



COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES
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IMAGERY RESCRIPTING THERAPY

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Definition: Helping clients to relive and then transform recurring, distressing images (e.g. flashbacks, nightmares) into mastery and self-soothing imagery.

Elements: Imagery rescripting is conducted within a 60-90 minute session in 3 phases which are audio-recorded:

1. Imaginal reliving: Clients are asked to visualize and verbalize all their distressing imagery including accompanying sounds, smells, and sensations.

2. Mastery imagery: The therapist encourages clients to create their own mastery imagery e.g. Therapist: *Can you imagine yourself as an adult today entering the scene?* Client: Yes. Th: *What would you like to do or say to him now?* Client: I tell him to leave the CHILD alone. Th: *Can you see yourself saying that to him directly?* Client: I look him straight in the eye and say, "Get out of here, or I'll call the police". Th: *How does he respond?* Client: He leaves.

3. Self-calming imagery: The therapist asks clients to create their own imagery reassuring their previous traumatized self e.g. Th: *What would you like to do or say today to the CHILD?* Client: I go to my bed and say, "I'm here now to protect you." Th: *How does the CHILD respond?* Client: The CHILD wants to come with me, respects me standing up to my father and winning, and trusts me for this. Th: *Where do you take the CHILD?* Client: Out the front door to my car. We drive to my present home. Th: *How does the CHILD feel now?* Client: She has no fear anymore and seems happy to be with me.

The therapist uses Socratic questioning to empower clients to develop their own mastery and self-soothing imagery, and asks clients to listen daily to the entire audio-recording of their imagery session for up to a week, or until the next session.

Related Procedures: cognitive rehearsal; cognitive restructuring within reliving imagery; guided imagery; imagery rehearsal of nightmares; rehearsal relief of nightmares; socratic imagery; triumphant imagery; two-chair dialogue

Application: Relief of intrusive, recurring images (e.g., flashbacks or nightmares) with or without PTSD

1st Use? Smucker & Niederee (1994)

References:

1. Smucker MR, Niederee J (1994). Imagery Rescripting: A multifaceted treatment for childhood sexual abuse survivors experiencing posttraumatic stress. In L VandeCreek, S Knapp, T Jackson. Eds. *Innovations in Clinical Practice: A Source Book*, Vol. 13, Sarasota, FL: Professional Resource Press.
2. Smucker MR, Dancu CV, Foa EB, Niederee J (1995). Imagery Rescripting: A new treatment for survivors of childhood sexual abuse suffering from posttraumatic stress. *Journal of Cognitive Psychotherapy: An International Quarterly*, 9(1), 3-17.

3. Smucker MR, Niederee J (1995). Treating incest-related PTSD and pathogenic schemas through imaginal exposure and rescripting. *Cognitive and Behavioral Practice*, 2, 63-93.
4. Smucker MR, Dancu CV (1999/2005). *Cognitive-Behavioral Treatment for Adult Survivors of Childhood Trauma: Imagery Rescripting and Reprocessing*. New York: Roman & Littlefield Publishers.

Case Illustration: (Smucker, unpublished)

Nicole, age 24, reported that from ages 6–13 her brother Joe (4 years older) had enticed her repeatedly to have oral, anal, and vaginal sex with him in his room. At age 8, she told her mother, who discussed it with her father; they decided this was fabricated. Joe denied the abuse, saying she was crazy. The abuse stopped when Nicole started menstruating at age 13. Thereafter she became anorexic, depressed, and suicidal, with frequent flashbacks and nightmares, and two suicide attempts at age 16.

At evaluation Nicole reported recurring abuse-related flashbacks, nightmares, depression, anger, guilt, and shame; sex disgusted her. Her 60-minute imagery-rescripting session was audiotaped. The therapist asked: “*Can you visualize and describe with eyes closed, in detail in the present tense, your most upsetting memory*”. After Nicole described anal abuse at age 8 for five minutes, the therapist said: “*Can you again imagine and describe that scene*”, but at the most upsetting moment asked: “*Can you see yourself as an ADULT today entering the room? What would you do or say now to Joe?*” Nicole described imagining herself pushing Joe to the floor, stopping him getting up, and saying angrily she knows what he did, she isn’t crazy, and he’ll never hurt her [the CHILD] again. She ‘saw’ Joe fearing her [the ADULT] and avoiding her gaze (an empowering moment), laughed at him, left the room together with herself as a CHILD, and went to her present apartment. Nicole then imagined herself as an ADULT today comforting herself as a CHILD: “You’re not to blame for this, you were too young to know it was wrong, nobody believed you when you told mother.” The therapist asked: “*And how does the CHILD respond?*”. Nicole replied: “She [the CHILD] wants to believe, but doesn’t know how.” After Nicole described the ADULT giving heart-felt reassurances, apologizing for blaming her as a CHILD, not believing her, and ignoring her, the CHILD accepted the ADULT’s soothing reassurance. Nicole concluded as the ADULT: “I love you. I’m sorry I didn’t before. I’m sorry for everything you’ve felt. I now see how strong and brave you are, an incredible little girl.” Therapist: “*What does the little girl reply?*” Client: “She gives me a big hug.” Nicole opened her eyes, smiled broadly, and said she felt better than in a very long time.

Nicole took an audiotape of the entire imagery session home with her and listened to it daily for 3 weeks. This single imagery-rescripting session was the only therapy she had. At 9 months follow-up she was free of flashbacks, nightmares, guilt, shame and anger, and was having her first loving sexual relationship with a man.