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Imagery rescripting as a stand-alone treatment for patients with social phobia: A case series

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ABSTRACT

Background and objectives: The majority of patients with social phobia reports experiencing negative images, usually linked to memories of earlier aversive social experiences. Several studies have indicated that such negative self-imagery appears to have a causal role in maintaining social phobia, which suggests that interventions aimed at dealing with these images could be beneficial in the treatment of social phobia. One potentially powerful approach is imagery rescripting (IR), a clinical intervention that focuses on changing the meaning and impact of unpleasant memories. In the treatment of social phobia IR was only used as part of a broader cognitive-behavioral treatment package. However, we propose that IR alone might also be an effective treatment for this anxiety disorder. The present study reports an initial evaluation of the application of IR as a stand-alone treatment for six adult outpatients presenting with social phobia.
Methods: A single case series using an A-B replication across patients design was employed. Following a no-treatment baseline period, IR was delivered weekly and patients were followed up for 3 and 6 months.
Results: For all patients, substantial reductions were obtained on all outcome measures at post-treatment, and gains were largely maintained at 6-months follow-up.
Limitations: The generalizability of the effects of IR for social phobia is limited by the small number of patients treated by only one therapist.
Conclusions: The results of this preliminary case series suggest that IR as a stand alone treatment is an apparently effective intervention in the treatment of patients with social phobia, and indicate that controlled evaluation of its efficacy might be worthwhile.

1. Introduction

The majority of patients with social phobia reports experiencing negative, observer-perspective images, which elicit anxiety as they represent what patients fear (Hackmann, Surawy, & Clark, 1998). These negative images are usually based on memories of earlier aversive social experiences, that cluster around the onset of the disorder (Hackmann, Clark, & McManus, 2000). The way patients appear in the intrusive negative self-images remains stable and constant across many different social situations, despite subsequent more positive experiences (Clark, 2005; Hackmann et al., 2000).

Several studies have indicated that negative self-imagery appears to have a causal role in maintaining social phobia by increasing state anxiety, enhancing unrealistically negative self-judgments, and having a detrimental effect on performance and the social situation in general (Hirsch, Clark, Mathews, & Williams, 2003; Hirsch & Holmes, 2007). Given the detrimental impact on patients with social phobia, interventions aimed at successfully dealing with negative images should have a useful therapeutic effect. One potentially powerful approach is imagery rescripting (IR), in which memories of traumatic social situations, which form the basis of negative self-images, are restructured by imagining that the course of events is changed in a more desired direction (Arntz, 2012; Wild & Clark, 2011; Wild, Hackmann, & Clark, 2007, 2008). IR involves having patients revisiting their memory in three stages. First, patients are asked to relive a past traumatic social experience from the age at which it occurred (reliving stage). In the second

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stage, patients first relive the event again, but this time from the perspective of their current age observing what is happening to their younger self, and are then invited to intervene in the situation, e.g. by imagining themselves entering the situation as an adult helping their younger self (mastery stage). In the third and final stage, the patient relives the rescripted scene from the perspective of their younger self (compassionate stage).

IR was originally developed for adult survivors of childhood trauma (Arntz & Weertman, 1999; Smucker, Dancu, Foa, & Niederee, 1995). To date, IR is integrated in several well-established CBT packages for PTSD, social phobia, nightmares, personality disorders (see Arntz, 2012), and is also used as a stand-alone treatment in cases of PTSD and depression (e.g. Brewin et al., 2009; Grunert, Smucker, Weis, & Rusch, 2003). So far, a limited number of studies has provided support for the efficacy of one session of IR as part of, or preceding a broader cognitive behavioral treatment package for social phobia (Wild et al., 2007, 2008). More recently, IR was found to be efficacious as a stand-alone treatment (i.e., without explicit logical or verbal restructuring; Nilsson, Lundh, & Viborg, 2012), with effect sizes matching those of IR with cognitive restructuring as found by Wild et al. (2008). Although not having directly tested the relative effectiveness of IR with, or without cognitive restructuring, results of this study strongly question the need of cognitive restructuring. The present study reports an evaluation of the application of IR as a stand-alone treatment for six patients presenting with social phobia, using a single-case design. We predicted that IR would result in a significant reduction of symptoms of social phobia.

2. Method

2.1. Design

A single case series using an A-B replication across patients design with follow-up was employed (Barlow & Hersen, 1984). For this design, patients were assigned to a no-treatment baseline period of three weeks, so that individual baselines could act as control periods. Patients met the therapist at both the beginning and the end of the baseline period to complete relevant outcome measures. Furthermore, halfway through the baseline period data were collected during a telephone interview by the therapist. No treatment or discussion of the content of patients' fears was permitted during the baseline period. Following the baseline period, IR was delivered weekly, with each session lasting up to 45 min. As we were interested in the effectiveness of IR in clinical practice, we decided that treatment was allowed to continue until both the therapist and patient were satisfied about the results of the intervention, instead of stipulating a fixed number of sessions. As a result, the number of sessions ranged from 5 to 17, with a mean number of 11.2. None of the patients terminated the treatment prematurely. On completion of treatment, patients were followed up for 3 and 6 months, during which period no further treatment was provided.

2.2. Patients

Six patients were drawn from consecutive referrals for anxiety disorder treatment to PsyQ, an outpatient community mental health center in the Netherlands, made by general practitioners. Patients were assessed by the therapist (the first author: PF) using the Dutch version of the Structured Clinical Interview for DSM-IV axis I (SCID-I; First, Spitzer, Gibbon, & Williams, 2001). Patients were included if they met the following criteria: (1) primary diagnosis of social phobia, (2) age 18–65, (3) not in receipt of concurrent psychological treatment, (4) not meeting DSM-IV-TR criteria for severe major depressive disorder that required immediate treatment, psychotic disorder, bipolar disorder, or PTSD (5) no evidence for mental impairment or organic brain disorder, (6) no substance abuse requiring specialist treatment, and (7) medication free or stable on medication (i.e., at least two months without a change in medication dose or type).

Patients' age ranged from 21 to 47 years, and the duration of the social phobia problems ranged from 1 to 28 years. None of the patients met criteria for concurrent Axis I disorders, and none of them had received previous cognitive-behavioral treatment for social phobia. Five patients were free of medication, one patient (patient 1) was stable on medication (SSRI) all through baseline, treatment, and follow-up. Two patients had at least a vocational training and four had a bachelor or university degree. Demographic characteristics for each patient are presented in Table 1. Moreover, brief background details are provided below.

Patient 1 was a 40 year old man with a 1-year history of social phobia. His main problem involved fear of blushing when talking to other people. As a consequence of his social anxiety he was on a sick leave from his full-time job as a manager. During treatment he continued to take 20 mg Fluoxetine daily. Rescripted memories concerned humiliating experiences at work during his early adult life.

Patient 2, a 21 year old woman, was diagnosed with social phobia when she was 19 years old. She was preoccupied with the fear of being criticized at work. Other persistent fears centered on talking to strangers and being rejected when expressing her opinion. During treatment she was on sick leave, as a consequence of the social phobia. She was employed as a full-time secretary. Memories of traumatic social situations included being laughed at by her classmates, not being supported by her teacher, and being emotionally deprived by her parents. These negative experiences took place when she was between 7 and 12 years of age.

Patient 3 was a 28 year old woman who presented with social phobia of 10-year duration. Her main concern was to act in a humiliating or embarrassing way. She was a full-time student, but was unable to undertake her traineeship as a result of her fear of being observed by her supervisor. This fear originated in negative experiences centered around the theme of feeling neglected by her peers in her childhood (between 7 and 12 years of age), such as being ignored by her classmates when giving a speech at school when she was 8 years old.

Patient 4, a 47 years old man, who was diagnosed with social phobia at the age of 19. He had a history of depressive episodes, for which he had previously received client-centered therapy in an outpatient treatment centre. He was particularly afraid to be humiliated when entering a room, in which acquaintances were present, especially women he liked. During the treatment he was unemployed. Previously he was a full-time counselor of mentally retarded adults. His memories of adverse social events went back to his adolescense (between 15 and 21 years of age), and concerned experiences of being bullied or humiliated when he was dating girls.

Patient 5 was a 31 year old man with a 15-year history of social phobia. His main problem was his fear of blushing, as a result of which he experienced high levels of anxiety when he had to give a demonstration in his full-time job as a salesman. Furthermore, he avoided dating because of his fear of blushing, as a result of which he had never had an intimate relationship. Rescripted memories of negative social events concerned experiences of not being emotionally supported by his parents in his childhood (between 5 and 8 years of age), and adverse social experiences with his peers when he was between 13 and 18 years of age.

Patient 6, a 30 year old woman, was diagnosed with social phobia when she was 22 years old. She did not report having any