



Changes in intrusive memories associated with imaginal reliving in posttraumatic stress disorder

Anne E.M. Speckens^{a,*}, Anke Ehlers^a,
Ann Hackmann^b, David M. Clark^a

^a *Department of Psychology, Institute of Psychiatry, De Crespigny Park, Centre for Anxiety Disorders and Trauma, 99 Denmark Hill, London SE5 8AF, UK*

^b *University Department of Psychiatry, Warneford Hospital, Oxford OX3 7JX, UK*

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Abstract

The study investigated changes in intrusive memories associated with imaginal reliving of traumatic events in posttraumatic stress disorder (PTSD). The study population comprised 44 patients treated with imaginal reliving in the context of cognitive therapy for PTSD [Behav. Res. Ther. 38 (2000) 319–345]. For most patients, imaginal reliving did not lead to exacerbations in intrusion frequency. The decrease in intrusion frequency after reliving was gradual, as was the decrease in their distress, vividness, and perceived “nowness.” Poorer outcome, i.e., a smaller reduction in residual gain scores for intrusion frequency with reliving, was associated with greater initial PTSD severity, greater anger, greater perceived “nowness” of intrusive memories, and more negative interpretations of PTSD symptoms. The patient’s anxiety, depression, self-blame, and dissociation were not predictive of response to reliving.

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* Corresponding author. Fax: +31 24 3540561.

E-mail address: a.speckens@psy.umcn.nl (Anne E.M. Speckens).

1. Introduction

Intrusive memories are a core symptom of posttraumatic stress disorder (PTSD). They usually consist of relatively brief sensory fragments of the traumatic experience that occur in a stereotyped, repetitive way (e.g., Ehlers, Hackmann, & Michael, 2004; van der Kolk & Fisler, 1995). Recent research has pointed to several features of intrusive memories that may be of clinical and theoretical interest. First, emotions that accompany intrusive memories in PTSD are the same as those experienced at the time of the trauma (Brewin, Dalgleish, & Joseph, 1996; Foa & Rothbaum, 1998), and the sensory components of intrusive memories appear to be reexperienced as if they were features of something happening right now, rather than being aspects of memories from the past (Hackmann, Ehlers, Speckens, & Clark, 2004). Second, as Ehlers and Clark (2000) highlighted, the intrusive memories appear to lack a context of other relevant information, so that the intrusive memory is reexperienced even if the person later acquired new information that contradicted their original impression.

The relevance of the lack of time perspective and lack of context of intrusive memories in PTSD was supported by two studies by Michael, Ehlers, Halligan, and Clark (in press), who found that these intrusion characteristics distinguished between assault survivors with and without PTSD and predicted subsequent PTSD severity. Whether or not participants reported intrusive memories in the first few weeks after the assault only explained 9% of the variance of PTSD severity at 6 months after assault. Among survivors with intrusions, intrusion frequency only explained 8% of the variance of PTSD symptom severity at 6 months. Lack of time perspective (perceived “nowness” of the memories), distress and lack of context explained an additional 43% of the variance. These intrusion characteristics also predicted PTSD severity at 6 months over and above what could be predicted from PTSD diagnostic status at initial assessment. The present study investigated whether and how these intrusion characteristics change during treatment.

1.1. *Change of intrusive memories with therapy*

Prolonged imaginal and in vivo exposure has been established as an effective treatment for PTSD (Foa, Dancu, et al., 1999; Keane & Kaloupek, 1982; Marks, Lovell, Norshirvani, Livanou, & Trasher, 1998; Tarrrier et al., 1999). In imaginal exposure (imaginal “reliving”), patients are asked to relive the traumatic experience in the presence of the therapist, starting from the beginning and continuing to the point when they were safe again, while putting the experience into words (Foa & Rothbaum, 1998). In repeated relivings, the patients add more and more detail until all aspects of the traumatic memory are tolerated well. Sessions are audiotaped and patients are asked to listen to the tape for several times in between sessions.

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