The increased use of imagery in as varied a range of clinical interventions as traditional behavioral techniques (e.g., Cautela's covert conditioning, 1971, 1977; Wolpe's systematic desensitization, 1969); psychodynamically oriented imagery therapies (Shorr's psychoinagination therapy, 1972; Reyher's emergent uncovering therapy, 1978; Leuner's Guided Affective Imagery, 1977, 1978) and more physiologically-oriented interventions (e.g., biofeedback, bioenergetics, hypnosis, some Gestalt techniques, occasionally psychodrama--see Singer, 1974; Singer & Pope, 1978) has precipitated a resurgence of interest in imagery measurement. Qualitative and quantitative indices have been sought. This interest in assessment for clinical purposes can focus on diagnostic questions, can reflect needs of the intervention itself, or can grow from a desire to evaluate progress. Thus the function of the question being asked of the measure can vary.

In addition, the dimension of imagery at issue is important. It is meaningless to measure vividness of visual imagery when what one wants to know is the sequence of images surrounding a maladaptive behavior pattern or unpleasant affective experience. This paper will (1) suggest a schema for identifying dimensions of imagery that may be of interest, (2) consider some clinical questions that an imagery measure might be useful in answering, (3) briefly survey the types of measures that have been developed, and (4) offer a summary for helping to match the questions to the methods.

IMAGERY DIMENSIONS

Horowitz (1970) has suggested four profitable approaches to the study of imagery, delineating: properties of images, contexts in which they occur, the relation of imagery to perception, and the con-
tent of an image. Further aspects of imagery of importance when asking clinical questions are whether the image being sought is passive or active in genesis and whether it is consciously or unconsciously experienced. Finally, questions concerning individual differences in imagery and the process of imagining may be of interest. These issues have been considered extensively elsewhere (Tower and Singer, 1980) and will only be briefly discussed here.

Properties of Images

By far the most researched properties of images are vividness, controllability, and modality (see Tower and Singer, 1980, for a summary). In addition, Tondo and Cautela, (1974) have noted the importance of ease of evocation of an image, regardless of clarity, and also of an image's affective tone. These aspects of imagery are critical to the success of behavioral interventions. Assessment of them can help in diagnosing the availability of imaginal skills, measuring the effectiveness of any imagery-skill building that might be instituted, and in identifying cognitive-affective factors critical to outcome both during sessions and across treatment. For example, the value of calling as many imaginal and affective responses into play as possible in attaining a therapeutic goal has become clear. From this standpoint, the variety of modalities available to a person is important. The work of Merrill Anderson (note 1) suggests that increased attention to detail in an image creates increased vividness. To the extent that such vividness bears a linear relationship to conscious awareness (e.g., Reyher, 1977, Reyher & Morishige, 1969; Morishige & Reyher, 1975), its assessment could also be useful in determining progress in therapies designed to broaden conscious awareness of unconscious experience.

Contexts of Images

The contexts of images can be important clinically in two major ways: First, the type of context within which imagery takes place may be critical in both improving imaging skills and in therapies designed for "growth," or the expansion of human consciousness. It is likely that imagery development is easier in low-stimulation contexts: thus meditation, sensory deprivation, immediate presleep or postsleep (hypnagogic and hypnopompic imagery), actual sleep states, or drug-induced alterations in consciousness may facilitate the emergence of imagery, its practice, and the ease of evocation, vividness, controllability, frequency, and range. Second, the situational contexts of ongoing thought with its richness of images and ideas can be of central interest if the clinical questions center around meaning—for example, identifying themes that preoccupy a person; one's associations to a particular person, event or thing; the sequences by which one organizes experience and behavior; the rules of organization that govern such sequences; and the ability to intensify or modify implicit rules. Indeed, the phenomenon of changing maladaptive beliefs