

Psychotherapy Guidebook

# GUIDED FANTASY IN PSYCHOTHERAPY

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# **Guided Fantasy in Psychotherapy**

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# Guided Fantasy in Psychotherapy

*Gary F. Kelly*

## DEFINITION

The past twenty-five years have seen a renewal of interest in conscious inner human experience and its implications for therapy. Counselors and psychotherapists have begun to tap the potentials of fantasy for facilitating personal growth and therapeutic change. Through outside suggestion, a person's fantasizing may be channeled and directed toward positive ends. In most of the fantasy therapies, the therapist structures the situation by describing some imaginary situation for the client. Then the client is encouraged to let his own imagination develop the theme and create a rich fantasy experience, as the therapist gently guides by comments and suggestions.

## HISTORY

The historical foundations of Guided Fantasy are found in psychoanalysis. In the famous case of Anna O. (Breuer and Freud, 1895), a directed mental imagery technique was employed, but Freud later discarded the use of guided imagery, and developed methods involving free association

and dream analysis. Growing out of this analytic tradition, Kretschmer (1922) and Happich (1938) developed meditative approaches to psychotherapy, and Schultz (1956) used a systematic method for using the mind's images called the "autogenic training technique." Especially significant to the more recent publicizing and legitimizing of fantasy psychotherapy were the methods of French psychotherapist Robert Desoille and German psychiatrist Hanscarl Leuner. Desoille's (1966) work with the waking dream (*rêve éveillé*) demonstrated that therapist-directed daydreaming could lead patients to increased self-understanding and emotional maturity. Leuner's (1969) "guided affective imagery" technique involves the guiding of the subject through a series of structured fantasy situations, each with a specific theoretical purpose in analysis and therapy.

Contemporary approaches to Guided Fantasy have moved away from emphasis of the analytic value of imagery and more toward the inherent therapeutic value of the fantasy experience, along with action-oriented approaches for integrating the fantasy experience into positive growth (Kelly, 1974). Shaffer (1972), for example, has used "induced guided fantasy" as a primary mode of treatment with several clients in therapy. "Psychosynthesis" makes use of a variety of Guided Fantasy methods (Crampton, 1969). Behavior therapists have often modified and structured Guided Fantasy for use in Systematic Desensitization. The real history of Guided Fantasy is being written now, as more therapists make use of these techniques and as journals

and societies focusing on mental imagery begin to appear. For a more definitive discussion of the history of fantasy therapies, see Margaret Crampton's (1974) historical survey.

## TECHNIQUE

One of the advantages of Guided Fantasy techniques is their flexibility and adaptability to diverse settings. I shall describe my general approach to fantasy in counseling situations; see my paper (Kelly, 1972) for further detail. The effectiveness of Guided Fantasy seems to depend on several factors: the characteristics of the client, how well the counselor has introduced and structured the situation, and the effectiveness of the counselor's guiding during the actual situation.

Client characteristics. There are several client characteristics that seem to be especially reliable in predicting a positive outcome from a fantasy experience in counseling or therapy:

1. Deep commitment to the counseling process and its goals.
2. Willingness to share the responsibility for the counseling relationship and to work toward growth and change.
3. Trust in the counselor, whose accepting manner is firmly established.

4. Lack of intense anxiety or undue concern over increasing insight, fantasies, or dreams.
5. Some comprehension of the existence of unconscious needs, motivations, and repressions.
6. Willingness to participate in a Guided Fantasy without viewing the experience as unduly threatening, mystical, or unorthodox.

Some clients simply indicate they are afraid of such methods or would prefer not to participate in them. Some therapists would interpret this as resistance to be broken down; I prefer to respect the client's wishes.

Preliminary structuring. There are several ways in which the counselor may prepare the client for a Guided Fantasy, facilitating a positive, nonthreatening atmosphere and protecting against fearfulness generated by the unexpected. Several steps should be followed:

1. Introducing the technique to the client, emphasizing that it may give some new insights into thoughts and feelings.
2. The therapist should explain the client's role in the fantasy, and indicate that the imagination should be given freedom to develop the experience without much censoring. I tell clients not to try to make the images go where they think they ought to, but to visualize and fully sense whatever images come along. I also explain that as they keep me fully informed of their fantasy, I shall be making suggestions from time to

time, but that they are free to reject any of these suggestions.

3. The client should be prepared to feel emotion during the fantasy and encouraged to fully experience whatever emotions are evoked.
4. It should be emphasized that the client has full autonomy and control in the fantasy, and that the fantasy is simply taking the directions the client allows it to take.
5. The client should be in a relaxed, quiet atmosphere, as free from extraneous stimuli as possible. A reclining position, with the eyes closed, seems best for most clients.
6. The opening situation given by the counselor to initiate the fantasy should be thoroughly detailed and, whenever appropriate, tailored to a particular client's needs. Often, the opening themes I suggest are quite general and suggest venturing into some uncharted territory (such as, going into a cave; getting to the other side of a large stone wall; drifting in a rowboat in fog). Other times they are more specific, and designed to work on a particular client concern (for example, entering one's own body; confronting a room full of people known to the client).

**Guiding and termination.** An essential part of effective Guided Fantasy is the skillful guiding on the part of the counselor. There must be an adequate amount of empathic, verbal participation without becoming over-involved to the extent of pulling the client away from the fantasy. The counselor should

encourage description of detail to develop the richness of the experience, and at times may wish to restructure the fantasy toward more productive directions. When predicaments or frightening obstacles are encountered, the counselor may be important in guiding the client through the fantasized problem. It is wise for the counselor to attempt to terminate the fantasy at as positive a point as possible, leaving the client with relaxed and contented feelings. It is important that the client experience a sense of success and accomplishment regarding the fantasy.

**Outcome and processing.** Guided Fantasy experiences are more powerful and productive for some clients than for others. On one end of the spectrum are those who find fantasy to be a mildly pleasant and relaxing, or neutral, experience. On the other end are the clients who are profoundly moved by the fantasy, and come away with a real sense of having changed and grown. For some, the therapeutic nature of fantasy is increased by participation in a series of guided fantasies over a period of several sessions.

Some counselors and therapists feel that fantasies should be “processed” in detail with clients, including retrospective analysis of content, discussion of emotional reactions, and looking at possible symbolism. Gestalt therapy approaches may be used to further integrate symbols or upsetting images that occur in the fantasy. I find that the Guided Fantasy usually is able to stand by itself as a significant and understood part of the counseling

process. Some clients actually work through conflicts on a symbolic level during fantasy. Following the experience, they are able to transfer this resolution into real situations.

## APPLICATIONS

Guided Fantasy represents one of many specialized approaches that may be used to help clients achieve healthier and more satisfying levels of personality functioning through increased insight and self-acceptance. It may also help clients deal with conflict and situations to which they experience phobic reactions. In addition to the use of fantasy in the systematic desensitization and aversive counter-conditioning of behavioral therapy, it has been made a part of some approaches to Implosion Therapy or emotional “flooding” as a way of extinguishing fear.

Shaffer has described the therapeutic value of Guided Fantasy in dealing with nightmares and dream fragments, and as a way to help clients experience fantasized age regression. Another popular use of the technique may be in helping clients focus on bodily concerns and their causes (Alexander, 1971). Guided Fantasy has been useful in the treatment of children, adolescents, and youth. Hartman and Fithian (1974) employ Guided Fantasy to explore body imagery in clients with sexual dysfunctions. There are also reports of success in sex therapy to resolve psychological conflicts

that are playing a part in generating dysfunctions (Kelly, 1976).

Some counselors and therapists have begun employing Guided Fantasy in group settings, and these approaches represent an exciting new trend in the therapeutic use of mental imagery. Adaptability and flexibility are the characteristics that render Guided Fantasy a valuable tool for a variety of psychotherapeutic models.