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Restructuring implicational meaning through memory-based imagery: Some historical notes

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Abstract

This paper provides a historical perspective on the recent increase in the clinical application of imagery techniques to restructure systems of implicational meaning that drive emotional distress or self-defeating behaviors. Janet's early application of such techniques was largely ignored except by a few hypnotherapists. Current applications in cognitive therapy were adapted and extended in the early 1980s from Perls' Gestalt therapy methods. Some precursors to Perls are examined, as well as the work of some of those who developed and formulated the integration of his techniques into Beck's cognitive therapy. It is argued that this process amounted to a significant paradigm shift.

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Keywords: Cognitive therapy; Guided imagery; History of psychology

What we now call imagery rescripting is not entirely new. In fact, the following vignette describes very similar procedures reported well over a century ago.

Marie had serious psychological problems including psychogenic blindness in the left eye since the age of 6, when she had shared a bed with another child disfigured by impetigo on the left of her face. Her menstrual periods were preceded by depression, hostility, and uncontrollable shivering. After 2 days, menstruation would stop abruptly and she would again shiver, become delirious, and display disturbed behaviors including shouting out, running about wildly, or behaving in a childlike manner. Using hypnotic regression, her therapist uncovered the source of these symptoms. When her first period began at the age of 13, she had felt profoundly shocked and deeply ashamed. After a day or so she had

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plunged into a bath of cold water to try to stop the flow. After that she did not menstruate for 5 years, and when menstruation resumed it was accompanied by the symptoms already described. The treatment was creative, but simple. Using hypnosis, her therapist suggested she re-experience the time just before her first menstruation and visualize her menstrual flow starting normally, her accepting it, making no attempt to stop it, and the period taking its course and ending naturally. This procedure resolved the symptoms. In another session, the therapist guided her to remember sharing the bed with the girl with the disfigured face, to imagine her as a friendly person without impetigo and to visualize caressing the girl's face without fear. Her sight returned and there was no return of symptoms over the next 5 months.

Pierre Janet described these examples of “imagery substitution” in 1889 in *L'automatisme psychologique* (Ellenberger, 1970, pp. 361–364 reproduces an English translation of this case; see also Van Der Hart, Brown, & Van Der Kolk, 1989). But in the century that followed, Janet's work was largely ignored (Van Der Hart & Friedman, 1989) by the main Freudian and post-Freudian psychoanalytic approaches. There were exceptions, mostly notably in Jung's (1960)¹ active imagination, and later, Leuner's (1984) guided affective imagery, though in these there is considerable focus on symbolic imagery, rather than biographical memories. Mary Cerney's (1986) striking application of guided imagery to bereavement is also documented on video (Cerney, 1989).

In early behavior and cognitive therapy, structured imagery interventions included systematic desensitization, covert rehearsal, and even positive time projection (Cautela, 1977; Lazarus, 1984). However, emotional processing was not explicitly addressed, and Ramsay (1977) and Stampfl (1976) explained the impact of flooding techniques in terms of habituation or extinction.

Some hypnotherapists used methods similar to Janet's throughout the 20th century (Van Der Hart et al., 1989), although there was often a focus on precipitating a strong emotional response (catharsis or abreaction) with little emphasis on active restructuring either during or afterwards (Nichols & Zax, 1977). More recently, however, Watkins and Frankl describe methods of restructuring meaning that have marked parallels to imagery rescripting. A client of Frankl (1994) recalled being a happy toddler, but “when father appeared, the atmosphere changed.” His mother changed too: “the warmth went out of her” (p. 117). After processing the complex implications of this for the relationships between himself, his father and his mother, he came to see his father as a man “with all kinds of faults and many difficulties and no longer as an implacable, larger than life authority.” Frankl also describes guiding a client to “see your mother as you really, deep down, want her to be” (p. 134). Watkins' (1992) hypnoanalysis, developed in 1945 to treat post-war PTSD, evolved to include “ego-state therapy” featuring imagery dialogues between different parts of the self.

However, cognitive and behavioral psychologists were often suspicious of hypnotherapy. Hackmann (personal communication, 30 July 2007) recalls that at London University, “we were forbidden to read about hypnotherapy, or experiment with it,” and Dowd (personal communication, 14 August 2007) recalls a colleague, years ago, telling him not to use it because it was “powerful”!

Today, by contrast, imagery-based methods for the transformation of meaning associated with emotionally charged memories have become a significant component of

¹This paper published in 1958 was a revision of one published 40 years earlier.

cognitive therapy. This paper examines some precursors to these contemporary applications and some personal accounts of how their integration into cognitive therapy gradually gathered momentum.

1. Gestalt therapy and its precursors

It has been Fritz Perls' (1893–1970) Gestalt therapy, rather than the hypnotherapy literature, which mainly influenced cognitive therapists. Born in Germany, Perls had rapidly become disillusioned with the Freudian circle. There were many influences on his development from those who were diverging from Freud, including Reich, Ferenczi, and Rank. Before leaving Germany in 1934, Perls had been in therapy with Wilhelm Reich (1897–1957) who argued that unexpressed emotion gives rise to patterns of rigidity in the skeletal muscles, which he called “character armour.” Reich used exercises to soften rigid muscles and also physical manipulation to initiate emotional release, but, although these often activated early traumatic memories, there was little focus on memory content, let alone on active restructuring of meaning (Nichols & Zax, 1977).

Ferenczi's (1873–1933) “neocathartic method” also involved reliving early memories of emotionally painful events. At odds with Freud, Ferenczi concluded that these could not be dismissed as instinctual fantasies. Trauma, he argued, led to a “splitting off of a part of the personality... [which] lives on hidden, ceaselessly endeavouring to make itself felt, without finding any outlet except in neurotic symptoms” (Ferenczi, 1929, p. 121). Ferenczi anticipated contemporary emphasis on the healing of the inner child and the therapist's reparenting role. He promoted restructuring by encouraging therapists to engage with the split off child part and “persuade it to engage in what I might almost call an infantile conversation” (Ferenczi, 1929, p. 122). Anna Freud commented that he worked with the child part of adults much as she did with children themselves (Ferenczi, 1931).

Rank (1884–1939) emphasized exploration of the client's emotional vulnerability in the present. He recognized that focusing on experience in the here and now activated creative healing processes and took the emphasis away from developmental analysis. In 1938, he recommended that therapists attend to “the emotional experience rather than the intellectual enlightenment of the patient” (Kramer, 1995, p. 79). These developments directly influenced Gestalt therapy as well as a wide range of emerging approaches including interpersonal, object-relations and existential psychotherapy. It was encounters with Rank and those trained by him that contributed to Carl Rogers' exploration of how a focus on present experience in the relationship between client and therapist had the potential to enable a creative process of healing (Kramer, 1995; Rogers, 1942, 1951).

There were numerous other influences on the evolution of Perls' work. These included his own interest in contemporary expressive art: in his biographical notes, for 1922 (he was 29 years old), Perls (1969) refers to “We: bohemians, off the beaten path. Actors, painters, writers....” Nor was Reich the only mentor in the domain of somatically oriented therapies. His wife Laura was involved with the expressive somatic practitioner Laura Gindler (1885–1961) (Perls, 1969: entry for 1930) and after moving to New York in 1946, he and his wife were both trained by Charlotte Selver (1901–2003), who had been trained by Gindler (Weaver, 2006).

His first book, written in South Africa and first published there in 1942 (Perls, 1969), was re-published on his arrival in the USA. In it, Perls (1947/1969), was already describing a focus on moment to moment awareness in a way that prefigures contemporary

cognitive–behavioral assessment. In what is perhaps a self-observation, he described a man becoming agitated while waiting for a tram. An image of the tram arriving repeatedly comes to mind and activates an impulse to approach and board the tram. Since the tram has not arrived, the impulse is suppressed and the process produces a persistent feeling of restlessness and irritation.

In New York, Perls was drawn to Paul Goodman, a controversial, Bohemian and anarchist poet and novelist who had undergone Reichian therapy and who shared his interest in the expressive arts (Stoehr, 1994). Perls was writing a more comprehensive account of the significance of the focus on moment to moment awareness for the therapy process, much of which Goodman extensively reworked (Perls, Hefferline, & Goodman, 1951). It was a landmark book in which Goodman, described Rank's ideas on creativity and the arts as “beyond praise” (p. 395).

By the time of his death in 1970, Perls' ideas had consolidated into a coherent psychological theory and his work with imagery and dialogues was elegant and telling. Habitual processes of cognitive and emotional avoidance of distressing material leave “unfinished business,” Perls (1973) argued, which often presses into awareness and will naturally emerge if avoidance mechanisms are relaxed. He would begin therapy sessions with images from dreams or images that spontaneously arose in response to the suggestion that clients close their eyes and focus on a feeling or event. They were encouraged to be open to emotions or sensations and to articulate their meaning. They would also identify with a figure that had been imaged and allow words to flow that articulated the unexpressed meaning and, in particular, to express needs that were not previously acknowledged or met, or attitudes or responses which were suppressed in anticipation of a punitive response. Restructuring might occur spontaneously, or be promoted by questioning and dialogue techniques. In his later years Perls would give workshop demonstrations with individuals who would work intensively with him (the “hot seat”) while other participants observed. However, many professionals (including Gestalt therapists themselves) were critical that the work was not systematically followed through as would be expected in a therapy process.

2. A split between academics and experiential therapists

Nevertheless, so compelling was the simplicity and power of the techniques that they came to be widely used in the 1970s within the humanistic therapy movement. I encountered them in 1978 in England, during a year of in-service clinical training run by the University of Surrey. However, there was a split between what was the focus of academic and professional training on the one hand, and experiential approaches which were having significant influence outside the Universities. It was not the Department of Psychology, but the Department of Adult Education that disseminated these practices through weekend workshops offered to health professionals and the general public, and Heron's (1977, 1978) manuals summarized the methods.

Back in my academic post in South Africa, I wondered how I would deal with this split. The permission I needed came from a workshop at the University of Port Elizabeth by Richard Erskine who was integrating Gestalt techniques with the cognitively focused transactional analysis (TA). The TA literature was the source of the term “scripts” in the sense of automatic and habitual patterns of cognition, emotion, and behavior. Erskine and Zalcman (1975/1997) analysis of the way in which unmet needs and unexpressed feelings

led to “script beliefs” and “script displays” anticipated what cognitive therapists would later call core beliefs and early maladaptive schemas, and Erskine (1980/1997) used the phrase “script cure” with a meaning similar to what Young, Klosko, and Weishaar (2003) would call “schema healing.” Later, Erskine and Moursund (1988, p. 55) anticipated what cognitive therapists now call imagery rescripting. “The client is allowed to go back in fantasy to a time of script formation,” they wrote, “... and to use the superior resources of the ‘now’ to assist his or her confused or fearful or angry child ‘then.’” The goal is to effect cognitive and affective change, but also to change intent so that the client makes a “redecision... a clear and conscious choice to go a different route than before.”

From 1979, I integrated experiential techniques with cognitive and behavioral methods in my private practice and 4-day experiential learning workshops for students. Then, in July 1984, I began a post-doctoral fellowship at Beck’s Center for Cognitive Therapy at the University of Pennsylvania. David M. Clark was visiting; Merv Smucker had the office next door; Jeff Young was one of the trainers. It was an extraordinary convergence, facilitated by an intellectual climate which supported integration. Lazarus (1985) warned against eclecticism in the sense of haphazardly selecting interventions from different approaches to therapy, but encouraged “technical eclecticism,” the incorporation of techniques from other traditions on the basis of a coherent formulation. “One need not believe in Gestalt principles to use Gestalt techniques”, Lazarus (1985, p. 3) observed and described use of the Gestalt empty chair dialogue method within multimodal therapy.

3. Cognitive therapy as an integrative model

Beck and those associated with him shared this perspective. Freeman, one of my supervisors, was co-editing a book (Mahoney & Freeman, 1985) which drew attention to the parallels between cognitive therapy and several psychodynamic approaches. Guidano and Liotti’s (1983) synthesis of the ideas of Beck, Piaget and Bowlby, described a comprehensive conceptual and technical integration. Arnkoff (1981) recommended integration of Gestalt methods into cognitive therapy. Furthermore, in terms of Beck’s cognitive model, “cognition” did not just mean something verbally expressed. Thoughts and assumptions often arose from schemas whose origins lay in childhood and infancy and whose content might be emotionally charged and not easily accessible (Beck, 1985).

Theories on the relationship between cognition and emotion were already well developed. In a seminal article in *Cognitive Therapy and Research*, Greenberg and Safran (1984b) described different levels of processing, with different characteristics, including a “schematic emotional memory mechanism” (p. 566) and an “abstract conceptual system” (p. 567). Only the former was directly linked to emotional states. These authors challenged as simplistic the idea that cognition could be separated from emotion. “In a sense,” they observed, “there is no affect without cognition and no cognition without affect” (p. 569). The term “hot cognitions” was already frequently used to refer to meanings which were encoded in the schematic emotional system, and was included in the title of Greenberg and Safran’s (1984a) response to critics in the same issue of the journal. Soon Foa and Kozak’s (1986) seminal article would use the term “emotional processing” to refer to the activation of emotional schemas and the modification of their encoded meaning through exposure to corrective information.

Young (2007) recalls that at that time there was limited emphasis in cognitive therapy on core beliefs and early development. However, the theoretical groundwork was in place.

Understanding the historical origins of dysfunctional beliefs could aid clients in revising them, argued Beck, Emery, and Greenberg (1985). The distinction was drawn between prescriptive “technical” cognitive therapy and formulation-driven “conceptual” or “structural” cognitive therapy” particularly by Young and by Guidano and Liotti who provided the basis for writing a cognitive developmental case formulation. In addition to analysis of maintaining factors in the form of assumptions, thoughts and self-defeating behaviors, clinicians began placing more emphasis on cognitive vulnerability due to the impact of developmental experiences on the schematic emotional memory mechanism.

Here was fertile ground for the integration of TA/Gestalt imagery techniques into cognitive therapy. Beck (1970) had observed the important contribution that imagined scenes could play in generating personal distress and described some simple imagery techniques. Another paper in 1971 was recently republished (Beck, 2002). Freeman (1981) had described how dream images provided access to personal meanings which could be significant for case formulation. A range of imagery-based techniques were described in Beck et al.’s (1985) book on cognitive therapy for anxiety, that was soon to be published. Judy Beck would sometimes drive me home (we lived in the same suburb) and ask me detailed questions about imagery work. Young’s ideas on the integration of Gestalt imagery methods into schema-focused cognitive therapy were being presented at seminars, even though nothing would be available in published form for 5 years (Young, 1990).

In 1985, while still in Philadelphia, I began to write what turned into two papers, using material from my own cases. Arthur Freeman made encouraging comments. The one, which appeared as Edwards (1990a, p. 39), argued that activation of early memories provided access to the “primitive cognitive system” in which distortions were encoded and showed how guided imagery offered a vehicle for cognitive restructuring. It was illustrated with session transcripts. The other began by showing how Perls’ technique, as applied in one of his dreamwork sessions, provided a means for guided discovery and implicit restructuring. It was followed by a systematic description of techniques for evoking and transforming images, illustrated with case material (Edwards, 1989).

Back in South Africa I again had limited contact with the international research community. Imagery restructuring techniques featured occasionally in the cognitive therapy literature (Dowd, 1992). Mary Anne Layden, then at the Beck Institute, was also promoting them and described their application (Layden, Newman, Freeman, & Morse, 1993) and Young described them extensively as soon as his publications began to appear (Young, 1990; Young & Lindemann, 1992). These methods were all based on case formulations that gave a significant focus to developmental factors. Leahy (1996, p. 197) would be soon using the term “developmental analysis” and Dowd (1997) the term “cognitive–developmental therapy.”

The theory of levels of processing was given further prominence by Teasdale’s (1993) account of *Interacting Cognitive Subsystems (ICS)* theory, which included a distinction between implicational and propositional cognitive systems. Teasdale argued that meaning in the implicational system was holistic and often communicated by “poems, parables and stories” and mentioned the role of “visual imagery elicited” (p. 345) by such expressive methods. Later he explicitly argued that imagery offered “a very powerful way of introducing new elements into a pattern of implicational code” (Teasdale, 1997, p. 150).

In South Africa, in 1995, I presented a case study in which restructuring of early memories played an important role (Edwards, 1995) and shortly afterwards encountered the first publication on imagery rescripting (Smucker, Dancu, Foa, & Niederee, 1995).

Although Merv Smucker and I had adjacent offices for a year, we had never really discussed imagery techniques! Like myself, Smucker had experienced a split between University-based approaches to psychotherapy and experiential methods widely practiced outside. I learned much later that he had a significant personal experience with a Gestalt therapist a few years before but had not then seen how to integrate it into cognitive therapy (Smucker, 2006).

Young (2007) recently described his experience of this same split. Following personal sessions with Gestalt therapists from 1980, he immediately began to experiment with imagery techniques in the evolving framework of schema-focused cognitive therapy. “It was my first realization that there was a viable method for accessing schemas other than cognitive therapy. I’m quite confident that no one had introduced imagery of the Gestalt kind into cognitive therapy before” (Young, personal communication, 24 July 2007).

The same was true for Ann Hackmann (personal communication, 30 July 2007) whose keen interest in imagery and dreams (she had been recording her own) was not met in her undergraduate courses at London University. Her clinical training, begun in 1967, seemed similarly arid although one patient retrieved a traumatic memory during a procedure for positive conditioning of sexual responses! Once in practice she “branched out and helped with art therapy and psychodrama.” However, as in my own case, it was Beck’s model that provided the framework for a meaningful integration. On a visit to the Beck Institute in 1986, she encountered Mary-Anne Layden who shared her passion for imagery and I would learn much later that my 1989 chapter and 1990 paper had played a role in her thinking and practice because, as she observed, they showed “how one might work with dreams, images and memories within a cognitive therapy framework.”

4. The restoration of restructuring applications of guided imagery

Today, imagery restructuring methods are prominent in many cognitive therapy treatment approaches, including for posttraumatic stress disorder (Dowd, 2000; Ehlers, Hackmann, & Michael, 2004; Fidaleo, Proano, & Friedberg, 1999; Grey, Young, & Holmes, 2002; Hackmann, Ehlers, Speckens, & Clark, 2004; Karpelowsky & Edwards, 2005), the sequelae of child abuse (Dowd, 1997; Smucker & Dancu, 1999), and personality disorders (Arntz & Weertman, 1999; Layden et al., 1993). In the treatment of personality disorders, Weertman and Arntz (2007) provided an experimental comparison between imagery rescripting on the one hand and cognitive restructuring and behavioral experiments on the other. Using a cross-over design they provided evidence that both are effective forms of intervention which complement each other. The value of imagery rescripting is also increasingly recognized as having potential for social phobia (Hirsch & Holmes, 2007; Wild, Hackmann, Clark, & Ehlers, 2005), agoraphobia (Day, Holmes, & Hackmann, 2004; Hackmann, 1998), depression (Hackmann & Wheatley, 2007) and eating disorders (Cooper, 2007; Ohanian, 2002). Finally, experimental studies with the interpretation paradigm have provided evidence consistent with Teasdale’s ICS model, showing that imagery offers a more direct connection than words to the implicational level of encoding (Holmes & Mathews, 2005; Holmes, Mathews, Dalgliesh, & Mackintosh, 2006).

It has been a long journey of over a century from the work of Janet to the present resurgence of imagery restructuring methods. Janet’s method is traditionally referred to as “imagery substitution.” However, the contemporary term “imagery rescripting” is a far

better way of referring to the kinds of imagery methods discussed here and in this special issue. There is a risk that simple techniques of substitution may only be a temporary palliative as they may fail to identify and address the range of emotions involved and the complexity of the associated meanings (Edwards, 1990b; Van der Hart et al., 1989). A central feature of contemporary cognitive therapy approaches that work with traumatic memories (recent or past) is a comprehensive assessment of the range of emotions and associated meanings that underlie the client's emotional distress and the systematic application of methods appropriate for addressing them (Arntz & Weertman, 1999; Edwards, 1990a, 1995, 2002; Hackmann, 2005; Smucker & Dancu, 1999; Young et al., 2003). Viewed from this perspective, Janet's interventions look more like rescripting than mere substitution.

The inclusion of this kind of experiential work into cognitive therapy has required something of a paradigm shift. Back in 1984, it seemed a distant possibility that schema-focused cognitive therapy would evolve into a comprehensive, integrative treatment, rooted in the cognitive model, and emphasizing imagery rescripting as a central intervention that would prove its worth in a major randomized controlled trial of the treatment of borderline personality disorder (Giesen-Bloo et al., 2006). The shift has involved personal journeys of paradigm integration for several influential contributors. Commenting on her current work on dreams and nightmares in posttraumatic stress disorder, Hackmann (personal communication, 30 July 2007) remarked, "It has taken me 40 years to get to the point of studying the phenomenon that first attracted me to psychology!"

"The approaches you fight against, you may be using in five or ten years time," confessed Young (2007) to a large audience at the World Congress of Behavioral and Cognitive Therapies. It is often more effective to ignore the immediate verbal content of thoughts and focus on here and now affective states, he argued, and recommended even more emphasis on imagery and dialogue techniques. I like to imagine the spirit of Janet sitting in the audience, smiling, and perhaps even shedding a tear.

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