



“I’ll believe it when I can see it”: Imagery rescripting of intrusive sensory memories in depression

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Abstract

Intrusive sensory memories are a common feature of depression but these are not targeted in standard cognitive treatments. Imagery rescripting of distressing memories has so far been mainly used to treat trauma-related disorders and as a component of the treatment of personality disorders. We propose that this approach might also be effective in treating depression. This paper describes the initial application of imagery rescripting as a stand-alone treatment for two patients with a sole diagnosis of major depressive disorder. The two cases are described in detail and follow-up data are reported. Implications for the cognitive treatment of depression and for our theoretical understanding about the mechanisms of change in cognitive therapy are considered.

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It’s a poor sort of memory that only works backward (Lewis Carroll, 1872).

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1. Introduction

Previous studies have suggested that intrusive sensory memories are common in depression, almost as common as in post-traumatic stress disorder (PTSD) (Brewin, Hunter, Carroll, & Tata, 1996; Kuyken & Brewin, 1994). Further, they have been found to maintain depression when they occur frequently (Brewin, Reynolds, & Tata, 1999). Such memories have been thought of as corresponding to self-defining moments that are related to personal goals (Conway, Meares, & Standart, 2004). They are somewhat different from those reported in PTSD, with more emphasis on loss of loved ones and interpersonal crises as opposed to personal assault or injury (Reynolds & Brewin, 1998). A study of intrusive memories and depression in cancer patients found depression severity was related to the frequency of intrusions and the level of avoidance of the memories (Brewin, Watson, McCarthy, Hyman, & Dayson, 1998).

In cases of PTSD the intrusive memories have been treated with imagery rescripting (e.g., Grunert, Smucker, Weis, & Rusch, 2003). However, this approach has not previously been used in the treatment of major depressive disorder, where traditional CBT techniques of verbal challenging and behavioural experiments are more commonly used (Beck, Rush, Shaw, & Emery, 1979). In this paper we describe the initial application of imagery rescripting to the treatment of two patients with a primary diagnosis of major depression who reported intrusive memories.

In the cognitive-behavioural literature imaginal rescripting of distressing memories has typically been used to treat adults presenting with intrusive memories following childhood sexual abuse (e.g., Smucker & Dancu, 1999/2005; Smucker, Dancu, Foa, & Niederee, 1995). The procedure Smucker and Dancu describe for treating PTSD following childhood sexual abuse involves three stages. In stage 1 the patient is asked, through imaginal exposure, to re-experience the traumatic event from the child's perspective. In the second, mastery, stage the patient is invited to imagine themselves entering the abuse scene and viewing the abuse from the adult's perspective, intervening to confront the perpetrator and rescue the child. The purpose is to replace victimisation imagery with coping imagery. The main questions they suggest the therapist asks the patient in the adult role are: "Looking at (yourself as a child) what do you feel inclined to do? In the third stage the patient is invited to imagine nurturing, calming, and reassuring the child. Questions include: "What would you (the adult) like to say to the child? Is there anything more that the child needs from you, the adult?"

In Arntz and Weertman's (1999) imagery rescripting protocol there is a considerably elaborated version of this third stage, in which the whole rescripted scene is viewed again but this time entirely from the little child's perspective. This often elicits new needs from the child that were not met by the adult's intervention. The main question asked in this stage is: "As the little child, is there anything else that needs to happen (in the image) in order for you to feel okay?" This normally leads to the child asking to be soothed or helped to feel safe in some way.

Smucker et al. (1995) proposed that imagery rescripting, while incorporating elements of imaginal exposure, mastery imagery, and cognitive restructuring, goes beyond mere extinction not only by modifying recurrent images of the traumatic event, but also by creating more adaptive schematic representations. The authors emphasise the transformative power of 'mastery' imagery in their treatment, particularly for individuals experiencing a pervasive sense of helplessness that is typical of PTSD (American Psychiatric Association, 1994).

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