



When the present visits the past: Updating traumatic memories in social phobia

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Abstract

Research suggests that distorted images of the self are common in social phobia and play a role in maintaining the disorder. The images are often linked in thematic and sensory detail to distressing memories that are clustered around the onset or worsening of the disorder. This has led to speculation about the likely benefit of working directly with these memories to improve symptoms of social phobia. In this exploratory study, we describe a process of cognitive restructuring followed by imagery rescripting to update the meanings of distressing memories and images in social phobia. We first present illustrative clinical examples and then data of 14 patients with social phobia, on whom we developed this approach. Patients attended an imagery rescripting session in which a semi-structured interview was used to identify their recurrent images, the associated memories and their meanings. Next the identified memory was evoked and elaborated. We updated the meaning of the memory by first using cognitive restructuring to arrive at new perspectives and then linking these perspectives with the memory using imagery techniques. The procedure resulted in significant within session change in beliefs, and in image and memory distress and vividness. One week later significant change was seen in social phobia cognitions and a self-report measure of social anxiety. Rescripting distressing memories in social phobia appears to be an effective way of modifying maladaptive beliefs linked to recurrent negative imagery. This paper presents our exploratory investigation of how to work with the memories and encourages more rigorous investigation in this area.

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1. Introduction

At the heart of cognitive models of anxiety lies the idea that distorted appraisals lead to perceived threat and anxiety. These appraisals are typically described as verbal thoughts. To access highly charged appraisals, Beck (1976) stressed the importance of considering images and memories as well as verbal thoughts. In their manual on cognitive therapy for anxiety disorders, Beck, Emery, and Greenberg (1985) also note that in addition to affect and increased estimates of danger, imagery spontaneously emerges when approaching or entering a feared situation, further highlighting its relevance to anxiety. These observations are consistent with recent research on social phobia.

The text revision of the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; American Psychiatric Association, 2000) describes social phobia as a persistent fear of certain social or performance situations, in which the person fears that they will act in a way (or show anxiety symptoms) that will be embarrassing or humiliating. A key suggestion in the Clark and Wells (1995) cognitive model of social phobia is that when feeling threatened in social situations, patients switch to processing the self as a social object, their attention turning to internal rather than external stimuli. Consistent with this view, a number of studies have found when patients with social phobia enter social situations, or recall such situations, they experience visual and/or somatic images of themselves as an object of the scrutiny of others. They report seeing themselves as if from an observer's perspective and appearing the way they imagine they come across to other people (Coles, Turk, & Heimberg, 2002; Coles, Turk, Heimberg, & Fresco, 2001; Hackmann, Surawy, and Clark, 1998; Wells, Clark, & Ahmad, 1998). They report appraising this mental representation as mirroring a true reflection of the self, yet the image or impression is typically distorted in a negative way. Many studies (Alden & Wallace, 1995; Mulkens, de Jong, Dobbelaar, & Bogels, 1999; Rapee & Abbott, 2006; Rapee & Lim, 1992; Stopa & Clark, 1993) have shown that patients hold excessively negative self-perceptions: relative to observers, they underestimate their social performance, overestimate how visible their anxiety symptoms appear and underestimate their general attractiveness.

Rapee and Heimberg (1997) also suggest that on entering a social situation a socially phobic person forms a mental representation of their appearance and behaviour (as presumably seen by an audience) and simultaneously focuses attention onto both this internal representation and on any perceived threat in the environment. The mental representation is considered to be a loose amalgam based on a variety of inputs, including material from long term memory.

The Clark and Wells (1995) and Rapee and Heimberg (1997) models of social phobia incorporate patients' attention to negative self-images. It is difficult to establish the exact sequence of appraisals, imagery and attentional deployment in anxiety-provoking situations as events unfold so quickly in response to perceived danger. However, research suggests that negative self-images may have a causal role in social anxiety. Hirsch, Clark, Mathews, and Williams (2003) asked patients with social phobia to hold a negative or neutral image in mind whilst having a conversation with a stranger. The conversation was videotaped and an independent assessor watched the video to rate patients' performance. Patients felt more anxious and believed they came across more poorly when they held the negative image in mind compared to when they held the neutral image in mind. Further, the independent assessor's ratings of patients' performance were lower in the negative

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