

Imagery rescripting as part of cognitive analytic training therapy

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Abstract:

In Cognitive Analytic Therapy (CAT), experiential methods are employed to support emotional processing (Ryle & Kerr, 2020). Imagery rescripting has been applied as part of cognitive psychotherapies, such as schema therapy (Morina et al., 2017; Farrell & Shaw, 2012). This article explores how imagery rescripting can be integrated within the framework of CAT.

Key words:

CAT, imagery rescripting, creative methods

Introduction

CAT and schema therapy draw upon partially overlapping theoretical foundations and share overlapping features in their conceptual frameworks (Ryle & Kerr, 2020; Young et al., 2003). CAT is an integrative framework in which the therapist and client collaboratively seek to develop an individualised understanding of the psychological processes underlying the presenting problem (Ryle & Kerr, 2020). It focuses on identifying reciprocal roles and related procedures that emerge during early developmental stages. Like CAT, schema therapy also investigates early maladaptive patterns, focusing on the identification and modification of schemas and coping styles developed in childhood (Arntz & van Genderen, 2009; Young et al., 2003). Schema

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activation is conceptualized through the framework of modes, which are classified into parent modes, child modes, maladaptive coping modes, and the healthy adult mode.

CAT understanding of reciprocal roles offers points of convergence with the schema mode model. The closest parallels appear in the earlier phase of CAT's development, particularly in Sequential Diagrammatic Reformulation (SDR) diagrams, which delineated a 'core state' marked by intolerable emotions or core pain. These formulations often incorporated positions for the internal child and internal parent (Maple & Simpson, 1995). Over time, CAT shifted toward the concepts of reciprocal roles and reciprocal role procedures (Ryle & Kerr, 2020). CAT emphasises reciprocity in all positions (Leiman, 2015), whereas in schema therapy, reciprocity tends to manifest more narrowly in the dynamic between parent and child modes, in a manner reminiscent of SDR configurations. Notably, in CAT, reciprocal roles inherently allow for positional shifts, such as moving from one pole of a reciprocal role to another (Ryle & Kerr, 2020).

The two approaches diverge more clearly in their views on the mechanism of therapeutic change and the therapist's positioning. Within the classical model of CAT, emphasis is placed on a progression – guided by the client's pace – toward the unbearable position, facilitated through the recognition of warning signs and defensive patterns (Leiman & Stiles, 2001). Therapeutic work is grounded in the client's zone of proximal development (Ryle & Kerr, 2020) and the therapist should avoid pressuring the client to confront emotional experiences prematurely or beyond their proximal developmental zone, as such an approach is considered unproductive or potentially detrimental to the therapeutic process. When therapeutic progress becomes stalled, the client is supported by engaging in detailed exploration of their experiences and recurring patterns of behaviour, while collaboratively identifying new ways of acting and experiencing. The exploration also focuses on patterns that emerge within the therapeutic relationship. This process aims at the development of the client's observer position, which supports a shift from an object position toward a subject position. Through this shift, the client gains a sense of agency in relation to emotional experience (Leiman, 2012).

Schema therapy, in contrast, adopts a more therapist-directed stance, seeking to directly engage core emotional pain through experiential work and the use of limited reparenting (Arntz & van Genderen, 2009; Young et al., 2003; Farrell & Shaw, 2012). Limited reparenting entails the

therapist responding directly to unmet developmental needs associated with the client's 'inner child' – for example, by offering comfort, protection, or validation (Farrell & Shaw, 2012). The therapist may explicitly model the idea that emotional experiences are not dangerous and may encourage the client to engage in experiential processing (Young, Klosko, & Weishaar, 2003; Farrell & Shaw, 2012). At the same time, it remains essential that such emotional work remains within the client's window of tolerance (Hayes & van der Wijngaart, 2020).

Experiential methods are employed to support emotional processing (Ryle & Kerr, 2020, Arntz & van Genderen, 2009; Farrell & Shaw, 2012). Imagery rescripting is an experiential therapeutic approach that, according to empirical evidence, has demonstrated efficacy in the treatment of various psychiatric disorders, including post-traumatic stress disorder, social anxiety, body dysmorphic disorder, severe depression, bulimia nervosa and obsessive-compulsive disorder (Morina et al., 2017). Typically, imagery rescripting begins with a current emotionally charged experience and proceeds, via an affect bridge, to an emotionally salient memory from childhood or adolescence. This facilitates access to primary emotional states and, through corrective intervention by the therapist, enables the emergence of a more adaptive emotional experience. Imagery rescripting is believed to modify maladaptive emotional memory through various mechanisms. These may include desensitization through exposure, the generation of more adaptive internal images, reduction of the intensity of negative images, or the internalization of a corrective emotional experience in which unmet needs are addressed (Simpson & Arntz, 2020). Furthermore, this process may contribute to the development of a secure attachment in therapy (Hayes & van der Wijngaart, 2020).

Methods

This article illustrates the use of imagery rescripting through a case vignette from session 27 out of 120 in a cognitive analytic training psychotherapy. The illustrative vignette is based on an audio recording of the session, which was subsequently transcribed for the purpose of detailed analysis. The session and the specific excerpt selected for analysis were identified by the trainee therapist as a potential turning point in the therapeutic process, warranting closer examination.

Case

‘Lynne’ (pseudonym) is a 36-year-old woman who has engaged in cognitive analytic training psychotherapy due to depression. Her childhood was largely characterised by emotional deprivation and a sense of insecurity. She has experienced acceptance and recognition primarily through being useful and accommodating to others. Lynne has developed a protective position within a reciprocal role pattern of ‘being-for-others or being emotionally controlled – accepting’. Spontaneity is associated with a risk position that exposes the client to the unbearable position, characterised by a reciprocal role of ‘abandoned – abandoning’. Within the therapeutic relationship, Lynne has largely remained in a protective position, in which she avoids taking a position of need in relation to the therapist. Examination of reciprocal roles and procedural patterns alone has not sufficiently accessed her emotional experiences and the therapist has experienced that sessions tend to revolve around the same themes without progression. The therapist has applied imagery rescripting to support access to emotional experiences, employing a version of the method in which the therapist takes on a role within the imagery to respond to the child Lynne’s emotional needs. Lynne has reported imagery rescripting as helpful and the therapist has also found it beneficial; however, the therapist noted that imagery rescripting appeared more therapist-directed compared to the CAT framework, which created a sense of tension regarding the therapist’s positioning as a ‘rescuer’ in the process. The therapeutic relationship seemed to oscillate between Lynne maintaining self-reliance and – during imagery rescripting – the therapist adopting a position of a ‘rescuer’, rather than achieving a more flexible and reciprocal co-agency. The therapist recognised this dynamic; however, Lynne’s protective position made direct exploration of the relational pattern challenging. Attempts to bring attention to it did not meaningfully alter the process. This observation informed the decision to explore imagery rescripting as an alternative therapeutic pathway.

During the session, Lynne reports feeling recently exhausted and lacking the energy to support a relative, which leads to feelings of guilt accompanied by physical symptoms such as a burning sensation in the throat, shortness of breath, nausea, and stomach pain. She recognises her guilt as excessive and struggles to resist it. In the therapeutic relationship, she appears primarily self-supporting. This is illustrated when Lynne initially describes the difficult emotional experience but then shifts to a neutral, brisk speaking style, seemingly to distance herself from the affect and avoid burdening the therapist.

Lynne recognises a corresponding emotional experience linked to a memory from when she is approximately 13–14 years old and receives an unexpectedly large sum of money from her grandmother as a reward for helping with yard work. At home, her parents react critically to this, which leads her to experience feelings of shame and fear of being perceived as greedy. The therapist proposes exploring this memory through an imagery exercise, in which adult Lynne would address child Lynne’s needs and Lynne agrees to this approach.

The therapist asks Lynne to close her eyes and directly observe the childhood situation. Lynne describes child Lynne as distressed, uncertain, and disoriented and her parents as overwhelming figures, as if seen from the vantage point of a baseboard, experiencing them as tense and somewhat shaming. The reciprocal role configuration is characterised as ‘distressed, helpless – controlling, disappointed’.

The progression of the first part of the imagery exercise is summarised in vignette 1.

Vignette 1

Literation	Reciprocal roles (the client’s identified position is bolded)	The therapist’s focus and its effect on the therapeutic framework
T: How does it feel when you look at these giant parents who are tense and embarrassed, and then there’s this child who feels insecure and ashamed – how does this whole situation feel?		The therapist guides the client to examine the relationship between the child and the parents, and to reflect on the emotions this relationship evokes in her.
C: Really, like unbalanced and kind of unfair.	Unfairly treated – unfairly treating	The client accesses the experience of the child not being acknowledged in the situation. The therapist reinforces this with a validating ‘yes’ and further guides the client to explore the needs associated with this feeling.
T: Yes. What does that child’s feeling bring up to you?		
C: I feel like I want to intervene – and say it straight		

The therapist guides Lynne to act in accordance with the emotional need expressed in the imagery. She begins speaking to her parents, continuing to address them directly: 'It is, I don't know how to start but it's up to granny and grandpa if they want to give money for something. . .' The content of her speech involves advising and providing justifications for her perspective.

Subsequently, the therapist directs the client to examine the reciprocal role configuration between the child and the parents. The client reports that the parents appear to understand her, and that the previously imbalanced dynamic between child Lynne and her parents feels somewhat alleviated: 'For some reason, the size difference between my parents and me has normalised'. At the same time, she acknowledges that child Lynne still experiences guilt about wanting something solely for herself. The reciprocal role configuration is represented as 'guilty – accusing'. The therapist asks what the client wishes to say to child Lynne. The client responds to child Lynne: 'It's not my responsibility to take care of the family finances, and if I have worked, I deserve to enjoy the reward from it. . .' The speech is expressed in the first-person perspective, instead of directed from adult Lynne to child Lynne. The therapist then invites the client to re-examine the appearance of child Lynne, to which the client describes the child as looking uncertain. Lynne's speech to child Lynne has not affected the reciprocal role configuration which appears as 'uncertain – threatening'. The therapist again guides the client to examine how child Lynne appears, to reflect on the emotions evoked in adult Lynne by child Lynne's emotional state and to consider how adult Lynne wishes to respond. This is expressed in vignette 2.

The client then continues speaking to her parents, her tone of voice becomes more assertive, and she now expresses opposition toward her parents more directly. The therapist once again invites the client to observe child Lynne. Lynne describes child Lynne as 'stubborn, somewhat more confident, more balanced or steadier, with a straighter back, better posture, and more spirited'. The reciprocal role configuration has shifted, now appearing as 'relieved – defending'.

The therapist then asks the client to reflect on how she feels when child Lynne looks at adult Lynne, after she has defended child Lynne. Lynne identifies feelings of pride, joy and courage. She describes child Lynne as appearing relaxed and carefree. The therapist encourages Lynne to notice what this evokes within her, at which point she becomes tearful and responds, 'A lot of tenderness and protectiveness, and joy that it feels like I can breathe again.'

Vignette 2

Litertion	Reciprocal roles (the client's identified position is bolded)	The therapist's focus and its effect on the therapeutic framework
<p>T: Yes. So, what comes up for you when you look at this child who's feeling –'all' unsure like that?</p> <p>A: I feel really sorry for her. . . And it makes me furious, how a young child (<i>sighs</i>) can feel so knocked about and all on edge like that.</p>		
<p>T: Have a listen to that anger you're feeling. What do you wanna say for this child? Just tell the parents straight, okay?</p>		<p>The therapist guides the client to hold onto the emotion and to speak to the parents.</p>
<p>A: Well, it's not right to put big expectations on little children. They're not mini-adults, they shouldn't have to worry or feel guilty about stuff like this. . .</p>	<p>Defending – defended</p>	<p>Speaking from this emotional standpoint shifts the focus of the speech from advisory to more clearly defending.</p>

After the imagery exercise, Lynne reports that the burning sensation in her throat has subsided, and she finds it easier to view the initial situation with greater freedom: 'Somehow, my own well-being now weighs more heavily on the scales than the well-being of others'. Lynne reflects on how, in her childhood home, her parents' attention was primarily directed towards external matters and other people, while both the parents' and children's own needs remained secondary. This forms an explanatory framework in Lynne's understanding for why she tends to

prioritise others' needs excessively and experiences guilt over being unable to meet others' needs in accordance with her own heightened expectations.

The therapist observed a parallel between the parental stance in the imagery (controlling, disappointed) and elements of the therapeutic relationship, in which the therapist's active guidance during earlier imagery exercises may have inadvertently replicated a similar dynamic. This observation informed a shift toward more strongly supporting Lynne's own agency in the present exercise.

Discussion

Imagery rescripting proceeds cyclically by continuously examining the effect of actions on the inner child's experience and continuing the process until the client reports relief from the challenging emotional experience (Simpson & Arntz, 2020). From the CAT framework, change in imagery work can be observed through shifts in the client's reciprocal roles. During the therapy session, the therapist guided the focus according to changes in the reciprocal roles until the reciprocal role related to the unbearable position had eased. The therapist initially directed the client to observe the reciprocal role linked to the experience and the emotions it evoked. Examining the reciprocal role configuration (helpless, distressed – controlling, disappointed) between child Lynne and the parents elicited appropriate feelings of anger in Lynne, enabling her to take a position to defend child Lynne. After this, the therapist encouraged her to tune into the action impulse arising from the feeling of anger and to respond accordingly. Following her response, the therapist guided Lynne to re-examine the reciprocal role and the emotions it evoked in her. During the imagery exercise, Lynne's first speech to the parents was more advisory and lacked strength. When reflecting on the effect of her speech, she recognized that the parents heard her, but child Lynne still appeared uncertain, and a maladaptive reciprocal role (guilty – blaming) and feeling of guilt were still present. The therapist then guided Lynne to speak to child Lynne. She spoke to child Lynne in the first person, which blurred the distinction between the adult and child selves, keeping the reciprocal role challenging. At this point, the therapist guided Lynne to re-examine the countertransference (pity) evoked by the reciprocal role and to act again from the emotion, after which her speech to the parents became more openly challenging and assertive. Lynne recognised that the reciprocal role had changed (defending – defended) and that it

reflected both the positions of adult Lynne and child Lynne.

A new element in the corrective imagery work involved directing the client's attention to her countertransference in moments when the child-self showed a positive response to the client's nurturing and defending efforts. The aim was to strengthen commitment to the child-self and foster self-compassion. This approach proved effective as Lynne responded by expressing stronger compassion toward child Lynne, and her emotional reaction changed (tearfulness) in response to the work.

The imagery exercise utilised the CAT-specific precise conceptualisation of emotional experience as reciprocal roles, which appeared in the imagery between the client's child-self and parents, the internal reciprocal role of the child-self, the reciprocal role of the child-self in relation to the adult self, the reciprocal role of the adult self in relation to the child-self, and the internal reciprocal role of the adult self. In CAT, this subtle and precise delineation is considered helpful in moving the client toward change through developing the observing position (Ryle & Kerr, 2020), and this mapping now occurs within the imagery rescripting. In CAT this is considered to enable new modes of relating to emerge and expand the repertoire of reciprocal roles (Ryle & Kerr, 2020). In schema therapy, change is thought to arise from addressing unmet emotional needs and supporting the client's capacity to meet their own emotional needs (Young, Klosko & Weishaar, 2003; Arntz & van Genderen, 2009). Imagery rescripting in this article can be seen as manifesting all these elements: delineating reciprocal roles helped the client to discover a new observational perspective, through which she accessed a new way to understand the child-self's experience. The therapist supported the client's ability to defend and soothe herself, which created a new relationship with the self, manifesting as a new way of being in relation to another. After the imagery work, the client's observing position was strengthened and there was a shift from an object position to a subject position in the current situation. The client was no longer bound by feelings of guilt but could view the situation more freely. She recognised that the childhood atmosphere had contributed to turning her thinking excessively toward others at the expense of meeting her own needs.

The work proceeded based on the client's experience and needs, with the therapist guiding the focus and the client directing the action. The therapist continuously evaluated her actions through the relational roles emerging in the therapy relationship. In imagery rescripting, the extreme positions could be either the client being left excessively alone or the therapist holding the client too much. Secondly, the therapist

assessed the client's tolerance: how far it was possible to go and where to stop. The risk here would be pushing the client into a situation exceeding her tolerance or excessive caution, which might communicate that emotional experiences are dangerous. In the CAT framework, the client should not be pressured to face emotional experiences (Leiman & Stiles, 2001). The work advanced through the therapist's ongoing reflection and clinical decision-making about whether to support the client to act independently or to provide support herself, rather than proceeding strictly according to theory. In reflective and flexible functioning, both client and therapist can take active roles alternately, making it unclear which parts are therapist-led, and which are collaborative. This may be seen, for example, in a therapist's question about whether the client wants the therapist to defend them in the corrective imagery or whether the client prefers to defend themselves.

The roles of therapist and client in the training therapy had previously fluctuated strongly, either with the client being largely self-reliant or, in imagery rescripting exercise, the therapist appearing as a strong defender. The CAT framework emphasises collaboration rather than therapist dominance, supporting the client's autonomy, a sense of competence, and the safety of the therapeutic relationship (Ryle & Kerr, 2020). The client's agency was supported by choosing a working method in which she acted as the defender and comforter of the child-self. The change in working method equalised the previously imbalanced roles between therapist and client. At the same time, the client was able to adopt a position of need rather than being left alone with a vulnerable emotional experience. Imagery rescripting may facilitate client progress toward developing a secure attachment relationship (Hayes & Wijngaart, 2020). In this case, the contrasting relational dynamics – between Lynne's habitual self-reliance and the therapist's earlier positioning as a rescuer – remained an implicit backdrop rather than being explicitly addressed in the session. The therapist's awareness of this pattern informed the clinical decision to shift toward a working method that supported Lynne's active agency. Although the relational dynamic was not directly named, the change in method itself constituted an implicit response: by positioning Lynne as the defender rather than the recipient of rescue, the imagery exercise provided an experiential resolution to a relational tension that had not yet been accessible through direct exploration or focus. The shift to active agency in imagery work supported the strengthening of self-compassion and increased the client's sense of competence in responding to her emotional experiences, which was evident during the imagery work as the client described feelings of

strength and joy when successfully defending her child-self.

Pitfalls in the work could include the therapist's rigid way of conceptualising the process. Insensitivity in exploring reciprocal roles or the client being left too much on her own might repeat the client's reciprocal role of being alone and helpless without being defended. Excessive support, on the other hand, might convey that the support is externally imposed and reduce the development of personal agency. A strongly therapist-led approach may overly direct the process, potentially obscuring the client's own experiences and needs, and pushing her into emotionally overwhelming material beyond her zone of proximal development. This session exemplifies how different theoretical frameworks can be used simultaneously in therapy work, allowing flexibility according to client needs. □

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