking cure and the seeing cure in which insight – the capacity to “see inside” or “the sight of the inner life” through symbols – plays an important role for psychological healing. Insight has been the primary image in classical analysis.

Archetypal Psychology’s re-visioning of psychology is about deliteralizing (or metaphorizing) reality, making the literal metaphorical, and making the real imaginal. There has been some misunderstanding in terms of comprehending what Archetypal Psychologists mean by deliteralizing reality and making the real imaginal.

McNeely (1997) provides a clarifying clinical example to address such misunderstanding. He describes the case of Joan, a 44-year-old woman, who exhibits suicidal ideation. Joan has mentioned that she would like to end her life by “jumping into a river.” Archetypal Psychologists would see this verbal fact of “jumping into a river” as a transforming image, which is different from other verbal facts such as strangling herself with a rope or shooting herself. The clinical process of deliteralizing reality and making the real imaginal centers on imagining Joan being “so hot and pliable that she needs to be plunged into water to cool and harden, or [that] she yearns to dissolve into some greater flowing substance, swallowed, returned to the amniotic container” (p. 200-201). The reality of the suicidal impulse is deliteralized by emphasizing the images connected with ‘jumping into a river.’ Archetypal Psychology moves beyond concretizing her desire to jump into the water as simply a suicidal impulse.

According to Archetypal Psychologists, the verbal statement of “jumping into water” is full of imaginal healing possibilities, and the unfolding of these possibilities into metaphorical implications takes precedence over the classical insight work that aims at the discovery of the meaning of the water symbol. For Archetypal Psychologists, meaning comes more from the exploration and elaboration of the endless metaphorical implications than from the insight derived from the symbolic understanding of the psyche’s images. In other words, Classical Jungian analysis may postulate that Joan jumps in the water in order to relax, to feel slightly held, to experience a mental and physical state of calmness that she is not currently able to experience. From a classical perspective, Joan may need to integrate a greater sense of relaxation, mental and physical calmness and a sense of being held. This understanding of the water symbol, which may provide Joan with additional attitudes for living waking life, is the key in Classical Jungian analysis.

For Archetypal Psychologists, the essential factor is the imaginal experience of being in the water and the metaphorical implications of such activity. For example, when Joan visualizes herself jumping in the water, she may choose, then, to imagine herself floating quietly, moving gently and slightly underneath the surface, sensing her body surrounded by warm water, spinning slowly in the water, moving with the current, reaching a faraway shore, or bumping into a tree branch. The content of the mental imagery may vary from person to person. There is not a right or wrong mental imagery. What matters is for Joan to allow the imaginal experience of being in the water and the metaphorical implications to take place as well as deliteralizing the fact of jumping into a river. The emphasis for Archetypal Psychology is not in the understanding of the

meaning of floating or sinking, spinning or moving straight or the bumping into the tree; it is in the deepening of the imaginal experience and the development of metaphorical implications and, therefore, in the deliteralization of the reality of jumping in the river.

Archetypal Psychologists will accompany Joan in her imaginal journey of plunging into water (McNeely, 1997). Her imaginal experience of being in water or floating, moving down the stream or sinking, bumping unto a tree branch, and so on constitute the reality of her imagination and her imaginal journey, which is the essential transformative factor for Archetypal Psychologists. According to them, this imaginal journey is real in the sense that it is another aspect or reality of being human. They respect the imagination and, therefore, seek to make the real (a suicidal statement) imaginal (i.e. floating, moving down the stream, cooling off, sinking). Imagination is reality, and reality is imagination, and what seems most real is an image that is pregnant with metaphorical implication. One implication of such re-visioning is that Archetypal Psychology is fundamentally an imaginal psychology that seeks to activate strongly the imagination, and that imagination has as real a reality status (the reality of the psyche) as external reality does.

In short, according to Archetypal Psychology, images play an important role in the human psyche, and may be perceived as archetypes. Furthermore, a phenomenological approach of imaginal unfolding and the development of metaphorical implications are used in clinical work. Finally, an individual can attribute physical reality to numerous images, and imagination is a reality of the human psyche.

Given the role that images play in the human psyche, it is important to take a closer look at such a role within the context of Archetypal Psychology.

The Role of Image in Archetypal Psychology

The purpose of this subsection is to explain in detail the basic elements that define the role that images play in Archetypal Psychology. These basic elements are a) the importance of “sticking to the image,” b) the difference between images and symbols; c) the autonomous and independent nature of images; d) imaginal engagement; e) polytheistic psychology and, f) Archetypal Psychology within Western imagination. The explanation of these basic elements may facilitate a comparative analysis between archetypal images and shamanistic spirits in Chapter 4.

Image is psyche, according to Jung (1929). Hillman (1983) proceeded to elaborate further this definition by writing the following: “The datum with which Archetypal Psychology begins is the image” (p. 6). Psyche is primarily composed of images, and the imagining function of the psyche can be observed in the act of dreaming. Therefore, Archetypal Psychologists follow closely the dictum of “stick to the image” that Jung (1934) proposed when he wrote the following: “To understand the dream’s meaning, I must stick as close as possible to the dream images” (p. 149).

A wide variety of images, such as animals, plants, people and objects appear in dreams. A personification is the image of a person appearing in a dream or in the imagination¹. When an image has the physical, intellectual, emotional, and spiritual characteristics that human beings possess, the psyche has, then, initiated the process of personification. Psyche may want to emphasize that a particular psychological experience or behavior, such as singing, contentment, melancholy, or the pursuit of joy, has a significant human dimension. Therefore, the image of a person, as a visual, kinesthetic, intellectual, and spiritual representation of such psychological experience or

behavior, may be more suitable to capture its human dimension. Likewise, a similar process occurs when images of animals, plants or objects appear in dreams. Here, the psyche wants to emphasize to the individual the importance of instinctual and earth-bound experiences (Jung, 1964).

Hillman (1977) distinguishes between images and symbols. According to him, symbols are abstractions from and universalizations of things. A symbol is a term or a name that represents familiar things from daily life, yet it is never precisely defined or explained. It is a thing that represents another, yet it is the best possible expression for something is not completely known. An example of a symbol is the figure of Christ. Christians have an idea who he was and what he represented, but he is still somewhat unknown. Christ may be an abstraction and representation of the divine. On the other hand, image is not an abstraction or a concept that represents something. Image is a three-dimensional mental picture; it is not an abstraction or a concept that represents something, like a symbol does. Jung (1921) does not distinguish images from symbols. However, he clearly establishes a distinction between symbol, allegory, and sign. Allegories are extended metaphors that convey a known meaning, such as poem or a novel. A sign is something that refers to something other than itself, such as stop sign. Poems, novels and signs can be fully understood, explained and described. On the other hand, a symbol, such as the figure of Christ, cannot be fully explained or known. There is an element in the symbol of Christ, as the savior and as the father of Christianity, that can be explained, but the totality of its meaning cannot be fully comprehended. This unknown or unconscious element separates symbols from signs and allegories. Jung (1921) defines the symbol as the best possible communication instrument from the

unconscious to the individual's consciousness. In addition, Jung (1964) acknowledges that the symbol has a wide unconscious aspect that is never precisely articulated or explained.

While Classical Jungian analysis may gather personal associations to the symbol in order to understand its meaning, Archetypal Psychologists do not use this association technique. Instead, Archetypal Psychologists emphasize the imaginal development of images for their own sake, and not for the sake of psychological knowledge. For example, the image of chocolate ice cream leads to the image of a sweet ice cream. This image of chocolate ice cream leads to the image of a cold and refreshing ice cream. Archetypal Psychologists seek to promote mentally the description of the image and the mental experience of having a sweet, refreshing, and cold ice cream, rather than translating the image of the ice cream unto a symbol, such as ice cream as the symbol for sweetening and cooling the person's emotional life. The Archetypal Psychologists do not seek to understand symbols. They seek to describe images and mentally experience them.

Unlike traditional psychology that sees images as symbols that refer to a reality beyond itself, the image for Archetypal Psychology is not referential, nor does it stand for anything else (Adams, 1997). Images cannot be reduced to abstract concepts, nor do they point to an external reality. The image is just what it is, and there is always discrepancy between image and object. Therefore, image or imagination is not secondary to external reality because it does not represent reality, nor does it come from external reality. Berry (1982) stated the following: "With imagination any question of objective referent is irrelevant. The imaginal is quite real in its own way, but never because it corresponds to something outer" (p. 57). While Jung (1921) believed that the psychic image of the

object is usually different from the object itself, Archetypal Psychologists had the more drastic perspective that the psychic image of the object is *always* different from the object.

Furthermore, Hillman (1983) emphasized that, “The autochthonous quality of images as *independent*... of the subjective imagination which does the perceiving” is one of the primary features of images in Archetypal Psychology. Images are independent of the person. Unfortunately, people tend to believe idealistically that images belong to them because the images seem to appear within their heads. On the contrary, Archetypal Psychologists believe that images come to and through the person, and that images come from the “mundus archetypalis” or ‘Mundus Imaginalis’ (Corbin, 1964). Corbin states that the Mundus Imaginalis refers to a world

...where...images subsist preexistent to and ordered before the sensory world. The world of the image is the ‘Mundus Imaginalis’: “...a world as ontologically real as the world of the senses and the world of the intellect, a world that requires a faculty of perception... [and] this faculty is the imaginative power... (p. 5)

Hillman (1983) states that images come from the mundus imaginalis, which is “... a distinct field of imaginal realities requiring methods and perceptual faculties different from the spiritual world beyond it or the empirical world of visual sense perception and naïve formulation” (p. 3).

Archetypal Psychologists focus their clinical attention on the peculiarities and distinctive features of the image (e.g., a very narrow and well-lit cave versus a big and well-lit room, or a camp fire versus a stove fire), its imaginal meanderings (similar to Jung’s psychological practice of active imagination), and the metaphorical implications of such an image. The processes of emphasizing the peculiarities of an image, the

exploration of its imaginal meanderings and its metaphorical implications are crucial operational techniques in working with images. Archetypal Psychologists postulate that the visual, verbal, auditory, and kinesthetic engagement with the images is the fundamental core of the healing process. This engagement process is promoted when the individual holds in consciousness any image from a dream and allows the image to unfold. If the individual is able to accept that the image may change, transform or move on its own accord, that the image may have a life of its own, then the image will begin to unfold in his/her imagination, as a movie does. The ethical responsibility of the individual is to engage with the image: to respond to it and to interact with it, to argue with it or to remain quiet, all along maintaining respect for the autochthonous life of such images. Then, a dialogue may take place: a visual, kinesthetic, auditory, or proprioceptive conversation between the person and the image from the dream. Archetypal Psychologists are committed to this process of imaginal unfolding and direct dialogue with the images because the essence of healing derives from it, rather than attempting to discover the meaning of these images through interpretations. As this engagement and unfoldment process continues, the complexity of the process may develop into a group dialogue: a conversation among dream images, which will include the important interaction of the individual with the different images, which will resemble the dialogue that one can see in the gathering of a group. Further elaboration about this archetypal approach of engagement and unfoldment will be delineated in the section “*The Relationship between the Dreamer and the Dream Images.*”

From a clinical perspective, psychological healing for Archetypal Psychology is not concerned with social adaptation or personal individuation, but with the restoration of

the patient's imaginal realities. The cultivation of images, a process that heals the human psyche, becomes the aim of therapy (Hillman, 1983). Archetypal Psychology does not seek to strengthen the center of consciousness or ego. The ego is not given a primary position within Archetypal Psychology because the ego is simply one of the many dream images that inhabit the human psyche. The ego is not the center where the imagining takes place. The cultivation of the imaginal characters of the human psyche, as a clinical goal, decenters and makes the ego a relative psychological entity. The other imaginal characters that appear in dreams are as important, if not more important than the ego. This clinical relativization of the ego is not a goal within classical Jungian analysis. For Jung (1959), the purpose of analysis is the relativization of the ego in relation to the Self, the archetypal center of the individual. According to Jung (1921), the psychological and regulatory mechanism of compensation contributes to this process of individuation by simply rectifying the ego's promoted imbalance between the conscious and the unconscious. While the process of relativization of the ego for the purpose of cultivating the imaginal life of the individual is clinically important for Archetypal Psychologists, the process of compensation in order to achieve a balanced individuation, on the other hand and according to Jung, is the crucial psychological mechanism within classical Jungian analysis. Archetypal Psychology advocates for the ego to descend its position and to cultivate the imaginal realm. The cultivation of the imaginal is what Archetypal Psychologists call soul-making. Given that the term "Soul" is "a deliberately ambiguous concept" (Hillman, 1983, p. 16), Archetypal Psychologists believe that soul has to be made through this imaginal cultivation.

However, Archetypal Psychology deemphasizes the clinical interpretation of images (Adams, 1997). While Jung (1961) seemed to value more, at different times in his professional career, the experience of images, at other times, he valued more the clinical conceptualization and interpretation of dream images. As a case in point, Jung (1934/1954) interprets the image of water as the typical symbol of the unconscious. This conceptualization of dream images is an interpretive process that Archetypal Psychology moves away from. Instead, Archetypal Psychologists advocate experiencing the image phenomenologically and relating to it experientially.

Classical Jungian psychologists believe that meaning is central to the healing process. Therefore, the interpretation of dream images plays a crucial role within the Classical Jungian psychologists because meaning may be discovered through interpretation. While Jung seems to emphasize more, at different times, the interpretive method when dealing with symbols, Archetypal Psychologists clearly emphasize the phenomenological method when dealing with images. Archetypal Psychologists are imagists or “phenomenologists” who stick to the image, adhere to the phenomenon, and refuse to interpret it or reduce it to a concept (Adams, 1997).

While Archetypal Psychologists use the process of amplification for working phenomenologically with images, classical Jungian analysts use amplification for interpreting images. Amplification is the process of enlarging an image toward universality by searching within the history of art, religion, mythology, and folklore for the presence of a similar image. From a classical Jungian perspective, when a cave or fire appears in a dream, the process of looking them up in a dictionary of symbols or in the index of Jung’s work is an attempt to provide amplification to those symbols from a

wider cultural framework of reference in terms of their interpretive meaning. From an archetypal perspective, amplification seeks to make an image louder and larger through cultural similarities, and it is not an interpreting tool. Archetypal Psychologists aim at expanding the development of an image by providing similar cross-cultural, religious and mythological images. Archetypal Psychologists use amplification less than classical Jungian analysts do.

In addition, Archetypal Psychologists believe that psyche presents itself to the individual through multiple images. For example, dreams are populated with numerous imaginal characters or personifications. These personifications create who the individual is. The poet Walt Whitman (1959) wrote about how conscious he was of being two people at the same time, leading him to the conclusion that he contained multitudes. Archetypal Psychology values these multiplicity of personifications, and, consequently, Hillman (1983) affirms symbolically that “Multiple personality is humanity in its natural condition” (p. 51).

Archetypal Psychology favors a pluralistic rather than a singular psychology in the sense that Archetypal Psychologists value the plurality of images in the psyche, rather than choosing one image, the ego, as the most important one. Unlike Archetypal Psychology, psychoanalysis gives greater psychological value to the ego, and assigns significantly more importance to the ego than to the multiplicity of images that may create the personality of the individual.

A final important issue for Archetypal Psychologists is that of the difference between perception and imagination. Perceiving images puts the emphasis on visibility, which is different from imagining them. According to Casey, an image is not what one

sees but the way in which one sees. An image is given by the imagining perspective and can only be perceived by an act of imagining (Casey, 1974).

Archetypal Psychology has aimed at moving beyond the clinical discourse in order to place itself within the culture of Western imagination. Consequently, Archetypal Psychologists have placed the notion of archetype both within the human psyche and beyond, within all forms of human activity such as linguistics, aesthetics, art, architecture, social and spiritual domains (Hillman, 1983). It is not surprising that Hillman (1983) stated that "...Archetypal Psychology's first links are with culture and imagination rather than with medical and empirical psychologies..." (p. 1).

In sum, this subsection highlighted the role that images play in Archetypal Psychology. The importance of 'sticking to the image,' the difference between images and symbols, the autochthonous and independent nature of images, the importance of the imaginal development of images and metaphorical implications, and the phenomenological vs. the interpretive method of working with images were all explained by Archetypal Psychology. Let us take a closer look at the relationship between images and dreams, and between the dreamer and the dream image.

Relation between Images and Dreams in Archetypal Psychology

In this section, I will proceed to describe the understanding that Archetypal Psychologists have of the relationship between images and dreams. This section will be divided in three parts: a) images and dreams, b) the qualities of dream images, and c) the relationship between the dreamer and the dream images. The importance of this section is that it explains specifically the qualities of dream images, which will be compared, in Chapter 4, with the specific characteristics that spirits have in shamanistic societies. In

addition, because this subsection will describe, in more detail, the process of imaginal unfoldment of images and the nature of the relationship between the dreamer and dream images, this subsection will set the stage for understanding, in Chapter 4, the similarities and differences between the relationship that shamans have with dream spirits, and the relationship that the dreamer has with dream images.

Images and dreams. According to Hillman (1983), the dream is a collection of images. Archetypal Psychology perceives the different characters of our dreams, such as people, animals, plants, nature and objects, as images. Our presence in our daily dreams, as a dream character, makes us another image within the dream images. Fundamentally, a human being may be an image within images, which follows from what Hillman (1983) has articulated when he wrote that, "...the dreamer is in the image rather than the image is in the dreamer" (p. 6). This archetypal perspective that people are in the image is different from the popular perspective that images are in us and come from the head or from our dreams. A regular person without knowledge of Archetypal Psychology may have difficulty comprehending this basic archetypal perspective.

Dreams display the imaginal nature of the human existence. According to Archetypal Psychologists, human beings are *a priori* imaginal beings, and tend to believe mistakenly that, when we attempt to remember dreams, dreams occur in our heads. Archetypal Psychologists believe that dreams portray ontologically the nature of our existence; in other words, in dreams, human beings are able to see that they are fundamentally an image that has all the ontological properties associated with the human existence: the senses, the body, the thoughts, the perspectives, and a spiritual dimension. Therefore, the dreamer does not have an existence apart from the image because the

dreamer is fundamentally an ontological image with all the qualities associated with the human existence. In addition, human beings are images that have the ability to imagine. Further clarification of these ontological qualities imbedded in the image and, therefore, in our existence will be delineated in the following section, “Qualities of Dream Images.”

Two of the questions that Archetypal Psychologists (Hillman, 1979) ask about dreams are to what mythological dimension area and to what gods do dreams belong. The answer is that dreams belong to the underworld and its gods. According to Hillman (1979), the underworld is the realm of

ghosts, *spirits*, ancestors, [and] souls... These are invisible by nature...unless we develop intuitive instruments for seizing impalpables that slip through our fingers....By locating the dream among these impalpable fundamentals ..., we will begin to find that dreams reflect an underworld of essences rather than an underground of root and seed. (p. 40)

Therefore, there is an implicit assumption that dreams may be related with the spirits for Archetypal Psychologists. Expanding, elaborating and clarifying this relationship between spirits and dream images is the main goal of this written project.

The value of a dream image is the imaginal life that unfolds from such image, according to Archetypal Psychologists. Dreams have a purpose of their own and are complete. Consequently, Archetypal Psychologists do not seek to translate or interpret the dream into the day-world consciousness. Unlike Jung’s (1921) notion that dreams compensate ego deficiencies, Archetypal Psychologists see dreams as portals to the person’s imaginal life. Instead of interpreting dreams in terms of waking life consciousness, Archetypal Psychologists seek to deepen the dream images by playing and unfolding the images and metaphors of the dream. The metaphors, the poetry, and the stories that are born and developed from the dream images play a more significant role in

working with dreams than interpreting the meaning of these dream images in terms of waking life consciousness.

Qualities of dream images. Berry (1982) has made a significant contribution to the understanding of the qualities of dream images and images in general. Subsequent work from other Archetypal Psychologists has refined and elaborated the archetypal perception of images and imagination in general (Adams, 1996, 1997, 2004; Hillman, 1996). This subsection will explain a) the qualities of dream images, b) the implication of the images, and c) the danger of suppositions. It is important to discuss extensively these qualities and implications because they are similar to those of dream spirits in shamanistic societies. Chapter Three and Four will discuss respectively the role that spirits play, and the possible clinical integration between images and spirits.

The qualities of dream images are: a) sensuality, b) texture, c) emotion, d) simultaneity, e) intra-relations, f) value, and g) structure.

A dream will be used as an example to clarify further the qualities of dream images:

A single father had the following dream during therapy:

“I saw a penis, fully erect, that had a silver ring on its base”

Berry (1982) writes that the sensuality of a dream image refers to the body of the image. Even though, initially, dream images may present themselves visually, they have the quality of a body. Using the previous dream as an example, the body of the penis is hard, solid, slightly rugged, long, sensitive and pulsating. This dream image body may be different from the physical body. The body of the dream image is a metaphorical body, and it may or may not have all the sensory qualities (e.g., proprioceptivity,

movement, etc) that a physical and external body would have. This dream image body may have its own intrinsic sensual qualities. Dream images and their bodies belong to the imaginal reality, and are not accountable or referential to an external reality or to a physical body.

The texture of a dream image is its weaving quality. The dream has several images or personifications that tend to follow patterns. These patterns are weaved within a dream. The dream has its own tapestry, and does not need to be explained or interpreted on the basis of daily life patterns. Dream images can be apprehended on the basis of their own internal tapestry, their own internal patterns, paths, meanderings and in-roads. Dreams are full and complete, and do not need the life situation of the dreamer to be understood. Using the example of the man's dream, there is a pattern of an erect phallus that is accompanied by the presence of blood, which is maintained by the silver ring. Another pattern occurs when the blood flows into the erect phallus is present and, consequently, a silver ring accompanies such flow.

The dream image has an inherent or an explicit emotional quality. The dream image may have the quality of an emotion. At times, dream scenarios are expansive, terrifying, puzzling, perplexing, or joyous. The emotional tone of the dream image may or may not be articulated by the dreamer. Likewise, this emotional tone may be overt or covert. Nonetheless, similar to observing a painting or listening to a poem, an emotion may adhere or inhere to the image, bringing an emotional response in the dreamer. Using the man's dream, the dream images brought with them the feeling of potency, love, sustained endurance, and emotion.

The simultaneity of dream images indicates that an image is simultaneously taking place with other dream images. Archetypal Psychologists believe that dreams are not sequential, and that no part proceeds or causes another part. There is no temporal succession within a dream, according to Archetypal Psychologists. According to them, the dream images occur simultaneously. Like observing a painting where all sections of the painting occur simultaneously, dream images are concurrently present. Therefore, all dream images carry the same weight or importance. Using the man's dream, although biologically speaking, an erection is the product of an engorged penis that is full of blood, Archetypal Psychologists will not necessarily conclude that it is the blood that causes the erection or the male potency within the psyche. One of the many possible variations for them is that when the silver was present, along came a ring that drew the blood into the phallus. For Archetypal Psychologists, there is no temporal succession within the psyche.

The intra-relationships of dream images point to the equal right of existence of each image. The different characters, settings and situations are connected with each other and, consequently, each of them contributes equally to the overall body of the dream image. There is a democratic participation of each dream image in the composition of the dream. Therefore, all images from a dream have the right to be heard, and have the same privileged position. There is no discrimination, among dream images, in terms of their importance within the landscape of the dream. Archetypal Psychologists refrain from choosing between dream characters because what matters to them is to stick to the image, regardless of the origin of image (image from the Self vs. an image contributing to the maintenance of a mother complex). According to Berry (1982),

“...the point is to work on this image (and let this image work on him) in whatever imaginative/experiential ways he can- which requires putting into abeyance his judgment and interpretation” (p. 61). Returning to the man’s dream, allowing the imaginal elaboration of the blood, the silver ring and the phallus could bring the image of blood exploding from the phallus or the image of blood increasing further and further the size of the phallus as to the point of becoming a living and gigantic lingam where people come to do a ritual, pray, and give offerings to it, such as “...the Shiva lingam ritual near Buddhist shrines in Thailand where the gigantic lingam is worshiped and garlanded with colored silks, flowers and other offerings.” (Danielou, 1995, p. 110).

The value of a dream image refers to its potency and attractiveness. There are dream images that seem to be more potent and highly attractive than others. This may be connected with the unusualness of the image (i.e., a bull with a head of a person), of the setting (i.e., a playground on the bottom of the sea), of the situation (i.e., naked on the street). Archetypal Psychologists believe that value is connected to the quality of unusualness. The more unusual the dream image, the greater the psychological value. The rationale for this, according to Archetypal Psychologists, stems from the assumption that unusual images go against the way things are; in other words, unusual images are examples of *opus contra naturam*, and they seek to present a different perspective to the dreamer. Another way to discern the value of a dream image is through its emotional potency. There are dream images that are significantly charged or invested with a strong affect that calls for attention, attempting to highlight the importance of this image. Returning to the man’s dream of the phallus, the dream had an emotional impact on him because it highlighted the imaginal and experiential quality of male potency, the fact that

psyche contained male potency images, the psychological importance of virility, and the unusual and important way of maintaining potency through a blood containing ring.

The structure of dream images refers to the relational roles that dream images play within a dream. Dream images are positioned specifically within a dream. In addition, these dream images are specifically positioned structurally in relation to other dream images. These relative structural positions among images create a level dependency for the determination of meaning. The meaning of a dream is contingent upon the structural positioning of the dream images within the dream. For example, using the dream of the phallus, from the perspective of structural positioning, the relative location of the images in the dream contribute to their meaning: one imaginal metaphor, among other possible metaphors, would be that the erection is accompanied with the presence of blood and with the position of ring on the phallus, along with the fact that the silver is present in the ring. The blood is everywhere in the phallus, not just in the middle or lower section; the ring is at the base of the penis, not at the top; the ring is made out of silver, not of gold, along with the fact that the ring has a specific width; the ring holds the emotional blood above, not below, the hard, strong and erect masculinity. The silver, the ring, the blood, the phallus, and the bottom are positioned structurally in a specific way that contributes to the relational role that each dream image plays in relationship to each other. Dream images (ring, blood, silver) serve as the context for other dream images (phallus).

In addition to all the qualities of dream images previously described, Berry (1982) explains the notion of implication in dream images. The implications are a) the narrative,

b) the amplification, c) the elaboration, d) the repetition, and e) the restatement. Let us take a look at each of these implications.

Narrative refers to the dramatic structure of the dream images. Archetypal Psychologists may follow the dramatic structure of setting, development, *peripeteia* or culmination and *lysis* or resolution that Jung (1960) observed within the narrative of the dream; however, they are cautious about the translation of dream images into words. According to Archetypal Psychologists, words cannot fully contain images, and images are primary. In addition, a dream told in the form of a story, as it is usually done, has a beginning and an end. Archetypal Psychologists are apprehensive about translating a dream into words because they believe in the simultaneity of the dream images.

Translating a dream into a narrative story is like observing a painting and making a story of it.

Amplification refers to the process of making the images louder and larger through cultural similarities. This process takes a dream image, and with the help of a general background of cultural knowledge, and finds an essentially similar mythical figure or theme. This step promotes the movement from the personal domain to a collective domain. Both the silver metal and the ring have mythological and cross-cultural connotations. The silver ring in the man's dream has a cultural connotation of the feminine (silver) quality in the process of establishing a relationship (ring) with the passionate *blood* of a strong male presence in the *phallus*.

Elaboration refers to the process of associating to the dream images. Elaboration is the process of taking words as images. Archetypal Psychologists proceed cautiously with associations because associations seem to be connected with a conscious point of

view (ego synthonic). Archetypal Psychologists believe that dream images need to be allowed to tell their own story, their own narrative, their own imaginal development, similar to a character in a novel that develops his/her own identity, rather than the ego deciding for each image what the story should be. Therefore, when elaborating or associating about dream images, the dreamer is describing more about his ego perspective than about the dream images per se.

Repetition alludes to the similarities found among dream images, like repetition of adjectives, verbs, shapes, or any other similarities. These repetitions tend to show a pattern or a theme that is worth paying close attention to. Archetypal Psychologists may highlight the importance of the systematic appearance of silver, rings, blood, and penises in previous and subsequent dreams for the dreamer.

Restatement is the emphasizing of the metaphorical dimension within the words themselves. This can be done by synonym replacement and by metaphorical restatements. Synonym replacement entails using a synonym to the original image. For example, the blood in the erected phallus can be replaced with the word “passion” or “love.” Therefore, the phallus is erected with “passion,” with “love,” or “love” and “passion” live within an erected phallus. Metaphorical restatements seek to emphasize the metaphorical quality within the words themselves. For example, “an erect *phallus* with a silver ring” has a different metaphorical emphasis from “an erect phallus with a silver *ring*,” or from “*erect* phallus with a *silver* ring.” This metaphorical restatements shift the attention to other imaginal dimensions or areas within the dream.

In addition to describing the qualities and implications of dream images, Berry (1982) warns us, also, of the psychoanalytic approach of moving away from the dream

image. She calls this movement away from the image “supposition”, which may easily mislead us into prejudices, misinterpretations, projections and personal idiosyncrasies. Supposition describes the quality of a) causality, b) evaluation, c) generalization, and d) specification. Let us take a look at each of them.

Causality refers to the fact that dream images make no causal conclusions. The dream image of the erect phallus is not caused by the blood or by the presence of the silver ring. The causality suppositions are not present in the dream. According to Archetypal Psychologists, people who are into interpreting dreams place unfortunately those suppositions into the dream, and these suppositions betray the inherent imaginal life of the dream images. Therefore, when causal inferences are made about a dream, “...we are no longer talking about the imagination from the imagination but rather from a set of physical suppositions” (Berry, 1982, p. 74).

Evaluation refers to the problematic belief that dream images make positive or negative statements or make value judgments about the dreamer’s life. Archetypal Psychologists believe that a dream image simply is, and that it does not make any positive or negative comment about the dreamer’s life. Supposing that certain dream images are positive or more conducive to growth reflects primarily the projections or perceptions of the dreamer and/or the interpreter upon the dream. Using the dream of the phallus as an example, Archetypal Psychologists would refrain from stating that it is good for the dreamer to facilitate in his life that the silver ring contains the emotional intensity of the blood within his masculine life (phallus). The importance of preventing the blood from coming out of his masculinity and maintaining, thus, a continuous and perseverant masculine life, full of blood, is an evaluative judgment that the dreamer and/or the

therapist will make, and that is not necessarily imbedded in the dream. The dream simply presents the image of an erected phallus, full of blood, with a silver ring on its base. The dream does not make any positive or negative connotation.

Generalization refers to the danger of making general suppositions about dream images, when they, on the contrary, are very specific in terms of characters, settings and actions. Using the dream of the phallus, some non-Archetypal Psychologists will suppose that the dreamer has unresolved psychological issues with his own masculinity: a specific image (phallus) has become indicative of a general area (his masculinity). To the contrary, Archetypal Psychologists would propose instead to follow Jung's idea of staying as close as possible to the dream image, the phallus. They would encourage the dreamer to observe the phallus, to notice the blood sustained by the silver ring, to sense how the ring contained the pulsating blood within the phallus, to detect the affect imbedded in the blood contained within the phallus, along with observing the hardness, the strength, and the erectness of a phallus full of living and thriving red blood.

Specification refers to the tendency to convert a dream into a message, which consequently anthropomorphizes and divinizes it. For example, using the dream of the phallus, specification would refer to the tendency to conclude that, in order to improve his masculinity, the dreamer needs to allow and sustain more the intensity of his emotional life during his daily life. Specification is the conscious propensity to believe that dreams carry a message, a specific advice that we need to implement in our conscious life. Archetypal Psychologists believe that translating a dream into a message anthropomorphizes the dream because it specifies or reduces dreams to human and personal affairs; in addition, Archetypal Psychologists question this specification process

because it supposes that the dream is a message from God, a theological entity that originates from a Divine Power that seeks to address, comment or give advice about the personal vicissitudes of human life. Using the example of the phallus dream, the anthropomorphizing process will lead the dreamer to believe that the images of the phallus, the blood and the ring are related to his human masculinity. Similarly, the divinization process will lead the dreamer to suppose that a Divine Presence, a Higher Power or God is addressing and making a comment about the dreamer's personal life, such as the importance of the silver ring as a relational instrument that aims at maintaining the blood within the strength and hardness of his masculinity.

In sum, this subsection has centered on explaining the qualities and implications of dream images as well as the danger of suppositions when working with dream images. We are now in the position to explain the relationship between the dreamer and the dream image.

The Relationship between the Dreamer and the Dream Images

The purpose of this subsection is to explain the nature and dynamics of the relationship between the dreamer and the dream images. The attitude and the perspective with which the dreamer relates toward the images may facilitate the therapeutic process. This section will describe the dynamic characteristics of the images that the dreamer needs to promote in his relationship with them.

Archetypal Psychologists promote the direct engagement between the dreamer and his dream images. When the dreamer has a dream, and if the dream has different characters or personifications, Archetypal Psychologists encourage the imaginal development of each character or personification, along with a subsequent dialogue

between the dreamer and his imaginally unfolded dream images and/or personifications. The establishment of the relationship between the dreamer and the dream characters takes place when the dreamer fosters the imaginal development of each dream image and, subsequently, the dialogue between the dream images and the dreamer.

To understand more precisely such relationship between the dreamer and the dream characters and the subsequent imaginal dialogue between them, Archetypal Psychologists have used as a guide the writing methodology employed by novelists and playwrights. When writing a novel or a short story, literary writers allow the characters to speak, to communicate their own point of view, to develop their own life and to be known apart from the author in order to create depth and specificity of characterization. Likewise, when looking at dream images, Archetypal Psychologists treat dream characters as personifications that want to speak, that want to be heard, that have a story to tell: a story with simple or complex situations that involve the joys and sorrows of living, and that want to have a verbal interaction with the dreamer. In order to illustrate this point, Watkins (1986) quotes an interaction between two Russian writers, Tolstoy and Gorky, where Tolstoy criticizes the lack of individuality and autonomy in the literary characters of Gorky's writings: "Most of what you say comes out of yourself, and therefore you have no characters, and all your people have the same face" (p. 110). Archetypal Psychologists, like literary writers, encourage the dreamer to allow the dream characters to become specific. Watkins (1986) quotes the writer, Trollope, who states that the author "...can never know [the characters] well unless he can live with them in the full reality of established intimacy....He must learn to hate them and to love them. He must argue with them, quarrel with them, forgive them, and even submit to them. He

must know of them whether they be cold-blooded or passionate, whether true or false, and how far true and how far false” (p. 112). Archetypal Psychologists believe that dream characters have a life of their own, and would like the dreamer to honor and respect that quality and, more importantly, that the dreamer develop an intimate relationship with them where the dreamer and the dream character are open to be affected, influenced, challenged and affirmed by each other, without giving up their own existential autonomy.

Hillman (1983) and Watkins (1986) have given assigned human qualities to these dream images or personifications, and have granted them a human dimension. According to Watkins, these dream images or personifications are alive, and should be treated as people because these personifications may have a voice, thoughts, feelings and opinions about life in general. In addition, Watkins highlights the importance of understanding the nature and the relational dynamics between the dreamer and the personifications of his own psyche. For example, these personifications may encourage or discourage the existing love, hate or indifferent relationship that the dreamer has with other personifications; these personifications may be critical about how oblivious or not the dreamer is in regard to the living characters of his psyche. These relationships between the dreamer and the people that populate his “inner life” are as complex and/or simple as the relationships that he conducts with other people in his “outer” life. These personifications are the people of the human psyche, and these people determine the individuality of the person. The dreamer may choose to initiate a dialogue with them. Similar to the process of striking up a conversation with a person whom we just met on the street, the dreamer may introduce himself to the dream images or personifications to

develop a conversation with them and to get to know them and develop a relationship with them.

Furthermore, in Watkins's analysis, these dream images or characters may have different ontological degrees of animation, of articulation of their own psychological properties, their own perspectives on issues, and their own identity. The presence of such ontological features in the dream images or personifications, combined with the dreamer's interpersonal attitude of respect, equality, and mutuality towards the life of these dream characters or personifications will allow what Watkins has called the 'development of imaginal dialogues with the invisible guests.' Archetypal Psychologists believe that this imaginal dialogue with dream images is the core of the therapeutic process and is the therapeutic factor that promotes psychological healing and growth.

Accordingly, the degree of animation refers, first of all, to the process in which a dream character is able to speak or not, or to act. There is a spectrum of animation: on one side, the dream character acts or speaks *only* in response to the dreamer's actions; on the other side, the dream character initiates actions on his own volition, without any prompting from the dreamer. For example, a man has a dream that he is observing a singer. The degree of animation refers to the extent to which the singer only initiates actions if the dreamer compels him to do so, or to which the singer, on his own, actively initiates, maintains, and modifies his singing. During wakefulness, when the dreamer is looking at the dream and observing the singer in his imagination, it is important, in order to ascertain the degree of animation, whether the singer is simply waiting for the dreamer to encourage him to sing or the singer has actively initiated and continued the singing.

Articulation refers to the degree of verbalization of psychological properties by the dream personification. What is the degree of articulation of thoughts, feelings, and wishes that the dream personification is capable to manifest? Using the dream character example of the singer, we would like to hear the thoughts that the singer is able to articulate in his songs. In addition, we would like to see, in his songs, the degree to which the singer is able to identify his own feelings, to differentiate among his different emotional states, to tolerate the coexistence of opposite emotions in him, and to articulate them.

Perspective refers to the degree of complexity of the dream personification. Using again the dream character example of the singer, we would like to see the complexity of the arguments that the singer uses in his lyrics, for example. The arguments advanced in the song to present an issue, the logical structure of the point of view, and the analytical depth of the opinion in the lyrics constitute the verbal complexity of the information presented by the dream character.

Finally, Watkins (1986) mentions the degree of specification of identity of character. Here the dream personification has the linguistic structure of the thought that allows for a conversation between the dreamer and the dream character. Using, again, the dream of the singer, because of the fact that the dreamer has given space in his consciousness to the imaginal unfoldment of the singer by promoting the singing and the specific lyric development, the identity of the dream personification or singer has developed and has become unique. This may foster a conversation between the dreamer and the dream personification, a dialogue between the dreamer and the dream character about issues pertaining to the life of the dreamer, a give and take between them similar to

the process of verbal interaction between two people. Von Franz (1978) description of the process of active imagination developed by Jung resembles this stage of degree of specification.

In summary, this subsection explored the relationship between the dreamer and the dream images, specifically the nature and the dynamics of the archetypal imaginal dialogue. This dialogue is a relational and imaginative process of conversing with the dream images or personifications of the dream, which is the cornerstone of the therapeutic process. The process of letting the image talk is challenging because it requires openness, honesty and imagination. During this dialogue, the personifications of the dream may or may not initiate the conversation, articulate their own thoughts and feelings, present their perspective and clarify their identity to the dreamer. This subsection set the stage to understand the similarities and differences between the dreamer/dream images and shaman/dream spirits dyads for the purpose of Archetypal cross-cultural counseling.

Let us take a look next at the relationship between shamans and the spirits from around the world.

Chapter 3

Shamanism

"Play is the mediator of the invisible and visible"
Dora Kalff

It is a well-known and accepted fact that shamans have been considered the predecessors of current psychotherapist (Kinsley, 1996; Achterberg, 1985; Sandner & Wong, 1997). Shamans have used the help of spirits in order to perform their healing task. The purpose of this chapter is to describe the specific role that spirits play in the

selection, initiation, trance states and healing practices of shamans from around the world. This chapter will be divided in three subsections: a) the selection, the calling and the initiation, b) shamans and Altered State of Consciousness, and c) the role of spirits in indigenous healing practices.

The Selection, the Calling, and the Initiation

In traditional societies, the shaman is chosen by the spirits to perform healing practices, along with other socio-economic functions necessary by those societies and its members (Vitebsky, 1995). The shaman is usually a man. The shaman does not appoint himself or herself to be one. Spirits call certain individuals to become shamans.

During the calling, the shaman is usually approached by the spirits through dreams and/or visions. The spirits initiating the calling may be the spirits of the dead, who usually are his ancestors. In those dreams or visions, the future shaman is told to begin healing people and is given medicine to cure them.

After being chosen, the person may either accept or reject the calling to become a shaman. Some people refuse the calling because they are aware of how difficult and painful this life long task will be. When the selected shaman refuses the calling, the refusal can bring further misery to him, if not death. This original contact is usually painful because what the spirits propose, as a lifelong “profession,” does not usually match the desires and future expectations of the individual. The calling by the spirits brings along a severe illness that includes dreams and visions of dismemberments, a sense of going out of their minds, and rushing naked across the landscape, which current psychology has misperceived as schizophrenia (Van Ommeren et al., 2002; Walsh, 2001; Noll, 1983).

If the calling by the spirits is accepted, the future shaman is initiated by other shamans with the help of tutelary spirits (Keeney, 1999). Initiation is usually accompanied, once again, by the occurrence of repeated nightmares, painful visions, and bizarre behaviors. The future shaman will need to integrate these challenging experiences into his life, bringing new insights, different perspectives about nature and the meaning of human suffering as well as a transformation of his previous personality. Vitebski (1995) writing about shamanic initiation, states that “in Siberia every bone and muscle is taken apart, counted and put together again, while blood oozes from the joints of the candidate’s inert body as it lies in its tent surrounded by anxious relatives” (p. 59).

Additionally, the shaman retains volitional capabilities when interacting with the spirits. In other words, the shaman retains conscious faculties during these interactions, and actions are deliberate. Krippner (2002) stated, within the interactive field, the shaman is always dominant, and that the suspension of such “conscious” features, if necessary, may be only temporary.

Anthropologists and psychologists have studied the interaction between shamans and spirits, specifically the state of consciousness necessary for such interaction to take place. Altered State of Consciousness (ASC) may be the state of conscious awareness that shamans need to be in order to interact with the spirits. I will proceed to describe such state in the following section.

Shamans and the Altered State of Consciousness (ASC)

Altered State of Consciousness (ASC) is a perceptual state that shamans enter in order to interact with spirits (Peters & Price-Williams, 1980). This ASC can be described as a trance state in which a shaman is believed to journey to the spirit world in order to

diagnose and treat diseases, especially those connected with the person's spirit. The shaman is capable of entering into an ASC where he can see, hear, speak to and interact with the spirits. According to shamans, spirits are among us, but we are not able to see them; however, shamans, under a trance, are able to see, interact with, and intercede with them on people's behalf (Atkinson, 1992, Peters & Price-Williams, 1980).

When people have created an imbalance in their relationship with the spirits, a disease or a communal tragedy, such as loss or abduction of soul or communal starvation, may ensue. The shaman is reported to intercede with the spirits with the help of rituals, dance, trance, and other-realm-journeys. The encounter with the spirits may take different forms such as peaceful encounters, deadly fights or humble pleas. Whatever forms the interaction with the spirits take, the shaman must succeed in his dealings with spirits in order to heal the individual and the community.

According to shamans, spirits are alive and can communicate with selected people. The content and nature of the communication may be related to healing practices or socioeconomic activities, and may be helpful or destructive for the individual and the community. The next subsection will focus on describing the positive role that spirits have in traditional healing practices. These living and positive qualities of the spirits will be compared and contrasted in Chapter Four to those of "dream images" in Archetypal Psychology.

The Role of Spirits in Indigenous Healing Practices

The purpose of this subsection is to describe the role that spirits have in indigenous healing practices from around the world. Special emphasis will be placed on understanding the communication between spirits and shamans through dreams. This

subsection will be divided in three parts: a) psychiatric illness and spirit helpers, b) spirit communication through sacred dance and special plants, and c) spirits in shamans' dreams from around the world.

Illness and spirit helpers. The rapid departure of one's own spirit explains the existence of dreams; its prolonged absence corresponds with a disease and its permanent departure results in death (Perrin, 1990). Illness or disease is understood as an imbalance in the relationship between humans, the spirits, and the surrounding environment.

In some Latin American traditional societies, diseases are perceived as either a loss of the spirit or the intrusion in the body of an animated or inanimate object (Perrin, 1990). For example, a person becomes ill when an "arrow" or "flecha" (a negative spirit) has entered the body. The therapeutic role of the shaman is to try to intercept, destroy, or return back to the sender such "flechas" or "negative spirits" (Chaumeil, 1995). When a person is dying, the spirit of that person is attempting to leave the body permanently. The shaman attempts to bring back the spirit to the person. For example, among some Northern Alaskan people, when a person is dying, his spirit goes up and out through the "hole" in the top of the head, and if the shaman is attempting to cure that person, the shaman will repeatedly try to bring the spirit back (Turner, 1996).

Spirit helpers usually aid shamans. They can be the spirits of the ancestors who appear in dreams, trance, and visions quests or under the influence of a visionary enhancing substance, and have come to instruct him on the different ways of providing healing. In addition, animals may sometimes be the spirit helpers. Guidance from spirits is an important condition for healing and living; therefore, for shamans, guidance from

the spirits takes precedence over being theologically or theoretically correct (Turner, 1996).

The instructions provided by spirits may include information about obstacles or enemies to be encountered in the journey to the land of spirits, ways of fighting them, or healing songs (Vasilevic, 1968) or objects such as specially designed drums and rattles (DuBois, 2009). Instructions about healing may be communicated through dreams, rituals, sacred dances, and plants (Atkinson, 1992; Krippner, 2002). Before describing extensively the communication between spirits and shamans through dreams, we will describe briefly the importance of sacred dance and plants as means of spirit communication with shamans.

Sacred dance and plants. Shamans have identified sacred dances during dreams and visions to be communication bridges with helpful spirits. The communication with the ancestor spirits is of the utmost importance in order to know how to properly heal. For example, the Kalahari Bushmen healers seek to communicate with their ancestors to get information on how to heal during the healing dance, the Tga (Keeney, 1999). Another example is provided by the American Indians of the Northwest Coast with their Spirit Dances that aim at helping them obtain spirit power to cure (Laubin & Laubin, 1977). The fundamental task of the spirits is to provide instruction about healing and the nature of life (Califano, 1995; Kremer, 2007).

Another common way to approach the spirits is through the calculated ingestion of sacred plants. These plants are considered spirit teachers because they provide an accurate vision of the hidden reality of the disease (Marion, 1995; Califano, 1995). Because spirits control, to some extent, the destiny of human kind, the shamans of the

Kamsa, Witoto, Makuna and Kofan Indians of the Colombian Amazon have developed a special relationship with the ayahuasca, a sacred plant that allows him to visit the realm of the spirits. The shaman can do so with the help of a liquid derived in a special manner from the ayahuasca: the yaje, or “Vine of the Soul.” After the shaman drinks the yaje, he is able to observe and listen to the spirits’ comments about illnesses and cures (Schultes & Raffauf, 1992).

Another important way of communicating with the spirits, especially in regard to healing psychiatric illnesses, is through dreams. The next subsection will describe the communication about psychological help between dream spirits and shamans throughout the world.

Spirits in shamans’ dreams from around the world. The purpose of this subsection is to show geographically the role that spirits have in shaman’s dreams. Shamans pay attention to their own dreams because dream spirits may provide valuable information for performing psychological healing. A closer look at shamans from around the world will show that the practice of looking at dream spirits for guidance on therapeutic techniques is ubiquitous. We will see in this cross-cultural journey that shamans from around the world have similar beliefs about the role that spirits play when they appear in shamans’ dreams. These beliefs are that a) spirits are alive, and appear in dreams, b) spirits seek to communicate with shamans, c) spirits wants to instruct shamans on how to help people psychologically, d) spirits teach therapeutic techniques such as the use of touch, rituals, ceremonies and songs, and finally, e) spirits show objects to be used for psychological healing, such as drums, rattles, and stones. A closer look at dream spirits will set the stage for a cross-cultural counseling comparison between the shamans’

beliefs about dream spirits and Archetypal Psychologists' beliefs about dream images in Chapter 4.

Africa. Ancestor spirits in Africa present themselves in dreams in order to provide spiritual gifts for healing. According to Keeney (1999), the Kalahari Bushmen Healers in Botswana are a living example of this. For example, Matatope Sababue, a healer, indicated that his grandfather was a marvelous healer with touch, and that his grandfather's spirit taught him in dreams how to heal with the use of touch. Rasimane, another healer, dreamt of one of his ancestors, his uncle Naledi, a powerful healer, guiding him to become a healer. Rasiname dreamed about bringing medicines to his uncle who, then, taught him how to use them. Finding the medicines shown in dreams and learning how to use them with people required that Rasiname use them, first, on himself, before using them with others.

Another Bushmen healer, Mataope Saboabue, described that, when he was sick, he had a dream. In the dream, he had to go to his mother, who was also sick, and make a small incision on her skin. Then, the spirits showed him in the dream how to suck the illness through her blood. After Mataope woke up, he went to his mother and did to her what was indicated in the dream, and she got well, and so did Mataope (Keeney, 1999). The importance of the healing messages communicated to us by the spirits in dreams should not be underestimated.

Mantag Kafeletswe, another traditional Kalahari healer, described how he became a healer. He went to a bush near his tribe and fell sleep. According to him, God talked to him through a dream and gave him healing powers. He dreamed about medicines and other things that would heal others. In addition, the spirits pointed to him where to find

the healing objects and medicines. After he woke up, he went to the place indicated by the spirits in his dream and found the suggested healing paraphernalia to doctor others (Keeney, 1999).

Cgunta !elae, one of the main shamans at the Kalahari desert, stated: “When you dream the ancestors or see God, they may show you something. For example, I know a doctor who was shown an animal’s horn. When he woke up from the dream, he went out and found that horn. Now he simply thinks of that horn, he gets power. Just thinking about it changes him. That is how it is” (Keeney, 1999). In addition to the significance of God or the spirits communicating to the dreamer, the importance of an object, knowledge, or experience for healing to take place, the process of thinking about such object, knowledge, or experience, as Cgunta just described is similar to the therapeutic process of drawing, painting, sculpting, and dialoguing with the images from dreams (Singer, 1972).

Asia and Australia. One of the most important books in Asian civilization, the I Ching, or the *Book of Changes*, states that “Nature that is not directed by the spirit is not true but degenerate nature....By devotion to this divine spirit within himself, he attains an unsullied innocence that leads him to do right with instinctive sureness and without any ulterior thought of reward and personal advantage” (Wilhelm & Baynes, 1967).

For the Evenki in Siberia, according to Vasilevic (1968), the shaman’s ancestors visit him in dreams to give him instructions for healing before other spirits are able to whisper additional information in his ears. Kremer (2007) describes the dream of a shaman where he is given the gift to heal by the “Mistress of Water” who is familiar with the spirits of diseases. Then he is told to build a drum for healing, and is advised to take

certain herbs in case of having to cure a serious illness. Finally he is told that the healing prognosis depends on the relative temperature of the patient's soul compared to the temperature of the water contained in certain special cauldrons. In Orissa, India, during dreaming, the Sora shaman is guided by the spirits to the "land of the dead" in order to learn how to become a shaman (Vitebsky, 1995). Dyukhade, a shaman from the Nghanason people in Northwest Siberia, received his gift to shamanize, while being unconscious, from the "Master of the Water" (Vitebsky, 1995). According to Krippner (1990), the Australian Unambal shamans are shown, during dreams, special crystals to enhance diagnostic abilities.

In Asian and Australian traditional societies, dreams are understood to be populated by spirits. The spirits are alive and seek to communicate with shamans through dreams in order to help them.

Latin America. The presence of the spirits and their manifestation in dreams is also a typical feature of traditional societies in Latin America. Helping the shaman to conduct healing tasks is one of the roles that spirits play during their visual manifestations in dreams.

Shamans believe that the soul can leave the body. Vitebsky (1995) has written that, in traditional societies, dreaming is an example of how the soul wanders independently and can return without causing death. Anzures (1995) describes the flights of shamans' spirits in dreams, in addition to the teachings provided by dream spirits to improve therapeutic techniques. Such knowledge includes the learning of healing rituals, ceremonies, and sacred songs. Krippner (1990) described the Cuna Indians' use of dreams to seek advice from Nushu, who is the most important healing spirit. According

to Marion (1995), the Mayan Lacandonese assign an important role to dream interpretation. According to them, the spirit leaves the body during dreams and, if the spirit has been attacked in a particular way, the patient will either suffer a similar fate or die. The role of the shaman is to prevent the fatal fate that has been intimated in the dream by performing special healing acts. Califano (1995) has studied the Kagwahir shamans in the Brazilian jungle and has shown that he obtains his healing powers from a spirit during dreams. Likewise, Califano (1995) has shown the importance of dreams for the Embera shaman from Choco, Colombia. During dreams, the spirits will show the shaman important plants for healing. Upon awakening, the primary task for shamanic learning is to be able to remember what kinds of plants were used during the dream, where they were located, how to harvest them and how to use them. Drinking the preparation of some of these plants will allow the Nivakle shaman in Argentina to have a “clear vision”, accompanied with the capacity to hear the “healing songs” from spirits (Tomasini, 1995).

Spirits in Latin America, Africa, Asia and Australia manifest themselves to shamans during altered states, such as dreaming, in order to fulfill the specific role of being an auxiliary presence who wants teaches healing techniques. If Archetypal Psychologists are able to grant a greater “living status” to their notion of image (as shamans do to spirits), or to consider dream images as living spirits, their therapeutic work with dreams could be enhanced cross-culturally. If Archetypal Psychologists are not able to consider images as spirits, they can still benefit theoretically and pragmatically by learning and applying a cross-culturally-based “spirit methodology” to dream work.

North America. Spirits guide the world of healing in Native American tradition. Similar to their counterparts from around the world, Native American medicine men highly value, in dreams, the presence of and aid from spirits for their therapeutic help. Tedlock (2004) writes about the Ojibway dream of a turtle, which is considered a healing manito (shaman) that has the capacity to bring the “self” back to a person. In addition, certain objects, such as an egg, may be considered as an object spirit that contains medicinal power. For the Mohave Indians, according to Krippner (1990), the spirits may impart knowledge and power to the shaman, in dreamtime, in the form of songs. Also, power animals may provide power songs to Yuma Indians who dream them. According to Vitebsky (1995), the spirit of the bear may provide, through a dream, the healing path that the Washoe Indian shaman from the border of California and Nevada will follow.

The healing paths in dreams shown to shamans by spirits , such as searching for herbs, traveling to special places, acquiring sacred objects, practicing therapeutic songs, constructing drums and rattles, may be similar to dream experiences that clients bring to psychologists during therapy. For example, when clients have certain dreams in which they are searching for herbs, traveling to places, acquiring meaningful objects, or performing special dances, these dreams have striking similarities with those of shamans and, therefore, some Archetypal Psychologists may encourage judiciously clients to enact or embody these dreams, as shamans do with their native clients. Therefore, the traditional psychological approach of symbolic dream enactment and embodiment may be similar to the experiential approach that shamans use with dream spirits. We may not believe in spirits today; we may call them symbols, images, or archetypes; however, they

are alive and are still knocking on our doors at night, when we dream and when the shamans dream.

In sum, I described in this chapter the specific roles that spirits play in the selection, initiation, Altered State of Consciousness, and healing practices of shamans from around the world. Special attention has been dedicated to describing the communication between spirits and shamans through dreams about therapeutic tools, clinical techniques, and treatment modalities.

We are now in a position to clarify, in the next chapter, conclusive similarities and differences between archetypal images and the spirits in dreams, along with a comparative analysis between the relationship that shamans have towards spirits in dreams and the relationship that Archetypal Psychologists have towards the archetypal image.

Chapter 4

The Science of Dreams and Mental Imagery

The purpose of this chapter is to discuss the current research about nocturnal dreaming and related mental imagery. This chapter also aims to clarify the role of dreams and related mental imagery in clinical practice. This chapter will be divided in two sections: a) physiological research on dreams, and b) research on mental imagery.

Research on Dreams

The research literature on dreaming is incredibly vast. A database search on PsycINFO, PsycARTICLES, and WorldCat using the word “dreaming” as keyword and title retrieved more than 14,000 entries. The majority of dream research has focused on

the biology, the psychology and the anthropology/sociology of dreaming. This section will be divided in two parts: a) the physiology of dreaming, and b) the psychology of dreaming. I will present in each section exemplars of the relevant research, rather than a comprehensive review of the voluminous literature.

Physiology of dreaming. The purpose of this section is to review the research that has been conducted on the physiology of dreaming. This section will be divided in three areas: a) Rapid Eye Movement (REM) sleep and dreaming, b) brain localization of dreaming, and c) controversy about the nature of dreaming.

Initial studies on the physiology of dreaming wanted to determine at what moment, during sleep, dreaming was taking place. The relationship between REM sleep and dreaming was discovered when attempting to answer that question. Aserinsky and Kleitan (1953) conducted a seminal experiment several decades ago that showed the relationship between REM sleep and dreaming. The eyes tend to move rapidly during a normal stage of sleep, and the concomitant presence of REM, relaxed muscles, and low-voltage electroencephalogram (EEG) is the criteria for REM sleep. The authors selected 20 normal adults who were woken up from their sleep when their eyes were moving rapidly. The authors showed that dreaming occurred during the stage when the eyes were moving rapidly.

In terms of the brain localization of dreaming, the research is inconclusive. Several authors have advanced different hypothesis about where in the brain dreaming originates. For example, Hobson, Pace-Schott, and Stickgold (2000) conducted an experiment showing that dreams have their origins in the brain area of the pons, which generate Rapid Eye Movement (REM) sleep. Solms and Turnbull (2002) conducted brain

imaging studies that showed that dreaming takes place in the forebrain. Tarnow (2003) showed that dreaming may be localized on the brain area associated with long term-memory, that is, the temporal lobe area. Bischof and Bassetti (2004) concluded, after conducting a study of a woman who had a stroke and had a total dream loss, that dreaming takes place in the posterior part of the cortex where visual processing and the processing of emotions take place.

Significant amounts of research about the nature of dreaming has taken place. In the remaining portion of this section, we will describe, first, the research that conceptualizes dreaming as chaotic and bizarre. Then, a description of some of the salient research that describes dreaming as an ordered, rhythmic, and predictable process will be provided.

Gottesmann (2002) showed that there is an active suppression of forebrain processes during dreaming. This finding suggested that the biological process of dreaming may be similar to that of a person with frontal lobe dysfunction. Subsequently, he explored the parallels between his conclusions on dream research and that of brain mechanism underlying schizophrenia. He suggested that brain mechanisms that underline dreaming and schizophrenia are similar. For example, during both REM sleep and schizophrenia, there is some disconnection between the right and the left hemispheres of the brain, a decrease in blood flow to the prefrontal lobe, and similar variations in the concentration of neurotransmitters in the brain, specifically on dopamine, serotonin and glutamate.

Solms and Turnbull (2002) conducted brain-imaging studies to observe the effects of frontal lobotomy and psychotropic drugs on the limbic white matter of the frontal lobe,

which is the area that the authors theorized that dreaming originated. The authors observed widespread alteration in the integrity of the fiber connections or axons between the cell bodies on the frontal lobe of the brain during dreaming, schizophrenia, frontal lobotomies and psychotropic drug intake. Because the functional anatomy of dreaming and that of schizophrenia shared changes in the integrity of the white matter or axons in the frontal lobe of the brain, they concluded that dreaming is an analog of psychosis.

Hobson, Pace-Schott, and Stickgold (2000) conducted a study that showed that the brain area of the pons produced chaotic electrical signals, which could be the reason why dreams are often bizarre and disjointed. In addition, Hobson (2002) stated that dreams are poor visual images because the executive and planning areas of the brain – the frontal cortex – are not be involved in dreaming. The emotional brain – the subcortical limbic and paralimbic regions – are the main areas activated in dreaming. Therefore, dream images are poor visual expressions because they only capture the emotional side of the individual, without accessing the reasoning and planning side of the brain.

Moreover, Hobson and colleagues (2000) reported that the lower levels of neurotransmitters or chemicals that transmit signals between neurons during REM sleep, specifically serotonin and norepinephrine, explain further the bizarre nature of dreams when compared with waking consciousness. Waking thought and consciousness require for their daily activation certain levels of serotonin and norepinephrine, which also induce the presence of some of the characteristics associated with frontal lobe functioning, such as planning, organization, and reasoning. A low level of serotonin and norepinephrine during dreaming precludes the presence of these frontal lobe functions, which may contribute to the bizarreness of dreams such as the presence of distortions,

unusual juxtapositions, sudden scene changes, and illogical reasoning. In addition, Hobson and McCarley (1977) and Hobson (2002) showed that the bizarre juxtapositions in dreams stem from a high degree of simultaneous activation of multiple sensory channels in dreaming, as compared with waking. Furthermore, these authors described dreaming as deliriums where consciousness is blurred, attention is scattered, emotion is unstable and uninhibited, perceptions are hallucinatory, memory is poor, cognition is illogical, and thought processes are at a concrete level.

Despite the previously described biological research on dreaming that has portrayed dreaming as a chaotic, psychotic-like, distorted, bizarre, and almost useless experience, there is alternate scientific evidence that has questioned those previous conclusions about dreams. Let us take a look at this scientific evidence about the orderly, rhythmic, and predictable nature of dreams.

Jones (2000) questioned the validity and reliability of Hobson's and colleagues' research (Hobson et al., 2000) on dreaming, which postulated that the brainstem produces chaotic signals that generated chaotic dreams from the forebrain. She found that there is no conclusive physiological evidence that the brain stem activation and stimulation of the forebrain during dreaming is chaotic. By looking at the circuits of the brain stem and its influence in specific motor patterns, she showed the highly ordered, repetitive, rhythmic and highly predictable patterns, such as locomotion, chewing, and reflex eye movement, that the brain stem activate. Therefore, she showed conclusively that such activation and stimulation of the forebrain during dreaming is ordered, rhythmic, and highly predictable.

Furthermore, Jones (2000) refuted Hobson's and colleague's claim that the cortex has no control over the brainstem and dreams (Hobson et al., 2000). Jones showed, in

terms of the degree of cortical control of dreams and brainstem, that there was no physiological evidence that the cortex had no control over the central activity of the dreams and the brainstem. On the contrary, her research supported the important role of the forebrain interacting and controlling REM sleep and brainstem activation. Jones showed that the forebrain reached the entire brainstem, influencing directly the neurons that activate and maintain dreaming. In addition, Jones observed that lesions of the cortex in cats resulted in impoverished REM sleep and primitive signals from the brainstem.

In sum, early research showed the relationship between the phenomena of REM and dreaming. Subsequent research attempted to answer the question of where dreaming originates in the brain. Several ideas have been advanced, but still, the answer is inconclusive. Finally, the evidence about controversy about describing the nature of dreaming either as chaotic and bizarre, or rhythmic and predictable seems to be moving more favorably towards the latter. The next section will describe how research on the psychology of dreaming is tipping the balance even further in favor of dreaming as meaningful and psychologically relevant.

Psychology of dreaming. The purpose of this section is to present the research on the psychology of dreaming. The psychology of dreaming investigates the relationship between dreaming and dream content as well as the relationship of dream content to psychological variables when the person is awake. This section will be divided into four areas: a) the difference between psychology and biology of dreaming, b) coherence in dreams, c) higher cognitive functions in dreams, and d) continuity between dreaming and waking life.

In terms of the difference between the psychology and biology of dreaming, Antrobus (2000) stated that the meaning in dreams has to be studied more on the cognitive side of the brain than on the neurophysiologic side of the brain because there is a distinction between the mind and the brain. In other words, the research on the psychology of dreaming and dream content, – the cognitive side or the mind – has shown the coherent, meaningful, and relevant nature of dreams (Domhoff, 2005). In addition, as was previously described in the section the Biology of Dreaming, there is mounting neurophysiologic evidence – the biological side or the brain – that is questioning the hypothesis of the bizarreness and irrelevance of dreaming. In fact, as was previously mentioned, Domhoff (2005) showed, in his extensive literature review, that research in a sleep laboratory is corroborating the coherent and relevant nature of dreams. Some of the research presented in this section will evaluate this assertion.

In terms of the issue of coherence in dreams, psychological research has corroborated the presence of coherence in dreams. Several decades ago, Dement (1960) stated that depriving people of REM sleep increased thought disorders during the day. However, Pivik (2000) conducted an extensive overview of psychophysiology of dreams and concluded that the relationship between dreams and waking hallucinations was elusive because studies on REM sleep deprivation of mentally ill people have not shown an increase in thought disorder. Pivik's study questions the validity and reliability of the traditional belief that dreams and psychotic processes are linked.

Antrobus (2000) conducted a review of early laboratory dream research and found that it failed to show linkages between physiological changes, such as unusual eye movement or chaotic activation of the part of the brain that is involved in motor control

and sensory analysis, and the bizarreness in dream content. Similarly Snyder (1970), conducting one of the largest laboratory studies in dreams, showed the strong similarities between thoughts during dreaming and waking consciousness. Snyder reported that 50% of dreams were rated as having no bizarreness, and 30% had a low degree of bizarreness.

In addition, because abrupt scene changes in dreams have been considered one of the most salient bizarre elements in dreams (Rittenhouse, Stickgold, & Hobson, 1994), Domhoff (2005) showed that scene changes and other unusual events in dreams were not different from the cognitive thought flow when awake. Moreover, the author stated that research on the brain stem activation of the frontal lobe during dreaming has not supported the hypothesis that there is chaotic activation from the brain stem toward the frontal lobe during dreaming, and that research on actual content of dream reports has showed the overwhelming similarity between dreams and waking life (Domhoff, 2005).

Domhoff (2005) found that the characterization of dreams as bizarre and psychotic by previous authors has not been supported by the systematic empirical findings on dreaming and dream content. He conducted a literature review on awakening from REM and NREM in sleep laboratories for maximum accuracy recall. The review of sleep laboratory research on dream content showed the consistent presence of coherent thought. In addition, the literature review of sleep laboratory research on emotion and dreaming corroborated the appropriateness of emotion to the dream situation. The previous conclusions about coherent thought and appropriateness of emotion during dreaming also applied to the research conducted in dreams recorded at home.

Furthermore, one of the most comprehensive laboratory investigations of dream content based on 500 REM dream written accounts from 44 participants who spend 161

nights in the laboratory showed only very few dreams in which coherent thought and experience were entirely lacking, remained utterly incomprehensible or were seemingly psychotic-like (Strauch & Meier, 1996).

As far as the issue of cognitive functions in dreams, psychological research on dreaming has showed that there is a regular occurrence in dreams of higher forms of cognitive activity. Kahan (2001) reviewed the current research on dreaming as well as recent research on lucid dreaming (the awareness that one is dreaming while dreaming). Kahan was interested in whether or not the process of self-observation – the reporting of inner thoughts, desires and sensations through thinking, reasoning and examination – is present or absent during dreaming. By conducting a literature review on dreaming and the qualities of intentionality, self-reflection/monitoring and regulation, dreams have consistently exhibited the qualities where one part of the dream may tell another what action to take, observe the progress of the action, and make the necessary corrections, if needed. Studies on dream content have consistently showed the interplay between intentionality, self-awareness, and behavior regulation. The author concluded that the skills of self-reflection, intentionality, and behavior regulation are present during dreaming.

In addition, the presence of spoken language, selective attention, empathy, self-reflection and behavioral regulation in dreams highlights the fact that dreaming cognition and consciousness are not discontinuous from waking states (Kahan, LaBerge, Levitan, & Zimbardo, 1997). The authors conducted two studies with 38 practiced dreamers and 50 novice dreamers. While practiced dreamers were individuals who were highly interested in dream work and dreaming, and who usually remember an average of eight dreams per

week, novice dreamers were individuals who were of an average age of 19, who reported little experience with dream work, and who did not keep dream journals. All participants were given questionnaires assessing the cognitive and emotional qualities of their recent waking and dreaming experience. Results showed the presence of high order cognition such as attentional processes, internal commentary, and self-consciousness as well as cognitive similarities between dreaming and waking experiences. In other words, the waking ability of using executive functions, such as organizing, planning, and reasoning are also present during dreaming.

In terms of the relationship between waking life and dreaming, psychological research has showed a degree of continuity between them. King and DeCicco (2009) recruited 197 undergraduate students from Canada to participate in a study about the relationship between dreams and waking life. By using a survey on beliefs about dreams, a health survey, the Profile of Mood States Scale, and 100 dream reports from the students, the authors showed that the students endorsed the idea that dreams contain important information about their lives, and that dreams are a reflection of waking life concerns. Participants endorsed systematically the hypothesis that dreams present important information about their relationships, decisions that they have made, and the different moods they experienced during the day. In addition, participants from the study maintained that there was continuity between waking life and dreaming in the sense that dreams accurately reflected the most emotionally important issues, events and experiences of their waking life.

Bulkeley (2009) provided a relevant example of this issue. He analyzed two long-term dream journals without any personal information about the dreamers. The journals

contained 316 dreams from 1999 until 2000, and 3,116 dreams from 1970 until 1996. Based on the hypothesis that the content of dreams correlates with important personal issues that are present and relevant during waking life, the journals revealed that the content of the dreams were religious in nature and revealed their basic feelings about religion. As was found out later, the journals belonged to two individuals who were deeply religious in their daily lives.

In sum, this section on the psychology of dreaming attempted to show that the issue pertaining to the meaningfulness of dreams needs to be ascertained primarily from the perspective of the mind (the cognitive domain in psychology), rather than from the perspective of the brain (the physiology of dreaming). In addition, research on the psychology of dreaming has described the coherence in dreams, the presence of higher cognitive functions in dreaming, and the continuity between dreaming and waking life.

Research on Mental Imagery

The study of mental imagery has developed rapidly in the previous two decades because of the advancement of cognitive neuroscience and cognitive psychology. The importance of mental imagery and the biological and psychological role of mental images will be reviewed. This section will be divided in three subsections: a) the biology of mental imagery, b) the psychology of mental imagery, and c) the therapeutic role of mental imagery.

Biology of mental imagery. The purpose of this section is to provide some basic definition about imagery-related concepts and to describe briefly the physiological nature of mental imagery. Mental imagery has been defined as mental representations of physical objects or events that are no longer present (Kosslyn, Ganis, & Thompson,

2001). On the other hand, perception takes place when information is registered directly from the senses. From a cognitive neuroscience perspective, mental imagery has three primary modalities: visual, auditory, and motor imagery (Kosslyn, Ganis, & Thompson, 2001).

In terms of the visual imagery modality, Farah (1984) showed that when the main visual pathways in the brains are damaged, the ability to form visual mental images is lost. This is an indication that deficits in perception parallel deficits in imagery, and that imagery and perception share specialized brain mechanisms.

In terms of the auditory imagery modality, Kosslyn, Ganis, and Thompson (2001) conducted an extensive literature review of the neural foundation of mental imagery. The review showed that auditory imagery draws on the same part of the brain as neural mechanisms used in auditory perception. For example, some of the brain structures that are crucial for pitch discrimination during perception have a similar role during auditory imagery.

In terms of the motor imagery modality, similar areas of the brain are activated when a person is using motor mental imagery and actually performing the same movement (Stinear, Byblow, Steyvers, Levin, & Swinnen, 2006). These authors examined the activation of the motor cortex during motor mental imagery. The motor cortex activation was assessed by using kinesthetic visual imagery and motor visual imagery, and the findings of the study offered results that may have clinical implications for rehabilitation. These results may explain why mental rehearsal can improve sports performance (Kosslyn, Ganis, & Thompson, 2001).

Psychology of mental imagery. Psychological research on the impact that mental imagery has on the psychological life of the individual has covered many areas, such as emotions, beliefs, memory, and learning. The purpose of this subsection is to present the scientific research on the relationship between mental imagery and those psychological variables. This subsection will be divided in three areas: a) the relationship between mental imagery and emotion, b) the impact of imagery in the development of psychopathology, and c) the role of mental imagery in cognitive functioning.

To begin with, the relationship between mental imagery and emotion has been extensively studied. For example, Holmes and Mathews (2005) conducted an experiment to ascertain the nature of such relationship. Twenty-four participants –15 women and 9 men with a mean age of 46.2 years – were assigned to two experiments in which they were provided 100 descriptions of situations with negative emotional outcomes. Half of the descriptions involved physical injury, and half involved a negative psychological outcome. They were assigned to two different groups: The first group was given additional instructions about imagining the events (the imagery condition), and the second group was given the additional instruction to think about the meaning of the verbal text without using imagery (the verbal semantic condition). It was an experiment in which there was a comparison of imagery and linguistic processing of emotion by establishing an imagery condition and a verbal association condition. The experiment tested the hypothesis that mental imagery has a more direct access to emotions than do verbal instructions. The experiment showed that instructions to imagine aversive events led to a greater increment in anxiety than did verbal instructions to focus on the verbal understanding of the same events. The authors explained the result based on the biology

of mental imagery: Mental imagery shares properties with perceptions derived from external sensory stimulation.

Moreover, Holmes, Mathews, Mackintosh and Dalgleish (2008) conducted an experiment to determine the existence of a causal effect of mental imagery on emotion by using picture-word cues. The experimental hypothesis was that mental imagery, as compared to verbal processing, was more likely to elicit emotion. Participants were shown a series of pictures, each accompanied by a word. Each picture was intended to yield an emotional response. Participants could either combine the picture and the word as they wished or respond using a descriptive sentence or a mental image. Results showed that imagery fostered a greater affective response than verbal processing. These results corroborate the importance of therapeutic techniques that use mental imagery as the core of their clinical practice.

In addition, the specific emotional response elicited by a given mental imagery varies among people. Yoon-Ki, Soon-Cheol, and Byung-Chan (2005) conducted individual physiological evaluations on emotional change caused by mental imagery. Thirty two healthy adults participated in the experiment, and were asked to report situations or scenes in which they experienced arousal, relaxation, pleasantness, and unpleasantness in the past. Based on these reported situations, the authors developed exemplary sentences that could help the participants imagine emotion-induced situations. The procedure consisted of asking the participants to reach a comfortable state in order to measure their physiological signals during this state. Then, the exemplary sentences to induce emotion were presented while the participants imagined any scene related to the sentence provided. While imagining the situations of arousal, relaxation, pleasantness,

and unpleasantness, their physiological signals were measured. Results showed that emotions are contingent upon individual characteristics, that the amount and pattern of emotional experiences differ among individuals, and that the intensity of physiological processes associated with emotional differences in response to mental imagery can be accurately measured with the use of electroencephalograms, electrocardiograms, galvanic skin response, and skin temperature.

Another important area of mental imagery research is related to the relationship between the imagery perspective and emotion. While the field perspective refers to the process of imagining and experiencing events through one's own eyes, experiencing the situation from a first-person perspective, the observer or omniscient perspective refers to seeing oneself from the outside as the image of a bystander. Holmes, Coughtrey and Connor (2008) conducted a study to evaluate the impact on emotion from the field and the observer perspectives. Seventy-eight students from local universities participated in this study. They were assigned to one of the three conditions: the field imagery condition, the observer imagery condition, and the verbal condition (instructions to concentrate on the words only). They listened to 100 scenarios for approximately 12 seconds each. After listening to the scenarios, trait anxiety, depression, use of mental imagery, and positive affects were measured with different scales. The authors wanted to ascertain if there was a causal relation, as opposed to a correlation relationship, between field perspective imagery or observer perspective imagery and emotion. Results showed that mental imagery work from the field perspective has greater causal emotional impact when it involves imagining positive events than from the observer perspective, that imagining positive scenarios from one's own perspective has a robust effect on positive

affects, and that mental imagery work through the observer's perspective reduces emotional intensity. The importance of this research is that it may give us information about the best way of using mental imagery when dealing with either traumatic or positive events.

Another important area in the psychology of mental imagery is related to the research on the relationship between negative emotional imagery and the development of psychopathology. The nature and the physiological component of such relationship as well as a description of negative imagery presence in different psychological disorders will be provided below.

Hagenaars, Brewin, Van Minnen, Holmes, and Hoogduin (2010) investigated the relationship of intrusive images and intrusive thought on psychopathology, specifically on post-traumatic stress disorder (PTSD). Participants in the study were randomly assigned to two different conditions: free-to-move-control condition, and non-movement condition. Then, they were asked to watch an aversive film to ascertain if the different conditions had a different effect on intrusive thoughts than on intrusive images related to the aversive film. Another experiment presented the participants with two different films, a neutral and a traumatic film, in order to ascertain the development of intrusive images versus intrusive thoughts. Results showed that intrusive trauma images and intrusive verbal thoughts associated with the aversive film target different memory systems for the development of psychopathology. Intrusive negative mental imagery targets a different neural section of the brain than intrusive thoughts. There was a strong presence of negative mental imagery on the formation and maintenance of psychopathology.

The relationship between negative mental imagery and psychopathology stems from the direct impact that imagery has on emotional centers in the brain. An extensive literature review by Holmes and Mathews (2010) showed that the emotional systems in the brain, such as the amygdala, are sensitive to imagery because basic emotions such as fear evolved early in human development to respond to sensory cues signaling danger. Mental imagery is a sensory-perceptual representation, and the emotional systems respond primarily to sensory form and sensory-perceptual representations. Brain imaging research showed that these sensory cues elicit rapid response from the amygdala. In addition, this literature review presented the research on the striking overlap in brain activation between mental imagery and perception, which can lead to responding as if to real emotion-arousing situations. Finally, this study showed, in many emotional disorders, the presence of repeated mental images of aversive events that intrude when cued by relevant situations. For example, there were socially anxious self-images in social phobia, images of being unable to cope with impending disasters in agoraphobia, images of germs and contamination in obsessive compulsive disorder, and negative imagery related to autobiographical memories in depression.

Hirsch and Holmes (2007) found similar results in the relationship between the development of anxiety disorders and mental imagery. The presence of flashbacks is the hallmark of PTSD. This literature review showed the systematic presence of flashbacks in such disorder among participants from different studies. These flashbacks needed to be processed in therapy for the disorder to be successfully treated. Another example of imagery having an important role in the formation and development of an anxiety disorder is the case of social phobia. People suffering from social phobia create distorted

negative mental imagery of performing poorly in social events. These images appear spontaneously and are idiosyncratic. When the images appear, the clients feel more anxious when around people. Anxious imagery is usually connected to an earlier memory of an aversive and traumatic situation.

De Siva (1986) studied the presence, importance, and variety of negative mental imagery in obsessive-compulsive disorder. Using information from clinical cases and from the existing literature, the author identified and classified different obsessive-compulsive imagery in order to ascertain their properties, clinical significance, and their relationship to stress.

In addition, there is a relationship between somatoform disorders and intrusive mental imagery (Wells & Hackmann, 1993). The authors conducted a study on the relationship between the underlying core beliefs in people suffering from somatoform disorders and the intrusive mental imagery. The core beliefs that were identified in the mental imagery were related to themes of abandonment and isolation. For instance, in terms of the meaning and consequences of diseases, people suffering from these disorders endorsed the belief that others would avoid or reject them if they were seriously ill. Finally, in terms of self-perception, they stated that if they were ill, others would abandon them.

Moreover, Osman, Cooper, Veale and Hackmann (2004) interviewed people suffering from body dysmorphic disorder to ascertain the presence and characteristics of appearance-related imagery. Eighteen participants suffering from an excessive preoccupation with an imaginary or real defect in appearance were recruited from a hospital in London. A non-clinical control group was also formed from hospital staff. A

short 12-item semi-structured interview was given to the clinical and non-clinical group. Participants were asked to think about a recent event when they felt worried and anxious about their appearance, and if they have ever experience any spontaneous images during those times. In addition, they were asked if the images were recurrent, and to describe the content of those images. The perspective from which the image was observed was also rated. Finally, participants were asked when in their lives they have experienced the sensations or feelings they experience with the image, and if there was any early memory associated with the image. Results showed that people with body dysmorphic disorder reported having more negative, recurrent, and observer-perspective images related to their appearance compared to the control group, and that the images were closely associated with early memories and experiences.

In terms of the relationship between substance abuse and mental imagery, May, Andrade, Panabokke, and Kayanagh (2004) were able elucidate the negative mental imagery in people suffering from substance abuse in order to work with them. The authors were able to operationalize the term *craving*, and surveyed a large non-clinical population on everyday desires. Based on the cognitive processes that underlie craving and the data obtained from the surveys, the mental imagery associated with craving was identified. The authors designed a questionnaire and send it to 1,500 new university students. The students were directed to answer the questionnaire when they were craving for something. They had to identify the substance they were craving by circling alcohol, food, tobacco, or non-alcoholic drink. Then, they rated the strength of the craving, and selected some written statements that described the craving. Results showed that craves create mental imagery of the substance desired that is instantly pleasurable but, because

of the lack of immediate availability, it fosters an awareness of deficit. In addition, once people begin to crave, they experience visual and olfactory mental imagery of the desired substance, and mentally imagine in advance the anticipated pleasure of using the substance. The created imagery will be related to obtaining and using the substance, followed by images of the experience of using the substance.

Another area of psychological research has studied the relationship between mental imagery and beliefs. The formation of beliefs about a particular event seems to be determined by the nature and quality of the mental imagery associated with such an event. An extensive literature review showed the relationship between mental imagery and beliefs (Koehler, 1991). In one of the reviewed studies, participants were asked to imagine one of two possible outcomes for a future event (a presidential election) and then to predict the actual outcome. Then participants were asked to imagine that the possible outcome had actually occurred. Participants who imagined the victory of one candidate predicted that this outcome was more likely than did subjects who imagined the other candidate winning. People who imagined a particular scenario were more likely to believe that the scenario will take place in the future. In another reviewed study, participants were asked to imagine themselves, a friend, or a disliked person to behave or not behave in a given manner, and to draw sequence pictures depicting the event. The participants were asked, before and after the event, to determine the likelihood that they would personally engage in the behavior. Results showed that drawing and imagining a scenario affected predictions about the future behavior of the actor involved in the imagery. Expectations, beliefs, and explanations were affected by the mental imagery related to the scenario. In addition, another reviewed study showed that even with mental

imagery of an event that is difficult to imagine, people estimate that it is more likely for the event to take place. Here, participants were provided with information about a disease that was spreading on campus and were asked to imagine contracting the disease themselves. A control group was also provided with the information about the disease but did no imagining. Subjects who imagined contracting the disease estimated a greater likelihood of contracting the disease than did the control group. The impact on beliefs about future likelihood of an event was conditioned by the degree of ease or difficulty imagining such event.

The relationship between mental imagery and self-perception has been extensively studied. Jones and Nisbett (1971) concluded that the person's perspective (observer's or field's perspective of mental imagery) affects the perceptions of the cause of the behavior. Several decades later, Libby, Schaeffer, Eibach, and Slemmer (2007) investigated the nature of the relationship between mental imagery, self-perception and subsequent behavior. Results showed that if a person pictures himself/herself (mental imagery of self) performing a desired behavior, this may contribute to changes in self-perception and personal beliefs, which will increase the likelihood of accomplishing the desired behavior. In addition, if the mental imagery was performed from an observer's perspective, there was even greater likelihood of affecting self-perception and the future accomplishment of the desired behavior.

Research on the relationship between mental imagery and learning has taken place in different fields of knowledge, such as education, psychology, medicine, and philosophy. Heath (2008) discussed a general framework where imagination was the most important cognitive tool for learning because of the possibility of creating

alternative realities. This literature review showed the capacity of the imagination to create different imaginary worlds or alternative realities. By presenting a philosophical discussion on the writing of Husserl and Wittgenstein, the author develops a framework for learning based on transcendental phenomenology. Transcendental phenomenology refers to the possibility of experiencing the world differently from what is presented to immediate experience. The author suggested the use of radical imagination as a new model for learning that is based on transcendental phenomenology. Radical imagination affirms that imagination can bring into experience what is new within experience and new to the world of experience. In other words, radical imagination creates new images not derived from prior experience. In addition, this study highlighted the notion that mental imagery is a necessary condition for the understanding of empathy because it allows the opportunity to grasp what it is like to be another person, and that understanding requires the capacity to be imaginatively in the other person's world.

Leahy and Sweller (2004) conducted an experimental study with fourth-grade children and adults comparing imaginary and traditional studying techniques. When presenting a procedure or concept to learn, the authors showed that the learning technique of using imagery was more conducive for learning than the traditional technique of verbally reading about the concept. The imagination effect refers to the advantage that mental imagery has for learning over traditional verbal methods. In an additional study, it was shown that instructions involving imagery were more likely to promote learning when the study material was significantly complex (Leahy & Sweller, 2008).

The impact of mental imagery on attention regulation, monitoring, memory, decision-making, and mentally mapping the environment has also been explored. Lutz,

Slagter, Dunne, and Davidson's (2008) research showed that focused attention on a mental image, similar to the meditation practice by Tibetan monks in which they focus their attention on sacred images, had a positive impact on attention regulation and self-awareness. Likewise, positive results were shown on the use of mental imagery for decision-making and forming a mental representation or cognitive map of the environment (Zimmer, 2010; Palermo, Iaria, & Guariglia, 2008).

In sum, research has showed that mental imagery has a significant impact on emotions, emotional disorders, and cognitive functions. Therefore, whether mental imagery can or cannot be used therapeutically needs to be addressed.

Therapeutic role of mental imagery. The purpose of this section is to describe the psychological research on the therapeutic use of mental imagery. Empirical research about the impact of mental imagery on anxiety, depression, bereavement, eating and personality disorders, and child abuse treatment will be provided.

Early research on the therapeutic impact of mental imagery focused on comparing its effectiveness to traditional talk therapy. Results indicated that therapies that utilize mental imagery seem to be more effective than verbal therapies because they can access emotions more directly. For example, Holmes, Mathews, Dalgleish, and Mackintosh (2006) showed that the therapeutic use of mental imagery had a greater impact on anxiety than verbal processing. The authors conducted an experimental study with middle-age men and women in which the participants were presented with numerous scenarios that had positive outcomes. While some participants were asked to imagine the positive scenarios, other participants were asked to listen to the same descriptions while thinking about their verbal meaning. Results showed that the imagery condition had

greater positive affect than those in the verbal condition. Similar results were observed in treating anxiety either with mental imagery or with verbal means; the therapeutic combination of mental imagery and verbal techniques proved, also, to be effective.

Day, Holmes, and Hackman (2004) showed the therapeutic use of mental imagery work with agoraphobia. The study explored the presence of recurrent imagery and memories in people suffering from agoraphobia. Twenty patients with agoraphobia and 20 non-clinical participants were selected. They were given questionnaires about anxiety, depression, fear, and mobility. An imagery interview was conducted to ascertain the specific nature of the imagery in agoraphobic situations, the perspective (field, observer, or alternating) when observing the images. Results showed that people suffering with agoraphobia experience distressing and recurring images in agoraphobic situations, and that the imagery tends to be multimodal (visual, auditory, and kinesthetic). In addition, the perspective usually alternates between field and observer, and there is usually a past memory associated with the imagery. Recommendations for treatment emphasize the importance of working with mental imagery with people with agoraphobia, and where all sensory channels of the distressing and recurrent images and memories are processed and worked through. In addition, the therapeutic technique entailed the use of those recurrent mental images in order to retrieve and work through childhood memories associated with the anxiety condition.

Depression can be improved through mental imagery interventions (Holmes, Lang, & Shah 2009). The authors studied 40 participants to determine whether mental imagery and verbal processing of positive material had differential effects on depression. Negative interpretation bias, which refers to the tendency to negatively perceive

ambiguous events, is usually present in depressed people. The study showed that imagining a positive scenario makes people feel better than thinking about the same negative scenario, and that recruiting positive imagery altered negative bias interpretations of events and improved mood.

Mental imagery has been used successfully with bereaved patients (Fidaleo, Proano, & Friedberg, 1999). The emotional reaction to the death of a loved one includes intrusive images of the dead person, emotional numbing, phobic avoidance of memories and places associated with the dead person, and nightmares. The bereaved individual cannot face the image of the dead person because it is too traumatic and, therefore, the avoidance process begins. Based on the empirical work of cognitive therapy, the authors propose the treatment of using imagery work to replace painful and distorted memories with more positive memories. In other words, there is a replacement of the traumatic image of the deceased with images of the person before the tragedy: from a negative image to a less aversive and more life-affirming image of the deceased.

Ohanian (2002) used successfully the modification of negative mental imagery in a case of bulimia nervosa. The author used the case study of a 22-year-old woman who had a six-year history of an eating disorder problem. There was a history of emotional abuse in her family. The primary aim of imagery modification or rescripting is to change the unhealthy core beliefs by bringing a more mature perspective into the negative mental imagery experienced by the client. The core beliefs were associated with defectiveness and incompetence. She saw herself as unlovable and out of control, and eating distracted her from the anxiety associated with these core beliefs. After having identified the negative cognitions and destructive beliefs, one session dedicated to the modification of

the negative and distressful mental image proved effective in the complete cessation of the binge-purge behaviors.

Weertman and Arntz (2007) explored the treatment of personality disorders using mental imagery and role play. This experimental study aimed at testing the hypothesis that the treatment of childhood memories through mental imagery work and historical role-play was effective for working with people suffering personality disorders. Twenty one participants with a diagnosis of personality disorder were selected from a community mental health center. Each participant received 61 sessions, half of which were focused on the past, and the other half focused on present issues. Participants received several questionnaires about symptom improvement at the end of each half. There were three phases during treatment: the exploration phase, the present phase, and the past phase. The present phase focused on changing maladaptive beliefs by using methods focusing on the present, such as Socratic questioning, role-plays in the present, and the therapeutic relationship. The past phase focused on changing the negative schemas from childhood by using the methods of mental imagery work and historical role plays. There was a good overall improvement with mental imagery and role-play on the treatment of personality disorders. In addition, the treatment of childhood memories was as effective as the treatment related to present issues.

The restructuring of mental imagery associated with the sequelae of child abuse was explored by Dowd (2000). This author used cognitive hypnotherapy to work with the mental imagery associated with the symptoms of child abuse. The author conducted a review of the field of cognitive therapy, integrated its therapeutic techniques with the use of hypnotherapy, and presented case studies. The use of mental imagery served as the

bridge between cognitive therapy and hypnotherapy. Painful memories and images were addressed with the use of imagery techniques. To change the imagery associated with painful memories, Dowd identified the painful childhood memories and helped to create imagined alternative scenarios that would have been preferred, and had participants visualizing repeatedly the alternative scenario in order to install it mentally and emotionally. Dowd used two additional techniques. The technique of jumping ahead in time refers to imagining a future scenario that constructs an alternative and less distressing scenario to the painful childhood memory. The technique of distancing refers to visualizing the painful memory and slowly placing it behind the person's dominant issues.

In sum, the therapeutic use of mental imagery for the treatment of many types of psychological disorders has proved to be scientifically effective. The purpose of this chapter was to focus on the scientific background on dreaming and imagery. Clinical work with dreams is based on a solid scientific foundation. Likewise, the scientific underpinnings of the clinical use of imagery have been provided. Therefore, there is scientific support for the therapeutic use of dreams and mental imagery.

Chapter 5

Integration

The purpose of this chapter is to integrate the archetypal and shamanic understanding of images and spirits in dreams and the current scientific information about dreaming and mental imagery in order to inform a cross-cultural Archetypal Psychology. Such integration will be based on comparing and contrasting the archetypal notion of

image and the shamanic perception of spirits, as well as delineating the archetypal implications for a cross-cultural psychotherapeutic work with dreams. This chapter will be divided into three sections: a) the relationship between images and spirits in dreams, b) cross-cultural guidelines for archetypal dream work with spirits, and c) clinical implications for cross-cultural archetypal dream work with spirits.

Relationship between Images and Spirits in Dreams

Research on the psychology and biology of dreaming is showing the scientific path psychologists need to take when listening to culturally diverse clients' and shamans' dreams about spirits. Contrary to the perception that dreams are cognitive trash, dreams are reasonable replicas of waking life that contain occasional unusual characteristics in terms of settings, characters, or events (Domhoff, 2005).

Archetypal Psychologists and shamans have a somewhat similar perspective in terms of where images and spirits originate in human experience. As was explained in Chapter 2, Archetypal Psychologists have the belief that dreams come from the mundus imaginalis, and that this imaginal world is connected with the supernatural forces. Similarly, the majority of shamans believe that spirits come from the world of the spirits. Shamans emphasize more the divine and spiritual origin of dreams (i.e., external to human experience). Borrowing from Jung's idea that "image is psyche," Archetypal Psychologists believe that images come from psyche, as the psyche is "primarily an imagining activity" and constantly creates images (Hillman, 1983). Then, if there is a relationship between images and spirits, as this work is trying to show, where do spirits really come from? How does the seemingly poetic language of Archetypal Psychology apply to the language of indigenous shamanistic healers? Do spirits come from the

psyche? Do they come from the gods and the divine, as shamans believe? One of the implications of Pivik's (2002) research is that the belief that spirits come to people to guide them in their lives may not be an expression of a thought disorder in mentally ill people after all.

Hillman (1979) perceives dreams as coming from the underworld where spirits, ghosts, and demons reside. Nonetheless, he does not describe dream images as spirits. Therefore, Archetypal Psychology and shamans share the connection between dreams and spirits in the sense that dreams, according to shamans, are the visual representation of the spirits that affect our lives, while dreams may come from the spirits, according to Archetypal Psychologists. On the other hand, current scientific research perceives dreaming as the result of neural activation in the brain. Science believes that dreaming is a product of the brain. Archetypal Psychologists, shamans and science may agree that, at some point, we perceptually tend to localize dreaming in the brain. While science believes that the beginning and the end of the dreaming process takes place in the brain, Archetypal Psychologists and shamans have the belief that the beginning of the dreaming process occurs outside of the brain, and that the end of the dreaming process occurs in the brain. In addition, one of the implications of the scientific study by Kahan (2001) may suggest that the brain is, indeed, using the highly complex executive functions of the frontal lobe when shamans and culturally diverse clients dream that spirit guides have come to help them in the healing process.

In addition, when we look with our eyes, we see the external reality that surrounds us. When we close our eyes and look with the back of our eyes, we enter into what Archetypal Psychologists call the imaginal world where images exist. According to

shamans, when we look with the back of our eyes, we may look into the world of the spirits where spirits are. The imaginal world of the Archetypal Psychologists and the world of the spirits of the shamans point towards a similar belief. Therefore, when Archetypal Psychologists speak of the imaginal realm, they may be speaking of the world of the spirits. Within the archetypal imaginal realm, images coexist and interact. Within the world of the spirits, the spirits coexist and interact. Therefore, the living and dying dynamics within the imaginal realm and the “world of the spirits” seems to be conceptually similar. The images of childbirth (e.g., a pregnant woman giving birth) and death (a man dying in an accident) within the imaginal realm are ontologically similar to the spirits of a newborn baby and of a dead ancestor within the world of the spirits. One of the implications of the research by Domhoff (2005) is that when a culturally diverse client, a shaman, or an Archetypal Psychologists state that they had a dream where ancestor spirits came to guide them in healing activities or that images from dreams are alive and need to be developed visually and imaginatively for healing purposes, these beliefs may not be bizarre, primitive, or expressions of low cognitive functioning, but that they may be a replica of the cultural environment in which they live and which are necessary for their meaningful existence. In addition, there is no longer scientific validity and credibility to the hypothesis that shamans are psychotic, as it was shown in Chapter 1 of this doctoral project. When a shaman or the culturally diverse client reports that ancestor spirits came to help him in dreams, scientific research is corroborating important individual and societal beliefs and concerns that are valid, meaningful and normal within the particular cultural, social, political and ecological context in which these people live (King, 2006; Bulkeley, 2009).

While shamans are able to locate spirits geographically, Archetypal Psychologists locate images in the imaginal world. Spirits are everywhere for shamans. Spirits may live in the forest, among predatory animals, in burial places, or next to us. In contrast, for Archetypal Psychologists, images come from the imaginal world or *Mundus Imaginalis*. This *Mundus Imaginalis* does not have a designated and specific geographical place for Archetypal Psychologists as the “world of the spirits” does for shamans from traditional societies.

While the visual aspect of dream images seems to be emphasized by Archetypal Psychologists and all the sense modalities in mental imagery in dreams are emphasized by neurophysiologic research, shamans emphasize more the belief that spirits are alive and around us. One of the conceptual emphases of the word “image” is its visual dimension. The word “image” conjures primarily its visual aspect, even though Archetypal Psychology has emphasized that image is not only what is seen but also a way of seeing or the lenses that we put on to see things. Why Archetypal Psychologists chose to describe dreams as images, rather than use a different word that would imply the description of a living being, is an open question. On the other hand, the shamanic description of dreams as spirits highlights their belief that dreams are visual photographs of spirits that interact with people. The Archetypal Psychology word, “image,” may actually dehumanize the ontological and existential dimension of the spirits in dreams, and may contribute a therapeutic impasse when working the culturally diverse client who believes in the existence of spirits. As was described previously in the chapter of Shamanism, shamans and some culturally diverse clients believe that spirits have full ontological and existential status because spirits are perceived as living beings who may

possess human or animal physical qualities, may have an existential purpose and may be capable of articulating complex points of view about their thought process and emotional states. The archetypal description of spirits as images locates them within an abstract domain and strips them of the ontological and existential faculties that shamans believe the spirits have.

Nevertheless, the qualities of an image that Archetypal Psychologists have been investigating correspond to some of the existential qualities that shamans believe spirits have. As was explained in Chapter 2, Archetypal Psychologists described the qualities of an image, such as sensuality, texture, emotion, value, and point of view. With the exception of “point of view,” these qualities of mental imagery have been described and corroborated by neurophysiologic research (Kosslyn, Ganis, & Thompson, 2001). In addition, these archetypal qualities of mental imagery are similar to the ontological qualities that shamans believe spirits have. Therefore, scientific research has validated and corroborated the existential and ontological qualities of dream images, whether they are called archetypal images or dream spirits. The sensuality of a human caress, the rugged texture of an elephant skin, the emotion in a passionate kiss, the bloody color of the sun during summer are distinguishable features that announce to us the presence of life. The living experience of a sensual caress, a rugged skin, a passionate kiss, or a colorful sunset may appear to us in dreams as images. Shamans believe that these living and scientifically validated qualities of mental imagery are also inherently present in the spirits that visit us in our dreams. For example, the spirit of a grandfather, when appearing in a dream, may come to his grandson to tell him important news (point of view). While the grandfather conveys his opinion, he may gently and slowly caress

(sensuality) his grandson's hair, while the grandson touches his grandfather's rugged beard (texture). The grandfather, the grandson, and their interaction have the same living qualities as the "archetypal" images. Shamans believe that when spirits visit people in dreams, spirits may behave as people and archetypal mental imagery do: they speak to us, hug us, frighten us, or bring a gift. Therefore, shamans' perception that the emotional, intellectual, behavioral life of a spirit is similar to the archetypal qualities of an image has been scientifically implied by the neurophysiologic research on mental imagery (Kosslyn, Ganis, & Thompson, 2001).

Again, Archetypal Psychology does not assign full ontological status to dream images. On the other hand, shamans perceive and relate to dream spirits as living beings. Archetypal Psychology understands dream images as imaginal entities with some ontological features, but not with full ontological and existential features, as shamans do with spirits. Archetypal Psychology grants living autonomy, independence, and perspective to the image, but stops short of considering dream characters, even the non-sentient characters, as spirits. For example, Hillman (1979) may understand and share shamans' belief that people's ancestors who have passed away may appear to us in dreams; however, he perceives dream images more as a collection of independent, autonomous and living images, and not as fully living entities, as shamans do. Similarly, the scientific research on mental imagery grants living qualities to dream images (King, 2009), but it does not give them full existential status as shamans do to dream spirits.

Beyond inner (unconscious) and outer (consciousness) reality, spirits and images are everywhere for shamans and Archetypal Psychologists. Archetypal Psychologists are moving beyond the Kantian notion of inner life and outer reality. They are moving

toward a phenomenological experience of the psyche in which it is not located just inside the human body; it is also outside the human body. Likewise, for shamans in traditional societies, spirits can fluidly exist inside and outside of the human body. Archetypal Psychologists transcend the epistemological dichotomy of inner and outer reality by realizing that the “Mundus Imaginalis” is omnipresent. Similarly, shamans in traditional societies believe that spirits are ubiquitous. A spirit is inside of a human being, and another spirit from outside may take possession of such person. Within shaman cosmology, spirits are omnipresent. On the other hand, empirical research does not support the claim that dreaming or mental imagery occur outside of the human body (Hobson, 2002; Farah, 1984; Stinear, Byblow, Steyvers, Levin, & Swinnen, 2006). The neural basis for dreaming and mental imagery emphasizes that dreaming and mental image formation occurs in the brain (Kosslyn, Ganis, & Thompson, 2001). This is in contradistinction with the archetypal and shamanistic beliefs that images and spirits come from the outside world of mundus imaginalis and the world of the spirits. Nonetheless, Archetypal Psychologists and shamans still believe in the ubiquitous quality of images and spirits that transcends the notion of inner and outer realities because Archetypal Psychologists and shamans do not hold science as the ultimate criteria to determine the inner or outer existence of phenomena (DuBois, 2009; Hillman, 1975).

In addition, while the world is alive, metaphorically speaking, for Archetypal Psychologists, the world is alive, spiritually speaking, for shamans. Likewise, while dreams are alive, metaphorically speaking, for Archetypal Psychology, dreams are alive spiritually for shamans. Spirits, according to shamans, populate the world around us, and this world has spirits in them. Similarly, the world is animated or alive, according to

Archetypal Psychology. Even though Archetypal Psychologists propose that the world is alive, this aliveness is frankly metaphorical. In other words, because every object has an image connected to it, and this image has some ontological and existential qualities, as was described in Chapter 2, the objects around us are alive. However, the aliveness of the objects around us is not metaphorical for shamans. For them, the objects around them have spirits, and because these spirits are alive, these objects and the rest of the world may be fully alive. The aliveness of the spirits is ontologically and existentially real, as real as human beings are.

Furthermore, Archetypal Psychologists and shamans have a different perspective in terms of the existential nature of the dream images and spirits, even though they both share the clinical goal of the self-realization of images and spirits. Archetypal Psychology has described the independent or autochthonous quality of dream images. The dreamer does not determine the inherent characteristics of dream images. The image has an intrinsic metaphorical dimension that is related to and independent from the dreamer. With the exception of lucid dreaming (Voss, Holzmann, Tuin, & Hobson, 2009), empirical research has corroborated this autochthonous quality of dream images. On the other hand, shamans believe that dream spirits have a life of their own that is autochthonous, and this life may be connected to the dreamer's life. While Archetypal Psychologists speak of an intrinsic and autochthonous metaphorical dimension in dream images, shamans speak of a dream spirit having an autochthonous life of its own. The previous empirical research that has demonstrated the autochthonous quality of dream images can be used to corroborate shamans' perception that a dream spirit has a life of its own: whether dreams are called images or spirits, the scientific research has validated

that archetypal dream images or shamanic dream spirits have an intrinsic autochthonous quality.

In addition, the archetypal dream image and the dream spirits share the ontological dimension of self-realization: Images seek primarily a metaphorical self-realization while the spirits seek a spiritual self-realization. Whether we call the mental imagery from dreams spirits or images, the scientific fact remains that working with mental imagery from dreams has a direct impact on emotion and, therefore, on emotional disorders. The experiment conducted by Holmes and Mathews (2005) showed that mental imagery has a strong impact on emotion and provides an important treatment target. Therefore, the therapeutic work of Archetypal Psychologists and shamans with the mental imagery from dreams is an important therapeutic venue to address emotional disorders. The self-realization processes of dream images or dream spirits may foster the healing of the individual.

While Archetypal Psychologists and shamans may agree that images and spirits share some ontological and phenomenological qualities in dreams, shamans believe additionally that spirits may have an intrinsic existential dimension that the archetypal images in dreams may not have. The existential dimension of the spirits refers to the fact that each spirit has a life that needs to be fulfilled. Shamans believe that each spirit that appears in a dream has a destiny that needs to be realized, and the realization of such destiny will heal the individual psychologically. In addition, they believe that spirits fulfill their purpose in life thanks to the active interaction of the individual with the dream spirits. Therefore, the fulfillment and healing of a human life is intrinsically connected with the existential fulfillment of the spirits, and vice versa. When Archetypal

Psychologists and shamans are looking at dreams, they are looking at the same phenomena, but they give a different name to these phenomena: while Archetypal Psychologists use the word images, shamans use the word spirits. Regardless of the word used to describe dreams, scientific research has demonstrated that working with dreams and mental imagery, whether it is called the archetypal technique of developing metaphorical implications or the shamanic realization of the spirits, contributes to the treatment of psychopathology and, therefore, it is a valuable therapeutic technique (Kahan, 2001; King, 2006; Bulkeley, 2009; Domhoff, 2005; Holmes & Mathews, 2005; Holmes, Mathews, Mackintosh & Dalgleish, 2008; Hirsch & Holmes, 2007; Koehler, 1991; Libby, Schaeffer, Eibach, & Slemmer, 2007; Leahy and Sweller, 2008). According to shamans, therapeutic healing and personal meaning are about the realization of the spirits. Therefore, the existential dimension of the spirits transcends the metaphorical aspect of archetypal images.

Another area for comparison and contrast is related to the fact that the relationship between shamans and spirits has a deeper human quality than the relationship between Archetypal Psychologists and dream images. In their process of understanding and investigating the imaginal world of dreams, Archetypal Psychology has given anthropomorphic qualities to the image, such as sensuality, emotion, relatedness, value, narrative, perspective, thoughts, and contradictions. However, the designation of dream characters as images prevents us from developing fully a relationship with them in which there is a give and take characteristic of human relationships. In other words, the quality of a relationship that people may have with spirits differs from the one people may have with an "image." Mutuality, empathy, active listening, love, and other important

emotions such as joy, hatred, and so forth are more likely to be present in a relationship with another living being, such as spirits, than in a relationship with an image.

When we treat dream characters as images, there is the tendency for people to assume a superior attitude towards images. Images may be seen as a byproduct of the human mind. Although Archetypal Psychology seeks to increase the importance of the image, the natural human tendency is to assume a superior position over that of dream images. On the other hand, if Archetypal Psychology can suspend the disbelief about the existence of spirits for a moment and take a therapeutic approach as if dream images were spirits, full living beings with ontological properties and an existential purpose, then the therapeutic relationship with culturally diverse clients who believe in spirits will be more cross-culturally sensitive, more egalitarian and respectful. Therefore, a psychological implication would be that relationships with dream spirits may need to be taken more seriously and respectfully because, like relationships with other human beings, our relationship with spirits may be one of the most fertile grounds for our own psychological healing and personal development.

Another area of similarities and differences in terms of dream images and spirits relates to the fact that Archetypal Psychologists and shamans may use sometimes similar or different perceptual faculties to see and relate to images and spirits in dreams. Archetypal Psychologists and shamans may use all the senses and physical movement in their understanding of dreams. Archetypal Psychologists and shamans may use their sense of sight to observe the color and movement of dream images or spirits, their sense of hearing to listen to the voices and thoughts from dream images or spirits, their sense of touch to experience texture and temperature from dream images or spirits, their sense of

smell to detect odors and to find intuitively their path within the landscape of images or spirits, and their kinesthetic sense to detect physical movement of dream image or spirits.

However, while shamans may rely, at times, on ASC to observe and to relate to spirits, Archetypal Psychologists will not do so to relate to dream images. This altered state of consciousness may be achieved through the performance of special rituals, dances, physical postures, songs, or the ingestion of controlled substances. Shamans may rely, at other times, as Archetypal Psychologists do, on their natural senses (sight, hearing, touch, smell, kinesthesia, and physical movement) to understand and relate to the spirits in dreams. Archetypal Psychologists primarily work with mental imagery directly, and this approach seems to be effective in bringing extensive physiological responses in the body and mind with different degrees of variability in terms of emotional response, treatment progress, outcomes, and prognosis (Yoon-Ki, Soon-Cheol, & Byung-Chan, 2005). Therefore, when shamans work directly with dream spirits, rather than using ASC, there is scientific evidence to corroborate their therapeutic effectiveness. Further scientific research needs to be conducted on the therapeutic effectiveness of working with mental imagery through ASC.

Another area for comparison and contrast is related to historical perception about dream images and spirits. While Archetypal Psychologists have performed historically a conceptual shift about dream characters, shamans have been more consistent in their historical perception of dream spirits. Archetypal Psychologists no longer see dreams as symbols, but as images. On the other hand, shamans have historically and cross-culturally perceived dreams consistently as the spirits that are present in the life of the dreamer.

Additionally, Archetypal Psychology and shamanism may share the belief in an ecological meaning of life. The belief in spirits and the perception that animals, trees and objects have spirits may give to human beings, according to shamans, an ecological meaning to life. The spirits of animals, trees, rocks, rivers or mountains may appear to us in our dreams. The human spirit is connected intimately with the spirits of animals, trees, rivers, and mountains. The belief is that realization of these spirits may contribute to psychological healing and the realization as human beings. Therefore, shamans believe that there is an ecological meaning to human lives because the realization of the spirits in our dreams may contribute to the realization of our human lives, and the development of a more respectful, honorable and compassionate relationship with nature. In a similar manner, Archetypal Psychologists believe that, because images of animals, trees, rivers, etc., in our dreams may be connected with the spirits of the actual animals, trees, rivers, etc., there may be an ecological dimension to the realization of our lives. The image of an animal in a dream is connected with the spirit of the actual animal. Respect and care for natural images may foster a sense of ecological responsibility toward the actual nature.

Furthermore, Archetypal Psychology and shamans may share the belief in a cosmological dimension to life. According to shamans, the cosmological meaning in our lives may be implied by the presence of cosmological spirits in dreams. The cosmos has a greater dimension than ecology because it includes not only earth but also heaven. The spirits of other planets, stars, rainbows, and clouds that are present in the sky may also visit us in our dreams. To the extent that we contribute to the realization of their spirits in our lives, we, then, contribute to the realization of our lives. Shamans believe that human

beings may begin the ecological and cosmological realization of our lives when we attend to, relate to, and become grateful for the visits that the spirits of the Earth and Heaven do to us in our dreams. Similarly, from an Archetypal Psychology point of view, the images of planets, stars, rainbows, and clouds in dreams, which are deeply connected with the soul of the planets, stars, rainbows, and clouds, may foster a cosmological responsibility towards the presence and the existence of the planets, stars, rainbows, and clouds.

The exploration of similarities and differences between images and spirits in dreams throughout this section has opened up the possibility for Archetypal Psychology to develop a cross-culturally-sensitive psychological framework to interact professionally with shamans and to work with culturally diverse clients who believe in spirits. The scientific research on dreaming and mental imagery has created a clinical bridge between Archetypal Psychology and shamans about working with dreams. Archetypal Psychology has been described as an “image psychology” because image is the primary way of experiencing psyche or soul. Shamans work with mental imagery from dreams, but they call them spirits. The ontological and phenomenological characteristics of images, as described by Archetypal Psychologists, are similar to those of the spirits, as described by shamans. In addition, effective therapeutic work through mental imagery has been scientifically validated and corroborated, as was shown in the previous chapter. From a Western perspective, because Archetypal Psychology and shamans are working with the same phenomena – mental imagery from dreams – it is possible now to construct a scientific cross-cultural archetypal therapeutic framework when interacting professionally and working with shamans and culturally diverse clients who believe that dreams are

spirits. The last section of this chapter, Clinical Implications for Cross-Cultural Archetypal Dream Work with Spirits, will elaborate further on this framework.

In addition, Archetypal Psychology needs to include a set of cross-cultural counseling guidelines for clinical sensitivity if it wants to interact professionally with shamans about the therapeutic role of dreams and to treat culturally diverse clients who believe that dreams are spirits. Before elaborating further on the clinical implications for cross-cultural archetypal dream work with spirits, explaining the general guidelines for clinical work with dream spirits is necessary and will be done in the next section.

Cross-Cultural Guidelines for Archetypal Dream Work with Spirits

The purpose of this section is to bring in the professional mandate of multicultural sensitivity in clinical practice. The most widely accepted textbook in cross-cultural counseling, *Counseling the Culturally Diverse: Theory and Practice* (Sue & Sue, 2007) has delineated important guidelines that may aid in a successful integration of psychology and non-Western or indigenous methods of healing. A cross-cultural archetypal psychotherapy that seeks to interact professionally (e.g., consultation and collaboration) with shamans and to work clinically with culturally diverse clients may follow these guidelines that bridge the gap between psychotherapy and traditional non-Western healing.

First, psychology needs to validate the indigenous cultural belief structure of culturally diverse clients (Sue & Sue, 2008). For example, Liester (1998) proposed a redefinition of hallucination in part because the standard definition fails to consider cultural beliefs in determining whether or not an experience is a hallucination; he concluded that not all hallucinations are psychotic. Although the belief in spirits and

their appearance in dreams may appear unscientific, this belief is crucial to the culturally diverse client's worldview (i.e., an integral part of cultural heritage). A Cross-Cultural Archetypal Psychology may be open, with a proposed scientific conceptualization of dream spirits as mental imagery, to work sensitively and effectively with alternative culturally diverse beliefs, such as the existence of spirits, their appearance in dreams, and their desire to communicate healing information. Therefore, a climate of cultural trust and mutual ethnic respect should be developed within the domain of Archetypal Psychology practice.

Second, it is important that psychotherapists become knowledgeable about shamanic beliefs and healing approaches (Sue & Sue, 2007). Shamans believe that spirits, to some extent, want to help people who are in psychological distress. Consequently, shamans use the healing technique of spirit communication through dreams. Archetypal Psychologists need to become knowledgeable about alternative belief systems and develop a therapeutic approach that can bridge the scientific research on dreaming and mental imagery and the shaman's perspective of dreams as spirits. In this manner, the culturally diverse client who believes non-pathologically in spirits will experience a healthy normalization process in which "differences" are not equated with deviance, and cultural context is valued and respected.

Third, experiential learning is important in understanding indigenous healing and beliefs (Sue & Sue, 2007). Although it is valuable and useful for Archetypal Psychologists to attend seminars and lectures on shamanism in order to get an intellectual understanding, experiential opportunities, such as observing healers perform healing ceremonies, witnessing shamans working with dream spirits, and observing the

enactment of native visions, will supplement such understanding of indigenous healing and beliefs as well as allow Archetypal Psychologists to understand empathically the culturally diverse client and to sense the strength of the ethnic group.

Fourth, it is important for Archetypal Psychologists to become familiar with specific culture-bound syndromes described in the *Diagnostic and Statistical Manual of Mental Disorders*, such as ghost sickness, rootwork, *susto*, and *zar* (Sue & Sue, 2007). Because these symptoms are assumed to be caused by spirits, Archetypal Psychologists are now in the position to work therapeutically, to some extent, with these syndromes, thanks to the scientific research on dreaming and mental imagery. These syndromes are not manifestations of psychosis (e.g., Liester, 1998), but they are culturally bound and contextually defined. In order to work with the culturally diverse client, Archetypal Psychologists may use the mental imagery of dreams, described as spirits by shamans and some culturally diverse clients, and do empirically validated clinical work with the spirits that triggered these syndromes.

Fifth, Archetypal Psychologists must refrain from over-pathologizing or under-pathologizing a culturally diverse client (Sue & Sue, 2007). As Archetypal Psychologists deepen their awareness and understanding of the culturally bound syndromes, they may avoid becoming culturally insensitive when describing the belief in spirits as primitive or minimizing psychological problems when portraying these syndromes as scientifically invalid or inexistent. Archetypal Psychologists may have a greater scientific understanding, through the research on mental imagery and the similarity between dream imagery and dream spirits, of shamans' perspective of the role that spirits play in

symptom formation, which will significantly decrease the over-pathologizing or under-pathologizing of the culturally diverse client's problems.

Sixth, consultation with indigenous healers and use of their healing services are important parts of a culturally sensitive clinical practice (Sue & Sue, 2007). Because of the proposed clinical integration of images and spirits, Archetypal Psychologists may be able to develop partnerships and consultations with shamans to get in-depth culturally relevant insight about the culturally diverse client, to foster cultural credibility and to use appropriate clinical referrals to traditional healers.

Finally, recognizing that spirituality is an intrinsic facet of the human condition for some clients and a legitimate domain of clinical practice will set an important therapeutic guideline to which psychologists must adhere (Sue & Sue, 2007). As was described in Chapter 2, Archetypal Psychologists have developed a theoretical model that is rooted in mental imagery. Chapter 4 has provided the scientific foundation for working therapeutically with dreams and mental imagery. The proposed integration of dream images and dream spirits with the help of the scientific research on mental imagery may emphasize the possibility of working with spirits and spirituality in clinical work with the culturally diverse client without indoctrination and endorsement of a particular spiritual pathway.

Let us take a closer look now at the proposed clinical bridge between Archetypal Psychology's approach to dream images and the shaman's perspective on dream spirits. The clinical implications of perceiving dream spirits as mental imagery will be delineated within a framework of an Archetypal Psychology that is more culturally sensitive when working clinically with the dreams of the culturally diverse client.

Clinical Implications for Cross-Cultural Archetypal Dream Work with Spirits

The common denominator between the dream images in Archetypal Psychology and dream spirits in shamans' healing practices is mental imagery. Therapeutic work with mental imagery is an empirically effective clinical intervention to improve cognitive skills and to treat a variety of mental disorders, as was shown in the previous chapter. When working with some culturally diverse clients and shamans who believe that dreams are a visual rendering of spirits, Archetypal Psychology may work clinically with dream spirits *as if* they were dream images because the empirical research on the clinical use of mental imagery will support that approach and also because the ontological and existential qualities of dream images are similar to those of spirits described by shamans. The ontological and existential similarities and differences between archetypal images and spirits, which were discussed in the first section of this chapter, as well as the current research on mental imagery and dreams, will allow Archetypal Psychology to do a semantic switch from the word spirit to the word image and cross-culturally work with it clinically, scientifically, and effectively, without betraying the integrity of what shamans have described as spirits. Therefore, perceiving dream images as spirits may have some useful clinical implications for psychotherapy with culturally diverse clients within the Archetypal Psychology perspective. These clinical implications may be in the area of a) the purpose of therapy, b) the location of the psyche, c) the therapeutic relationship, d) the duality of consciousness, and e) spirit mediation. In order to clarify these clinical implications, some dream examples will be presented.

The first clinical implication of perceiving dream spirits as images or mental imagery is about the redefinition of the purpose of archetypal psychotherapy. Therapy

would be about the realization of the well-defined purpose of the spirits or dream images, and about the development of the relationship among the person, the person's spirit or image in the dream and the other dream spirits or dream images. The realization of the purpose of the spirit may include the sustained visualization of the spirits or dream images, the depth of their realization, the breadth of their realization, the coexistence of multiple spirits or dream images in consciousness at any given time, and the interaction among dream spirits or dream images. The dreamer may play a facilitating role, and the dreamer's spirit or image may play an observer and/or participatory in such relationships. In order to clarify the new purpose of archetypal psychotherapy, let us examine some dream examples using traditional Jungian analytic methods.

Frank, a Native American middle age man, had the following dream:

"I see myself observing Mercedes singing the song: *I only ask God.*"

In terms of traditional manifest dream content, Frank observes Mercedes singing a song with religious implications. From a shamanistic point of view, there are two spirits present in this dream: the spirit of Frank and the spirit of Mercedes. The spirit of Frank is observing the spirit of Mercedes singing the song, '*I only ask God.*' The current task of the spirit of Mercedes is to sing the song, '*I only ask God,*' as shown in the dream. According to the dream, the task of the spirit of Frank is to observe the singing that Mercedes is doing. On the other hand, from the new perspective of Cross-Cultural Archetypal Psychology Dream Work, Archetypal Psychologists will treat the spirit of Frank and the spirit of Mercedes as the image of Frank and the image of Mercedes. According to the dream, the task of the image of Frank is to observe Mercedes singing that specific song; likewise, according to the dream, the task of the image of Mercedes is

to sing the song, “I only ask God.” The task of the image or spirit (observing and singing) will become the task or purpose of the therapy, with the addition of visualization (visualizing continuously the observing and the singing).

Given that the new purpose of cross-cultural archetypal psychotherapy in working with dreams is, to some extent, about the realization of the image’s or spirit’s task, then, in this case, the task or purpose of therapy is the realization of the spirit of Mercedes by singing the song, “*I only ask God,*” and the realization of the spirit of Frank by observing Mercedes singing that song. As was described in Chapter 2, the task or purpose of therapy is the same task or purpose that the image or spirit is doing: imagining the singing and the observing. In order to accomplish this therapeutic purpose, Frank needs to visualize consistently Mercedes singing this very specific song, as well as visualizing assiduously himself observing Mercedes singing. As was described in Chapter 2, visualizing these images, during waking life, doing what they were doing in the dream (the imaginal unfolding of the images or spirits), as often as possible, as well as visualizing the qualities of these images (sensuality, texture, emotion, simultaneity, intra-relations, value, structure, amplification) or of these spirits as clearly as possible constitute the realization of the image or spirit, which is the same as the purpose of therapy. Realization of the image or spirit is simply the imagination of these images or spirits as well as the continuous visualization of the unfolding of the tasks, which constitute the purpose of cross-cultural archetypal therapy with dreams.

In addition, the realization of the image’s or spirit’s purpose requires depth and breadth. The dreamer deepens the purpose of the image or spirit by increasing the quality and intensity of the image’s or spirit’s action. The dreamer broadens the spirit’s purpose

by adding another visualization layer that is closely connected to the original visualization. Using the previous dream, when Frank visualizes the image or spirit of Mercedes increasing the emotional quality and intensity of the prayer song, then he is deepening the purpose of the image or spirit of Mercedes. Also, let us say that Frank decides to research further the lyrics of the cry (which is an example of amplification – See Chapter 2), and then he visualizes hearing the image or spirit of Mercedes singing the song with great clarity and precision: Then, Frank is deepening the purpose of the image or spirit of Mercedes. Moreover, in terms of the breadth of purpose, Frank broadens the purpose of the image or spirit of Mercedes when he visualizes the content of all the lyrics of the song and other lyric related activities. The lyrics of the song were about Mercedes asking God to allow her to accomplish many tasks in life before she dies, and not to be indifferent to injustice, war and the future. The first layer of visualization was simply Mercedes singing the specific song. When Frank visualizes Mercedes responding to specific situations of injustice, war, and other specific future events, Frank is, then, broadening the purpose of Mercedes because he is allowing her to add a closely connected visualization layer. Another example of broadening the purpose of the image or spirit of Mercedes takes place when Frank visualizes Mercedes singing the prayer song while performing other lyric-related activities, such as releasing some innocent prisoners or breaking the chains of modern slavery. It is important to emphasize that, for the purpose of broadening and deepening the image's or spirit's realization, Mercedes' actions need to be initiated and developed on her own.

Moreover, the realization of the image's purpose requires the coexistence of multiple images or spirits in consciousness at any given time. The coexistence of

multiple images in consciousness refers to the capacity of the individual to visualize continuously two or more dream images or spirits at the same time. Visualizing each of the images fulfilling, deepening, and broadening their purpose is essential for the coexistence of multiple images or spirits.

Let us use another dream to explain this concept. Frank had another dream:

“I see Nev singing. He asked me to sing. I began singing. Then he asked me to put more emotion to it.”

The coexistence of multiple spirits in consciousness requires that Frank visualize, at the same time, the image or spirit of himself, the image or spirit of Nev, and the image or spirit of Mercedes fulfilling, deepening and broadening their purpose. In other words, visualizing, at the same time, Mercedes singing, *“I only ask God,”* Nev singing, and the image or spirit of Frank from the dream singing with greater emotion will promote such coexistence.

Finally, the realization of the purpose of the image or spirit requires an interaction among dream images or spirits. Visualizing the dream images or spirits interacting during their process of fulfilling, deepening, and broadening their purpose may complete the realization of the spirits and the integration of the human psyche. Using Frank’s dreams, the interaction among images or spirits takes place when Frank visualizes Nev and himself singing the song, *“I only ask God.”*

The development of the relationships among the dreamer, the dreamer’s image or spirit and the other dream images or spirits constitutes the second area for the new purpose of Archetypal psychotherapy. The dreamer’s image or spirit in the dream may assume an observing and/or participatory role in these relationships with the other dream

images or spirits, and the dreamer may play a facilitating role. Using one of Frank's dreams as an example, his dream image or spirit was in the observer role when he watched Mercedes singing a song. Therefore, one of the new tasks in cross-cultural archetypal psychotherapy is encouraging Frank to visualize continuously and systematically his dream image or spirit observing Mercedes singing, deepening and broadening the specific song. In addition, Frank's dream image or spirit was in a participatory role in the dream when his dream image or spirit was singing and was encouraged to do so with more emotion. As the research from the previous chapter showed, clinical work with mental imagery is an effective way of working with depression because of its direct impact on emotion. Frank's depression will subside as he practices the visualization, first and at distant, of Mercedes singing a song. As therapy progresses, Frank will be encouraged to visualize his dream image or spirit singing a song, which will provide a more direct exposure to his emotions in order to mitigate his constricted affect. Finally, Frank will be encouraged to visualize his dream image increasing progressively the emotion of his singing (as he was encouraged to do by the dream image or spirit of Nev), which will have a greater impact on his depressive affect. Therefore, one of the new tasks in Archetypal psychotherapy is supporting Frank in visualizing assiduously and systematically his dream image or spirit singing with greater emotion as well as deepening and broadening his singing. Finally, Frank may play a facilitator role between the dream images or spirits and his dream image or spirit. Frank is playing a facilitator role when he brings together and coordinates mentally the dream image or spirit of Mercedes, the dream image or spirit of Nev and the dream image of himself singing the song, "*I only ask God,*" as well as having his dream image only

observing the dream image or spirit of Mercedes and the dream image or spirit of Nev singing the same song. Therefore, one of the new clinical endeavors in Archetypal psychotherapy is supporting Frank in the process of visualizing continuously and systematically the gathering of the dream images or spirits and his dream image or spirit and the coordination of their activities.

The second clinical implication of perceiving dream spirits as dream images refers to the location of the mental imagery. As was described in the previous chapter, imagery perspective, whether it is field perspective or observer perspective, affects emotions differently (Holmes, Coughtrey, & Connor, 2008) and, therefore, impact therapeutic effectiveness (McIsaac, H. K., & Eich, E, 2002, 2004; Berntsen, D., & Rubin, D. C, 2006). The location of the mental imagery or spirits plays an important in treating emotional disorders. In addition, as was described in Chapter 3, shamans and some culturally diverse clients believe that spirits can be inside or outside of a person, or in an intermediate area. Therefore, Cross-Cultural Archetypal Psychology needs to develop a theoretical approach that accounts for the different location of mental imagery or spirits if Archetypal Psychology want to work successfully with culturally diverse clients who believe in spirits. Research on mental imagery and perspective can be helpful to Archetypal Psychology to accomplish that goal. Dream images or spirits can be located a) inside, b) outside, and c) in an intermediate area.

The inside location of the images or spirits refers to the internal visualization of the dream images or spirits and/or the dream image or spirit of the dreamer. During wakefulness, when a person visualizes with his eyes closed the different images or spirits that were present in any given dream, the images or spirits are located inside him. The

typical inside location of the spirits occurs when the dreamer, during a waking state and with his eyes closed, is able to see his ego spirit and/or other dream spirits at a distance. The inside location of images is similar to the experience of what shamans and some culturally diverse clients have described as the spirits inside the head. Therefore, when shamans and some culturally diverse clients talk about spirits in their head, Archetypal Psychology is on more solid scientific grounds to work with them when using the scientific research of observer and field perspective in mental imagery.

The intermediate location of the dream images or spirits refers to the situation when, during wakefulness, the person and the dream spirits interact. This is usually referred as the field perspective in mental imagery. The imaginary interaction is between the actual person and the dream images or spirits. This interaction is not between the dream image of the dreamer and the other dream images or spirits. In addition, the interaction between the actual person and the dream images or spirits may take place at two different locations. The first intermediate location refers to the interaction between the person and the dream spirits when the person has his eyes closed. In other words, when the dreamer has his eyes closed and visualizes the dream, he relates directly to the dream spirits, as opposed to seeing his ego spirit, at a distant, interacting with the dream spirits. This first location of images or spirits is called intermediate because, while his eyes are closed, the interaction happens between a concrete physical person who relates from his actual embodied self and the dream images or spirits who are in the landscape of his remembered dream or his mental imagination.

The second intermediate location occurs when the dreamer has his eyes open and sees the dream images or spirits “out there” interacting with him. This is usually called

the observer perspective. The interaction is between his actual body self and the visualized dream images out there. Unlike the first intermediate location in which the dream images or spirits were inside the person's head or in his imagination, the second intermediate location emphasizes that the person, while awake, may visualize or see the dream images or spirits out there, in front of him and in the world doing what they were doing in the dream. This second location of images is called intermediate because, while the dreamer's eyes are open, the interaction happens between a concrete physical person who relates from his actual embodied self (in here) and the dream images or spirits who are now out there, in front of him, and in the world.

An important variation of this second intermediate location takes place when a person who has dreamed of another person relates or interacts with such person through the dream image or spirit. Let us say a person A has a dream of hugging person B. The image of person B in the dream, according to shamans, is the spirit of person B. In addition, let us say that person A has been visualizing, for a week, his interaction with the image or spirit of the person B from the perspective of the intermediate second location. Suppose person A runs into person B, a week later, on the street. Then, if person A is able to visualize the spirit of person B entering the physical body of person B, if person A visualizes hugging the spirit of person B in the manner that the dream portrayed, and if person A actually hugs person B, then, person A has related or interacted with person B through a dream image or spirit. The visualization of the fluid dream image or spirit entering or leaving the physical body, the visualization of interacting with the dream image from the perspective of the intermediate second location as well as the person

interacting physically with the other people in the same manner that the dream described are key components of this variation of the second intermediate location.

The outside location of images or spirits refers to the external visualization of the dream images or spirits and/or the dream image of the person. During wakefulness and with the eyes open, when a person visualizes, in front of him, the dream image of himself and the different spirits that were present in any given dream, then, the images or spirits are located outside of him. This is traditionally known as the observer perspective in the field of mental imagery. A key factor in the outside location of the images or spirits is the capacity of the individual to visualize externally, in front of him, and in the world the dream images or spirits.

The capacity of the individual to locate visually images inside, outside, or in the intermediate area may correspond to different states of human relatedness, psychological maturity, and spiritual realization. Early and more recent studies on imagination showed that the capacity to imagine was closely connected with the capacity to trust, that severe deficits in early childhood relationships damaged the capacity to imagine, and that a good enough relationship between parent and children was necessary for the development of the capacity to trust and imagine (Plaut, 1966; Winnicott, 1971; Leslie, 1987).

The third clinical implication of perceiving spirits as dream images relates to a new cross-cultural definition of therapeutic relationship. In order to work with sensitivity with culturally diverse clients who believe in the existence of spirits, a cross-cultural definition of therapeutic relationship may need to bridge the scientific information about dreaming and mental imagery, and the belief in spirits. Once again, the similarities

between mental imagery and spirits that were explored at the beginning of this chapter will allow Archetypal Psychologists to understand spirits in terms of imagery.

Perceiving spirits as images may imply that Archetypal Psychology will conceptually shift from perceiving dreams as visual portraits of spirits that visit our lives, as shamans do, toward the perception of dreams as images that affect our lives. Because the traditional definition of a therapeutic relationship may be the clinical interactive field between a therapist and a client, a new cross-cultural definition of the therapeutic relationship with culturally diverse clients who believe in spirits may include the presence of the dream images or spirits. Therefore, the new cross-cultural definition of therapeutic relationship is the interactive field among the dream images or spirits, the therapist and the client. This interactive field is now characterized by the presence of multiple relationships: first, the relationship between the client and his own dream images or spirits; second, the relationship between the therapist and his dream images; third, the relationship between the client and the therapist's dream images; fourth, the relationship between the therapist and the client's dream images or spirits; fifth, the relationship between the therapist's dream images or spirits and the client's dream images or spirits. Therefore, the therapeutic relationship is a complex matrix of relationships among the dream images or spirits, the client and the therapist.

The cross-cultural working definition of the therapeutic relationship may imply a new purpose for the therapeutic relationship with some culturally diverse clients who believe in spirits. The new purpose of the therapeutic relationship is the encouragement of the realization of the client's dream images or spirits, the development of the

relationship between the client's dream image or spirit and his dream images or spirits, and the acquisition of flexible and fluid location of the dream images or spirits.

The fourth clinical implication of perceiving spirits as dream images relates to the duality of consciousness. Duality of consciousness refers to the capacity of the individual to visualize dream images or spirits, at the same time that the individual is attending to the outer responsibilities of daily living. The duality of consciousness requires concurrently a systematic and continuous visualization of the dream images as well as the fulfillment of the responsibilities of daily living. Therefore, the duality of consciousness may facilitate a more comprehensive understanding of therapeutic process and life in general because it will include the presence of the so often neglected dream images. The duality of consciousness may open up new therapeutic possibilities in terms of diagnosis and treatment because the dream images or spirits may convey new knowledge and skills that the client and the therapist need to heal the psychopathology. Finally, the duality of consciousness may allow people to experience richer, more holistic and more meaningful lives because dream images or spirits may add to our current ways of living new existential and ontological areas that can compensate and/or complement our lives. Holding dream images in consciousness and visualizing them during waking life will give Archetypal Psychology a mirror of why it is important for some culturally diverse clients and shamans who believe in the existence of spirits to be mindful of the presence of spirits in their lives. Further clinical research is necessary to establish more precisely the therapeutic impact of living with a duality of consciousness.

The final clinical implication of perceiving spirits as dream images is related to the mediation of relationships by dream images or spirits. The mediation of human

relationships by the dream images or spirits refers to the capacity of the individual to relate and interact with people and the world at large in a manner that the dream images or spirits have hinted ⁴ in the dream. Mental imagery may serve as intermediary between the client and the world. For example, a client has the following dream: “There is a well-known singer singing.” After the client has deliberately visualized, during therapy, the singer realizing his well-defined purpose, such as singing a specific song, the client may relate to people, other living beings, and the world at large either through mentally listening to the song, visualizing the singer singing the song or visualizing the singer singing that song out in the world. The spirit of the singer singing the song mediates the client’s relationships with people, other living beings, and the world at large. Further clinical research is necessary to determine the therapeutic impact that mediation by dream images or spirits may have on the development, maintenance, and growth of interpersonal relationships.

Archetypal psychology is now in a better position to work clinically with culturally diverse clients’ dreams and their beliefs in spirits, thanks to the proposed cross-cultural techniques delineated in this chapter, and the research on dreaming and mental imagery. Take for example *zar*, which is a culturally-bound syndrome presented in the DSM-IV-R, that describes the presence of spirits that can possess an individual from Somalia, Egypt, and Middle Eastern societies and can make him shout, laugh, weep and hit his head against the wall. Archetypal Psychologists are now in the position to conceptualize, within a scientific framework, that there is a strong similarity between mental imagery and spirits, and that Archetypal Psychology may be able to work with spirits *as if* they were mental imagery. The Archetypal Psychologists and the Middle

Eastern client may seek to identify in the client's dreams the dream image or spirit that has been associated with *zar*. The Archetypal Psychologists and the client may help the dream image or spirit to go through the clinical implications described in this chapter: a) the realization of the well-defined purpose of the *zar* image, b) the inside, intermediate or outside location of the *zar* image, c) the therapeutic relationship between the client, the Archetypal Psychologists, and the *zar* image, d) the culturally diverse client's duality of consciousness between the *zar* image and the realities of daily living, and finally, e) the culturally diverse client's ability to mediate his interactions with the world with the help of the *zar* image. This new Archetypal approach for working with dream images from the culturally diverse client will mirror and respect the important cultural value of some North African and Middle Eastern clients for developing a long-term relationship with the *zar* spirit and considering the possessed client's behavior as non-pathological (Sue & Sue, 2007).

In sum, I described in this final chapter the integration process between Archetypal psychology and shamanism in relationship to clinical work with dream images or spirits. A comparative analysis between dream images and spirits was presented initially, which was followed by a discussion of cross-cultural guidelines for archetypal dream work, concluding with a section that showed the therapeutic techniques and implications for clinical work with dream spirits from an Archetypal Psychology perspective.

If Archetypal Psychology perceives spirits as dream images, the possibility for a cross-cultural archetypal dream work can develop. Archetypal Psychology may be able to more accurately understand people and better treat their psychological afflictions. In

addition, Archetypal Psychology may be able to discover new dimensions and potentialities with each person, as well as provide a theoretical framework that is more conducive to working clinically with the culturally diverse client and, perhaps, collaborating professionally with shamans from around the world.

References

- Achterberg, J. (1985). *Imagery in healing: Shamanism and modern medicine*. Boston: New Science Library, Shambhala.
- Adams, M. V. (1996). *The multicultural imagination: Race, color, and the unconscious*. London: Routledge.
- Adams, M. V. (1997). The archetypal school. In P. Young-Eisendrat & T. Dawson (Eds.), *The Cambridge companion to Jung* (pp. 101-118). New York: Cambridge University Press.
- Adams, M. V. (2004). *The fantasy principle: Psychoanalysis of the imagination*. Hove: Brunner-Routledge.
- Al-Krenawi, A. (1999). An overview of rituals in western therapies and intervention: Argument for their use in cross-cultural therapy. *International Journal for the Advancement of Counselling*, 21, 3-17. doi: 10.1023/A:1005311925402.
- Allen, N. B., Chambers, R., Knight, W., Blashki, G., Ciechomski, L., Hassed, C., Gullone, E., McNab, C., & Meadows, G. (2006). Mindfulness-based psychotherapies: A review of conceptual foundations, empirical evidence and practical considerations. *Australian & New Zealand Journal of Psychiatry*, 40, 285-294.
- American Psychiatric Association. (2000). *Diagnostic and statistics manual of mental disorders (DSM-IV-TR)*. New York: Author.
- Antrobus, J. (2000). How does the dreaming brain explain the dreaming mind? *Behavioral and Brain Sciences*, 23, 904-907. doi: 10.1017/s0140525X00214027.
- Anzures, M. (1995). Los shamans, conductores del alma [Shamans, guides to the soul]. In

- I. Lagarriga, J. Galinier. & M. Perrin (Eds.), *Chamanismo en latinoamerica: Una revision conceptual* (pp. 56 -76). Mexico: Plaza y Valdez.
- Atkinson, J. M. (1992). Shamanism today. *Annual Review of Anthropology*, 21, 307-330. doi:10.1146/annurev.an.21.100192.001515.
- Beebe, J., Mc Neely, D., & Gordon, R. (1997). The case of Joan: Classical, archetypal, and developmental approaches. In P. Young-Eisendrat, & T. Dawson (Eds.), *The Cambridge companion to Jung* (pp. 197-209). New York: Cambridge University Press.
- Berntsen, D., & Rubin, D. C. (2006). Emotion and vantage point in autobiographical memory. *Cognition and Emotion*, 20, 1193-1215. doi: 10.1080/02699930500371190.
- Berry, P. (1982). *Echo's subtle body: Contributions to an archetypal psychology*. Dallas, TX: Spring.
- Biet, A. (1664). Evoking the devil: Fasting with tobacco to learn how to cure. In J. Narby & F. Huxley (Eds.), *Shamans through time: 500 years on the path to knowledge* (pp.16-17). New York: Jeremy P. Tarcher/Putnam.
- Bischof, M. & Bassetti, C. L. (2004). Total dream loss: A distinct neuropsychological dysfunction after bilateral PCA stroke. *Annals of Neurology*, 56, 583-586.
- Bulkeley, K. (2009). The religious content of dreams: A new scientific foundation. *Pastoral Psychology*, 58, 93-106. doi: 10.1007/s11089-008-0180-8.
- Califano, M. (1995). Los rostros del chaman: Nombres y estados [The faces of the shaman: Names and states]. In I. Lagarriga, J. Galinier. & M. Perrin (Eds.),

Chamanismo en latinoamerica: Una revision conceptual (pp. 56 -72). Mexico: Plaza y Valdez.

Callow, N., & Hardy, L. (2004). The relationship between the use of kinesthetic imagery and different visual imagery perspectives. *Journal of Sports Sciences*, 22, 167-177. doi: 10.1080/02640410310001641449.

Campbell, J. (1971). *The portable Jung*. New York: Penguin Books.

Casey, E. S. (1974). Toward an archetypal imagination. *Spring*, 1-32.

Chase, K. M. (2003). Multicultural music therapy: A review of the literature. *Music Therapy Perspectives*, 21, 84-88.

Chaumeil, J. P. (1995). Del proyectil al virus: El complejo de flechas magicas en el chamanismo del oeste amazonico [From projectile to virus: The complex of magic arrows in the shamanism of west amazonia]. In I. Lagarriga, J. Galinier, & M. Perrin (Eds.), *Chamanismo en latino América: Una revision conceptual* (pp. 22-32). Mexico: Plaza y Valdez.

Corbin, H. (1964). *Mundus imaginalis or the imaginary and the imaginal*. Retrieved from http://www.hermetic.com/bey/mundus_imaginalis.htm

Crowe, B. J., & Rio, R. (2004). Implications of technology in music therapy practice and research for music therapy education: A review of literature. *Journal of Music Therapy*, 41, 282-320.

Dallett, J. (1973). Theories of dream function. *Psychological Bulletin*, 79, 408-416. doi:10.1037/h0034485.

Danielou, A. (1995). *The phallus: Sacred symbol of male creative power*. Rochester, VT: Inner Traditions International.

- Day, S. J., Holmes, E., & Hackmann, A. (2004). Occurrence of imagery and its link with early memories in agoraphobia, *Memory*, 12, 416-427. doi: 10.1080/09658210444000034.
- Dement, W. (1960) The effect of dream deprivation. *Science*, 135, 1705-1707.
- De Silva, P. (1986). Obsessional-compulsive imagery. *Behaviour Research and Therapy*, 24, 333-350. doi: 10.1016/0005-7967(86)90193-2.
- Diderot, D., & Colleagues (1765). Shamans are impostors who claim they consult the devil- and who are sometimes close to the mark. In J. Narby, & F. Huxley (Eds.), *Shamans through time: 500 years on the path to knowledge* (pp. 32-35). New York: Jeremy P. Tarcher/Putnam.
- Domhoff, G. W. (2005). Refocusing the neurocognitive approach to dreams: A critique of the Hobson versus Solms debate. *Dreaming*, 15, 3-20. doi: 10.1037/1053-0797.15.1.3.
- Doumbia, A., & Doumbia, N. (2004). *The way of the elders: West African spirituality & tradition*. Saint Paul, Minn: Llewellyn Publications.
- Dowd, E. T. (2000). *Cognitive hypnotherapy*. Northvale, NJ: Jason Aronson
- DuBois, T. A. (2009). *An introduction to shamanism*. Cambridge: Cambridge University Press.
- Eudell-Simmons, E., & Hilsenroth, M. (2005). A review of empirical research supporting four conceptual uses of dreams in psychotherapy. *Clinical Psychology and Psychotherapy*, 12, 255-269. doi: 10.1002/cpp.445.
- Farah, M. J. (1984). The neurological basis of mental imagery: a componential analysis. *Cognition* 18, 245-272. doi: 10.1016/0010-0277(84)90026-X.

- Fidaleo, R. A., Proanao, T., & Friedberg, R. D. (1999). Using imagery techniques to treat PTSD symptoms in bereaved individuals. *Journal of Contemporary Psychotherapy, 29*, 115-126. doi: 10.1023/A:1021904731317.
- Fernandez de Oviedo, G. (1535). Devil workshop: Consuming tobacco to receive messages from nature. In J. Narby, & F. Huxley (Eds.), *Shamans through time: 500 years on the path to knowledge* (pp. 11-12). New York: Jeremy P. Tarcher/Putnam.
- Gieco, L. (1978). *Solo le pido a Dios*. [Recorded by Mercedes Sosa]. On Mercedes Sosa: 30 anos [CD]. Universal City, CA: Polygram Records. (2005).
- Gottesmann, C. (2002). Dreaming: Monoaminergic disinhibition hypothesis. In E. Perry, H. Ashton, & A. Young (Eds.), *Neurochemistry of consciousness* (pp.133-146). Philadelphia: John Benjamins.
- Hagenaars, M. A., Brewin, C. R., Van Minnen, A., Holmes, E. A., & Hoogduin, K. A. (2010). Intrusive images and intrusive thoughts as different phenomena: Two experimental studies. *Memory, 18*, 76-84. doi: 10.1080/09658210903476522.
- Harner, M. (1999). Science, spirits and core shamanism. *Shamanism, 12*. Retrieved from <http://www.shamanism.org/articles/article01.html>
- Hathaway, W. L., Scott, S. Y., & Garver, S. A. (2004). Assessing religious/spiritual functioning: A neglected domain in clinical practice? *Professional Psychology: Research and Practice, 35*, 97-104. doi: 10.1037/0735-7028.35.1.97.
- Heath, G. (2008). Exploring the imagination to establish frameworks for learning. *Studies in Philosophy and Education, 27*, 115-123.

- Herder, G. J. (1785). Mislead impostors and the power of the imagination. In J. Narby, & F. Huxley (Eds.), *Shamans through time: 500 years on the path to knowledge* (pp. 36-37). New York: Jeremy P. Tarcher/Putnam.
- Hillman, J. (1975). *Re-Visioning psychology*. New York: Harper & Row.
- Hillman, J. (1977). An inquiry into image. *Spring*, 62-88.
- Hillman, J. (1978). Further notes on images. *Spring*, 152-182.
- Hillman, J. (1979). *The dream and the underworld*. New York: Harper & Row.
- Hillman, J. (1983). *Archetypal psychology*. Dallas, TX: Spring.
- Hillman, J. (1996). *The soul's code: In search of character and calling*. New York: Random House.
- Hirsch, C. R., & Holmes, E. A. (2007). Mental imagery in anxiety disorders. *Psychiatry*, 6, 161-165. doi: 10.1016/j.mppsy.2007.01.005.
- Hobson, J. A. (2002). *Dreaming: An introduction to the science of sleep*. Oxford: Oxford University Press.
- Hobson, J. A., & McCarley, R. (1977) The brain as a dream state generator: An Activation-synthesis hypothesis of the dream process. *American Journal of Psychiatry*, 134, 1335-1348.
- Hobson, J. A., Pace-Schott, E. F., & Stickgold, R. (2000). Dreaming and the brain: Toward a cognitive neuroscience of conscious states. *Behavioral and Brain Sciences*. 23, 793-842. doi: 10.1017/s0140525X00003976.
- Holmes, E. A., Coughtrey, A. E., & Connor, A. (2008). Looking at or through rose-tinted glasses? Imagery perspective and positive mood. *Emotion*, 8, 875-879. doi: 10.1037/a0013617.

- Holmes, E. A., Lang, T. J., & Shah, D. (2009). Developing interpretation bias modification as a “cognitive vaccine” for depressed mood: Imagining positive events makes you feel better than thinking about them verbally. *Journal of Abnormal Psychology, 118*, 76-88. doi: 10.1037/a0012590.
- Holmes, E. A., & Mathews, A. (2005). Mental imagery and emotion: A special relationship? *Emotion, 5*, 489-497. doi: 10.1037/1528-3542.5.4.489.
- Holmes, E. A., & Mathews, A. (2010). Mental imagery in emotion and emotional Disorders. *Clinical Psychology Review, 30*, 349-362. doi: 10.1016/j.cpr.2010.01.001.
- Holmes, E. A., Mathews, A., Dalgleish, T., Mackintosh, B. (2006). Positive interpretation training: Effects of mental imagery versus verbal training on positive mood. *Behavior Therapy, 37*, 237-247. doi: 10.1016/j.beth.2006.02.002.
- Holmes, E. A., Mathews, A., Mackintosh, B., & Dalgleish, T. (2008). The causal effect of mental imagery on emotion assessed using picture-word cues. *Emotion, 8*, 395-409. doi: 10.1037/1528-3542.8.3.395.
- Horrigan, B. (1997). Shamanic healing: We are not alone. An interview of Michael Harner. *Shamanism, 10*. Retrieved from <http://www.shamanism.org/articles/article10.html>
- Jones, B. E. (2000). The interpretation of physiology. *Behavioral and Brain Sciences, 23*, 955-956. doi: 10.1017/S0140525X00524029.
- Jones, E. E., & Nisbett, R. E. (1971). The actor and the observer: Divergent perceptions of the causes of behavior. In E. E. Jones, D. E. Kanouse, H. H. Kelley, R. E. Nisbett, S. Valins, & B. Weiner (Eds.), *Attribution: Perceiving the causes of*

- behavior* (pp. 79-94). New York: General Learning Press.
- Jongsma, A. E., & Peterson, L. M. (2003). *The complete adult psychotherapy treatment planner*. Practice planners. Hoboken, N.J: John Wiley & Sons.
- Jung, C. G. (1920/1948). The psychological foundations of belief in spirits. In Read, H., Forham M., Adler, G., & McGuire, W. (Eds.). & Hull, R. F. C. (Trans.), *Collected works* (Vol. 8, pp. 301-318). Princeton, NJ: Princeton University Press.
- Jung, C. G. (1921). Psychological types. In Read, H., Forham, M., Adler, G., & McGuire, W. (Eds.). & Hull, R. F. C. (Trans.), *Collected works* (Vol. 6, pp. 601-602). Princeton, NJ: Princeton University Press.
- Jung, C. G. (1929). Commentary on 'The secret of the golden flower.' In Read, H., Forham M., Adler, G., & McGuire, W. (Eds.).& Hull, R. F. C. (Trans.), *Collected works* (Vol. 13, pp. 1-56). Princeton, NJ: Princeton University Press.
- Jung, C. G. (1934). The practical use of dream analysis. In Read, H., Forham M., Adler, G., & McGuire, W. (Eds.). & Hull, R.F.C (Trans.), *Collected Works* (Vol 16, pp. 139- 161). Princeton, NJ: Princeton University Press.
- Jung, C. G. (1934/1954). Part I – Archetypes of the collective unconscious. In Read, H., Forham M., Adler, G., & McGuire, W. (Eds.). & Hull, R. F. C. (Trans.), *Collected works* (Vol. 9, pp. 18). Princeton, NJ: Princeton University Press.
- Jung, C. G. (1945/1948). The phenomenology of the spirit in fairytales. In Read, H., Forham, M., Adler, G., & McGuire, W. (Eds.). & Hull, R. F. C. (Trans.), *Collected works* (Vol. 9, pp. 207-254). Princeton, NJ: Princeton University Press.

- Jung, C. G. (1959). Part I - The archetypes and the collective unconscious. In Read, H., Forham M., Adler, G., & McGuire, W. (Eds.). & Hull, R. F. C. (Trans.), *Collected works* (Vol. 9, pp. 489-626). Princeton, NJ: Princeton University Press.
- Jung, C. G. (1960). The structure and dynamics of the psyche. In Read, H., Forham, M., Adler, G., & McGuire, W. (Eds.). & Hull, R. F. C. (Trans.), *Collected works* (Vol. 8, p. 545). Princeton, NJ: Princeton University Press.
- Jung, C. G. (1961). *Memories, dreams and reflections*. New York: Vintage Books.
- Jung, C. G. (1964). *Man and his symbols*. New York: Doubleday.
- Kahan, T. L. (2001). Consciousness in dreaming: A metacognitive approach. In K. Bulkeley (Ed.), *Dreams: A reader on the religious, cultural, and psychological dimensions of dreaming* (pp. 333-360). New York: Palgrave.
- Kahan, T. L., LaBerge, S., Levitan, L., & Zimbardo, P. (1997). Similarities and Differences between dreaming and waking cognition: An exploratory study. *Consciousness and Cognition*, 6, 132-147. doi:10.1006/ccog.1996.0274.
- King, D., & DeCicco, T. L. (2009). Dream relevance and the continuity hypothesis: Believe it or not? *Dreaming*, 19, 207-217. doi: 10.1037/a0017612.
- Keeney, B. (1999). *Kalahari bushmen healers*. Philadelphia: Ringing Rocks Press.
- Keeney, B. P., & Mekel, I. W. B. A. (2004). *Balians: Traditional healers of Bali*. Profiles of Healing. Philadelphia, PA: Ringing Rocks Press.
- Kinsley, D. R. (1996). *Health, healing, and religion: A cross-cultural perspective*. Upper Saddle River, N.J: Prentice Hall.
- Koehler, D. J. (1991). Explanation, imagination, and confidence in judgment. *Psychological Bulletin*, 110, 499-519. doi: 10.1037/0033-2909.110.3.499.

- Kosslyn, S. M., Ganis, G., & Thompson, W. L. (2001). Neural foundations of imagery. *Nature Reviews: Neuroscience*, 2, 635-642. doi: 10.1038/35090055.
- Kremer, J. W. (2007). Dreams and visions in initiation and healing. *ReVision*, 29, 34-45.
- Krippner, S. (1990). *Dreamtime and dreamwork: Decoding the language of the night*. Los Angeles, CA: J.P. Tarcher.
- Krippner, S. (2002). Conflicting perspectives on shamans and shamanism: Points and Counterpoints. *American Psychologist*, 57, 962-977. doi: 10.1037/0003-066X.57.11.962.
- Laubin, R., & Laubin, G. (1977). *Indian dances of North America: Their importance to Indian life*. Norman, OK: University of Oklahoma Press.
- Leahy, W., & Sweller, J. (2004). Cognitive load and the imagination effect. *Applied Cognitive Psychology*, 18, 857-875. doi: 10.1002/acp.1061.
- Leahy, W., & Sweller, J. (2008). The imagination effect increases with an increased intrinsic cognitive load. *Applied Cognitive Psychology*, 22, 273-283. doi: 10.1002/acp.1373.
- Levi-Strauss, C. (1949). Shamans as psychoanalysts. In J. Narby, & F. Huxley (Eds.), *Shamans through time: 500 years on the path to knowledge* (pp. 108-111). New York: Jeremy P. Tarcher/Putnam.
- Libby, L., Shaeffer, E. M., Eibach, R. P., & Slemmer, J. A. (2007). Picture yourself at the polls: Visual perspective in mental imagery affects self-perception and behavior. *Psychological Science*, 18, 199-203. doi: 10.1111/j.1467-9280.2007.x.
- Liester, M. B. (1998). Toward a new definition of hallucination. *American Journal of Orthopsychiatry*, 68, 305-312. doi: 10.1037/h0080339.

- Longo, D. A., & Peterson, S. M. (2002). The role of spirituality in psychosocial rehabilitation. *Psychiatric Rehabilitation Journal*, 25, 333-340.
- Lutz, A., Slagter, H. A., Dunne, J. D., & Davidson, R. (2008). Attention, regulation, and monitoring in meditation. *Trends in Cognitive Sciences*, 12, 163-169. doi: 10.1016/j.tics.2008.01.005.
- Mahoney, M. J., & Avenier, M. (1977). Psychology of the elite athlete: An exploration study. *Cognitive Therapy and Research*, 3, 361-366. doi: 10.1007/BF01173634.
- Marbella, A. M., Harris, M. C., Diehr, S., Ignace, G., & Ignace, G. (1998). Use of native american healers among native american patients in an urban native american health center. *Archives of Family Medicine*, 7, 182-187.
- Marion, M. O. (1995). La voz de lo infinito: Una contribucion a la redefinición del chamanismo en el mundo Maya [The voice from infinity: A contribution to the redefinition of Maya shamanism]. In I. Lagarriga, J. Galinier, & M. Perrin (Eds.), *Chamanismo en latino América: Una revision conceptual* (pp. 56 -73). Mexico: Plaza y Valdez.
- May, J., Andrade, J., Panabokke, N., & Kavanagh, D. (2004). Images of desire: Cognitive models of craving. *Memory*, 12, 447-461. doi: 10.1080/09658210444000061.
- McAdams, D. P., & Pals, J. L. (2006). A new big five: Fundamental principles for an integrative science of personality. *American Psychologist*, 61, 204-217. doi: 10.1037/0003-066X.61.3.204.
- McIsaac, H. K., & Eich, E. (2002). Vantage point in episodic memory. *Psychonomic Bulletin & Review*, 9, 146-150.

- McIsaac, H. K., & Eich, E. (2004). Vantage point in traumatic memory. *Psychological Science, 15*, 248-253. doi: 10.1111/j.0956-7976.2004.00660.x.
- McNeely, D. (1997). An archetypal approach. In P. Young-Eisendrat & T. Dawson (Eds.), *The Cambridge companion to Jung* (pp. 197-209). New York: Cambridge University Press.
- Moore, B. E., & Fine, B. D. (Eds.). (1995). *Psychoanalytic terms and concepts*. New Haven, CT: Yale University Press.
- Murray, H. A. (1938). *Explorations in personality; A clinical and experimental study of fifty men of college age*. New York: Oxford University Press.
- Noll, R. (1983). Shamanism and schizophrenia: A state-specific approach to the “schizophrenia metaphor” of shamanic states. *American Ethnologist, 10*, 433-459.
- Noll, R. (1987). Shamans, “spirits”, and mental imagery. In J. Narby, & F. Huxley (Eds.), *Shamans through time: 500 years on the path to knowledge* (pp. 248-250). New York: Jeremy P. Tarcher/Putnam.
- Ohanian, V. (2002). Imagery rescripting within cognitive-behavior therapy for bulimia nervosa: An illustrative case report. *International Journal of Eating Disorder, 31*, 352-357. doi: 10.1002/eat.10044.
- Osman, S., Cooper, M., Hackmann, A., & Veale, D. (2004). Spontaneously occurring images and early memories in people with body dysmorphic disorder. *Memory, 12*, 428-436. doi: 10.1080/09658210444000043.
- Palermo, L., Iaria, G., & Guariglia, C. (2008). Mental imagery skills and topographical orientation in humans: A correlation study. *Behavioural Brain Research, 192*, 248-253. doi: 10.1016/j.bbr.2008.04.014.

- Pandya, V. (2004). Forest smells and spider webs: Ritualized dream interpretation among Andaman islanders. *Dreaming*, 14, 136-150. doi: 10.1037/1053-0797.14.2-3.136.
- Peter, L. G., & Price-Williams, D. (1980). Towards an experiential analysis of shamanism. *American Ethnologist*, 7, 397-418. Retrieved from <http://www.jstor.org/stable/643675>
- Perrin, M. (1990). Logica chamanica [Shamanic Logic]. In I. Lagarriga, J. Galinier, & M. Perrin (Eds.), *Chamanismo en latino América: Una revision conceptual* (pp. 5-15). Mexico: Plaza y Valdez.
- Pivik, R. T. (2000). Psychophysiology of dreams. In M. Kryger, T. Roth, & W. Dement (Eds.), *Principles and practices of sleep medicine* (3rd ed., pp. 491-501). Philadelphia: Saunders.
- Plaut, A. (1966). Reflections on not being able to imagine. *Journal of Analytical Psychology*, 11, 113-134.
- Pratt, R. R. (2004). Art, dance, and music therapy. *Physical Medicine and Rehabilitation Clinics of North America*, 15, 827-841. doi: 10.1016/J.pmr.2004.03.004.
- Renne, E. P. (2004). Dressing in the stuff of dreams: Sacred dress and religious authority in southwestern Nigeria. *Dreaming*, 14, 120-135. doi: 10.1037/1053-0797.14.2-3.120.
- Rittenhouse, C., Stickgold, R., & Hobson, J. (1994). Constraint on the transformation of characters, objects, and settings in dream reports. *Consciousness and Cognition*, 3, 100-113. doi: 10.1006/ccog.1994.1007.

- Rock, A. (2004). *The mind at night: The new science of how and why we dream*. New York: Basic Books.
- Rosenberger, E. W., & Hayes, J. A. (2002). Therapist as subject: A review of the empirical countertransference literature. *Journal of Counseling and Development*, 80, 264-270.
- Samuels, A. (1985). *Jung and the post-Jungians*. New York: Routledge.
- Sandner, D., & Wong, S. H. (1997). *The sacred heritage: The influence of shamanism on analytical psychology*. New York: Routledge.
- Schredl, M. (2005). [Review of the book *The mind at night: The new science of how and why we dream*]. *Dreaming*, 15, 63. doi: 10.1037/1053-0797.15.1.63.
- Schultes, R. E., & Rallauf, (1992). *Vine of the soul: Medicine men, their plants and rituals in the Colombian Amazonia*. Oracle, AZ: Synergetic Press.
- Seeman, T. E., Dubin, L. F., & Seeman, M. (2003). Religiosity/spirituality and health: A critical review of the evidence for biological pathways. *American Psychologist*, 58, 53–63. doi: 10.1037/0003-066X.58.1.53.
- Singer, J. (1972). *Boundaries of the soul: The practice of Jung's psychology*. Garden City, NY: Doubleday.
- Silverman, J. (1967). Shamans and acute schizophrenia. *American Anthropologist*, 69, 21-31, Retrieved from <http://www.jstor.org/stable/670483>
- Solms, M., & Turnbull, O. (2002). *The brain and the inner world*. New York: Other Press.
- Stewart, C. (2004). Introduction: Dreaming as an object of anthropological analysis. *Dreaming*, 14, 75-82. doi: 10.1037/1053-0797.14.2-3.75.

- Stinear, C. M., Byblow, W. D., Steyvers, M., Levin, O., & Swinnen, S. P. (2006). Kinesthetic, but not visual, motor imagery modulates corticomotor excitability. *Experimental Brain Research*, 168, 157-164. doi: 10.1007/s00221-005-0078-y.
- Solms, M., & Turnbull, O. (2002). *The brain and the inner world: An introduction to the neuroscience of subjective experience*. New York: Other Press.
- Snyder, F. (1970) The phenomenology of dreaming. In L. Madow & L. Snow (Eds.), *The psychodynamic implications of the physiological studies on dreams* (pp. 124-151). Springfield, IL: Thomas.
- Strauch, I., & Meier, B. (1996). *In search of dreams: Results of experimental dream research*. Albany: State University of New York Press.
- Sue, D. W., & Sue, D. (2007). *Counseling the culturally diverse: Theory and practice* (5th ed.). New York: Wiley.
- Tarnow, E. (2003). How dreams and memory may be related. *Neuro-Psychoanalysis*, 5, 177-182.
- Tedlock, B. (1987). *Dreaming: Anthropological and psychological interpretations*. Santa Fe, NM: School of American Research Press.
- Tedlock, B. (2004). The poetics and spirituality of dreaming: A native American enactive theory. *Dreaming*, 14, 183-189. doi: 10.1037/1053-0797.14.2-3.183.
- Tomasini, A. (1995). El cantor en la cultura Nivakle [The singer in the Nivakle culture]. In I. Lagarriga, J. Galinier, & M. Perrin (Eds.), *Chamanismo en latino América: Una revision conceptual* (pp. 144-158). Mexico: Plaza y Valdez.
- Turner, E. (1992). The reality of the spirits: A tabooed or permitted field of study? *Anthropology of Consciousness*, 3, 9-12.

- Turner, E. (1996). *The hands feel it: Healing and spirit presence among a northern Alaskan people*. DeKalb, IL: Northern Illinois University Press.
- Ursano, R. J. & Hales, R. E. (1986). A review of brief individual psychotherapies. *American Journal of Psychiatry*, 143, 1507-1517.
- Van Ommeren, M., Komproe, I., Cardena, E., Thapa, S. B., Prasain., de Jong, J. T. V. M., et al. (2002, April). *Psychological profile of Bhutanese shamans*. Paper presented at the annual conference of the Society for the Anthropology of Consciousness, Tucson, AZ.
- Vasilevic, G. M. (1968). The acquisition of shamanistic ability among the Evenki (Tungus). In V. Dioszegi (Ed.), *Popular beliefs and folklore tradition in Siberia* (pp. 339-50). Bloomington, IN: Indiana University Press.
- Vitebsky, P. (1995). *The shaman*. New York: Little Brown.
- Von Franz, M. L. (1978). On active imagination. In M. F. Keyes, *Inward journey: Art as therapy* (pp. 125-133). La Salle, IL: Open Court.
- Voss, U., Holzmann, R., Tuin, I., & Hobson, J. A. (2009). Lucid dreaming: A state of consciousness with features of both waking and non-lucid dreaming. *Sleep*, 32, 1191-1200.
- Walsh, R. (1990). Shamans explore the human mind. In J. Narby, & F. Huxley (Eds.), *Shamans through time: 500 years on the path to knowledge* (pp. 257-259). New York: Jeremy P. Tarcher/Putnam.
- Walsh, R. (2001). Shamanic experiences: A developmental analysis. *Journal of Humanistic Psychology*, 41, 31-52.
- Watkins, M. M. (1986). *Invisible guests: The development of imaginal dialogues*.

Hillsdale, N.J.: Analytic Press.

- Wax, M.L. (1999). The angel of dreams: Toward an ethnology of dream interpreting. *Journal of American Academy of Psychoanalysis and Dynamic Psychiatry*, 27, 417-429.
- Weertman, A., & Arntz, A. (2007). Effectiveness of treatment of childhood memories in cognitive therapy of personality disorders: A controlled study contrasting methods focusing on the present and methods focusing on childhood memories, *Behaviour Research and Therapy*, 45, 2133–2143. doi: 10.1016/j.brat.2007.02.013.
- Wells, A., & Hackmann, A. (1993). Imagery and core beliefs in health anxiety: Content and origins. *Behavioural and Cognitive Therapy*, 21, 265-273. doi: 10.1017/S1352465800010511.
- Whitman, W. (1959). *Leaves of grass*. New York: Viking Press.
- Wilhelm, R., & Baynes, C. F. (1967). *The I ching; Or, Book of changes*. Bollingen series, 19. Princeton, N.J: Princeton University Press.
- Worthington, E.L., Kurusu, T.A., McCullough, M.E., & Sandage, S.J. (1996). Empirical research on religion and psychotherapeutic processes and outcomes: A 10-year review and research prospectus. *Psychological Bulletin*, 119, 448-487. doi: 10.1037/0033-2909.119.3.448.
- Yeh, C. J., Hunter, C. D., Madan-Bahel, A., Chiang, L., & Arora, A. (2004). Indigenous and interdependent perspectives of healing: Implications for counseling and research. *Journal of Counseling and Development*, 82, 410-419. Retrieved from <http://search.ebscohost.com.ezproxy.roosevelt.edu>

- Yoon-Ki, M., Soon-Cheol, C., & Byung-Chan, M. (2005). Physiological evaluation on Emotional change induced by imagination. *Applied Psychophysiology and Biofeedback, 30*, 137-150. doi: 10.1007/s10484-005-4310-0.
- Zimmer, C. (2010). The brain. *Discover, 31*, 28-29.

Endnotes

1

According to Von Franz (1978), active imagination is the process of letting an unconscious fantasy image enter into one's own conscious attention, after one has emptied one's mind from the succession of thoughts, and giving it some form of expression (e.g. through painting, sculpting or dancing, etc.) in order to have an ethical confrontation with it.

2

In his courageous psychological journey towards the understanding of the human psyche, Jung observed certain personifications that appeared recurrently in his dreams and the dreams of his patients. Among them, these were the archetypes of the shadow (the other side, our dark brother), the anima and the animus (the soul-image for men and women), and the Wise Old Man (the spiritual principle).

3

The use of the word 'visualization' refers to the optical process of observing the lives of dream spirits. Their lives include, but are not limited to, similar daily living activities to the ones performed by people: walking, running, talking, screaming, thinking, feeling, sensing, etc. The visualization process may be sometimes active and deliberate; at other times, it may be passive and non-ego driven, or it may be, at times, a combination of both active and passive, deliberate and non-ego driven.

4

Dream spirits do not usually suggest directly to the dreamer how to proceed with human affairs. Instead, dream spirits usually provide hints or clues to the dreamer. The spirits present these hints in many different ways. One of the most common hints is by the manner in which the spirit presents itself in the dream. For example, if a spirit is singing in the dream, this may be a hint to the dreamer of the importance of singing, or if a spirit plays a sport, this may be a hint to the dreamer that playing that particular sport is important.

Biographical Statement

Freddie A. Taborda completed a Bachelor of Science degree at Externado University in Bogota, Colombia in 1983. Then, he completed a Master of Arts degree in Economics at Northeastern University in Boston, Massachusetts in 1988. Subsequently, he completed a Master of Arts degree in Professional Psychology in 1993. Following a decade of employment in jobs as a bilingual-bicultural therapist, he took graduate classes in Dance/Movement Therapy. He began a doctoral program in Clinical Psychology at Roosevelt University in 2003. While he continued working as a Licensed Clinical Professional Counselor, he received clinical training in psychological assessment at Hartgrove Hospital and Interaction Dynamics. He completed his internship at the Indian Health Board where he worked primarily with American Indian people. Mr. Taborda is working currently as a Behavioral Health Coordinator at Alivio Medical Center, which is located in Chicago. He is developing a Behavioral Health program for the Mexican and the Latino community who live in Pilsen and Little Village.
