

Fine Tuning Imagery Rescripting

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Introduction

Imagery rescripting is a powerful experiential technique that uses the power of imagination and visualisation to identify and change meaningful and traumatic experiences in the past, resulting in transformation in the present. The approach seeks to provide a corrective emotional experience to assist in changing a client's beliefs, emotions, and recollections. It has been a central feature of Schema Therapy, however more recently imagery rescripting has developed into a stand alone treatment for childhood trauma and other specialist areas such as social anxiety disorder, post-traumatic stress disorder, obsessive compulsive disorder, and clinical nightmares.

This DVD series aims to provide a solid foundation of skills for those beginning to use imagery work in their practice. Furthermore, it provides more experienced therapists with examples of managing difficult and challenging situations typically observed in clinical contexts.

The DVD centres around two fictional clients: "Nicky" presenting with borderline personality disorder and a complex trauma background; and "Greg" presenting with chronic depression and PTSD.

DVD 1 - shows the typical use of imagery exercises in various situations.

DVD 2 - shows challenging situations for therapists as well as ways to bypass challenging situations that may block the use of imagery exercises.

DVD 3 - shows the use of imagery in "specialist" areas. It also contains scenes showing common pitfalls for therapists completing imagery work.

DVD 1 Imagery Rescripting

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DVD 3 Imagery Rescripting - Specialist Areas and Therapist's Pitfalls

Specialist areas

- 1 Eating disorder- Fighting Punitive Antagonist
- 2 Eating disorder- Rescripting Absent Parents
- 3 Flash Forwards (Obsessive Compulsive Disorder)
- 4 Recurrent Nightmares

Therapist Pitfalls

- 1 Imagery- Not Enough Strength
- 2 Imagery Too Fast/Rational
- 3 Imagery Too Slow/Detailed
- 4 Asking Client to Rescript Too Early

DVD 1 Comments on Scenes

1 Therapist Explains Rationale

The therapist provides a rationale for imagery rescripting work.

2 Imagery for Assessment

Understanding and assessing the origins of schemas/modes and meaningful childhood experiences can be accessed via imagery. Therapists can gain a good understanding of how caregivers respond to emotional needs.

3 Imagery Rescripting With No Antagonist

The primary goal of imagery rescripting is to provide a corrective emotional experience. As a result, rescripting does not need to focus solely on fighting antagonists, but can also just be about offering care, compassion, nurturance, and support.

4 Imagery Rescripting Punitive Antagonist

A guideline in imagery rescripting is that the therapist needs to “win” the exchange. The therapist can “win” via elements such as their tone of voice, volume of speech, the use of fantasy, and the therapy relationship.

5 Imagery Rescripting Demanding Antagonist

Demanding caregivers often have good intentions: they want their child to be successful and happy, but they put too much pressure on the child, not validating the need for care, spontaneity, and play. The therapist needs to challenge the demanding antagonist via the use of reasoning and argument.

6 Imagery Rescripting Guilt Inducing Antagonist

Initially, a guilt inducing and demanding antagonist may not look dissimilar. However, the experience of a guilt inducing antagonist can be similar to that of punitive figures. Here, the child feels defective or bad about themselves. The therapist needs to be firm and calm, addressing the non-verbal, indirect messages of the antagonist towards the child

7 Imagery Rescripting Using Fantasy

In imagery the use of fantasy can be especially useful if the therapist feels unable to provide the corrective emotional experience alone. In imagery, fantasy is limitless, so there is always something that can assist with a successful rescript. However, therapists need to be attuned to the client to determine if the intervention is meaningful and corrective.

8 Forming Image of Healthy Adult

Often clients present with limited psychological resources, which may stem from restricted experiences of positive and healthy caregivers as a child. The therapist can help access helpful emotions and beliefs via imagery. In addition, the therapist can model via appropriate self-disclosure, noting how they may access their own “healthy adult”.

9 Coaching Client to Rescript Image

The therapist assists in providing sentiments and enhancing corrective emotions and responses. Commencing with priming the client (with an image of their “healthy adult”) may assist the client in accessing the required psychological resources.

10 Client Rescripts Image (Punitive Antagonist)

Once the client has developed some emotional strength (and can intellectually reason with the distorted sentiments related to the experience), the client is encouraged to take the primary role in rescripting the image. The process has 3 stages: 1) the client describes the scene from the perspective of the child; 2) the client enters the scene as an adult and takes action; and 3) the client takes the role of the child again, now experiencing the rescripting.

11 Client Rescripts Image (Demanding Antagonist)

Following a period where the therapist rescripts the image, the client is then encouraged to reason and challenge the parent. The sequence is the same as when working with the punitive antagonist: 1) the client describes the scene; 2) the client enters the scene as an adult and challenges and reasons with the parent; 3) the client takes the child’s position experiencing the rescript.

12 Future Behavioural Pattern Breaking

In the latter stages of therapy, imagery rescripting can be used in preparing the client to change behavioural patterns. Visualizing new, healthy behaviours aims to help strengthen their “Healthy Adult” and prepare themselves for different, healthier behaviours in the future.

DVD 2 Comments on Scenes

1 Client Doesn't Want to do Imagery: "Stealth Imagery"

Clients can be unsure of what the imagery process entails, resulting in further avoidance and resistance. "Stealth imagery" is a detailed "walk through" of an image, based on what the therapist knows about the client.

2 Client Doesn't Want to do Imagery: Cognitive Approaches

Therapists can assess, challenge, and dispute underlying assumptions and beliefs related to doing experiential work. The therapist can also examine pros and cons related to the process, and enhance motivation to complete emotion-focused work.

3 Client Doesn't Want to Close Eyes

Coping modes are generally triggered when the client feels unsafe or threatened. It's important for the therapist to initially acknowledge the fear, and be open and understanding. The therapist then "negotiates" with the coping mode/the patient about ways in which the client would feel safe enough to proceed with the exercise.

4 Client Has No Safe Place

If the client has difficulties identifying a safe place, the therapist may offer some suggestions. Sources for a safe place can be from the past, imagined, or from fantasy (or the therapy environment/ room itself).

5 Mode Work With Unwilling Client

The therapist can use schema mode terminology to identify the mode that is "getting in the way" of successful rescripting. Therapists can also use body gestures to highlight the interplay of such modes, and as a way of making blocking modes more ego-dystonic.

6 Chair-Work: Client Detached and Unwilling

Therapists can use chair-work to help bypass modes that block emotions. The therapist places the "side" of the client that is unwilling to complete the process in a chair, and creates a dialogue, making the mode more ego-dystonic.

7 Very Strong Overcompensation - Resistance and Unwillingness

In this case, given the strength of the mode, it would be preferable to focus on helping the client to "let go" of the mode before trying imagery rescripting. The point in this case is to stay focused on bypassing the mode

8 'I can't do imagery' - Neutral Image Current Life

Therapists can demonstrate to the client they can use imagery methods via helping them to describe a current event in visual and sensory detail.

9 'I Can't do Imagery' - Neutral Image Growing Up

Using a neutral image from the client's childhood can assist the therapist to connect with meaningful experiences in the past that are related to current problems.

10 Recollecting Not Experiencing

It is essential that clients create an image and an "experience" rather than accessing memories and recalling events. In this case, focus on sensory aspects, and aim to assist the client to speak in a visual and "present" way (preferably in first person, present tense).

11 Not Wanting Therapist to Enter Image

The therapist starts by acknowledging that he is able to manage with the situation and highlights to the client the universal need to connect with others, feel supported, and be helped. The use of an alternative "helper" (such as a relative, friend, etc.), can be considered.

12 Can't Take Child's Perspective

It is important for the client to eventually have some empathic response to the child self in imagery. In some cases the therapist will need to educate the client on basic core emotional needs of children. Explaining to the client that all children need love and affection, protection, guidance, and that there are emotional consequences for not receiving such needs.

13 Client wants to Change Parents

It is important to differentiate between the actual emotional need of the client and the reality that some parents are often not capable of fulfilling such needs. On the whole, changing the parent is not feasible or corrective (apart from some Cluster C cases where the parents were loving but ill equipped). Here, the therapist validates the need and provides the corrective experience.

14 Client Too Overwhelmed - Grounding

On occasion, clients can be flooded with affect. Here, the therapist needs to use such things as the therapy relationship, tone of voice, and the image itself to ground the client and down regulate emotion to a workable level. In addition, the therapist also needs to ensure post-session safety (possibly via contact after the session).

Specialist areas

1 Eating disorder - Fighting Punitive Antagonist

Through imagery, the client links the current distress triggered by weight gain to early memories of being criticised by her father about her eating and her body. The therapist rescripts the session by challenging her critical father in the image, and providing re-parenting to meet her unmet needs for attunement, nurturance, and acceptance.

2 Eating disorder - Rescripting Absent Parents

The imagery starts with the client sitting alone in the evening, a recurrent distressing trigger. The affect bridge links this to an early memory of being alone and afraid. The therapist rescripts the image by confronting the parents for neglecting Nicky and re-parenting the client via the image of being held, whilst using a blanket to increase her bodily felt-sense of being safe and nurtured.

3 Flash Forwards (Obsessive Compulsive Disorder)

There are many different possible ways to complete imagery exercises related to “flash forwards imagery”. If a specific focus on fear-based emotions was warranted, then rewinding the image to the moment that the burglar enters the scene and subsequently rescripting the image at this moment would be preferable. It is also possible to use imagery in this way to assist in the treatment of depression (e.g. suicidal thinking and hopelessness), or social anxiety disorder.

4 Recurrent Nightmares

This imagery uses the protocol outlined by Behnke & Arntz (in prep). In this protocol, the imagery rescripting of the nightmare is repeated several times during the session (on each occasion the rescripting may be different). On each rescript, the therapist asks the client what they want to change, and in what way. The use of fantasy in such rescripting can be a powerful way to create a corrective emotional experience for the client.

Therapist Pitfalls

1 Imagery - Not Enough Strength

The therapist needs to win the exchange; in this video, despite the therapist appearing caring and competent, the client appears underwhelmed by the detached actions of the therapist.

2 Imagery Too Fast/Rational

The emotional experience of the imagery exercise can be greatly influenced by the therapist’s tone of voice and the pace of the exercise. There are several elements in this clip that could have vastly improved the effectiveness of the exercise. The therapist speaks in a “normal”, more distant tone, and the pace of the dialogue is too fast. In addition, the affect bridge is not clear enough. Here the therapist could attune to the meaning and experience, and heighten the feeling of “being stressed” to create a more specific linkage.

3 Imagery Too Slow/Detailed

Focussing on details can be a good way of heightening affect. However, if there is too much attention on detail (resulting in a slowing down of the process), then it can have the effect of dampening down the emotional experience of the exercise.

4 Asking Client to Rescript Too Early

There is no distinct rule when the client is ready to rescript. The therapist needs to assess if the client is “strong enough” to manage the antagonist. In this clip, the therapist does not identify and manage signs of the client’s helplessness in completing the rescripting herself.

Therapists and actors

Remco van der Wijngaart, Psychotherapist

Remco initially trained in Cognitive Behaviour Therapy, he was trained and supervised in Schema Therapy personally by Dr Jeffrey Young from 1996 to 2000 as part of a multi-centre Dutch study on the effectiveness of Schema Therapy in treating Borderline Personality Disorder. He specializes in borderline personality disorder patients, patients with cluster C personality disorders, as well as anxiety and depressive disorders. He now works at an outpatient clinic in Maastricht, the Netherlands.



Christopher Hayes, Clinical Psychologist

Chris completed advanced certification in Schema Therapy at the Schema Therapy Institute in New York (USA), and was trained directly by Dr Jeffrey Young. He has significant experience working with complex trauma, personality disorders, and chronic mental health conditions. He is currently employed as a Clinical Psychologist within a specialist government health service for trauma. Chris has presented numerous workshops, and training in Schema Therapy, and is involved in research investigating imagery rescripting as a treatment for PTSD. He has also served as Board Secretary for the International Society of Schema Therapy.



Dr Susan Simpson, Clinical Psychologist

Susan is a Clinical Psychologist and Accredited Schema Therapy trainer with a specialist interest in using Schema Therapy with complex conditions, including eating disorders and personality disorders. She is Psychology Clinic Director at the University of South Australia, where she teaches on the postgraduate training program for clinical psychology. She runs Schema Therapy workshops across Australia that form part of an internationally accredited Schema Therapy Certification programme.



Client roles

“Nicky”

Katie Keady (Actress: Perth, Western Australia)

Nicky is diagnosed with a Borderline Personality Disorder. Nicky’s experience of childhood was difficult. Her father was verbally and physically abusive, and her mother was absent due to her drinking problems. As a result, she developed these schemas: Mistrust/Abuse, Emotional deprivation, Social Isolation, Abandonment/Instability, Unrelenting standards, Vulnerability for Illness/Harm, and Defectiveness/|Shame. Relevant schema modes centre around the punitive parent (she thinks of herself being stupid”), detached protector (feeling empty, tired, a lot of “I don’t know”), Vulnerable Child (feeling scared, feelings of panic whenever she feels alone/abandoned) and Angry child (angry outbursts that can be triggered when being called stupid by her boyfriend). She started therapy and is in the beginning stages of the change phase.



“Greg”

Andrew Hale (Actor: Perth, Western Australia)

Greg has been diagnosed with chronic depression and Posttraumatic Stress Disorder. Greg is a policeman who works in a county town. He comes from a family with a father that was distant, cold, not directly punitive but demanding and indirectly giving messages that he didn’t care and he wasn’t a priority. His mother was more emotional, but soft and not able to counter the dominant cold style of his father. Greg has been feeling defective and like a failure since his childhood. He internalised his father in the way that he views the world; other people are cold and distant. Greg has internalized his mother’s voice as a guilt inducing parent; he evaluates himself the way his mother made him feel about himself, not being caring enough, strong enough to take away her suffering, and therefore responsible for her being unhappy.



Imagination, also called the faculty of imagining, is the ability to form new images and sensations in the mind that are not perceived through senses such as sight, hearing, or other senses. Imagination helps make knowledge applicable in solving problems and is fundamental to Integrating experience and the learning process. A basic training for imagination is listening to storytelling (narrative), in which the exactness of the chosen words is the fundamental factor to "evoke worlds".

It is accepted as the innate ability and process of inventing partial or complete personal realms within the mind from elements derived from sense perceptions of the shared world. The term is technically used in psychology for the process of reviving in the mind, precepts of objects formerly given in sense perception. Since this use of the term conflicts with that of ordinary language, some psychologists have preferred to describe this process as "imaging" or "imagery" or to speak of it as "reproductive" as opposed to "productive" or "constructive" imagination. Imagined images are seen with the "mind's eye".

