Mental Health Through Will-Training

Fifth Edition

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A System of Self-Help in Psychotherapy as Practiced by Recovery International

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Chapter One

Imagination, Temper and Symptoms

KEY CONCEPTS:

- ❖ External and internal environment
- ❖ Sensory grasp of outer environment
- ❖ Intuitive grasp of inner environment
- ❖ Imaginative balance
- ❖ Dual and divided will

TOOLS:

- ❖ Imagination on fire
- ❖ Decide, plan, initiate and act.
- ❖ Keep secure thoughts.
- ❖ Have the courage to be wrong in daily trivialities.
- ❖ Face, tolerate and endure.
- ❖ Do the things you fear and dread to do.
- ❖ When you can't decide, any decision will steady you.
- ❖ Fear is a belief and beliefs can be changed.
- ❖ The language of Recovery is the language of security.

Panel Discussion by Patients

FRANK (leader): Let's discuss the *dilemma*, which means difficulty making decisions. Who has an example of having trouble making up their mind?

TILLIE: Recently I went to the department store to get a dress for my daughter. I couldn't make up my mind between two dresses. I looked at both and

felt confused. And when I can't make up my mind, I get a tightness in my left side and I feel like running away. But then I just decided to take one dress and felt comfortable.

Then I went to get some socks, and I thought I would get size nine. But then I wondered if they were too big, and I became confused again. The tightness came back, I got flushed, and I felt I couldn't breathe. I was on the point of throwing the socks down and leaving the store, but my daughter made the decision for me, saying size nine was okay. Then the tightness stopped immediately. Six months ago, once the tightness had started, all kinds of other symptoms would have come on, and I would have been in a panic all day and maybe for several days. Today my panics don't last long, and they aren't as severe as they used to be.

MAURICE: I used to make conflicts out of simple things, for instance, going to a movie or getting a haircut. I would start out, then I'd think, should I really go? Then I might pick up a book and read. After a few minutes, I would feel I should go. Then I would put it off again, and so it would take me hours to make a simple decision. A few months ago, I went to the library and wasn't sure what books to take out, and for hours I looked them over and never checked one out. I couldn't make up my mind, and was disgusted with myself. Today I can decide in a few minutes.

FRANK: All this tenseness comes from not wanting to make up our minds, being afraid to make a decision or a choice. But we have to learn to make decisions and to take chances that we may be wrong. We must have the courage to be wrong in the trivialities of daily life.

DON: The clerk at the neighborhood store knows about my condition because I told him. Now I am sorry that I told him because I feel uncomfortable whenever I have to go there to buy something. Of course, it is the stigma, and I put off going there. But finally, I said to myself, "You know you will be tense all day if you don't make up your mind to face that clerk." When I am tense, I get all kinds of symptoms, fatigue, sleeplessness and tremors. So I went and got what I needed, and after that I felt I had accomplished something. Otherwise I would have suffered all day.

FRANK: These are examples of trivial conflicts that keep us in constant tension, and the tenseness, of course, produces symptoms. I will give you an example of my own. I had plans to write a newsletter article, but I kept putting

it off. Just last night, I thought I would start on the article but suddenly it became important for me to read the local paper. I had to read it immediately. I got the paper and read it very thoroughly, though usually I hardly look at it. And I again put off my task. I haven't been able to beat this procrastination of mine as thoroughly as I would like to, but I am gradually getting it under control. Later that evening, I finally made up my mind and wrote the article.

Imagination, Temper and Symptoms

Physician's Comment on the Panel Discussion

The central theme of the panel was fear, particularly, the *fear of making a decision.* Frank concluded that all the issues and problems, conflicts and dilemmas listed by the panel members were simple trivialities. But Tillie, while grappling with her difficulty, developed panics and confusions and other frightening symptoms. To her, the danger of making a wrong decision did not appear at all trivial. It seemed a matter of momentous importance. She thought of consequences and grave responsibilities; she anticipated failure and disaster. In other words, *her imagination was on fire*.

If there were no imagination, there would be few panics and anxieties. And without panics and anxieties, nervous symptoms would die away. No patient would fear collapse unless their imagination told them that palpitations, air-hunger, and chest pressure indicate the danger of imminent death. The idea of danger created by your imagination can easily disrupt your functions. *The nervous patient is served by an imagination which is out of bounds*, rampant, unbalanced. If the balance is to be restored, the patient will have to learn how the imagination functions.

Imagination is either busy or idle. If idle, it is bored. If busy, it is interested and either stimulated or frustrated. Its business is to notice, observe and interpret events. Once the event is noticed, imagination is stirred. It may then lead to rising concern or excitement. The concern will lead to further investigation and deepened interest, finally yielding some discovery. The excitement will give rise to feelings, sentiments and emotions. Note that concern, excitement, interest, and feelings are intimately associated with the function of imagination.

What imagination notices, observes, and interprets are events, facts, and

situations occurring outside or inside the body. Those taking place outside the body, in the external environment, strike the senses of vision, hearing or touch and are "grasped" by them. This is the *"sensory grasp" of outer experience*. The events occurring inside the body, in the internal environment, affect our deep sensibility and are noticed by intuition. This is the *"intuitive grasp" of inner experience*. We may then say that imagination is busy interpreting the facts of outer and inner experience. On the one hand, it makes use of sense perception, on the other of intuitive understanding.

In interpreting the meaning of events, imagination identifies them as either indifferent or significant to our welfare. The significant events are felt or thought of as endangering or securing our welfare. In this manner, imagination produces the sense of security or insecurity. If behavior is to be adjusted, imagination must interpret events in such a way that the sense of security overtakes the sense of insecurity. Once this is accomplished, an *imaginative balance* establishes itself.

After interpreting an event, imagination renders an opinion as a tentative suggestion. It suggests that the person approaching you is a friend. The opinion is that the situation is one of security. The situation is such that it calls for little or no imaginative appraisal. The sensory grasp is sufficient for proper identification. After the friend reaches you, his features may strike your eye as being changed. You imagine they express anxiety. This is another imaginative guess. If you accept it, you may be inclined to offer sympathy or aid. Suppose now that your guess was wrong. The offer of sympathy was then misplaced. The tentative opinion rendered by imagination misled you to an incorrect conclusion and an inappropriate decision to act. In order to avoid premature conclusions, decisions, and acts of this kind, the opinion or suggestion offered by imagination must be verified. This verification makes use of logic, past experience, and of that capacity of the mature human mind to observe elements which contradict or support an opinion after it has been formed.

The nervous patient—after years of suffering—develops an unbalanced imagination. Their first impressions tend to interpret inner and outer experiences in terms of insecurity. Furthermore, the first guesses are accepted without an attempt at verification. Unable to resist these suggestions, the patient becomes the victim of the imagination. A constant stream of insecure suggestions pours forth, leading to a continuous succession of wrong opinions,

conclusions and decisions. *The result is that the patient*, realizing that the first guesses tend to be either wrong or harmful, *comes to fear forming an opinion, reaching a conclusion, or making a decision*.

Let's look at the experience Tillie had in the store. When she was unable to make up her mind whether to buy a smaller size sock, her daughter Doris came to her aid and made the decision for her. "Then the tightness stopped, and immediately I felt comfortable," Tillie said. But, the fact that Doris had to make the decision for her was a blow to the mother's self-respect. It served to emphasize her inability to act, to decide, to be self-sufficient. Doris's intervention relieved the symptoms of tightness and discomfort, and Tillie felt secure for a few minutes. But her moral and intellectual personality was made to feel more insecure than before. The next decision to be made was certain to show an increased distrust of herself and of her imagination.

To trust imagination means to let it perform its functions of dreaming, hoping, anticipating. If Tillie had given free play to her fancy, she would have planned the purchase of Doris's dress days or weeks in advance. She would have pictured in her imagination how beautiful the child would look with a certain style, cut or color. She would have beamed with joy at the thought of Doris's delight when presented with the dress—all of this and many other dreams, hopes and anticipations would have crowded Tillie's brain, continually feeding and occupying her imagination.

This is the point: *the acts of planning, dreaming, hoping and anticipating keep the imagination busy* and occupied, interested and stimulated. They prevent idleness and boredom. And if imagination is properly kept from being idle, there is little occasion for restlessness or irritability. And without restlessness and irritability, symptoms do not stand much of a chance of being maintained or precipitated. Had Tillie focused her imagination on dreams and hopes, her chest would have swelled with pride, and her heart would have expanded with joy. Instead, her chest became the seat of agonizing pressure, and her heart was rocked by wild palpitations because her imagination was allowed to busy itself with fears and anxieties instead of dreams and hopes.

What prevented her from keeping her imagination fruitfully occupied was her *preoccupation* with terrors and panics, with symptoms and distress—with the idea of insecurity. And if an imagination is constantly preoccupied with ideas of insecurity, it will not be able to occupy itself with dreams, hopes and

visions from which ideas of security originate. If this happens, the imaginative balance will be disturbed, the thoughts of insecurity will drown out the ideas of security leading to anxious preoccupation. The result will be a paralyzing fear of deciding, planning, initiating and acting. But *without decisions, plans, action and initiative, there is no possibility of developing pride, self-reliance and self-sufficiency*.

If the nervous patient is to regain their imaginative balance, the preoccupation with ideas of insecurity will have to give way to thoughts of security; with hopes, dreams and pleasurable anticipations. These hopes, dreams and joyful anticipations make up the fabric of decisions, plans and conclusions. If you ask how you can manage to eliminate your preoccupations, my answer will be: Stop listening to the threat of the symptomatic idiom and the imbecilities of the temperamental lingo, and your imagination will again be able to pursue its stimulating occupations. Then you will be in a position to make decisions, draw conclusions, formulate plans without fearing the dreadful consequences suggested to you by temper and symptom. Learning the Recovery language of self-confidence and fearlessness will free your imagination of the dead weight of panics and anxieties. Thus delivered, your mind will once again occupy itself with thoughts of security and ideas of self-sufficiency.

Imagination, Temper and Symptoms

Additional Spotting

Spot 1. The acts of planning, dreaming, hoping and anticipating keep the imagination busy and occupied, interested and stimulated. They prevent idleness and boredom.

Spot 2. Ideas of insecurity have to give way to thoughts of security, with hopes, dreams and pleasurable anticipations.

Spot 3. Hopes, dreams and joyful anticipation make up the fabric of decision, plans and conclusions.

Spot 4. Learning the Recovery language of self-confidence and fearlessness will free your imagination of the dead weight of panics and anxieties.

Spot 5. Stop listening to the threat of the symptomatic idiom and the imbecilities of the temperamental lingo.