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Therapeutic Reimagining
Helping Clients to Access Their Transformational Creative Unconscious

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Abstract: *Therapeutic reimagining*, which empowers individuals to create their own portrayals outside of the therapy room, is introduced. This experiential new process allows the transformational work to continue between sessions, accelerating clients' progress. The book I wrote about it, *Reimagine Your Life: How to Change Your Past and Transform Your Future* (2024), empowers those who can't access or afford therapy to engage in an experiential life changing process. A detailed first-person account[1] of one client's use of the technique is used to illustrate how simple, yet, transformational it can be. By using counterfactual thinking, an alternate timeline of events can be created that allows healing without the need to revisit a traumatic memory "hot spot," making it particularly suited to clients with highly aversive traumatic memories. This article provides clinical evidence to support this approach (Arntz, 2012), and a roadmap for how to do the process, "the four guiding principles," is explained. The process has been especially useful for "rewiring internal models of attachment" (Frederick, 2021) in individuals with dismissive avoidant attachment styles, who may be resistant to forming an attachment with a therapist.

Introduction

Almost five years ago I attended Ron Frederick's Advanced AEDP training on memory reconsolidation and internal working models. It is fair to say that this training changed everything for me. Before it, I was completely unaware of the book *Unlocking the Emotional Brain* (Ecker, Ticic, Hulley, 2012), of *memory reconsolidation*, and the use of *juxtaposition* to update problematic "internal working models" (Bowlby, 1969; Frederick, 2021). Afterward, I studied everything I could about the Coherence Therapy model (Ecker & Hulley, 2005-2019).

Ron also introduced us to the work of April Steele's Retrieval Portrayal protocol during the experiential part of the training. This led me to study everything I could about April's Imaginal

[1] With written consent for publication. All client names and identifying details have been changed and in some cases additionally composited to ensure client confidentiality.

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Nurturing model (Steele, 2020) and consulted with her for one year. I became very interested in portrayals and signed up for Judy Silberstein and Matt Fried's one year Portrayals Project group. Being a Certified Transactional Analyst (CTA) before coming to AEDP, I already knew quite a lot about this kind of work, which is called *early scene work* in Transactional Analysis (TA). However, I now began to synthesize something new from all of the above.

Teaching clients to create their own portrayals at home

Often in sessions, I would find that we had identified a potential portrayal but did not have time to do it, or that we had time to do one in the session but an additional portrayal seemed possible. Sometimes there was more that the client could do in the portrayal that we did not have time for. So, I began to suggest to clients that they continue the portrayal at home during the week and let me know how they got on in the next session. I was amazed at some of the transformational work they were able to do.

Over the next few years, I became quite expert at spotting potentially therapeutic portrayals (the "Dynamic Psychotherapy" in AEDP) and began suggesting that client's do them during the week (the "Experiential" in AEDP). This practice allowed my clients to continue the transformational work throughout the week, greatly accelerating their progress in therapy (the "Accelerated" in AEDP).

Turning what I was doing implicitly into an explicit and intentional process

I was able to get first class consultation on the creation of this new way of working from someone whose work I highly respect, Hans Welling. He and Netta Ofer run portrayals workshops, and I had read some of Hans's work on creating portrayals (Welling & Ofer, 2021). He seemed like the most suitable person to give me consultation on the new process called *therapeutic reimagining* that I was creating. We also used Hans & Netta's pain dynamics model, the 3 triangles of pain, (Welling & Ofer, 2022; Ofer & Welling, 2025) in analyzing some of the video work that I brought to Hans, my development as an AEDP therapist also benefited from that.

By incorporating therapeutic reimagining into my work, some clients began to progress so rapidly outside of sessions that sometimes it was hard to keep up with how much further forward they were when I saw them next. Furthermore, it has proven to be safe to do at home because the process involves imagining a more pleasant *alternative* to what actually happened. I began to think that if I could write up all I knew about the process and how to do it, it could become a self-help book. The rationale was that what I was doing could be taught to other therapists and, even more radically, to people who could not afford therapy or access it for some other reason. They, too, could get the benefit of creating their own portrayals at home on their own.

Deepening a process begun in a portrayal and constructing a new narrative

One of the ways of making explicit what had occurred at home was to ask my clients if they would be willing to write their stories of how they used the process to achieve the transformational changes they had experienced.

These stories became the inspiration for the book I decided to write, *Reimagine Your Life*, which includes nine client stories, written by the clients themselves. It is an incredibly generous act by some of those who felt they got a lot out of the therapeutic reimagining process and would like others to benefit from it. Initially, I felt a little guilty about asking them if they would be willing to write up their story, knowing that I might later ask them if I could include it in my book. However, I soon learned that the process of writing their stories often helped them go much deeper into what they had already begun, leading to the opportunity to metaprocess it and create a new narrative. Some vignettes of the anonymized stories from the book are shared later on in this article with their written consent. Other, shorter, composited and anonymized client case vignettes are also included here to illustrate the process.

The process itself of writing a book about therapeutic reimagining was an important catalyst in terms of making the implicit explicit and fully understanding what I was doing intuitively. I had studied a number of experiential techniques, such as Gestalt empty-chair work, redecision therapy, early-scene work in TA, and portrayals in AEDP. However, there seemed to be a lot of implicit learning in the teaching of all of these. It was time to start making it more explicit.

Where therapeutic reimagining is different from all of the therapeutic methods above is that it provides a roadmap of how to do the process, with the intention that clients are empowered to create their own equivalent of a portrayal at home. I have searched the literature but have not been able to find anyone else teaching clients how to create their own portrayals outside of sessions in this way.[2]

The cover of *Reimagine Your Life* has a clock face and the question, “How far would you wind back time, and what would you change?” This gives us a clue that it is about overcoming trauma by redoing the past. Often in people’s lives something goes wrong, or there is trauma that leads to a whole downward trajectory of events. So, I invite my clients to wind back time to a point before the traumatic event and explore an alternate timeline or alternate history, if you prefer.

[2] For an extensive review and discussion of the scientific literature on the role of imagery in maintaining emotional disorders, and its uses in treatment see the following paper. With almost 200 references to scientific papers listed, it covers a great deal of the history and also more recent research in the field: Holmes E A, Mathews A (2010) Mental imagery in emotion and emotional disorders, *Clinical Psychology Review*, Volume 30, Issue 3.

This might sound like science fiction and time travel. However, it is actually science fact: the psychology of counterfactual thinking.[3] You may have never heard of it, but it is something we do with our clients all the time. Every time we ask a question like "How do you wish your childhood had been different?" we are inviting them to imagine an alternate history with a new narrative.

Reimagine Your Life contains stories written by my clients that explain how they used therapeutic reimagining to overcome shame, guilt, fear, anxiety, overeating and even medically unexplained physical symptoms.

One of the stories concerns a theme that many people encounter in later life, the illness and death of their life partner. Stephanie was 73 when she came to see me, full of toxic guilt related to the circumstances of the death of her husband several years earlier. Her guilt interfered with the grieving process and caused her a great deal of emotional pain and suffering.

Stephanie's story: grief without end

> Stephanie writes: I was struggling with the knowledge that I had not done everything that I could have done for my husband in his last few days of life. He was in hospital, and the doctors told me he had kidney failure which they were planning to treat with dialysis.
>
> I had no idea that he was going to die soon. On the fourth night, they called me into the hospital because he was dying. He died the next day. All the time that he was in the hospital I believed that they were trying to help him.
>
> All the time he was in the hospital he was asking me to take him home. Once he had died, I realized that he knew he was dying and he wanted to die at home. I had no way of knowing that he was dying at the time, and I persuaded him to stay in the hospital where I believed that he was getting treatment that would help him, and that although he was seriously ill with lymphoma and we knew that it could not be cured, we thought we had a few years more.
>
> For more than three years after he died, I suffered profound guilt about my behavior during these days. This feeling haunted me, and even though I knew that I wasn't aware that he was dying during his last days, I found it hard to forgive myself for not paying attention to his requests to be taken home. My intelligent self knew that if I had known, I would have acted differently, but this knowledge

[3] For a comprehensive look at the breadth of research into counterfactual thinking from the perspectives of philosophy, clinical psychology, social psychology and economics visit: https://en.wikipedia.org/wiki/Counterfactual_thinking

had little or no effect on the extremely painful feelings that I was experiencing day after day.

Anthony encouraged me to visualize an alternative narrative. To imagine moment by moment what would happen if I had taken him home instead of persuading him to stay in the hospital. I found this extremely difficult at first, I could imagine investigating the possibilities of bringing him home, of engaging a nurse and arranging for a hospital bed to be brought to our flat. I got as far as imagining the ambulance people bringing him up the flight of stairs to the room I had prepared for him. But it was really difficult to continue the story.

At first, I found it very difficult to imagine him actually in his bedroom and actually dying there. But I persisted and over a week I was able to visualize everything from the point of deciding to bring him home and preparing a room for him and then imagining his death at home. I was able to borrow from the actual experiences. For example, there was a very compassionate nurse who had helped him in the hospital. In my imagination, she was in the bedroom at home. I remembered the night I spent stroking and talking to him whilst he was dying and unconscious, but I reimagined these experiences and saw them in the bedroom in our flat with me sitting on one of our chairs and not the hospital chair.

This new experience became very real to me. Although I knew it was a new narrative, and I knew that it hadn't happened this way, I was able to experience the events emotionally. It made such a difference, and afterwards I didn't dwell on the original painful experience to the same extent. Over time that pain has receded: not the pain of his death, but the pain of the guilt that I felt around the circumstances of his death.

In some ways, it feels like magic. I know how things happened. I know the real story of how John died. But I have been able to overcome the extremely painful feelings of guilt and responsibility that had troubled me so deeply and for such a long time. Something had changed, and it has helped me to recover. I'm not sure I forgive myself entirely for not being aware enough at the time to act differently, but I'm not punishing myself for my oversight anymore.

I've reread Stephanie's story many times over the last few years, but I still feel very moved by it.

Some learning points from Stephanie's story

Stephanie's story gives us an idea of how simple, yet powerful, therapeutic reimagining can be. Although she says, "At first I found it extremely difficult to imagine," she persists over one week

and is able to add all of the details. Crucially, she is able to add the very moving emotional elements of her husband actually dying in his bedroom at home. This kind of work can be done in session and is known as a *completion portrayal*, in AEDP. However, I doubt that Stephanie would have got to experience all that she did by doing it outside of the session in just one session. As a human being, I felt some resistance to suggesting she imagine this very emotionally challenging scene at home, knowing I would not be with her when she did. However, as a therapist, I knew there was a very good chance that if she did, she would be freed from endless toxic guilt. She would no longer be "haunted" by it and would get the closure that she needed.

In session, as soon as Stephanie said, "If I had known he was going to die, I would have looked after him at home," I was immediately alerted to the possibility of using counterfactual thinking to redo the past. This was a classic "If I knew then what I know now" example of a situation in which we can use counterfactual thinking to heal a painful regret. In fact, whenever a client says, "If only" or "I wish," it is a cue for therapeutic reimagining, or a portrayal in the therapy room. However, I don't wait for the client to stumble across the answer. Instead, I ask questions like "What *should* have happened?"[4] and "What *could* have happened differently?" These are the key questions that I encourage clients to ask themselves, in order to reimagine their life. They are also a good starting point for thinking about what they would like to have happened, instead of what did. These two questions alone have helped many clients find what needed to be therapeutically reimagined.

While consulting with Hans Welling, he said that the phrase "What should have happened" reminded him of a phrase used in therapy by the Canadian psychologist, Les Greenberg: "What did you need?" which is a very good way of approaching the client's unmet needs.

In the section below, "The four guiding principles of therapeutic reimagining," I provide a comprehensive roadmap that I use with clients to help them find what needs to be reimagined.

The four guiding principles of therapeutic reimagining

The first thing you may have noticed is that the title says "principles" and not "rules." This is because therapeutic reimagining is a very creative process. My clients have frequently done things that I was surprised by and wouldn't have thought possible. Additionally, because this therapeutic process is still evolving, it is important to allow it to continue to do so and not limit it by setting the process in stone.

[4] This was a phrase I almost certainly unconsciously picked up from Judy Silberstein and Matt Fried's Portrayals Project 2021. Matt used it in *On Reversals*, an unpublished essay written by Matt and sent to the Portrayals Project participants, including myself. Later, Matt attributed the phrase *Reversal* to Albert Pesso: "I believe I first heard the principle/term/concept articulated by Albert Pesso as a guiding principle in his approach (PBSP)," personal communication on 05/24/25.

The four guiding principles are each framed as a question that clients can ask themselves:

1. "When did things begin to go wrong?"
2. "What needs to be changed?"
3. "How far do we need to wind back to change things?"
4. "What would I have needed to know then that I know now?"

1. When did things begin to go wrong?
Often when something has gone wrong in a person's life, it leads to a whole downward trajectory of further misfortune. For example, if their family moved to a different country when they were young, and it led to them being bullied because of being different, this could lead to feeling shame. The shame then might lead on to low self-esteem, which could lead on to underachieving at school, which might lead to a lack of pride in one's accomplishments, increased low self-esteem, and going further along the downward trajectory. This downward trajectory can lead to the belief "thus it always has been, and thus it always shall be."

2. What needs to be changed?
This question and the following one are often closely linked. Sometimes, in answering one we also answer the other. The change doesn't always need to be big because sometimes it has a bigger knock-on effect later, the so-called butterfly effect. Ben, (whose story can be found in Chapter[5] 2 of my book *Reimagine Your Life: How to Change Your Past and Transform Your Future*), experienced this phenomenon when changing something as random as the flavor of chewing gum that someone was chewing would have meant a whole sequence of events wouldn't have happened. The butterfly effect was illustrated beautifully in the film *Sliding Doors*, starring Gwyneth Paltrow.

Although I had learned about all kinds of portrayals from others in AEDP and TA, it was sometimes difficult to see which one might be appropriate for the client. So, I asked myself the meta-level question about portrayals in general, "What needs to be therapeutically reimagined?"

The answer that came to me was two-fold. Generally, there are two important categories: things that happened that shouldn't have (e.g., trauma); and things that should have happened that didn't (e.g., being nurtured, not neglected). This concept is similar to Diana Fosha's "acts of omission and acts of commission." However, those only apply to something that was done (or not done) by a significant other. They do not include trauma and neglect as a result of accident or circumstance.

[5] Chapters referenced will henceforth refer to Prendergast, A. (2024). *Reimagine Your Life: How to Change Your Past and Transform Your Future*.

This question can provide general guidance to the therapist and client so that they are at least looking in the right place. It is also orientating us towards thinking about the client's past, which is usually the source of their current issues.

One important set of things that need to be reimagined in a portrayal or in therapeutic reimagining is internal conflict, which is usually caused by the fight between our conditioned social self and our authentic self which has been suppressed. For example, an injunction by caregivers against expressing anger may result in repressed anger. Here, a so-called "anger portrayal" may be used, although any emotion, including sadness and joy, can be suppressed because of an injunction against expressing it. However, it is not only emotions that can be forbidden by an injunction.

John McNeel studied injunctions for around 40 years and, with the help of other transactional analysts, found 25 common injunctions that regularly came up in therapy relating to the following five areas: survival, attachment, identity, competence, security (McNeel, 2016). I was reminded of McNeel's list of injunctions, and specifically the parental identity injunction Don't be separate (forbidding individuation), when reading Eileen Russel's chapter in AEDP 2.0: *Agency, Will and Desire as Core Affective Experience* (Russel, 2021).

Injunctions are the cornerstone of the redecision school of TA. It was one of the schools of TA that I studied and was one of the influences on me in developing *therapeutic reimagining*. Injunctions are explained in more detail in Chapter 6 of *Reimagine Your Life*, when discussing the *Therapy Square* model that I created to help myself and clients understand internal conflict (Prendergast, 2020).

3. How far do we need to wind back to change things?
In Chapter 1 of *Reimagine Your Life*, Mark found the only way he could have had the kind of mother he needed was to wind back time to before he was born and first give his mother the experiences of secure attachment in her childhood. Just as Mark found, we sometimes have to wind back further than we might have thought, although not usually this far.

Winding back further often gives more alternatives or even alternatives where there were none before. For example, imagine someone in a small rowboat just about to be swept over the Niagara Falls by the raging torrent of water: they are now too close to the downward trajectory to avoid it. It is physically impossible to defy the power of the water, and it is now a certainty that they will go over the edge. There are simply no other options available for them at this point. However, if they had decided at a much earlier point on this timeline to do something different and change course, they could have avoided the waterfall, just as Mark did in his therapeutic reimagining.

This is a very important question to ask ourselves. It also fundamentally relates to one of the key differences between a portrayal and therapeutic reimagining. Namely, unlike portrayals, therapeutic reimagining often doesn't work at a point of strong affect, as Mark's story above

illustrates. This may make it more suitable for very traumatized clients who are unable to revisit the most aversive elements of their traumatic memories. So, it will be covered here in more depth in subsections 3.1 and 3.2 below.

3.1 When should we work at the "Hot spot" and when is it easier not to?

In *Undoing Aloneness AEDP 2.0* (Fosha, 2021), Ben Medley writes in his chapter on portrayals that:

> "Once a specific scenario is identified by the client and therapist, the client is invited to find the moment of strongest affect within the scene and then allow the scenario and characters involved to interact and come to life (Fosha, 2000, p.229)."

In clinical psychology, this moment of strongest affect is sometimes called the "hotspot." In my experience, it may be appropriate to wind back to the hotspot in some portrayals, for example, an anger portrayal where the client is encouraged to express their adaptive anger that they did not express in the actual scene in the past. However, there may be times when it is not possible for the client to revisit a highly aversive scene from their past.

Dutch clinical psychologist Professor Arnoud Arntz has a great deal of experience in using *imagery rescripting* (schema therapy's version of portrayals) with clients who have a personality disorder. In his 2012 article (below) he discusses his thoughts on whether it is necessary to include the hotspot. This question is very relevant to the methodology of bypassing trauma used in out of session therapeutic reimagining, as described in my book *Reimagine Your Life*. He says:

> When I started to try out the technique [imagery rescripting], I took care that the original trauma (aversive event) was not somehow "magicked away". The reasoning was that it would be anti-therapeutic to somehow deny the reality. There are at least two reasons why I started to doubt this and changed practice.
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> First, in applying ImRs [imagery rescripting] with very severe cases we found that many of them didn't tolerate full exposure to the memories of the trauma: clients refused, dissociated, walked away, or got very angry at the therapist. We therefore tried out to start rescripting earlier (e.g., intervene to prevent the perpetrator to abuse the child) and observed good effects from that (e.g., Arntz, 2011).
>
> Second, a recent lab experiment discussed earlier [in this 2012 paper by Arntz] discovered that all the participants that prevented the trauma in their rescripting had no intrusions at all during the following week (Hagenaars & Arntz, 2011) p. 202.

Clearly, Arntz started from a theoretical perspective that it was necessary to include the most aversive memories, and not doing so would have been discounting reality. This would amount to magical thinking if they had been "magicked away." However, he finds that in practice severely traumatized clients are not able to revisit those highly aversive memories. Moreover, when he does "intervene earlier" on the timeline, he gets good results.

> The idea of winding back to a point earlier than the trauma on the timeline and going in a different direction using counterfactual thinking, making it impossible for the trauma to happen, is the central premise of the process therapeutic reimagining that I describe in *Reimagine Your Life*.

My experience of working with a general population of clients coming to therapy, is similar to that which Arntz described with clients with personality disorders. It is far easier emotionally on the client to bypass the trauma and it is very effective. I'm not involved in clinical research, so it is not possible for me to prove this scientifically. However, like Arntz, I have found, through clinical experience with clients, a methodology that is emotionally much easier on both client and therapist, and also gives very good outcomes for clients. Therapeutic reimagining, therefore, may be particularly useful in situations where it is not possible for the client to revisit the hotspot. It offers an alternative to some conventional portrayals that work at the point of greatest affect in the problematic memory.

> Therapeutic reimagining, therefore, may be particularly useful in situations where it is not possible for the client to revisit the hotspot. It offers an alternative to some conventional portrayals that work at the point of greatest affect in the problematic memory.

3.2 The hotspot might not be where you expected it would be

Another issue that arises is that what the therapist might think of as the most traumatic, emotion-laden aspect of the scene might not be the one that has caused the client the most pain and suffering.

For example, Adrian[6] had been sexually assaulted by a stranger in a park when he was 5 years old. He successfully did some out-of-session *therapeutic reimagining* of the scene where the traumatic incident did not occur. However, he reported that although there had been some relief from his distress, there was something unsatisfactory about it. The following week when Adrian came back to therapy, he said that he had rerun the scene again and this time included the sexual assault. However, he had also arranged for an ideal parent figure to comfort him after the incident. This

[6] This is a composite client case study with additional details changed to protect client anonymity.

was the thing that had not occurred in the actual scene but that he needed in order to heal. His parents had never known about the incident, and subsequently his father got very angry with him about the bedwetting that occurred after it, leading to conflict between them.

Following Ofer & Welling's model that distinguishes 3 types of emotional pain: core emotional-pain, relational-pain, and self-pain (Welling & Ofer, 2022b; Ofer & Welling, 2025), Adrian's first therapeutic reimagining addressed *core emotional pain*, and Adrian got some relief from it. However, it was not addressing the aspect that he found the most distressing about the incident: the relational rupture in his relationship with his father, *relational pain*, which occurred as a consequence of the incident. The sexual assault by a stranger was what caused the whole downward trajectory in his relationship with his father, the "When did things begin to go wrong," guiding principle above. The second therapeutic reimagining did address his *relational pain* and as a result his suffering was transformed and healed.

However, for many clients who have been sexually abused there is often a feeling of disgust or even self-hatred towards their younger self. Instead, this would be the third type of emotional pain identified by Welling & Offer, *self-pain*. Self-pain is best addressed through an intra-relational approach (Lamagna & Gleiser, 2007) that involves self-compassion. In this scenario the hot spot could be disgust evoked by thinking about their younger self.

4. What would I have needed to know then that I know now?
This is what I referred to as *future knowledge* in Chapter 3 because as far as the child-self is concerned, this knowledge is from the future. Stephanie's story above illustrated this point well when she said in a session, "If I had known he was going to die, I would have taken him out of the hospital." In terms of the Niagara River boat analogy above, the future knowledge would be a warning about the falls ahead!

Viktor's story in Chapter 4 illustrated this point. Viktor realized that if his mother had known that her harsh treatment of him as a child would cause him problems with women in the future, she would be able to refrain from it and change his trajectory. This resulted in positive changes in his relationships with women in the present, his actual timeline.

Sometimes, the future knowledge needed is not about changing course, as in the Niagara Falls analogy or Viktor's story. It might be about simply imparting knowledge that will change how their child-part feels. Also, sometimes it might be a resource, or something they now know about themselves or even something they learned in therapy that might have helped them back then.

Usually, we just send back a piece of future knowledge and not the whole self, otherwise we may end up with what I call the Doctor Who problem, which goes like this: the Time Lord, Doctor Who, is a people pleaser and goes back in time 200 years, but simply has the same problem of people pleasing, but with different people!

There are exceptions, and sometimes we might send back someone's present day self to help their younger self in the past: if they needed an adult's help, for example. We see this in Chapter 7, in Harry's story, when he rescues his younger self from a traumatic situation in a *retrieval*[7] portrayal. This was one way of "undoing aloneness" (Fosha, 2000) of young Harry.

Being there for their younger self when nobody was able to help them can be incredibly empowering for the older self. It can also create a felt sense of security for the younger self as they internalize a feeling of being protected and cared for, which was very healing for young Harry.

One client told me that he had sent back in time the ability to play the guitar in order to impress girls when he was a teenager and wanted to be a rockstar. However, it didn't help, he said, because he was still too shy to do it. As is often the case, the reimagining didn't go how the client was expecting. However, he did learn something important about himself: the real problem was not that he couldn't play the guitar, it was that he was too shy.

Tom's reimagining in Chapter 2 was another example of the reimagining not going the way the client anticipated. He expected that reimagining the evening in a timeline where he *didn't* eat a large pizza and get heartburn would be a good experience. Instead, it brings up a feeling of "emptiness and loss." However, it does lead him to an important realization about the connection between his overeating and the death of his father when he was young.

Trusting the client's creative unconscious

Although I offer lots of ideas and suggestions, it is always the client's choice of what new narrative they will create in their therapeutic reimagining at home. Sometimes, I suggest they write a letter to their younger self or even an internalized parent, imparting important information about their future that will help their younger self. However, they often come back the following week and rather sheepishly say, I did the homework, but not as you suggested. I usually say, "Great! I bet your creative unconscious mind came up with something even better than either of us could come up with in the session." And often they have.

This was the case in Viktor's story in Chapter 4, briefly mentioned earlier. He had come to see me about his problem of forming relationships with women. After some time, we realized that part of the problem was connected with his relationship with his mother as a child. I suggested that maybe he should write a letter to his mother from his childhood, warning her that the way she was treating him would have serious consequences for him in the future.

[7] This is April Steele's term. A *rescue* portrayal or similar does exist in other therapeutic modalities, including AEDP, however, April Steele's model is quite specific about certain aspects of retrieving a part of the self from the past, which makes it distinct from other similar interventions. It can be found in her book *Imaginal Nurturing*.

However, he seemed to have intuitively known that his mother from the past wouldn't have listened to his present-day self, so he chose to do the process in a very different way. He informed me that, instead, he had talked to his present-day mother (the version of her in his head) who "instantly knew what to do," he said. She then talked to her younger self, explaining why she must desist from her harsh treatment of him. Viktor explained that it was hard work even for his present-day mother to get through to her younger self, but eventually she succeeded. This all occurred at home as a conversation in his mind between these parts of himself, which he created entirely on his own.

Now that he had found a viable solution that was believable to him, Viktor was able to imagine his mother being different in his childhood and was able to experience a number of therapeutically reimagined scenes, where she did not treat him so harshly. Viktor reported that the effect of this work on his present-day relationships with women had been rapid and transformational.

All of the nine client stories in *Reimagine Your Life* are very different and so the therapeutic reimagining scenes that they needed were also very different. It is always the client who decides what they need. However, I do always encourage the client to experience the emotions of the new scene, so that it feels real, as this is a key ingredient in making the outcome therapeutic.

Where and when to do therapeutic reimagining

I ask clients, "When do you feel most imaginative, for example, upon waking up or coming out of meditation, falling asleep, in the bath, walking, running, swimming, or some other time?" As long as it is safe to do so, not driving or cycling in an urban area, I encourage them to reimagine it then. One client even did it while mowing the lawn!

There is no prescribed length of time for which you should do it, because this will depend on what you are trying to achieve, including the length of a new timeline of events (new trajectory) you are trying to imagine. Having said that, some people have been able to reimagine quite a long timeline in minutes. It will often depend on how much practice they have had. Many of those who wrote their story of using therapeutic reimagining commented on how it gets easier with practice.

However, I often recommend clients try it several times during the week. It isn't any different to learning a new skill, sport or meditation; they all improve with practice.

How hard do clients find it to do therapeutic reimagining?

For some clients like Stephanie, who shared her story earlier, who said, "If I had known he was going to die, I would have taken him out of the hospital." it was easy to know what needed to be therapeutically reimagined. If we stay alert, we can often notice that the client has already

glimpsed an alternate timeline that will allow them to create a new narrative, as Stephanie had. All we need to do is encourage them to explore that new path.

With others it may take longer as the client hits some blocks to doing therapeutic reimagining. We saw this in Viktor's story, described earlier. Initially, he could not see his mother in his childhood treating him any differently, not even if he explained to her the consequences of her actions in a letter. However, he quickly came up with an ingenious solution of speaking to his internalized mother from the present who was able to persuade herself from the past. Some clients with ADHD, but not all, have found it difficult to maintain their focus on the process enough to do it on their own and we therefore decided to do in-session portrayals instead.

> I'm often amazed and delighted by my client's transformance strivings and their creative unconscious ability to find exactly what they need to set themselves free.

Increasing access to self-help therapeutic resources

I am very excited about the idea of empowering those who cannot access or afford therapy to gain the benefit of therapeutic reimagining with the help of *Reimagine Your life*. Alternatively, it can also be used by therapists to understand how to find access points into portrayals in the therapy room, and that seems to be why so many AEDP therapists have bought it. Additionally, as some therapists have already commented, the book can be used by clients in conjunction with therapy as a catalyst that accelerates the therapy, which is exactly how I use it in my own private practice.

A different way of working relationally

For many AEDP therapists, the idea of clients doing some of the work without a therapist might challenge their paradigm of what it means to be an attachment-informed therapist. For SueAnne Piliero, "The therapist is the intervention." The therapeutic relationship is the vehicle for the client having "a new and good" experience (Diana Fosha). However, in addition to the therapeutic relationship, The Triangle of Relational Comparisons (Fosha, 2018), includes "Current Relationship" and "Past Relationship." These additional two can also offer sources of a healthy template for a new internal working model of relationships. However, we are not limited to actual people (current or past), we can also use healthy examples from the imaginal realm.
Additionally, as Ron Frederick points out, "Working relationally, in and of itself, tends to reactivate insecure attachment learnings that, for some people, can prompt formidable barriers to emotional connection." p. 195 (Frederick, 2021).
We discussed earlier how a trauma hotspot can be bypassed. In a similar way the bear trap of strong defenses against closeness to a therapist can also be bypassed because the attachment repair in therapeutic reimagining is often done intra-psychically in the privacy (and safety) of the client

or reader's own home and not with a therapist. *Reimagine Your Life* is full of stories, written by the clients themselves, about repairing attachment ruptures with parents, or developing secure attachment in a reimagined childhood by healing an attachment wound, and there is a whole chapter on attachment to empower the reader to create or rediscover secure attachment bonds. I often find that such clients open up to being in relationship with me *after* attachment repair work during therapeutic reimagining, not the other way around. This could be useful to many AEDP therapists who may struggle with melting the defenses against intimacy of such clients and is one way in which therapeutic reimagining can increase the effectiveness of the AEDP model.

> Although this way of working may be anathema to some therapists, in my experience it has accelerated the progress of the majority of my clients and has been especially helpful with dismissive avoidant clients, who are highly resistant to forming an attachment with anyone, including their therapist.

Conclusions

In this article we have explored a new experiential method for transformational change: an out-of-session visualization process called *therapeutic reimagining*. It was originally developed as a way of continuing the healing started in portrayals during sessions with clients. However, it grew into a roadmap that clients, therapists and readers of *Reimagine Your Life* could follow to help them create their own portrayals outside of the therapy room. The book was written for people who either could not afford therapy or access it for some other reason. However, it has proven invaluable in my own therapy practice, greatly accelerating clients' therapeutic outcomes. The process can be especially useful when working with clients who have memories that are so aversive that they are unable to revisit them. This is because *therapeutic reimagining* bypasses the "hot spot." It can also be particularly helpful with dismissive avoidant clients who find it difficult to take in the relational healing being offered in the room by a therapist.

Author Biography

After breaking my neck in a cycle accident and suffering a period of paralysis, I began to reevaluate my previous life and embarked on a process of personal development, including Buddhist meditation. I wanted to find a purpose for my life.

Working as a listening volunteer for the suicide prevention Samaritans organization, based in the UK, gave me a new sense of purpose. It was a calling that became dear to my heart after one of my nieces had committed suicide.

Eventually this led onto studying counselling and psychotherapy, culminating in a Master's degree in Transactional Analysis Psychotherapy, becoming a Certified Transactional Analyst and a complete change of career. Later I studied many other kinds of therapy and have been studying AEDP since seeing Diana Fosha present at a conference in London in 2018. The focus in AEDP on transformational change was what attracted me to AEDP.

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