Regenerating Images in Memory (RIM): An introduction for therapists

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Introduction

Imagery techniques such as Guided Imagery, Imagery Rescripting (IR), Rational Emotive Imagery (REI), Imagery Rehearsal Therapy (IRT), Relaxation and Rescripting Therapy (RRT), Compassion Imagery, Imaginal Exposure, Visual Behavioural Rehearsal (VBR), and the Rewind Technique are widely used in psychotherapies, including Cognitive Behaviour Therapy (CBT) and Schema Therapy (ST) (Wright, 1986; Corey, 2013; Philips & Watts, 2004; Creamer, Forbes, Phelps, & Humphreys, 2007; Edwards, 2007; Hall, Hall, Stradling, & Young, 2012). Problematic images and memories associated with negative life events can “haunt” a person, contributing to psychological problems such as anxiety, depression, mood disorders, body dysmorphic and eating disorders, Post-Traumatic Stress Disorders, interpersonal issues and psychosis (Hackmann, Bennett-Levy & Holmes, 2011). Troublesome images also contribute to complicated grief (Erskine, 2014). Because imagery produces stronger emotional responses than verbal representations, imagery work is a powerful tool for producing changes in felt emotions, and can be especially useful in helping clients who are “stuck” using talking (cognitive) therapies alone and who might respond: “I hear what you’re saying but I don’t feel it” (PsychologyTools, 2015).

Imagery techniques help clients by accessing emotionally stressful situations via mental imagery. While traditional “talk therapies” attempt to resolve problems using the “information processing system” in the rational neocortex, imagery techniques work with the “imagery processing system” in the non-verbal limbic system to resolve problematic emotions related to troublesome memories and images more directly (Hackmann, Bennett-Levy & Holmes, 2011). When a client feels the painful feelings related to a situation, the associated image is changed in such a way that negative emotions (such as guilt, shame, anger, anxiety etc.) are replaced by more positive ones (for example: safety, empowerment, healthy attachment, peace, forgiveness, grace, authenticity and joy). While imagery techniques usually focus on past (childhood) experiences, they can also be applied to current or future situations.

This paper briefly describes an imagery processing technique called “Regenerating Images in Memory” (RIM), developed by American therapist Dr Deborah Sandella over a 25-year period through her work with clients in various mental health and private practice

settings (Sandella, 2016). Although developed independently, RIM bears important similarities to the “Imagery Rescripting” (IR) technique that has become popular amongst cognitive therapists; however, RIM offers some distinct, advantageous differences.

Written with therapists and coaches primarily in mind, this paper explores a number of questions, including: What is RIM? How does RIM work? What are the similarities and differences between RIM and IR? What is the evidence base for RIM? And, what does RIM offer therapists? Opportunities for further research are also briefly discussed.

What is RIM?

RIM is a technique that taps into and changes the unconscious source of emotional, cognitive, behavioural, physical, social, spiritual and motivational problems. RIM creatively uses the mind/body connection to access (without re-experiencing) these problematic images and memories, and the emotions closely associated with them, with the effect of dissolving blockages and promoting accelerated recovery.

When explaining RIM to clients, it can be helpful to start with a simple experiential activity. Clients are asked to close their eyes for a few seconds and think of a lemon. The client is then asked, “What popped into your mind – the word, “lemon” or the image of a lemon?” Almost always, the client sees the image of a lemon. The client is then asked to imagine cutting the lemon in half with a knife, biting into it, and noticing what emotional reaction they experience. Clients will often screw up their face and describe it as “disgusting” or “yucky”. The client is then asked to imagine turning the lemon into their favourite piece of fruit (for example, an apple), take another bite, and again notice what emotional reaction they have. Normally the sensation is a pleasant, enjoyable one.

It is then explained to the client that our life experiences are recorded in our conscious and unconscious memories in two (interconnected) ways: using our rational “information processing system” (words, syntax, grammar, language, beliefs and thoughts such as the word “lemon”), and our “imagery processing system” (pictures or movies like the image of the lemon or apple). Images and memories in particular are closely linked to emotions (for example, the disgusting sensation of sourness when imagining biting into a lemon, or the pleasant sensation of the favourite fruit). So, when negative experiences occur in our life, they are stored in our memory as images and, if not expressed and processed, these can resurface in our imagination to “haunt” us (such as those related to stressful experiences and traumas). They can trigger the strong, negative emotions and thoughts attached to the original image that interfere with one’s physical health, behaviours, motivational energy, relationships with others and spiritual health. If these buried experiences are strong enough, they can result in a wide range of psychological, social and behavioural problems such as anxiety, depression, Post or Complex Traumatic Stress Disorder, addictions, relationship problems, complex or prolonged grief, and suicidal ideation (Hackmann, Bennett-Levy & Holmes, 2011; AACC, 2016).

RIM is a technique that helps clients turn lemons into apples as it were. It helps resolve problematic past, present or imagined future issues/experiences by accessing the problematic images/memories and their associated emotions in the body, and transforming ("Regenerating") them into healthier ones using various imagery and dialoguing techniques. This turning of old hurt and pain into an empowered feeling deconstructs previous mental beliefs and thoughts, physical, behavioural, motivational, social and spiritual symptoms (explained in more detail shortly). The work with emotions and body means that RIM can be thought of as a multi-sensory, experiential technique.

Basic philosophy of RIM and view of human nature

Deborah Sandella (2016) describes RIM as a holistic, natural approach. RIM takes the strengths-based approach in a positive psychology direction with greater depth, emotion and speed. Like Person-Centred Therapy and Gestalt Therapy, RIM holds a vision of essential wholeness in people. Rather than assuming a client has a psychopathological problem, RIM assumes clients experience blockages that prevent the full expression of their abilities. By removing these blockages, clients naturally learn and grow. In other words, personal wholeness is reclaimed through the integration of thoughts, feelings and behaviours that have been outside of awareness.

RIM recognises that conscious faulty thinking and disturbing images/memories lead to emotional and behavioural disturbances, and is therefore aligned with cognitive therapies. However, RIM, like psychoanalysis, also assumes that unconscious motives and conflicts are central in present behaviour. The past and early childhood development is critically important because personality problems have their roots in repressed experiences. The premise is that as clients experience feelings and memories that were previously outside of their awareness, they move toward increased self-awareness, spontaneity, trust in self, inner directedness and positive goal-oriented behaviour (Sandella, 2007; Sandella, 2016).

How does RIM work?

Clients come to counselling with issues and experiences they are struggling with (for example, unresolved grief, trauma or mental ill-health), and want to know: "How do I get through this?." Recovery is a journey of working through problematic issues, "getting through the going through process." Because negative experiences often involve strong emotional pain, people (consciously or unconsciously) commonly avoid or resist the "going through" process. Hence, painful issues often go unresolved and "haunt" the individual, underpinning mental, emotional, physical, behavioural, social, motivational and spiritual problems.

By employing a series of therapeutic tools in a single, more seamless, subtle process, RIM helps clients to "get all the way through" this "going through" process in a gentle, supportive way that promotes more rapid recovery. RIM guides clients through the process of locating the root (often unconscious) images, thoughts, memories, emotions and behaviours that are the source of their struggle and to "sit" with the emotion in the virtual reality of their imagination while feeling safe. By doing so, clients gain more

awareness of the issue, reveal new emotions and begin transforming them through speaking and expressing their feelings. Often, new insight spontaneously creates greater understanding, meaning, self-awareness and wisdom. While the client obviously cannot alter factual memory, or go back in time and change the original event, they can change emotional memory. This regeneration includes the immediate and essential establishment of safety so that trauma is not re-experienced. The creation of these new emotional responses in present time imprints new emotional memory that enables clients to move on from the experience in a confident way.

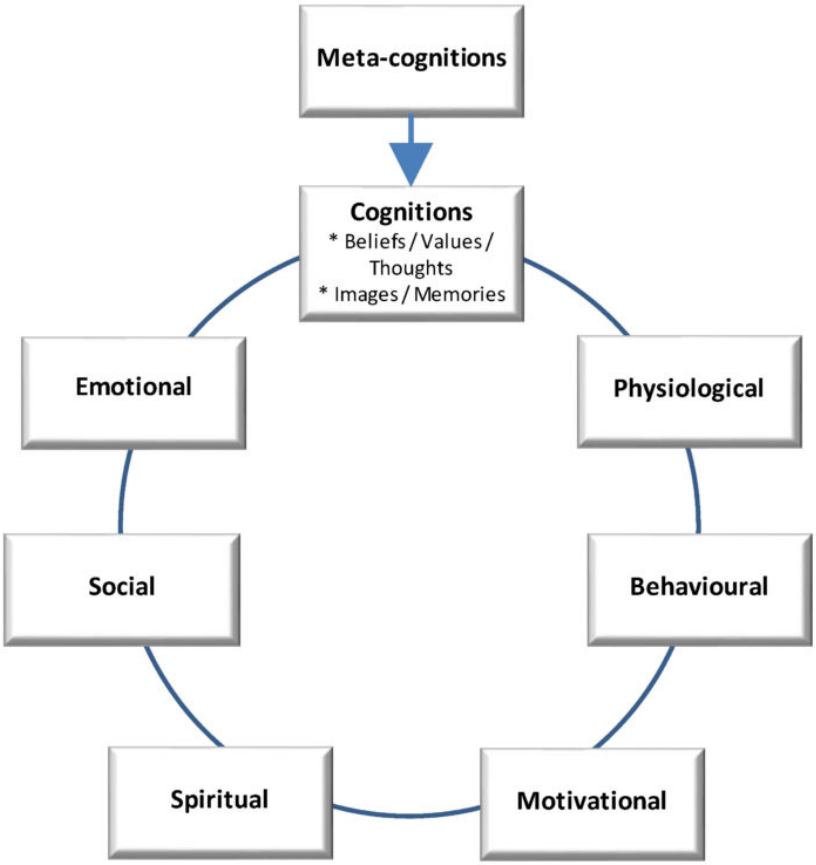
A schema explanation of RIM

Although not used in the development or teaching of RIM, the concepts of a “schema” and “mode” used in cognitive therapies can be useful in explaining how RIM works from a cognitive perspective.

A schema is defined as a cognitive framework (a belief system or “philosophical map”) that helps people make sense of the world around them (McMinn & Campbell, 2007). Schemas are comprised of values, beliefs, attitudes, images, memories, assumptions and thoughts that help people organise and interpret information, explain reality/experiences, mediate perceptions and guide responses/behaviours. Schemas screen, code, and evaluate the sensory stimuli (sights, sounds, smells, tastes, touch) that connect us to our external environment and help us make sense of the world around us. They help us maintain a sense of personal identity, and help us to simplify and understand our environment. Schemas are continuously formed during a person’s lifetime through learning, relationships with significant others (parents, teachers, etc.) and personal experiences.

Schemas are highly interconnected with other key human schemas, or domains (illustrated in Figure 1):

Figure 1: Elements comprising a Mode



- ***Emotional domain*** – This refers to the felt emotions associated with positive and negative experiences. Emotions are closely tied to (conscious and unconscious) cognitions, particularly images and memories which, when triggered, create emotional reactions (Hackmann, Bennett-Levy & Holmes, 2011).
- ***Physical domain*** – This refers to a person's physical body. Images/memories/beliefs/thoughts and emotional problems often manifest themselves in a person's physical body as psychosomatic symptoms.
- ***Behavioural domain*** – This refers to behaviours that are closely related to a person's choices and actions, which in turn are strongly influenced by their needs, cognitions and environment. Behavioural problems (for example, addictions) result from faulty cognitions (beliefs, thoughts, values, and images/memories) and unmet emotional, physical, social, psychological and spiritual needs.
- ***Social domain*** – This refers to a person's relationships with others and a person's support network, which may be problematic and linked to cognitive, emotional, physical, motivational or behavioural problems.
- ***Motivational domain*** – This refers to "the sum of the forces [intrinsic and extrinsic] that produce, direct and maintain effort expended in particular behaviours" (Jewell, 1985). This includes the other cognitive, emotional, physical, behavioural, social and spiritual domains that influence the outcomes of a person's experiences.
- ***Spiritual domain*** – Here, this simply refers to a person's need to find meaning and purpose in life (to answer the big questions – "Who am I?", "Why am I here?", "What should I do with my life?"), which is strongly influenced by a person's philosophical map (for example, their theistic, atheistic or agnostic world views).

- ***Meta-cognitive domain*** – Also called “self-awareness”, “observer self”, “higher self” or the “conscious control system”, the meta-cognitive system refers to the ability humans uniquely possess to observe and reflect on their own cognitions (thoughts, beliefs, images/memories etc.), and the other systems (emotions, physical health, behaviours, motivation, spiritual/existential needs, and quality of relationships). “Mindfulness” is a person’s ability to observe each component, and enhances self-awareness of what is going on in the individual’s world (Brown & Ryan, 2003; Harris, 2009).

The term “mode” (depicted in Figure 1) is used to describe this larger, more complex integrated system of domains (McMinn & Campbell, 2007). Modes are formed from day one through life experiences and stored in our conscious and unconscious memories. Adaptive (healthy) schemas/modes help individuals simplify, interpret, make sound choices and respond in a healthy manner in a complex world. Maladaptive schemas often result from dysfunctional experiences and relationships earlier in life, and influence how a person thinks/feels/behaves in the present.

RIM helps clients identify the maladaptive schema/s or mode/s that are causing them problems and dissolves the blockages that are interfering with their health, happiness and success. Part of the beauty of RIM (and advantage over other therapies) is that, because it is a client-generated process, it has the flexibility to work with whatever issue the client presents (emotional, thinking, physical, behavioural, relational, motivational, spiritual, or combination of these), in a briefer, more seamless process, impacting multiple domains in the same session (discussed in more detail below).

McMinn and Campbell (2007), describe some of the important characteristics of schemas and modes that help explain more fully how RIM works:

1. ***Schemas are adaptive and maladaptive.*** Each person develops healthy and unhealthy schemas through their life experiences. Part of the process of growing as a person therefore involves sorting through our schemas/modes, keeping what works, changing what doesn’t work, and adding new empowering schemas across the lifespan (Schumacher, 1978). RIM can play a particularly valuable role in identifying and changing maladaptive schemas, accelerating recovery and personal growth.
2. ***Schemas are a representation of reality, not reality itself.*** Just as a map is a representation of the physical geography of an area without being equivalent to the geography itself, a schema is a representation of reality but is not reality itself. Schemas and modes, like maps, can contain a more or less precise representation of how things really are. As when a map is grossly incorrect, the result may be maladaptive thinking, painful emotions, poor choices, behaviours and outcomes, and send its user in unproductive directions. RIM helps clients to create more accurate maps by exploring these representations of reality and bringing new awareness, understanding and insight to the landscape.
3. ***People are active interpreters of their world.*** Schemas guide how we interpret life circumstances, and we also change life circumstances by how we construct our understanding of reality. RIM works to help clients re-experience circumstances in a new

healthy way that naturally empowers them to feel inner safety and change their life circumstances.

4. ***The past influences the present and future.*** People tend to make sense of current and new experiences in terms of what they already believe rather than by changing pre-existing views. RIM explores problematic memories and experiences from the past, and by spontaneously revealing new meaning, creates new purpose and clearer direction for the future.

5. ***Schemas incorporate emotions related to past events.*** Like the emotions associated with the imagery of biting into a lemon, experiences stored in memory may have strong feelings attached to them. RIM can also be described as an emotive, evocative technique, often using emotional and body sensations to locate the root causes of problems (faulty schemas/modes) and resolve emotional pain.

6. ***Schemas include "self-schemas".*** Self-schemas are stable, unstated beliefs about ourselves, which may be false. For example, depressed people may maintain schemas such as "I'm not okay", or anxious people may maintain a schema such as "The world is an unsafe place". If self-schemas contain badly inaccurate beliefs and assumptions, a person may develop a highly inaccurate self-concept, sometimes resulting in dire emotional and interpersonal consequences. RIM is very effective in helping clients rework past experiences that originally contributed to the development of a poor self-schema. This includes regenerating self-affective emotions such as guilt and shame that cause clients to reflect back on themselves in negative ways. RIM is very effective in strengthening self-identity and psychological capital by building traits such as self-esteem, confidence, responsibility, resiliency, emotional stability and hope.

7. ***Schemas can be activated or deactivated.*** Each person has a repertoire of different schemas that can be used in various situations. Schemas are triggered in memory that help us deal with a present-life situation, and when circumstances change that schema goes back on the shelf and another one activates. Schemas are deactivated in one of two ways: either life circumstances change or a person learns skills to deliberately deactivate them. RIM works by both helping clients deactivate problematic schemas and by helping clients resolve them, again by raising awareness of the cause of the problem and bringing empowerment, safety, insight, meaning, healing and behavioural change to the situation.

8. ***Before a person can change a maladaptive schema, the schema must be activated in the therapy office or a real-life experience.*** It's not enough to simply talk about life. Clients need to evoke the emotions and cognitions that occur outside of the therapy office in order to identify the schemas that ultimately need to be deactivated. This calls for an experiential encounter. RIM is a highly experiential, closed eye process that uses the virtual reality of imagination to activate a maladaptive schema in a session and regenerate it.

9. ***Therapy is a not a linear process.*** Because schemas and systems are interconnected, therapy is often not a linear process of discovering and correcting underlying thoughts or behaviours. It needs to work with the whole person who brings a complex mix of cognitions, emotions, physiological responses, behaviours and motivations, social and spiritual issues. "Working with a client's schemas/modes is messy!" (McMinn & Campbell, 2007). RIM is a non-linear, therapeutic approach in which

the role of the facilitator is facilitative rather than directive, following the client wherever they go and working with multiple domains in each session.
10. ***Schemas have an interpersonal dimension.*** Unconscious mental processes have a primary influence on an individual's conscious thoughts, behaviours, emotions, and influence social interactions. People are often unaware of the unconscious processes and early developmental experiences that drive their behaviour. RIM spontaneously uncovers unconscious issues, as well as relational issues that affect wellbeing, and creates relational changes that influence wellbeing.
11. ***Schemas have a cultural dimension.*** A person's schemas are shaped within his or her cultural environment. Because RIM is client driven, it works within the cultural framework and with the cultural issues that the client presents, making it a very culturally sensitive approach.
12. ***Schemas have a spiritual dimension.*** For many clients, issues of faith and spirituality are very important in answering questions of meaning, purpose and identity. RIM allows clients to explore these issues in a way that is meaningful to them without interference from the therapist's spiritual beliefs. Anecdotally, RIM facilitators have noted that clients who use spiritual resources during their sessions often have more powerful outcomes than clients who do not, highlighting the valuable role spirituality and faith plays in recovery.

The Therapeutic Process

Goal of RIM

RIM recognises that imagery has a special relationship with emotions, and that emotional processing lies at the heart of what therapy tries to do. Imagery plays a special role in representing emotionally charged material and has a bigger impact on emotions compared with the impact of verbal processing of the same material. Intrusive images are therefore frequently associated with high levels of painful emotions and are "hotspots" for therapeutic intervention (Hackmann, Bennett-Levy & Holmes, 2011). The goal of RIM therefore is to dissolve these hotspots.

A RIM intervention is judged to be successful to the extent that a disturbing "hotspot" (schema/mode), has been successfully processed, transformed and integrated in an empowered healthy way. Emotional disturbance declines so that other experiences and behaviour can proceed without disruption from previous symptoms associated with the disturbing imagery.

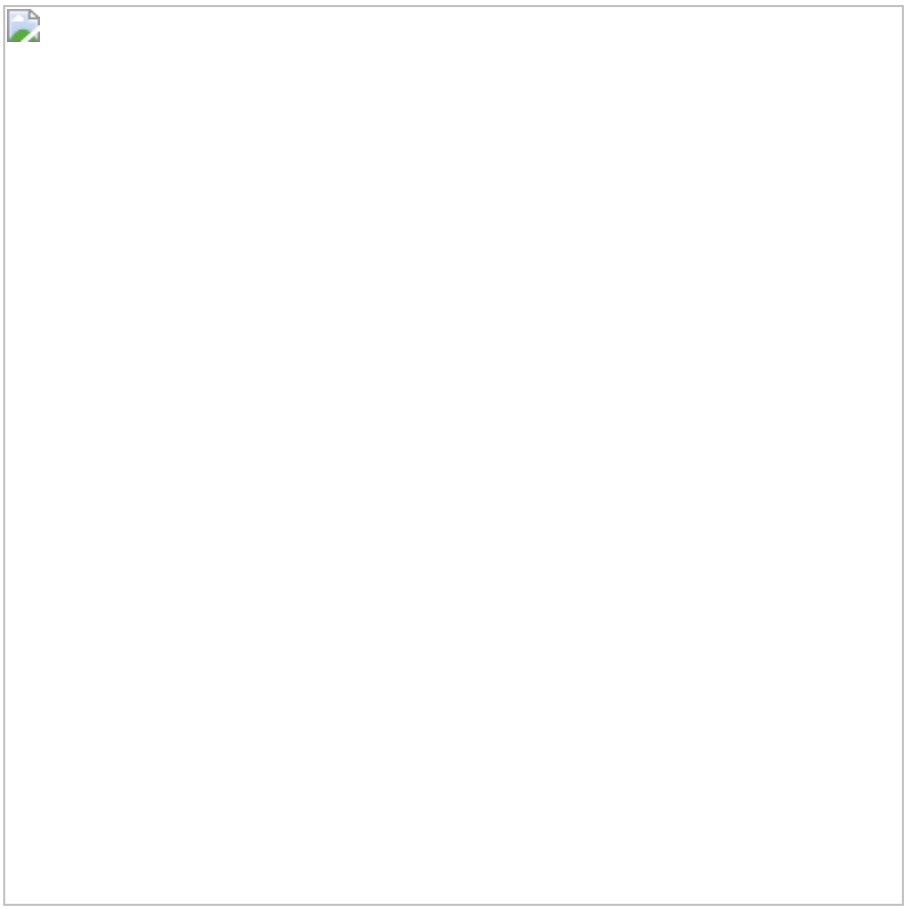
Mechanisms of Change

Figure 2 illustrates how, through the evocation of imagery, RIM helps clients revisit and transform these dysfunctional experiences to create adaptive schemas/modes. It does so by:

- Revealing undesirable unconscious images (stories);
- Creating greater awareness and acceptance of the experience;
- Reducing avoidance by safely helping the client face their troublesome memories;

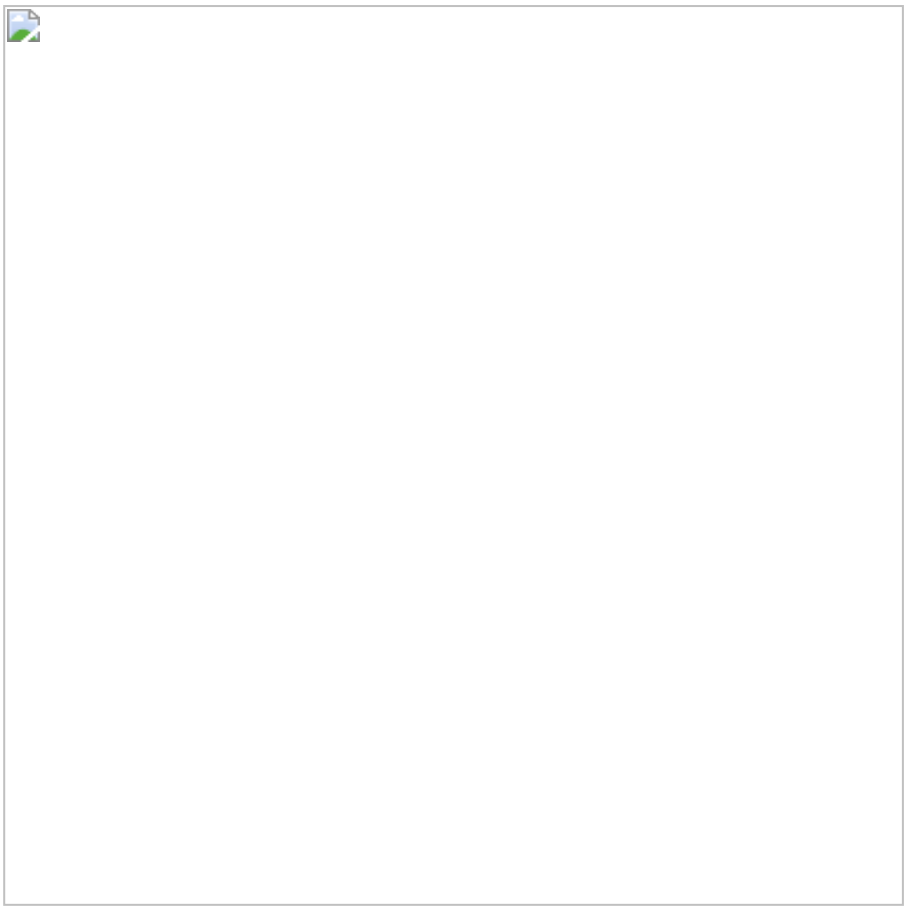
- Revealing intuitively correct healing images and transforming painful memories;
- Providing opportunities to reimagine the experience and to allow their imagination to organically reshape the elements of the trauma that have previously driven negative evaluations/emotions;
- Providing a fuller context for fragmented images by elaborating on them and reflecting on their meaning;
- Revealing new spontaneous insights, understanding and meaning about the experience;
- Giving the client a voice and the empowerment to express themselves in situations where the client originally felt silenced and powerless to do anything;
- Introducing visceral feelings of safety;
- Creating the opportunity to organically regenerate an old experience that inspires a new positive outcome;
- Generating forgiveness and healing;
- Strengthening identity and positive personality changes by building psychological capital (self-esteem, confidence, responsibility, hope, emotional stability, resiliency, optimism)
- Improving healthy behavioural and motivational change
- Rehearsing desirable outcomes, experiencing new endings to old stories; helping the client find new direction; and enabling them to set goals for the future
- Working through regrets and tackling issues of guilt and shame;
- Freeing physical discomfort held in the body and promoting physical healing
- Settling issues with those who have passed away (Hackmann, Bennett-Levy & Holmes, 2011; Sandella, 2007) and dissolving intergenerational/historical trauma.

Holding images in awareness and naming them allows clients to see that previous understanding and appraisals of an experience might have been distorted, which enables new beliefs, attitudes and thoughts to emerge without the need to engage in cognitive challenging of old beliefs, attitudes and thoughts. Newly created autobiographical knowledge and felt-body experience also bring new meaning to previous traumatic events, helping new coherent and healing narratives (stories about the client's life) to develop, which promotes recovery.
Figure 2: Bringing change to a maladaptive schema/mode through RIM



RIM recognises that maladaptive schemas/modes are often the result of unmet needs. Humans are designed with numerous irreducible human needs hard-wired into them that can be classified under each of the eight components of the schema/mode (Figure 3). When these needs are not met, psychological problems result. For example, an individual who experienced abuse or bullying as a youth may suffer from low self-esteem (an unmet need to feel loved, valued and connected), and engages in risky social behaviours or addictions to try and meet that need and/or cope with the emotional pain. RIM returns to the memories causing the emotional pain and regenerates them to dissolve the barriers organically and produce feelings of having one's needs met.

Figure 3: Human needs associated with each system in the mode



Therapeutic goals

The goals of RIM are very consistent with the broad goals of other major therapies, including psychoanalysis, person-centred therapy, Gestalt therapy, existential therapy, cognitive therapies, postmodern approaches and motivational interviewing. They include, as part of the therapeutic process, bringing unconscious issues into consciousness; identifying blockages and working through conflicts; changing faulty beliefs; raising self-awareness; increasing personal power; improving relationships; increasing personal freedom; and improving personal motivation. Sometimes called transformational coaching, RIM “is an innovative transformational method that can be used as an adjunctive technique in traditional psychotherapy or as an innovative practice model.” (Sandella, 2007, p. 102).

Application: Therapeutic Techniques and Procedures

The practice of RIM

RIM is facilitated as a closed-eye process that creates a “virtual environment” in the client’s imagination, which is used to explore, process and transform troublesome images and memories. In the light of evidence that the mind does not distinguish between the vividly imagined and a real event (Hackmann, Bennett-Levy & Holmes, 2011), “RIM allows clients to replace unconscious destructive and painful images with positive images in the same way a message on a cassette tape can be erased and a new message recorded.” (Sandella, 2007, p. 103).

There are three broad steps in the RIM process (Sandella, 2016):

1. **Dip**. Clients are instructed to close their eyes, and are then guided through a general relaxation process designed to help them become more centred, slow their brain waves and improve access to unconscious images/sensations/memories.

2. **See.** Using mindfulness techniques, clients access (without re-experiencing) a problematic schema (images, emotions, psychosomatic symptoms) associated with the issue they are struggling with. This is normally done in one of two ways:

a. Body sensing. The client notices where troublesome emotions are manifesting in their physical body as sensations. Using "mindfulness of body" techniques, the client is encouraged (or directed) to focus on the sensation in their body and then asked to objectify this sensation as an image. Dialoguing with the image (similar to chair dialoguing) or using "regression to past" ("emotional bridge") techniques allows the client to explore the issue, locate the problematic schema/mode and return to the original experience that created the faulty schema/mode.
b. Image sensing. The client is asked to have their imagination bring up an image that represents the issue/question they are struggling with. This may be symbolic, metaphorical or an actual image (for example, a person) with which they can work (dialogue with) directly to better understand the causes of the problem, or use to create an emotional bridge to the past, present or future experience that is at the heart of the problem.
3. **Do.**

a. Once the problematic image (schema) is located, the client is able to begin resolving the issues through techniques such as dialoguing with opposites (similar to chair dialoguing) to increase awareness, express emotions and work through issues in the virtual environment of their mind. The creation of safety by resourcing the client with supports in the virtual environment is a priority so that the environment is conducive to doing the often-challenging work. Clients choose resources that are most meaningful for them (for example, a close friend or relative, authority figure such as a policeman or favourite school teacher, a special animal or a spiritual resource such as Christ, Mary or guardian angel). The client, with the help of their supportive resource/s, can transform images, process difficult emotions, repair relationships, and replace old scenes with new empowering ones that bring insight, meaning, new perspective, safety, resolution, positive emotions and healing to past traumas.
b. Once these new emotions and memories have been created, they are anchored in the memory and body by using imagery techniques such as "creating movies" and "streams of coloured energy".

Often the original images causing the client problems are buried in unconscious memory and the client is not aware of the core issue creating difficulties. One of the strengths of RIM over other therapeutic techniques is that it doesn't require the client to be consciously aware of what the issue causing difficulties is. This emerges naturally during

the session rather than being clarified in initial discussions at the beginning of a session. The client learns how to sense the problematic schema organically with guidance from the facilitator.

Client's experience in therapy

A client's experience with RIM is usually a very positive one. Because images are closely tied to emotions, sessions can be very emotional for clients. However, the experiencing and processing of painful emotions and the creation of new, positive images means that most clients will eventually experience positive emotions such as peace, joy and gratitude by the close of each session.

Like other therapies, the extent to which clients benefit from the RIM process will be influenced by the readiness and willingness of the client to act on their own behalf. With more complex conditions, such as personality disorders and multiple traumas, which often require multiple sessions, clients who are unmotivated to take responsibility to change are more likely to withdraw after only one or a few sessions, limiting the benefits they gain from the RIM process.

The client-therapist relationship

A RIM session usually begins with only a short explanation by the client of the issue troubling them. The role of the therapist is as a "facilitator" who guides the RIM session rather than as a director. RIM might be thought of as being like a rally car race – the facilitator is the navigator who makes suggestions of which way to go at critical junctures, but the client's unconscious is in the driver's seat and makes the choices. The ability of the therapist to follow the client while creating a safe space that allows him/her to go places they have never visited previously are important factors that influence outcomes. Compassion and active listening skills are critical facilitator skills in addition to techniques such as sentence leads and mirroring to help guide the client. However, because RIM is a closed-eye process, the primary relationship fostered is the client with their inner self rather than between client and facilitator.

Therapist's function and role

Unlike Imagery Rescripting and most talking therapies, RIM does not require a conscious awareness of the troublesome image or memory. It is often the case that clients can describe how they are behaving and feeling, emotionally and physically, but cannot articulate clearly why. For this reason, the therapist's role is that of "facilitator" or "coach", guiding the process rather than directing it.

Hackmann et al (2011) indicate that people experiencing some mental health conditions such as borderline personality disorder have greater difficulty visualising and the therapist may need to take a more active role in facilitating and directing the process. Clients experiencing hypertension may also be unwilling to engage in a closed-eye process until

they have developed a high level of trust with the therapist. These difficulties may also be true for RIM clients. However, RIM can be facilitated as an open eye activity with a client having difficulty working with a closed-eye technique.

Anecdotally, Dr Sandella has also noted that clients experiencing some conditions of mental ill-health have greater difficulty integrating the insights from sessions into action. However, the RIM sessions offer the therapist useful metaphors that can be recalled during talk therapy to help the client be accountable for following through.

The non-linear nature of the RIM process is perhaps the most difficult skill to learn. Being a RIM facilitator and going wherever the client wants to go requires a great deal of trust in the process – and that whatever happens, the outcome will be valuable for the client. Confidence in using RIM therefore grows with experience.

Unique advantages of RIM

RIM has a number of distinct advantages over other therapies that make it ideal as either an adjunctive or stand-alone technique in a therapist's toolbox. Each RIM session is a complete process, achieving a distinct outcome for the client. While multiple sessions may be needed to work through more complex issues, the number of sessions needed is generally much smaller than other talking therapies.

A significant benefit of RIM noted by facilitators is that the creative, non-linear process also makes it less boring for therapists as two sessions are never alike. It also reduces stress and fatigue for therapists because the therapist acts as a facilitator rather than assuming a directive role, and the client does most of the work. Facilitator fatigue is therefore significantly reduced, and because almost all sessions have a positive benefit for the client, the therapists' ability to disengage from the client's difficult experiences is significantly improved.

As stated earlier, RIM doesn't require the client to be consciously aware of the troublesome image/memory causing concerns. A common experience reported by facilitators is that, at times, clients will struggle to articulate the issue of concern affecting them but are able to quickly go to the core issue once the RIM session begins. The ability of the conscious mind to understand and articulate a complex issue is limited or awkward. Multisensory images allow accurate awareness of an issue to be gained much more quickly.

RIM is a technique that is very well suited to addressing intergenerational issues and to exploring problems that have been passed from generation to generation. By allowing clients to dialogue with the images/memories of relatives or significant others (including those who are no longer alive), RIM brings awareness and healing to past issues that have flowed through the generations (for example, the impact of child abuse by parents or grandparents).

Applications of RIM to various settings

RIM has been used by facilitators to help clients with a wide range of issues including anxiety, depression, PSTD and traumas (Sandella, 2016). Similar to Schema Therapy (Arntz & Jacob, 2013), some of the areas in which RIM has been successfully applied include:

- Resolving “unfinished business” – finding closure on a negative experience with someone who is unavailable (friend, family member, ex-partner, work colleague, etc.).
- Decision making – using a technique called “dialoguing with opposites” to solve problems and find resolution to challenging issues by raising awareness of alternatives.
- “Saying goodbye” – working through feelings of grief over the loss of a loved one (person, pet, possession, etc.).
- Trauma – processing traumatic life events that are impacting psychological health. RIM has been successfully used by facilitators to treat traumas associated with PTSD in US soldiers and victims of terrorism attacks in Denmark.
- Addiction recovery – RIM is being used by facilitators to treat people with sexual addictions in the US.
- Intergenerational issues – RIM uses a unique intergenerational technique to deal with issues that have been passed down from generation to generation, including abuse and neglect.

Application of RIM as a brief therapy

Each RIM session with a client produces a complete outcome as the client works through the various stages of the process, including the anchoring of positive feelings and images. For this reason, RIM is ideally suited as a brief therapy with the potential to help clients achieve outcomes in much fewer sessions than conventional “talk therapies”. A potential downside of RIM is that a typical session is longer than the 50 minutes usually allocated by therapists. Sessions vary in length, but often require around 90 minutes to complete. Therapists need to schedule longer sessions for the process.

In countries such as Australia, where the public health system offers a limited number of therapy sessions to clients under the Medicare scheme, a technique that allows therapists to achieve more rapid outcomes would be very advantageous. RIM offers great potential to achieve much faster and more sustainable outcomes for clients. Anecdotal evidence from psychologists indicates clients may stop attending sessions once they are no longer eligible for the rebates (6-10 sessions), and recovery is therefore limited. Gaining positive results from RIM sessions often requires fewer than 6 sessions.

Application of RIM to group therapy

RIM has also been successfully used with groups of clients. For example, in group therapy, workshops and conferences, facilitators have guided participants through a group RIM process. Again, because RIM is a closed-eye process and the client

determines the outcomes with the guidance of the facilitator, groups of individuals can experience their own unique outcomes through a collectively-guided imagery process.

RIM and Imagery Rescripting (IR)

Although developed independently of other imagery techniques, RIM has a strong resemblance to “Imagery Rescripting” (IR), which itself has become popular in cognitive therapies such as cognitive behaviour therapy (CBT) and schema therapy (ST). The similarity with RIM is highlighted in the following quote:

In imagery rescripting exercises, an emotionally stressful situation is accessed via mental imagery. Usually past (childhood) experiences are the focus of imagery rescripting exercises, but they can also be applied to current or even future situations. When the patient feels the painful feelings related to the situation in question, the image is changed in such a way that negative emotions (guilt, shame, threat) are replaced by positive ones (attachment, safety, empowerment, joy) (Arntz & Jacob, 2013, p. 161).

Table 2 compares the broad steps involved in IR and RIM. Both approaches involve helping the client in relaxing, accessing an emotional and stressful situation using imagery, creating a bridge (using memory regression) to the past event at the heart of the situation, exploring and transforming/rescripting the experience using imagery and dialoguing techniques, and anchoring new, positive images and emotions in memory. However, there are two main differences between the two approaches. First, RIM usually completes this process within a single closed-eye session, while IR breaks the process into multiple sessions, therefore taking longer to process. Second, in RIM the imagination identifies the specific hidden experiences to be regenerated while IR intellectually selects the issue to be rescripted.

Table 2: Comparison of the steps in IR and RIM

Imagery Rescripting (IR)	Regenerating Images in Memory (RIM)
1. Provide relaxation instruction	1. Dip: Close eyes, relax and slow brain waves
2. Access an image associated with difficult emotions	2. See: Access an image associated with difficult emotions using body sensing or image sensing
3. Create an emotional bridge	3. Create an emotional bridge to past, present or future images in the unconscious
4. Explore the childhood situation, focusing on the child’s feelings and needs	4. Do: Explore the image/memory

5. Rescript the image through the use of a helping person	5. Transform images and felt-body experiences with the help of loving and powerful virtual resources (for example, a supportive person or spiritual resource)
6. Develop healthy attachment, comfort and safety	6. Create awareness, insight, meaning, new perspectives, safety, positive emotions and healing
	7. Anchor: Integrate new desirable images in memory and body (for example, by creating positive movies of the future)

The Evidence base for RIM: RIM and Imagery Rescripting

Like imagery rescripting, RIM is best described as being in an “evidence-building phase” where it awaits empirical investigation. Thus, there is at present a limited amount of peer-reviewed research on the benefits of RIM; however, in one case, Boxwell (2006) examined the effectiveness of treating irritable bowel syndrome using RIM, with very positive outcomes. New research is currently being planned at the University of Colorado to test the efficacy of RIM.

On the other hand, there is a strong and growing evidence base supporting the efficacy of IR as a treatment for a wide range of mental health issues. As at May, 2015, a literature search using “Imagery Rescripting” returned almost 700 journal articles referencing IR. The strong similarities between IR and RIM would suggest that this evidence also supports the efficacy of RIM as a therapeutic technique, although more dedicated research on RIM is needed to support this. IR has been found to be effective in the treatment of:

- **Social phobia/anxiety** (Wild & Clark, 2011; Lee & Kwon, 2013; Frets, Kevenaar & Heiden, 2014; Moscovitch, Chiupka & Gavric, 2013; Hackmann, Clark & McManus, 2000; Wild, Hackmann, & Clark, 2007 and 2008)
- **General anxiety** (Pajak & Kamboj, 2014; Engelhard et al., 2012)
- **Psychosis** (Ison, Medoro, Keen & Kuipers, 2014)
- **Obsessive Compulsive Disorder** (Veale, Woodward & Salkovskis, 2015)
- **Depression** (Brewin et al., 2009; Patel et al., 2007; Wheatley et al., 2007; Wheatley & Hackmann, 2011)
- **Posttraumatic Stress Disorder** (Arntz, Sofi & Breukelen, 2013; Long & Quevillon, 2009; Raabe, Ehring, Marquenie, Olff & Kindt, 2015; Hagernaars & Arntz, 2012; Grunert, Weis, Smucker & Christianson, 2007; Long, Hammons, Davis, Frueh & Kahn, 2011)
- **Personality disorders** (Arntz, 2011; Napel-Schutz, Abma, Bamelis & Arntz, 2011)
- **Childhood abuse** (Smucker, Dancu, Foa & Niederee, 1995; Raabe et al., 2015)

- **Psychological disorder following cancer** (Whitaker, Brewin & Watson, 2010)
- **Suicidality** (Holmes, Crane, Fennell & Williams, 2007)
- **Mood disorders** (Hawke & Provencher, 2013)
- **Shame and guilt** (Øktedalen, Hoffart & Langkaas, 2014)
- **Intrusive and distressing memories** (Long & Quevillon, 2009; Brewin et al., 2009)
- **Nightmares** (Kunze, Lancee, Morina, Kindt & Arntz, 2016; Long, Hammons, Davis, Frueh & Kahn, 2011)
- **Changing aversive autobiographical memories** (Slofstra, Nauta, Holmes & Bockting, 2016).

Opportunities for further research

The synergistic benefits of RIM as an adjunctive technique in other therapies is also a ripe area for future research. For example, schema therapy uses the Young Schema Questionnaire (YSQ) to identify a client's problematic patterns (or domains) of schemas that are difficult to recognise using conventional cognitive therapy (McMinn & Campbell, 2007). Once identified, RIM can be used to treat those faulty schemas in a much briefer timeframe than existing schema techniques, improving outcomes for clients.

The treatment of grief and bereavement issues, such as complicated and prolonged grief, is also another area of strong research potential for RIM. Intrusive images, including positive intrusive memories of the loss, images of a death event, re-enactment fantasies and negative images of the future are common in grief and correlated with complicated grief symptoms, depression and anxiety (Boelen & Huntjens, 2008). The expression of emotions (protesting) is an essential part of the grieving process (Harris H., 2015), and emotion-focused therapies are a simple, practical and effective way to help people with the normal grief reactions of depression, anxiety, anger, feelings of rejection and sense of worthlessness (Kurlan, 2014). RIM is ideally suited to working with intrusive images and emotions, and can be described as an emotion-focused therapy because it helps a client to express their problematic feelings. Anecdotal evidence from RIM facilitators indicates that many sessions relate to issues of loss and are successfully resolved. More specific research in this area would therefore be highly advantageous.

Conclusion

In recent decades, there has been a growing interest in the use of imagery techniques in therapies that complement traditional "talking therapies". This is in recognition that many experiences are stored in memory as images, and simply talking about an issue is often less effective than working with the images themselves. Regenerating Images in Memory (RIM) is an innovative multi-sensory technique that equips therapists with a powerful tool for transforming experiences that are causing mental, emotional, behavioural, social, motivational, physical and spiritual problems. To summarise, ten reasons (discussed throughout the paper) why RIM would be highly beneficial for therapists to include in their toolbox are:

1. RIM shares many of the same goals as other therapies, including making the unconscious conscious; removing blockages; facilitating self-exploration; improving behaviours and relationships; changing faulty beliefs, expressing emotions and improving motivation.
2. RIM works well as an adjunctive technique alongside other therapies (e.g. cognitive therapies, narrative therapy), or as a technique on its own.
3. RIM utilises both the information and imagery processing systems, tapping into the greater capabilities of the mind.
4. RIM is a seamless process that utilises, and moves fluidly between, the various schemas in a mode – mental, emotional, physical, behavioural, social, spiritual and motivational.
5. RIM recognises that therapy is often non-linear and messy, and works well with "messiness".
6. RIM is a brief therapy. Each session is a complete process and so the number of sessions needed to achieve outcomes is much smaller. This makes RIM ideal in health care systems that need to maximise therapeutic outcomes in the limited number of sessions available to clients that are subsidised by the government (for example, Australia's Medicare system).
7. The client-therapist relationship, although still very important, becomes more facilitative than directive. To use a rally car analogy, the client is in the driver's seat and the therapist goes along for the ride as the navigator, guiding the process at critical junctures. The client is considered the expert and the session is client-driven, which increases empowerment.
8. RIM reduces facilitator fatigue and boredom on the part of the therapist. Each session is unique and creative and, because the role of the therapist is facilitative, it requires much less mental energy. The client does the hard work.
9. A client's experience of a session is usually a very positive one. Because images and emotions are closely related, sessions are often emotional, and the client often feels that they have achieved important progress.
10. RIM doesn't require a conscious awareness of the troublesome schema/mode. Clients can often describe how they feel emotionally, physically or how they are behaving, but struggle to articulate their unconscious motivators. New beliefs, attitudes and thoughts emerge without the need to engage in cognitive challenging of old beliefs (Edwards, 2007).

There are, of course, some challenges to using RIM in therapy. For example, the non-linear nature of RIM and the need to go wherever the client takes them means that therapists must learn to trust that the process works in order to feel comfortable facilitating the sessions. Therapists also need to become comfortable in sessions with clients who express high levels of emotion which has been bottled up. In addition, RIM sessions typically go longer (usually 1 to 1.5 hours) than the normal 50 minutes allocated to clinical sessions. However, because fewer sessions are needed compared to talking therapies, fewer and longer sessions help achieve much faster outcomes.

RIM is, however, relatively unknown amongst therapists and is still in an evidence-building phase. The hope of this paper is that it will arouse interest in the process amongst therapists, provide a better understanding of what RIM is, how it works and the unique advantages it offers, and stimulate greater interest and research on the process. At a time when the incidence of mental health issues is growing, and both policy makers and therapists are looking for new and effective techniques to assist people, RIM offers new hope to clients.

For more information about RIM and video illustrations of how RIM works, visit the RIM Institute website, http://riminstitute.com/rim.html

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