

## Supplementary Material S1

# Standard Imagery Rescripting Protocol (Arntz & Weertman, 1999)

## Objective

To modify dysfunctional emotional schemas rooted in early aversive experiences by rescripting childhood memories through guided imagery.

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## Protocol Steps

### 1. Selection of the Target Memory

Identify a specific, emotionally charged autobiographical memory from childhood that is thematically linked to the client's current emotional difficulties or schema-based beliefs.

### 2. Initial Imagery Phase

Ask the client to vividly recall the memory using multisensory imagery (e.g., what they saw, heard, felt, smelled), as if it is happening "here and now."

### 3. Emotional and Cognitive Exploration

Explore the child's emotional state in the memory and the unmet needs (e.g., safety, validation, protection). Identify dysfunctional beliefs that emerged as a result of the event.

### 4. Rescripting by the Therapist

The therapist enters the imagined scene as an observing and intervening figure. The therapist offers corrective emotional experiences by:

- Protecting the child from the perpetrator or threat.
- Confronting the perpetrator or changing the course of events.
- Comforting the child and validating their feelings and needs. The therapist aims to fulfill the unmet needs of the child within the imagery.

### 5. Rescripting by the Client

As treatment progresses, the client is invited to take an active role in the imagery. The client, now as their adult self, enters the scene to intervene on behalf of the child—offering protection, support, or emotional validation.

### 6. Integration and Debriefing

After the imagery phase, the therapist and client reflect on the experience. The emotional shift and cognitive restructuring that occurred during the imagery are explored and connected to current patterns of thinking, feeling, and behaving.

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## Key Considerations

- **Emotional Safety:** Ensure the client feels safe and supported throughout the exercise.
  - **Client's Readiness:** Tailor the pace and depth of imagery based on the client's dissociation levels, emotional regulation capacity, and trust in the therapist.
  - **Processing Time:** Allocate sufficient time for debriefing and emotional integration after each imagery exercise.
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## Reference

Arntz, A., & Weertman, A. (1999). Treatment of childhood memories: Theory and practice. *Behaviour Research and Therapy*, 37(8), 715–740. [https://doi.org/10.1016/S0005-7967\(98\)00173-9](https://doi.org/10.1016/S0005-7967(98)00173-9)