

From Story to Symbol:

Established Imagery in Constrained Therapeutic Settings - PART 2

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Emotional Movement Under Constraint:

Part 1 of this article introduced “established imagery” as a form of symbolic disclosure through which affect may remain available when autobiographical narration is constrained. Drawing from my clinical work with incarcerated men, I proposed that familiar, repeated images can function as durable emotional architectures: forms that preserve feeling by allowing it to remain communicable without requiring full narrative exposure. The clinical significance of such imagery lies not primarily in what it represents, but in what it has learned to hold. Under sufficiently safe relational conditions, these established forms may do more than preserve affect; they may become the medium through which affect begins to move.

Part 2 begins with that movement. Rather than further developing the phenomenology or definition of established imagery, the focus here is clinical and procedural: how might one recognize, enter, and work within an established image without prematurely converting it into autobiographical story? What happens when a familiar symbol begins to acquire sensation, affective charge, action tendency, and new possibility? And how can AEDP’s existing architecture support this process when the narrative channel remains limited?

This paper first locates symbolic disclosure more precisely within AEDP’s imaginal channel and considers several mechanisms through which imagery can support affective processing. It then turns to detailed clinical material, following an established image as it moves from familiar representation toward embodied experience and, eventually, transformation. The emphasis throughout is on moment-to-moment process: the therapist’s perception of the

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image's lineage, the conditions required for safe entry, and the markers through which activation, differentiation, re-animation, and integration can be tracked.

The central proposition of Part 2 is therefore narrower than that of Part 1. The task is no longer to establish that affect can survive through symbolic form, but to examine what becomes possible when therapist and client re-enter that form together. Established imagery, in my view, need not be decoded, discarded, or replaced for transformation to occur. When met with sufficient attunement, an image that has long kept affect still may become the very place where feeling starts to move.

The Imaginal Channel in AEDP

AEDP's system-level account is explicit that transformation depends on coordinated activation and integration across channels of experience, guided by recognition of moment-to-moment markers, titration of anxiety, and rigorous attention to dyadic safety (Fosha, 2021). Within this architecture, imaginal representation can help bring emotion into a form that can be accessed, tolerated, and metabolized.

Pando-Mars (2021) offers a concrete orientation for working with representational life in AEDP. Her work on representational schemas shows how a therapist's attunement is organized by the client's implicit maps of self and other, and how interventions are chosen to recruit channels that best fit the representational limits of the moment. When a client's verbal channel is over-controlled by defensive operations, for example, her representational model encourages the therapist to work through channels that better match the client's current capacity for processing, including nonverbal and imaginal forms. The point is methodological: AEDP treats representational forms — images among them — as working surfaces for attachment re-organization, not as material for detached interpretation.

Hanakawa's (2021) emphasis on "What just happened?" and "What is happening now?" provides the procedural backbone. She describes this part of the practice as continuous micro-assessment of anxiety, defense, and emerging affect, followed by interventions that deepen felt experience without overwhelming it. Tracking, then, functions as a co-regulatory stance that keeps the client in the *now* of experience, where new configurations of self can be tried on. In that *now*, imaginal prompts often appear naturally, because they match the speed

and ambiguity of what is being felt. Medley's (2021) treatment of portrayals supplies the clearest technical analogue to what I am calling symbolic disclosure. In a portrayal, the client is invited to imagine, enact, or revise a scene with an attachment figure or part of self, while the therapist titrates arousal, amplifies adaptive affect, and tracks markers of transformation. Medley notes that portrayals are akin to other experiential methods that use imagination, while emphasizing AEDP's distinctive approach to this work through dyadic safety, affective completion, and the explicit consolidation of gains through metatherapeutic processing. In other words, AEDP already offers a framework for imaginal work whose aim is neither catharsis nor suggestion but relationally scaffolded feeling-through to completion. Taken together, Pando-Mars's representational model, Hanakawa's moment-to-moment tracking, and Medley's work with portrayals position imaginal work as a direct form of affective processing within AEDP. The channel is selected in response to the representational conditions of the moment and the client's capacity for experiential contact. In high-constraint ecologies, that condition often favors symbol over speech.

Mechanisms: What Actually Moves Inside the Imaginal Channel?

Symbolic disclosure can be understood as an experiential process through which affect becomes available in imaginal form when direct narrative expression is constrained. Four converging strands – (a) affect-regulation neurobiology, (b) imagery neuroscience, (c) rescripting research, and (d) Bucci's (2021) multiple-code theory – illuminate how imaginal work can support AEDP's full transformational arc when narrative disclosure remains constrained.

(a) Right-brain affect regulation

Schore (2009, 2022) conceptualizes right-brain-to-right-brain communication – including tone, rhythm, gaze, gesture, and interpersonal synchrony – as central to the implicit regulation of affect within psychotherapy. In this account, therapist and client continuously exchange and regulate emotional information that may remain outside conscious awareness or explicit verbal representation. Affect can therefore become relationally available before it is fully narratable: shifts in posture, breath, facial expression, prosody, and felt bodily

experience may provide clinically meaningful information even when autobiographical language remains limited.

This is particularly relevant to symbolic disclosure. Imagery can provide a representational form through which bodily and affective experience becomes available for shared attention without requiring immediate translation into narrative. Rather than treating the image as evidence of a specifically right-hemispheric process, Schore's model helps locate imaginal work within a broader dyadic regulatory field in which nonverbal, affective, and relational information can be tracked and gradually brought into experience. Under conditions of constraint, the therapist's task is therefore not simply to elicit imagery, but to maintain sufficient relational safety for whatever the image carries to become increasingly tolerable, differentiated, and felt.

(b) *Imagery as embodied perception*

Research on mental imagery indicates substantial overlap between neural systems involved in imagery and perception (Skottnik & Linden, 2019). Vivid imagery can recruit perceptual and affective processes that overlap with those engaged during direct experience. When arousal remains tolerable, imagery may provide an experiential context in which previously threatening representations become associated with different affective or action possibilities. AEDP's micro-tracking of changes in gaze, breath, posture, and other nonverbal markers provides a clinical means of following these shifts as they unfold. Within a co-regulated relationship, the therapist can track whether an imagined experience is becoming increasingly vivid, embodied, and affectively accessible.

(c) *Imagery rescripting and need fulfillment*

Imagery rescripting research suggests that revisiting distressing imagery and introducing corrective actions or need-fulfilling experiences can reduce distress and modify the meaning associated with the original representation (Arntz, 2012; Koetsier & Arntz, 2024). In AEDP this correction arises relationally, not by instruction: a protective gesture or comforting stance appears inside the image, co-regulated in real time, allowing a different experiential outcome to be encoded within the imagined scene. The therapist protects the conditions for this self-

generated revision, allowing emotion to reorganize itself inside its own symbolic field.

(d) *The referential process*

Multiple-Code Theory offers another way of understanding how embodied affect can become increasingly available for reflection. Experience may be represented across subsymbolic (bodily), nonverbal symbolic (imaginal), and verbal symbolic (linguistic) codes, with the referential process describing connections among them. When an established image becomes more sensorially and affectively elaborated, attention to its particulars may strengthen connections among bodily, imaginal, and verbal experience (Bucci, 2021). In AEDP terms, such changes can provide markers of increasing access to core affect, while their significance remains dependent on the client's broader verbal, somatic, and relational presentation.

Dyadic Potential Space and Integration

Winnicott's (1971) concept of *potential space* describes an intermediate experiential field in which reality and imagination can be held together, providing a useful frame for how the above mechanisms may converge within the therapeutic dyad. The therapist neither interprets the image from outside nor fuses with it inside; both hold it between them long enough for discovery. Within this co-regulated play space, experimentation becomes safe again. As sensing, imaging, and naming become increasingly connected, experience may acquire greater coherence even when autobiographical disclosure remains limited. Viewed through AEDP's four-state map, symbolic disclosure may involve movements such as:

State 1 — Defense and anxiety regulated through synchrony.

State 2 — Core affect embodied in image.

State 3 — Transformational affects as needs are fulfilled within the image.

State 4 — Integration as bodily, imaginal, and verbal codes reconnect.

In high-constraint settings, image can become one of the body's more available languages: a form capable of carrying feeling when narrative disclosure remains limited.

Ethics of Representation

When material must travel beyond the room – into teaching or public scholarship – the same principles guide translation. Vannini & Vannini's (2022) *ethnographic allegory* preserves emotional contour while severing biographical trace, transmitting felt knowledge across difference. Mercer et al. (2023) show that co-authorship – clients deciding how explicit an image becomes and whether any distilled allegory may circulate – enhances resonance and safety. Collaboration thus functions as both ethical guardrail and therapeutic stance. Practical guardrails follow:

Privacy – *Keep specificity inside, generality outside.* Within the therapeutic relationship, an image may be explored in the detail necessary for experiential work; when that material travels into teaching, supervision, research, or publication, identifying details should be reduced to what is necessary to communicate the clinical process.

Authorship – *Treat imaginal summaries as clinical documents, not narratives, unless reframed by the client.* Recording an image for clinical purposes does not automatically grant permission to transform it into a coherent story for another audience. The distinction helps preserve the client's authorship over how fragments of experience are assembled and represented.

Epistemic Restraint – *Describe change through co-witnessing language rather than diagnostic shorthand.* When documenting imaginal work, privilege what therapist and client could observe together – shifts in sensation, affect, language, or relationship – rather than retrospectively assigning those changes a diagnostic or interpretive meaning that the client did not share.

Interpretive Humility – *Build cultural elasticity into symbols.* Meanings shift across bodies and histories. Images should not be assigned fixed or universal meanings based on the therapist's cultural assumptions or symbolic vocabulary. Their significance remains situated in the client's own associations, communities, histories, and changing relationship to the image.

These practices maintain AEDP's essence while protecting those whose stories unfold within systems that punish disclosure. Constraint need not be treated only as deficit; working within it can become a crucible for precision, restraint, and ethical imagination. Having outlined symbolic disclosure's mechanisms and ethical ecology, the next section turns from theory to clinical perception: how therapists might distinguish established from emergent imagery before following either into experiential work.

Differentiating Imagery: Emergent and Established Forms of Symbolic Disclosure

When an image appears, an early task is to understand its relationship to the client's existing representational world. Has emotion found a form that feels newly available, or has the client returned to an image that has carried experience before? This distinction matters clinically because the two forms present different conditions for contact. Emergent imagery asks the therapist to accompany something still taking shape; established imagery asks the therapist to enter something already shaped by repetition, history, and use.

These categories describe functions rather than fixed properties of images. The same image may operate differently across clients, sessions, or stages of therapy. A familiar symbol can acquire new affective vitality, just as an apparently spontaneous image may draw upon longstanding patterns of experience. Age, frequency, and relational function therefore provide orientation rather than classification. The relevant question is how the client encounters and uses the image *now*, including what becomes possible when therapist and client attend to it together.

Perception: Recognizing the Image's Lineage

Perception in imaginal work begins with attention to how the image arrives before moving toward what it might mean. Tempo, affective charge, bodily resonance, familiarity, and repetition can all provide clues to its lineage. The therapist might notice whether the image interrupts habitual language, appears as a well-rehearsed formulation, evokes an immediate bodily shift, or has been invoked repeatedly across contexts. These observations remain provisional and are tested through curiosity about the client's own experience of the image.

In some moments, an image rises directly from the session's living present: a flash of light behind the eyes, a child reaching upward, a river beginning to move. The image may feel surprising or unfinished, acquiring shape as therapist and client attend to it together.

Curiosity, relief, tenderness, or other vitality affects may accompany its emergence. Here, the therapist's task is largely receptive: to notice what has appeared, make room for it, and allow the image to gather coherence without determining too quickly where it should lead.

Established imagery carries a different history. A “locked door,” “caged bird,” or “backward clock” may already belong to the client's private vocabulary, having been used repeatedly to organize or communicate experience. Its familiarity can make it easy to pass over precisely because neither its language nor its symbolic form appears new. Yet repetition does not mean that the image is affectively exhausted. An established image may continue to carry experience that has become compressed, habitual, or only partially available to conscious feeling.

This creates an important asymmetry between therapist and client. What is established for the client may be entirely new to the therapist. A phrase can strike the therapist as vivid or unusually evocative while functioning for the client as familiar shorthand. Conversely, a well-worn image may become newly charged during a particular encounter. The therapist therefore cannot determine an image's lineage from poetic quality, novelty, or tone alone. A practiced phrase, change in gaze, shift in posture, or alteration in affect may invite inquiry, but the image's history and function emerge relationally: *Is this an image you know? Does it come up often? Has it always felt this way? What happens as you notice it now?*

The distinction becomes clinically useful at the level of tempo and response. Emergent imagery may require space for novelty to consolidate without premature elaboration. Established imagery may require sufficient safety for therapist and client to approach a familiar form again and discover whether it can carry more experience than it has before. In both cases, the therapist follows the image rather than imposing a predetermined meaning or trajectory. The difference lies in what is being accompanied: with emergent imagery, a form is coming into being; with established imagery, an existing form is becoming available for renewed experience.

Entry: Meeting the Image Where It Lives

The remainder of this paper centers primarily on established imagery, with emergent imagery retained as a point of contrast. *Entry* begins with permission: the smallest viable step toward feeling. In my experience working in high-constraint settings, imagery that surfaces in early sessions is often established rather than emergent, appearing when story remains constrained but some degree of contact is possible.

Such images may arrive quietly, embedded in familiar phrases, repeated descriptions, or ways of seeing that neither client nor therapist initially recognizes as imaginal. Their familiarity makes careful attention especially important. The therapist's task is to approach with curiosity and restraint, following the image closely enough for its history, function, and affective potential to emerge without determining these in advance. Entry marks the shift from recognition to engagement: therapist and client begin attending together to a representational form that may allow further experience to become available.

The following vignette, drawn from early-stage (Sessions 1–5) work with a federally incarcerated man in Canada, exemplifies this threshold. The work occurred under a Human Rights Tribunal agreement allowing limited access to external, virtual psychotherapy. Through this arrangement, I provided short-term, AEDP-informed therapy pro bono to select clients for whom institutional mental-health services were deemed either unavailable or potentially retraumatizing. Each session unfolded under surveillance, requiring careful attention to what could safely be disclosed and how. What follows is an amalgamation of those early encounters, chosen to illustrate how an established image can be recognized, entered, and gradually elaborated until symbolic description begins to acquire affective charge.

Clinical Vignette Pt. 1: “Imprinted”

Client: But all of that was all back before I was, you know, *imprinted*.

Therapist: Imprinted? Like *marked*? [Reflective mirroring — echoing the client's language while offering a tentative association. This begins the process of entry by slowing the pace and inviting elaboration without requiring disclosure.]

Client: *Imprinted*. [Potential imaginal doorway — an evocative word that may carry experience beyond its literal meaning. Notice the opening without determining its significance too quickly; the image’s history and function have yet to emerge.] That’s what I always say, at least. [Marker of repetition — “always” suggests that *imprinted* has a history beyond this session and may function as established imagery. Repetition invites curiosity about the image’s lineage rather than assumptions about its meaning.]

Therapist: “Always say?” Say to who?

Client: Mm. *(Pause)* Myself mostly.

Therapist: That’s how you *see* it? You see yourself... imprinted?

Client: *(Chuckle)* Yes.

Therapist: I don’t know if I’ve heard that one before. *Imprint*. [Intentional repetition — returning the client’s word with emphasis keeps attention on the emerging image without adding meaning, allowing its sensory and affective qualities more room to develop.] Is it alright if I ask you more about that? [Permission before deepening — explicitly checking whether the client is willing to stay with the image preserves agency and allows the therapist to gauge readiness for further entry.]

Client: I mean... *(confused)* sure *(flat affect)*. [Marker of uncertainty — confusion and flattened affect suggest that defensive organization may still be prominent, consistent with State 1. Verbal permission does not necessarily indicate experiential readiness, so continued tracking is important as entry proceeds.]

Therapist: Thanks. And — just to be clear — the reason I’m curious [Transparency of therapeutic intent — briefly explaining the purpose of the inquiry keeps the exploration collaborative and reduces pressure to disclose. Naming the shared constraints also situates the image within the conditions that make indirect communication useful.] is that I know we are limited here in some ways *(gestures to surveillance camera)*, but I also know that sometimes we can say a lot with a little. And there’s something about *imprinted* that hit me—

Client: *(Jokingly)* You wanna get imprinted?

Therapist: Well... no — something tells me *nobody* wants that.

Client: You’re trying to understand it.

Therapist: Yeah.

Client: *(Pause, exhale)*. [‘Green-light’ signal — the pause and exhale suggest a shift toward greater ease following the therapist’s confirmation of his intent.]

This nonverbal change supports continued entry while remaining a cue to track, rather than evidence that State 2 has been reached.]

Therapist: When you say *imprint*. Or “I’m imprinted”. [Personalization — reformulating the image as the self-referential “I’m imprinted” brings it closer to lived experience while preserving the client’s central language.] What do you picture? [Imaginal invitation — asking what the client pictures explicitly privileges the imaginal channel, inviting the established phrase to develop into sensory experience without requiring autobiographical disclosure.]

Client: It’s nothing that crazy. It’s just how I’ve always seen things since being here. [Marker of lineage — “always” and “since being here” locate the image beyond the present session, suggesting an established way of representing experience. Its repetition and contextual history support continued exploration of the image without yet determining what it means.]

Therapist: Yeah?

Client: Yeah. It’s just, you know, like your fingerprint.

Therapist: Yeah?

Client: It’s like that — grooves and patterns — but everywhere. [Marker of imaginal elaboration — the familiar phrase begins to acquire visual and spatial detail through “grooves,” “patterns,” and “everywhere.” This increased specificity suggests the image is becoming more experientially available and invites the therapist to follow its sensory qualities without assigning meaning.]

Therapist: Like all over you? [Following the image — reflecting the client’s spatial language extends the image without adding symbolic meaning. The therapist stays within the client’s representation and invites further elaboration at the client’s pace.]

Client: Yeah. Full body.

Therapist: Head-to-toe.

Client: But, you know, not literally. [Marker of misattunement — “head-to-toe” slightly over-concretizes the client’s “full body,” prompting him to clarify the image’s symbolic rather than literal register. The correction signals the need to return to the client’s representation rather than elaborate it for him.]

Therapist: No, no. I’m with you. It’s like your whole body is a fingerprint. [Rapid repair — the therapist accepts the client’s correction and reformulates the image without defending the earlier misunderstanding. Re-establishing the client’s intended symbolic register preserves authorship and allows the imaginal exploration to continue.]

Client: (*Smiles*) Yeah, pretty much.

Therapist: Like anyone — *everyone* — can “I.D.” you?

Client: (*Drops smile*) Yes. (*Small shift to sadness in the eyes, followed by fidgeting in seat.*) [Marker of affective activation — the loss of the smile, emerging sadness, and increased movement suggest that the image is becoming affectively charged. The shift invites close tracking as symbolic description begins to open into felt experience.]

Pt. 1 Reflection: From Entry to Activation

In the moment, I did not recognize *imprinted* as an image; it arrived as language I could mirror but not yet inhabit. Only gradually did its imaginal function become visible. Repetition gave the first clue: *always* located the word beyond the present session, while *since being here* gave it temporal and contextual lineage. The client’s initial confusion and flattened affect suggested that defensive organization remained prominent, consistent with State 1, even as his pause and exhale indicated greater readiness to continue. My task was accompaniment rather than interpretation: to follow the image closely enough for its existing form to become more available without determining what it meant. As *imprinted* developed into fingerprints, grooves, patterns, and the possibility of being “I.D.’d,” symbolic description began to acquire affective charge. The dropped smile, sadness in the eyes, and bodily movement marked the beginning of activation. The next movement traces the slow ignition of that image as what had been held in familiar form begins to become available as felt experience.

Movement: Changing the Image from Within

Once an established image begins to acquire affective charge, the work shifts from entry toward movement. The following scene traces that movement from increasing sensory and embodied differentiation through re-animation and emerging integration, as a familiar image once experienced as permanent becomes capable of change from within.

Clinical Vignette Pt. 2 (cont’d): “Cleaning the Grooves”

Therapist: Staying with that image — the *imprint* — why can they I.D. you? What do they see?

Client: It's like I said — grooves.

Therapist: *Old* grooves? *Deep* grooves?

Client: Deep. [Marker of imaginal elaboration — selecting “deep” gives the grooves dimensionality, extending the image from a surface mark into three-dimensional form. The added spatial specificity invites continued sensory exploration without yet assigning meaning to the image.]

Therapist: So, deeper than a fingerprint?

Client: Uh-huh. Way deeper than that. Nothing normal you'd see on human skin.

Therapist: Can you describe them for me?

Client: I dunno, they're like folds...

Therapist: Folds of skin?

Client: Yeah, like trenches got dug out but the sides don't hold. [Marker of differentiation — the grooves acquire distinct structural qualities as “folds” become “trenches” whose sides do not hold. The client's spontaneous elaboration suggests increasing experiential access to the image and invites the therapist to continue exploring its qualities before moving toward autobiographical meaning.]

Therapist: Mhm. How do they feel?

Client: Heavy (*leans forward, shoulders drop slightly*). [Marker of activation — “heavy” gives the image a felt quality while the accompanying postural shift suggests increasing embodied contact. Imaginal description is beginning to register as felt experience, consistent with movement toward State 2 and inviting close somatic and affective tracking.]

Therapist: It's a lot to carry around.

Client: And they're always there. ['Green-light' signal — the client spontaneously continues elaborating the image following the therapist's empathic reflection. His return to “always” reinforces the image's durability while the unprompted continuation suggests sufficient engagement to keep following it without accelerating the inquiry.]

Therapist: Mhm.

Client: And they always will be. [Marker of permanence — the client shifts from describing the grooves as persistently present (“they're always there”) to predicting that they will remain unchanged (“they always will be”). This temporal shift may signal resignation, protective certainty, or emerging contact

with painful affect; its function remains unclear and invites exploration rather than immediate state assignment.]

Therapist: I'm curious about that. Do they ever change? Do they ever look different? Feel light? Heavier?

Client: Not for a long time.

Therapist: But they used to look different?

Client: Not really, but I used to think I could fill them. **[Marker of imaginal possibility — for the first time, the client introduces the possibility that the grooves could be altered. The image shifts from fixed description toward imagined action, creating an opening to explore what change within the image might mean to him.]**

Therapist: Fill them in? Like smooth them out.

Client: Hide them. **[Clarification of function — the client identifies concealment, rather than repair, as the purpose of changing the grooves. This correction cautions against treating imaginal movement as inherently adaptive and keeps the meaning of the proposed action with the client.]**

Therapist: Mhm.

Client: But that wouldn't matter here anyway.

Therapist: Because people already know you in a certain way?

Client: I guess.

Therapist: What about outside of here? Would filling them in make any difference? **[Testing contextual flexibility — the therapist shifts the imagined action into a different relational environment, exploring whether the image's apparent permanence is specific to the current constraint. The question opens possibility without challenging the client's experience of what is possible inside.]**

Client: I mean, probably. But the work of that. It would be like surgery. Like you'd have to clean out all the grooves and like inject something into them — like plasma or something — to fill in all the space. **[Marker of re-animation — the client spontaneously imagines a sequence of actions that could alter the established image: cleaning, injecting, and filling. The grooves are no longer only described as fixed features; they become something that can be acted upon, introducing procedural possibility from within the client's own imagery.]**

Therapist: Got it. Okay. Well, it sounds like there would be steps.

Client: Steps forever.

Therapist: But what was the first thing you just said? “Clean out?”

Client: Clean out the gutters (*laughs*).

Therapist: Stuff’s built up. Over time.

Client: Man, all type of shit.

Therapist: Yeah. And we don’t need to get into all those grooves — gutters — right now, but there’s something about “cleaning” as a step... **[Titration — the therapist explicitly limits the scope of exploration, declining to pursue what has accumulated in the “grooves” while staying with the client-generated action of “cleaning.” Narrowing attention to one manageable element allows the image to keep moving without requiring greater disclosure.]**

Client: (*Eye contact; breath steadies.*)

Therapist: What happens when you imagine the imprints being cleaned?

Client: It’s kinda gross.

Therapist: Anything else?

Client: It’s like preparing for something. It’s still ugly, but it’s shiny. Smells better (*laughs*).

Therapist: Any feeling in the body?

Client: Lighter. **[Marker of relief and emerging integration — after imagining the grooves being cleaned, the client reports a corresponding bodily shift toward “lighter,” following earlier nonverbal signs of settling (eye contact; steadier breath). The change suggests that movement within the image is now accompanied by movement in felt experience, inviting the therapist to stay with and consolidate the shift.]**

Pt. 2 Reflection: From Monument to Medium

Heavy marked the threshold carried forward from the first vignette: the image was now registering in felt experience. From there, differentiation occurred as the grooves acquired increasingly specific qualities—depth, folds, trenches, sides that would not hold—while their repetition across time culminated in the client’s expectation that “they always will be” there. Rather than challenging that permanence directly, the work remained inside the image and tested whether change was imaginable. The client’s recollection that he once thought he

could *fill* the grooves introduced the first possibility of alteration, while *hide them* clarified that movement within an image cannot be assumed to be adaptive simply because something changes.

Re-animation became more visible when the client spontaneously imagined a procedure for altering the grooves: cleaning, injecting, and filling them. The image had begun to support action from within its own representational logic, consistent with imagery rescripting research showing that imagined action can modify the experiential organization of distressing representations (Arntz, 2012; Koetsier & Arntz, 2024). Titration allowed that movement to continue without requiring the contents of the grooves to become autobiographical disclosure. As attention narrowed to *cleaning*, the image itself changed: still “ugly,” but now “shiny” and smelling better. The accompanying eye contact, steadier breath, laughter, and eventual shift from *heavy* to *lighter* provided converging markers of relief and emerging integration. In symbolic-disclosure terms, the imprint had moved from monument to medium: a familiar representation of permanence had become a space in which change could be imagined, enacted, and felt.

Comparative Synthesis: Parallel Paths of Symbolic Disclosure

Emergent and established imagery can each participate in a broader arc of activation, differentiation, re-animation, and integration, but they enter that arc under different conditions. Emergent imagery takes form within the therapeutic encounter; established imagery arrives with a history and becomes available for renewed experience. Each can provide a bridge toward undoing aloneness by giving therapist and client something they can encounter together before experience is fully narratable. The emergent image might say: “*Something new is taking shape.*” The established image might say: “*This form is already known; something new may now happen within it.*” One develops through formation, the other through re-entry. Together, they show how symbolic disclosure can support both the emergence of new representation and the transformation of forms that have endured.

The Bridge Holds

What this work ultimately reveals is that AEDP’s architecture can remain clinically useful

under conditions of significant constraint. When speech is limited or story is unsafe, small gestures can carry considerable therapeutic weight. Working within these conditions places particular demands on regulation, recognition, repair, and the precision of attunement within the narrowest viable space for contact. Acceleration here is best understood as fidelity to emerging experience: noticing what becomes available and staying closely enough with it for movement to occur.

Whitman's spider, introduced in Part 1, launches filaments into the void until one thread holds. Symbolic disclosure can be understood through a similar image. Under surveillance, contact may begin with very little: a breath steadies, an image acquires detail, a posture shifts. Each movement can create enough connection for experience to become more available without requiring the client to disclose more than the setting can safely hold. Working under constraint therefore demands economy, restraint, and respect for what is minimal. It asks for the patience to remain with protective processes and the willingness to discover what familiar forms may still be capable of carrying. Even well-established symbols can acquire new movement when therapist and client attend to them together. When curiosity risks trespass, containment can become care; when elaboration would require unsafe disclosure, precision can preserve the work. Presence becomes the medium through which therapist and client stay with what can be borne while remaining attentive to what may become possible next.

Symbolic work also has limits. It may allow clinically meaningful work to proceed when explicit narrative disclosure carries risk, while leaving important autobiographical, interpersonal, or accountability-related material unspoken. Symbolic disclosure should therefore be understood as one available mode of therapeutic contact rather than a substitute for narrative processing. It can preserve a pathway toward forms of telling that may become possible when conditions change. For the field, three priorities follow:

1. Develop language and training that help clinicians recognize and work with established imagery without pathologizing repetition or stylization.
2. Strengthen ethical guardrails for how imaginal material travels into teaching, research, and public dissemination.

3. Study symbolic disclosure with the same rigor applied to other experiential methods, clarifying AEDP's distinctive contribution to imaginal practice.

What began as a workaround now reads as a return. AEDP has long organized itself around affective experience, dyadic safety, and the undoing of aloneness; working under constraint renders the importance of those commitments especially visible. The bridge holds through what remains available between therapist and client: presence, attunement, symbolic form, and the willingness to stay with experience when words are limited. Wherever form survives, movement may still become possible.

Part 1 opened with Walt Whitman's "A Noiseless Patient Spider," an image of something small and isolated sending filament after filament outward in search of connection. Having followed established imagery here from endurance into movement, it seems fitting to return to the poem in full. What began as an image of symbolic possibility can now also be read as an image of therapeutic process: something reaches, something holds, and a bridge becomes possible.

A Noiseless Patient Spider

*A noiseless patient spider,
I mark'd where on a little promontory it stood isolated,
Mark'd how to explore the vacant vast surrounding,
It launch'd forth filament, filament, filament, out of itself,
Ever unreeling them, ever tirelessly speeding them.*

*And you O my soul where you stand,
Surrounded, detached, in measureless oceans of space,
Ceaselessly musing, venturing, throwing, seeking the spheres to connect them,
Till the bridge you will need be form'd, till the ductile anchor hold,
Till the gossamer thread you fling catch somewhere, O my soul.*

—Walt Whitman

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