

From Story to Symbol:

Established Imagery in Constrained Therapeutic Settings - PART 1

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Emotional Endurance Under Constraint:

This paper offers an initial framing for the use and function of imagination in therapeutic practice under conditions of constraint. It stems from my clinical experience working with incarcerated men, in settings where openness is not simply difficult but actively penalized. In carceral environments shaped by surveillance, stigma, and codes of silence, conventional therapeutic assumptions about disclosure, narrative, and safety do not reliably hold. This work is informed by sustained clinical practice within federal prison settings, where the consequences of speech are not theoretical but material.

Rather than treating these constraints as obstacles to be overcome, this paper begins from the premise that they have already shaped how communication occurs. In my work, imagination – particularly imaginal forms that are familiar, stylized, and already in circulation – has emerged not as an alternative technique, but as a preferred and accessible channel of contact. This Part 1 paper introduces a phenomenological account of how imagination functions under such conditions, with particular attention to what I later name *established imagery*: symbolic forms that preserve affect by enduring within constraint.

Part 2 will extend this framing into detailed clinical material, illustrating how established imagery can be recruited within an AEDP framework to support affective movement and integration when narrative must remain limited. Together, the two papers aim to contribute to a broader understanding of imagination not as escape or embellishment, but as a core medium of psychological survival and change when words carry risk.

Body Poetry:

The Coroner's Inquiry into the death of my uncle – who, at the time of his passing, was

serving a life sentence in a maximum-security prison in British Columbia, Canada – included a subsection titled “*Notable Body Markings: Tattoos.*” To me, it read less like an inventory than a record of endured states, each line terse, forensic, and final. Yet, taken together, the list accumulated a rhythm. With a few line breaks, it reads like a poem:

Devil with severed head, mid-chest;
partially faded, ink irregular.

Grim Reaper, right upper arm;
numerals “1959” inscribed on scythe.

Cartoon rodent (rat) with noose, posterior left upper arm;
ligature visible around neck.

Spider web, left elbow.

Eagle above clouds, anterior right thigh;
wings extended, color in eyes, talons clearly delineated, unclenched.

“Fuck You”, medial right ankle.

The story I tell myself is that, amid an otherwise bleak document, the coroner briefly lingered. That something in the eagle invited another look, just long enough to note its posture, its eyes, the fact that its talons were not clenched. The more likely explanation is simpler: the eagle was the freshest tattoo. The ink had not yet dulled. Its lines were still sharp, its detail easier to register. But this explanation, too, carries significance: the last image chosen, the one closest to the end, the one not yet worn down by time, confinement, or repetition. Regardless, the list breaks its own rhythm. Some vitality interrupts what is otherwise a catalogue of finality. The image does not undo the others; it does not redeem the record. It does not erase what came before. Still, there it is, on the body too.

This “poem” returns to me often in my clinical work with incarcerated men, many of whom wear the hardest chapters of their lives openly: tattoos on faces, necks, arms, and hands. Faced with someone’s symbolic self-at-worst, I am obligated to hold – at top of mind, and between us – what I personally know to be true: *that what is visible is not the whole of what is alive.*

Symbol as Shelter and Signal:

AEDP is often described as a model that works *beneath narrative*: beneath the client's account of events, toward the affective truth that organizes experience and enables transformation. This orientation presumes that narrative can be entered, shaped, and returned to without consequence. In prisons and other high-surveillance settings, however, narrative itself is constrained. Clients may avoid autobiographical disclosure not out of resistance, but out of necessity. Institutional and subcultural codes narrow what can be said, and how. Still, many choose to enter the therapeutic space. Their presence signals a paradoxical openness: something inside is asking to move, even when words cannot safely carry it.

In those conditions, imagery becomes more than a clinical technique. It becomes a communicative commons: a way emotion travels when story must stay sealed. The psyche, after all, does not depend on language to generate meaning. Long before "the talking cure," humans etched emotion into cave walls, carved grief into marble, and projected spiritual yearning into color and composition. Across art history, the symbolic has served as a primary vehicle for knowing what cannot be fully said. In the late nineteenth century, Symbolist painters such as Odilon Redon, Gustave Moreau, and later Edvard Munch rejected external realism in favor of inner realism: art that depicts states of soul. As Redon put it, his work was the place of his most secret dreams (as cited in Harrison, 1997). The shift inward was not only aesthetic; it was epistemic. The symbol, once viewed as ornament or allegory, became an expression of psyche: a vessel through which affective and spiritual realities could be known.

Psychology soon followed this symbolic turn. In his early writings on dream interpretation, Freud (1900/2010) positioned imagery as "the royal road to the unconscious", while Jung (1964) extended this vision into his theory of archetypes, recurring symbolic forms through which the collective unconscious speaks. Jung's method of active imagination invited patients to encounter inner figures and images directly, giving the symbolic imagination a central place in transformation. Later, post-Jungian writers such as James Hillman (1975) reframed these inner figures not as symptoms to decode but as imaginal presences through which the soul expresses itself, reclaiming the aesthetic dimension of psyche.

From a psychodynamic perspective, the symbolic function mediates between conscious and unconscious experience, translating raw affect into representations that can be known and

worked with (Segal, 1957). When this symbolic function is impaired — through trauma, repression, rupture, etc. — the psyche becomes flooded with undifferentiated experience. Bion (1962) described this as the inability to transform “beta elements” (unprocessed sensory-emotional data) into “alpha elements” (thinkable thoughts). Both art and therapy serve as containers for this transformation. They are spaces where affect takes symbolic form, where it may become processable and ultimately transformative.

Within contemporary relational psychodynamics, the image continues to operate as a bridge between self and other. Bollas (1987) proposed that evocative images and aesthetic experiences function as *transformational objects*: carriers of meaning that enable psychic reorganization. Similarly, Ogden (1994) observed that analytic work depends upon creating an *analytic third*: a shared imaginal space in which symbols can be jointly — and gently — held and transformed. These frameworks converge on a central insight: transformation is not achieved solely through interpretation or cognition, but through active participation in affectively charged imagery.

How Affect Finds Form:

In experiential therapies, much has been written about emergent imagery: the spontaneous metaphors, scenes, or images that surface when clients are invited to stay with affect rather than thought (Gendlin, 1981; Greenberg, 2011). These emergent images are prized for their novelty and vitality; they mark moments when the psyche reveals something newly alive. Yet not all images in therapy arrive this way. Some inner pictures are already familiar — well-worn forms that have endured through habit, trauma, or identity. They persist not by changing, but by remaining recognizable. Such images can take on the quality of psychic monuments: stable, durable, and often affectively muted through long use. They may organize experience by containing feeling rather than expressing it, anchoring defenses as much as vitality. Together, these two imaginal tendencies — one generative, the other preservative — hint at distinct ways affect finds form.

Recognizing this distinction has particular relevance for work in restrictive settings, where spontaneity is limited and imagery is often inherited from subcultural codes. In clinical work with incarcerated men, familiar symbolic forms often become the primary entry point for contact. These are not fleeting creative associations but enduring emotional architectures that

open a new window onto self-experience. Working symbolically here means not eliciting new images but *re-animating* old ones.

Embedded in AEDP's conceptualization of *transformance* is that adaptive strivings move through a multi-channel web of experience: sensory, somatic, emotional, cognitive, relational, and imaginal (Pando-Mars, 2021). The *imaginal* channel serves as the meeting ground between affect and symbol, where emotion finds form and imagination becomes a medium of felt truth. In this channel, therapists may invite clients to visualize, portray, or otherwise embody inner experience, allowing emotion to move through metaphor rather than discourse.

In this sense, the imaginal channel carries forward the lineage of artistic symbolism into the domain of carceral psychotherapy. When words fail or defenses constrict, image becomes the vehicle through which emotion travels. As Fosha (2000) notes, the therapist's task is not merely to interpret but to amplify vitality, allowing affect to become more fully known and integrated. The imaginal mode provides one of the surest pathways to this amplification, as it allows emotion to be both seen and felt in forms that transcend language.

Established Imagery as Symbolic Disclosure:

Here, I use the term *symbolic disclosure* to describe a family of clinical processes in which emotion is communicated through imaginal representation rather than autobiographical narration, particularly under conditions where direct disclosure carries risk. Similar processes have been described across psychoanalytic, cultural, and communication literatures as indirect, symbolic, or encoded forms of expression under constraint (e.g., Segal, 1957; Bollas, 1987; Ogden, 1994). Symbolic disclosure does not bypass emotion; it protects it. It allows affect to be carried without requiring autobiographical exposure, preserving continuity of self under conditions of surveillance or threat. What matters here is not the symbol itself, but the function it serves: holding experience in communicable form when narrative cannot safely do so.

Within this framework, I distinguish two imaginal trajectories through which symbolic disclosure may occur. One arises spontaneously, as affect organizes into a new form. The other endures. These are images that have survived constraint by becoming legible without exposing the self. Both trajectories serve communicative functions, but they do so differently. Emergent imagery is often marked by novelty and surprise; it signals movement, discovery,

and fresh contact with affect. By contrast, images that persist over time stabilize experience by containing feeling rather than expressing it directly. In carceral settings, this second trajectory often carries disproportionate therapeutic weight. These enduring forms – metaphors, archetypes, even tattoos – are not fleeting creative associations but emotional architectures that have proven workable over time. Under the right relational conditions, they can be re-entered and re-animated: the old image becoming a living medium again rather than a fixed monument. It is this latter phenomenon that I name *established imagery*.

Established imagery does not announce itself as discovery. It arrives already formed, often already known. These are images the psyche has returned to repeatedly – sometimes for years – not because they are especially vivid, but because they are workable. They carry feeling without requiring disclosure. They hold experience in place when movement would be dangerous. In this sense, established imagery is less a product of imagination than of adaptation: a representational solution forged under pressure, where affect is preserved by being contained.

Unlike emergent imagery, which often feels alive, established imagery can appear dull, flattened, or overused. Its emotional charge may seem muted, its form rigid. Yet this apparent lifelessness is misleading. What looks inert from the outside is often the very structure that has allowed affect to survive. Under conditions of constraint, such images function as emotional encryption, translating inner experience into forms that can circulate safely within limits of visibility, language, and risk.

This endurance gives established imagery a distinct relational function. Because it is familiar, it is less likely to overwhelm. Because it is stylized, it can be referenced without confession. Metaphors recur, symbols repeat, visual motifs persist – not as creative flourishes, but as anchors. Tattoos, recurring phrases, stock images, and inherited archetypes become reliable currencies of expression. They are not attempts to say something new; they are ways of keeping something alive.

For clinicians, the significance of established imagery lies not in what it represents, but in how it behaves. It signals where the nervous system already knows how to hold experience. It marks the contours of safety as they have been learned, sometimes under extreme conditions. To work with established imagery, then, is not to dismantle it or interpret it away, but to meet

it with sufficient attunement that feeling can begin to move again *within* the form that has long contained it. The task is not extraction, but re-animation.

Seen this way, established imagery reframes repetition itself. What repeats is not pathology but survival. What persists is not resistance but continuity. These images are not failed symbols; they are symbols that have done their job so well they have become part of identity. Under the right relational conditions, they need not be abandoned for transformation to occur. They can, instead, become the very medium through which transformation proceeds.

What Holds When Story Cannot:

Part 2 of this introductory work will develop this distinction in further clinical detail. Through session material, I will show how established imagery can be re-entered within AEDP's frame without requiring autobiographical confession, allowing affect to move through activation, differentiation, re-animation, and integration while the narrative channel remains constrained. The claim is simple: working without story-based disclosure does not necessarily diminish experiential therapy. In certain environments, it may distill it; revealing dyadic safety, regulation, and imaginal processing as core mechanisms of change when words cannot carry the load.

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