

Working with Imagery



'A picture is worth a thousand words'. Imagery can lead to more intense distress than thoughts, and we can often neglect asking about intrusive imagery, its meaning, and how it affects clients. Individuals who are depressed may have distressing images about past events, or have 'flash-forwards' to a desolate future, or suicidal imagery. Those with anxiety disorders often have intrusive images about a feared future event, seeing the worst possible things happening. Individuals who have suffered trauma, can have 'flash-backs' with reliving experiences of those traumatic memories. It makes sense that using therapeutic imagery will be most effective at treating distressing imagery, rather than by using a different modality such as cognitive or behavioural interventions. It can be described as 'mental time travel'. The aim of imagery techniques are to change the toxic meaning of the image, reducing the distress.

- **Imagery Manipulation** – alter aspects of and reduce distress associated with any image, which will enable the client to cope with the image during daily life, or reduce the distress in session to enable imagery work to continue
- **Imagery Rescripting** – change the content and outcome of distressing and intrusive imagery (whether a past memory or future event)
- **Compassionate Nurturing Imagery** – promoting self-compassion
- **Imagery Rehearsal** – mentally rehearse a feared imagined future event

Before working with imagery, ensure you establish an imaginary '**Safe Place**' (www.getselfhelp.co.uk/ccount/click.php?id=89) for the client to return to at any time the imagery becomes too distressing. If a client does become very distressed during a session:

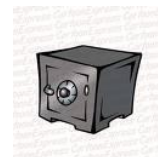
- ❖ Let them know they can open their eyes, then encourage to continue
- ❖ Return to their 'safe place' until distress (SUD rating) reduces to more tolerable levels

Start each imagery exercise with relaxation

- Make yourself comfortable in the chair, with your arms and legs supported and uncrossed.
- Close your eyes, and notice the sensation of feeling supported by the chair, and the floor beneath your feet.
- Bring your attention to your breathing, perhaps imagining you have a balloon in your belly, and notice the sensations as the balloon inflates on the in-breath, and deflates on the out-breath.

Finish each visualisation by taking a few moments to bring the client's attention back into the here and now of where you are:

- Whenever you are ready, open your eyes and bring your attention back to the room.
- Notice the chair supporting you, and look around you, noticing what you see and hear, now, in this room.
- Sit up, take a few (balloon) breaths
- How do you feel?
- Discuss and debrief
- Ensure safety between sessions
 - '**Safe Place**' (www.getselfhelp.co.uk/ccount/click.php?id=89)
 - '**The Container**' (www.getselfhelp.co.uk/ccount/click.php?id=67)



Identify the Image

- Describe it's qualities (colour, video, field/observer perspective, sounds, smells etc)
- Emotional response – distress 0 – 100%
- Frequency (day / week) & intrusiveness 0 – 100%
- Meaning or interpretation of the image
- Behavioural response
- Links to memory?

Imagery Manipulation – reduce the distress and realness of the image:

- ❖ Imagine putting the image on a (TV or cinema) screen.
 - *To reduce distress further, Consider using the safe place as a base to watch the imagery on a cinema screen – use the observer perspective: "see yourself sitting and watching the image on the screen.."*
 - With an imaginary remote control, experiment (try one or any combination of):
 - Make the image smaller
 - Make it more distant
 - Turn it into black and white
 - Remove the sound
 - Pause the image temporarily if you need to (don't leave it paused)
 - Speed up the moving imagery to a time when you feel safe again – perhaps initially try fast forward (e.g. x30) but subsequently, try slightly slower speeds (x12, x6, x2) according to what can be tolerated
 - Change the soundtrack (e.g. comedy tune)
 - Fade out
 - Move around the image
- ❖ Imagine a plate or sheet of strong clear plastic and put it between your face and the image. Push that image away from your face, until it gets smaller and is further away.
- ❖ Take an observer (someone else's) perspective – e.g. a bird looking down, or someone uninvolved with the incident



Change elements of the image itself

- ❖ Change the faces of the characters – make them look silly or powerless
- ❖ Change expressions
- ❖ Change body parts of the character – for example: weak spindly arms, Mickey Mouse ears, Pinocchio nose
- ❖ Change the size of the characters so you (child or adult you) can look stronger and 'bad' characters look weaker

Dissociation

- ❖ If client likely to dissociate during imagery work, discuss and agree what to do when it happens (therapist will need to direct client at that time)
 - e.g. open eyes, grounding techniques

Mindfulness techniques

- ❖ Learn to see images as merely images (mental events), rather than reality
- ❖ Allows us to move closer to the image with compassion, and allow it into our awareness, rather than push it away and try to avoid
- ❖ Learning to use mindfulness with imagery means the technique can be used for any image, rather than only for specific images



Imagery Rescripting *

It is possible to change the memory - rescript the image by coming up with a more positive or acceptable outcome (whether of a real traumatic memory, or a distressing imagined future), and therefore reduce the distress and beliefs associated with the image.

- The imagery must be discussed in detail prior to the imagery rescripting, usually by **imaginal reliving** of the image, so that the scenario can subsequently be worked through with an awareness of how to respond at each stage, and as anything unexpected comes up.
- How do you make sense of all this? What does it mean to you? What does it say about you, what does it say about others? (*Rate belief 0 – 100%*)
- What would you like to have happened?
- How do other people respond?
- What needs to happen in order to change the way you feel about it now?
- How does this look now, looking back as an adult?
- If you could go back and speak to yourself at that time, what would you say?
- Who could you bring in to help you at that time? What could they say or do that would help the situation or make you feel better?
- Use SUDs scale to assess levels of distress at any stage of the imagery.
- Use (and encourage the client to use) present tense during the imagery.
- After the imaginal reliving stage is complete, rescripting the memory can start at the memory's 'hotspots' (most distressing parts) rather than having to complete the whole memory again.



Discuss and agree possible options:

- ❖ Change the ending
- ❖ Client can enter image as a healthy adult (particularly in childhood trauma) to help nurture, protect, or confront
- ❖ Bring in a nurturing figure – real or imagined character (*see next page*)
- ❖ Bring in a protector figure – real or imagined character
- ❖ Bring in other characters which are likely to be helpful – a family member, a respected friend, an imaginary super-hero, who can bring in their particular strengths
- ❖ Punishing the perpetrator, perhaps by involving crime fighting agencies
- ❖ Manipulating the characters (see earlier section) to make some appear smaller / bigger, stronger/ weaker, make the perpetrator look different / ridiculous in some way
- ❖ Client can enter image as a bystander (observer perspective). Therapist can ask bystander about their perspective, which can often help direct the rescripting
- ❖ Bring in other objects that might change the outcome – e.g. mobile phone, personal alarm, pepper spray



During the imagery, help the client with encouraging **prompts**:

- | | |
|---|--|
| • What's happening? How old are you? | • What needs to happen in the image for you to feel less distressed? |
| • Where are you? What time of day is it? | • Okay, now can you see your adult self coming into the room now? |
| • What do you see? (hear, smell, taste, sense, feel) | • What do you need to happen now? |
| • What are they/you saying/doing? | • What would you like to do or say? |
| • What's going through your mind? | • Can you do/say that? |
| • Who / what can you bring in to help you or the situation right now? | • Now what's happening? |
| • What's going on now? | • <i>Re-rate original beliefs 0 – 100%</i> |



Compassionate Nurturing Imagery / Perfect Nurturer

Individuals who have experienced a critical or abusive childhood can benefit from developing Compassionate Nurturer Imagery. This imagery can be used for its own sake – to promote self-compassionate by bringing up the image, for example at times of self-criticism and becoming aware of the Nurturer (and how it responds to that self-criticism), and also to use it as part of imagery rescripting, by introducing the presence of this Compassionate Nurturer into distressing memories.

Developing the Compassionate Nurturer Imagery

Avoid using an actual person, instead, use a fantasy / fictional figure or spiritual presence

- What do you need this Nurturer image to be like?
- What characteristics or qualities does your Nurturer need to have?
- What would you find soothing and calming?
- What would be most helpful?



The Nurturer image should include the following qualities:

- Wise
- Strong
- Accepting
- non-judgemental
- Warm
- Compassionate
- caring

Characteristics:

- What you see – what does it look like?
- What you smell (we can often associate a particular smell with this imagery, which helps us to bring up the imagery again)
 - What you can touch (be mindful of feeling threatened)
 - What you can hear – voice, tone of voice
 - Qualities (compassion etc)
 - When you bring up this Compassionate Nurturer Image, what do you feel in your body?
- What emotion/s go with this imagery?



Is there a name that you would like to give this Compassionate Nurturer Image?

Using Compassionate Nurturer in Imagery Rescripting

Now I'd like you to bring in your Compassionate Nurturing Image, into your memory

- I want you to bring in your PN image now, into your memory.
- Just focus on the presence of this imagery now, its sole purpose to be there for you, to help you
- Use the smell of..... to help you bring in your Compassionate Nurturing Image
- What do you notice now? Can you feel the presence of your Nurturer? What do you feel?
- Really focus on that feeling, and the presence and support of your Nurturer.
- Now, go through what we planned to do, with your Nurturer
- What's happening now?
- What's your Nurturer doing or saying?

Can you think about what you can say to yourself that changes the way you feel when you think about this memory?

It's done – it's over – it's okay – it's old stuff – it's in the past – you're safe

Imagery Rehearsal (also see 'Imagery Self Help' www.getselfhelp.co.uk/ccount/click.php?id=17)

Use imagery rehearsal to make positive changes in the imagined outcome of a feared future event.



Discuss the imagined scenario in detail with the client, followed by another detailed discussion about how they'd like things to be in that situation. Identify the unhelpful thoughts that accompany the situation, and come up with a more realistic perspective.

Ask the client to imagine this scenario in as much detail as possible in their mind's eye, experiencing some distress, but coping and getting through it. See it through to a successful completion. Imagine what difficulties might come up during the scenario, and identify ways of dealing with them.

Prompt the client to progress through the imagery, the way you've discussed it happening:

- What do you see? (hear, smell, sense, feel)
- What's happening?
- What are you/they saying or doing?
- What does that look like?
- What's going on now?



As negative imagery comes up, as it will, just help the client to deal with that situation and see it through to a successful (not perfect) completion.

Practise this imagery 1-3 times daily leading up to the feared event.

Lazarus 1984
 Holmes, Crane, Fennell & Williams 2007
 Holmes, Arntz & Smucker 2007
 Wheatley, Brewin, Patel, Hackmann, Wells, Fisher, Myers 2007
 Lee 2005
 Stopa 2009
 Wild 2010
 Holmes 2010

* ***Imagery Rescripting and Reprocessing Therapy*** (for childhood sexual abuse)
 (see Smucker & Dancu 1999/2005 for full protocol – each image may take several sessions)

- Imaginal exposure: re-experience the traumatic scene
- Mastery imagery: re-scripting the traumatic scene
- Adult-child imagery: nurturing the child
 - If difficulty with this stage, the child can ask the adult for what she feels she needs
- Process and debrief