

Information Handout

Professional Version | US English

What Is Imagery Rescripting?



Description

Imagery rescripting is an experiential technique for working directly with traumatic or bothersome images or memories. This *What Is Imagery Rescripting?* information handout gives a description of what imagery rescripting is, steps involved in different imagery rescripting techniques, discussion of theory, and a clinical example.

Instructions

This is a Psychology Tools information handout. Suggested uses include:

- Client handout – a psychoeducation resource.
- Discussion point – to provoke a discussion and explore your client's beliefs.
- Therapist learning tool – to improve your familiarity with a psychological construct.
- Supervision tool – to develop formulations and knowledge.
- Teaching resource – a learning tool during training.

References

- Holmes, E. A., Arntz, A., & Smucker, M. R. (2007). Imagery rescripting in cognitive behaviour therapy: Images, treatment techniques and outcomes. *Journal of Behavior Therapy and Experimental Psychiatry*, 38(4), 297-305.
- Smucker, M. R., Dancu, C., Foa, E. B., & Niederee, J. L. (1995). Imagery rescripting: A new treatment for survivors of childhood sexual abuse suffering from posttraumatic stress. *Journal of Cognitive Psychotherapy*, 9, 3-3.

What Is Imagery Rescripting?

Imagery rescripting is a technique for working with traumatic or bothersome images, or for working with beliefs about your self. The images might be memories from your childhood or adulthood, they could be nightmares, or they might be other forms of image such as imagined events.

Imagery rescripting is an experiential technique – this means that it involves working directly with emotionally laden ‘hot’ images as opposed to simply ‘talking about’ such images or experiences.

There is strong evidence that imagery rescripting is an effective treatment for a wide variety of conditions including post-traumatic stress disorder (PTSD), nightmares, depression, social anxiety, eating disorders, and personality disorders.



What does imagery rescripting involve?

There are different forms of imagery rescripting. When working with memories of abusive experiences, one common format involves three phases:

1. Imagining the traumatic event in some detail (imaginal reliving).
2. Imagining that the client, or somebody else, intervenes and changes the outcome (mastery imagery).
3. Imagining the client being offered reassurance (soothing / corrective imagery).

Imagery rescripting can take other forms too. For example, when working with a memory of childhood abuse:

- The client may watch the childhood memory and then (in imagery) enter the image as an adult and intervene.
- The client may watch the childhood memory and then watch as the therapist enters the image to intervene.
- The client may watch the childhood memory and may invite helpers in to intervene.

How does imagery rescripting work?

Mental images can produce strong emotional reactions, and emotions are often associated with spontaneous images. Psychological research tells us that the brain responds in a similar way to real and imagined events. This is why imagining making changes to a sequence of events, in imagery, can lead to changes in how we are feeling. It does not seem to matter that the events we imagine did not actually happen.

There are a number of theories about why imagery rescripting is effective:

- Imagery rescripting allows us to express ‘**action tendencies**’ that were inhibited at the time of the trauma (e.g. there may have been things that we wanted to do at the time of the trauma but were not able to).
- Imagery rescripting can allow us to **regain a sense of control**.
- Imagery rescripting allows us to see memories in a new light – to **gain new perspectives on an experience** (either to change the meaning of the old memory, or to create a new meaning).

Clinical example

Carla came to therapy struggling with images of the abuse she had experienced as a child. Carla’s parents divorced when she was young and some weekends she stayed with her father. He would often get drunk and become abusive. Carla had always had a sense that she was in some way to blame for what had happened. She and her therapist worked on a specific memory that Carla had of being hurt by her father when she was six.

Carla was asked to begin imagining what had happened - describing the events and how she felt in some detail. At a certain point her therapist asked her what the child (‘Little Carla’) would need in order to feel safe. Carla said that she would need to be protected from her father, and taken back to her mother’s house. Carla was asked to imagine some strong protectors coming into the image, stopping her father, and taking him to jail. She felt safer with the protectors there, and even safer when her father was taken away. Carla then imagined going back to her mother’s house where it was explained to ‘Little Carla’ that none of what had happened was her fault, and that her father had problems which were his responsibility to seek help for. Carla reported feeling better when this was explained to her by adults she trusted. She found that having viewed the image in this way helped her to feel better about herself as an adult.

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