

## **Instruction for Imagery Rescripting** (by Eckhard Roediger)

(modified from “Contextual Schema therapy” published by New Harbinger, 2018)

During Imagery rescripting we sit close to the client to be able to talk to them very softly and be able to offer physical contact if necessary. Put an empty chair in front symbolizing the offender.

In the diagnostic phase we close our eyes too to stay tune to the client’s images.

1. **Enter the current scene:** *Bring up an image of the situation you want to work with. What do you see? What do you hear? Is there anything you smell or taste? How does your body feel? What are your feelings now?* If there are other people in the image, ask: *What do the people around you do? Now let the image start to move. Do your feelings get more intense? Go over the most intense part again in slow motion. What do you feel in your chest and your stomach?*
2. **Float back:** *Let the image fade, turn you attention inside, let yourself sink down into these feelings, stay in touch with [perseverate the emotions and body feelings], and drift back in time to your adolescence or childhood. Open yourself up to pictures coming onto your mind? Our mind always has images, which is why we dream in images while sleeping. What picture comes up right now? Tell me without trying to analyze anything!* Continue “talking the client into trance” by perseverating the emotions and the instruction, don’t pause.
3. **Childhood scene.** Once the client arrives in a scene: *What scene are you in? What do you see? Give me some details. Let the emotions come. What do you feel in your body, what do you think, what is your impulse?* With a sufficiently intense activation for 2 or 3 minutes we try to **expose** the clients to the avoided emotions inducing **Mode Awareness:** *Everything is on hold right now. You have the remote control in your hand. So nothing happens! You have full control. What do you feel? Stay in touch with these feelings! This is your wound. This is the scene, where these feelings are coming from. This is the schema!* If clients tend to **dissociate** ask them to open their eyes, hold and press their hands talking with a strong voice: *If you can feel my hand and hear my voice, this is NOW. What you see is an old image. Come here with me. You are safe here!* If that doesn’t suffice, stand up, walk around and use other anti-dissociative skills. Be ware, that there are networks in the client’s brain that are able to connect with the present moment.

Connect with the **needs**: *What do you need right now?* Clients usually need somebody protecting or caring. Label and validate coping modes, but sort them out and stay with the child's needs.

**4. Rescripting Script 1: Therapist cares for the child** (therapist sitting beside the client):

E.g.: *Ok, I will be the person now that you as a child needed!*

**Confrontation** (Turning to the empty chair): *What you are doing is not fair and not helpful for [Client's name]. He [or she] is a normal child! Nothing is wrong with him [or her]. You don't have the right to treat him this way. You violate his needs and hurt him [or her] deeply. Don't put your problems on him [or her]. He [or she] doesn't deserve being your skipgoat You better seek for help somewhere else!* Be aware that the clients might still be identified with the offenders. If you attack too hard, you push the client into a loyalty conflict between you and the offender, who sometimes was the only caring person too! You are safer, if you focus on the effects of the caregiver's behavior on the child. Do not judge the caregiver as person. However, disregard the caregiver's intentions and reveal this person's self-centeredness. Then – turning to the client: *How does [name of the other person] react?* Usually they react ignorant or attacking us. We respond: *Your reaction reveals that you do not know much about what a child needs. You are absorbed with your self and cannot care for this helpless child. I am not afraid of you, but I will take the child away from you and you get the treatment you deserve!* Depending on the situation policemen take a abusive person to prison, neglecting people can be taken into a treatment by a medical service.

**Caring for the child**: *You are a normal boy [or girl]. Nothing is wrong with you. You did the best you could do. Nobody could have done better, including me. It was not your fault. Like every other child you deserve something better. Let's get away from here to a better place. Is there anybody we could bring you to now?* We take the client to a trustworthy person from their past, e.g. a grandparent or another capable relative. If nobody can be found, take them to an imaginary safe place. You might leave them an (imaginary) smartphone enabling them to call us if they need us (e.g. if the offender comes back in imagery or a nightmare). Finally we turn to the client asking: *How does it make you feel in your body now if you hear and see me talking this way? Is there anything else you need?* The clients should feel the shift.

5. **Recripting Script 2: Client's Healthy Adult takes the active role:**

*Can you picture yourself entering the scene as the adult you are now? We recommend entering the scene as the therapist too standing together with eyes closed looking down picturing the other person and the vulnerable self on the chairs below. The upright body posture makes shifting into Adult mode much easier. If the client remains too activated, you can continue working with open eyes like in the internalizer chair dialoge.*

**Perspective Change for Resource activation (Mode Balance):** *So let's both stand up and enter the scene together. If the client cannot change the role, let them do some physical exercises to connect with the powerful part e.g. pushing you away: Wow, can you feel the energy in your body now? this is your powerful side! Your brain has multiple networks and we can shift from one to another. We have a choice! Try to put the vulnerable side on the child chair down there. As the adult person you are now, what do you feel watching the scene? What do you feel now coming up from your body, seeing the child suffering? If the client remains blocked, detect interfering critic mode voices, use the extension or substitution technique, or act as a role model.*

6. **Reappraise the scene and choose sides (Mode Choice):** *If you feel this anger now, is it justified?.... Yes it is! Can you feel your back in an upright, strong position now?....this is your Healthy adult mode! You are standing on both "legs" now. You have the vulnerable side, but you also have the assertive side. You can choose sides now!*

7. **Confront the other person:** *If constructive anger is sufficiently activated. Make sure the client is superior (10 ft. tall, with a gun, add policemen): What do you want to say or do now, making use of the power of your constructive anger? Leave the significant others in the care of somebody else. How do you feel in your body now? Clients should feel contented. If they remain blocked, ask for critic voices, use substitution technique (replace the child on the chair with their own kid), or act as role model yourself (like in script 1). Let the clients repeat in their own words.*

8. **Care for the child:** *Looking at the child sitting down there now. What do you feel in your body? Be aware whether the client is feeling some compassion for the child. If the client remains blocked, detect inter-fering critic mode voices, use the extension or substitution technique, or act*

as a role model. *What do you want to say or do now to care for the child? How does the child react? What do you see in the child's eyes? Anything else you want to say or do?*

9. **Client takes the child role** sitting down on the child chair again, you aside: *Can you tell us what you saw? How do you feel now, at the end of this exercise. Can you feel any difference? What else do you need now?* Usually the child never wants to be left alone again. If this is the case, you can stand up again with the client, looking down on on the child with open eyes now: *Can you picture adopting this child down there and never leave it alone, caring for it like you care for your own kids?* If the clients hesitate, ask for critic voices and continue with internalizer chair dialogues. A good homework assignment is the “good night ritual” sitting down on a special chair looking for the vulnerable side and the needs after brushing the teeth before going to bed.

10. **Return to the current scene:** *Now very slowly bring up the image of what you first talked about. Bring it up slowly enough that you can stay in touch with your current emotions.*

11. **Find an adaptive solution:** *Now that you're again in the scene we started with, what would you like to say or do to bring about a better result? Can you see yourself doing that? How do the other people react? Can you try something else?* Look for the best possible ending.

12. **Discriminate and extract a take-home message:** Once the scene comes to an end, ask: *How do you feel? If you compare your feelings now with your initial feelings, is there a difference? If you were to try to say, in one sentence, what you learned from this experience, what would be the take-home message?* Count back from ten to one, and let client open his or her eyes.