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Visual mental imagery in psychopathology — Implications for the maintenance and treatment of depression



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HIGHLIGHTS

- Negative mental images can influence the onset and maintenance of depression.
- Distressing images are common and occur in 32 to 100% of depressed individuals.
- Flash-forwards to suicide or self-harm can potentially influence future behavior.
- Depressed patients suffer from a lack of vivid positive future-directed imagery.
- Imagery rescripting and imaginal exposure are effective in treating depression.

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ABSTRACT

Negative mental images are a common feature in a range of mental disorders as well as in healthy subjects. Intrusive negative mental images have only recently become a focus of attention in clinical research on depression. Research so far indicates that they can be an important factor regarding the onset and chronicity of affective disorders. This article is the first to provide an extensive overview of the current state of research in the field of visual mental images in depression. It aims to investigate disorder-specific characteristics, as well as the role of imagery as a maintaining factor. A detailed definition and description of empirical results about mental images in depressive disorders is followed by a presentation and analysis of treatment studies using imagery techniques in depressed samples. Additionally, methodological issues like small sample sizes and the lack of control groups are pointed out and implications for future research are discussed. Case vignettes are included in the appendix to exemplify the importance of negative mental images in patients suffering from depression.

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1. Introduction

According to the World Health Organization, by 2030, depressive disorders will be among the three leading causes of health impairment (Mathers & Loncar, 2006). With a lifetime prevalence of approximately 16.6% (Kessler et al., 2005), the major depressive episode (MDE) is more common than all other mental disorders (Mueller et al., 1999; Torpey & Klein, 2009). Many of those affected suffer from relapses or persisting symptoms, accompanied by high levels of psychiatric comorbidity and disability — often despite "state-of-the-art" treatment. Identifying psychopathological factors that contribute to the development or maintenance of depressive disorders is therefore important. Negative mental images may be one possible contributor that has so far been understudied. This review aims to provide an overview of the existing literature on negative mental images in depression to facilitate future research and treatment development.

2. General characteristics of imagery in psychopathology

Negative mental images are a transdiagnostic feature of a number of mental disorders (Brewin, Gregory, Lipton, & Burgess, 2010; Krans, 2011). They can be characterized by their vividness and distressing character (Brewin et al., 2009). Vivid intrusions are usually accompanied by strong negative emotions (Newby & Moulds, 2011a) that exceed the intensity of emotions evoked by verbal cognition (Holmes & Mathews, 2005; Holmes, Mathews, Mackintosh, & Dalgleish, 2008). Negative imagery can occur as involuntarily and spontaneously retrieved memories (Deeprose, Malik, & Holmes, 2011) that usually lack contextual information (Karatzias, Power, Brown, & McGoldrick, 2009) and lead to a sense of current threat due to a "here and now" experience (Ehlers, Hackmann, & Michael, 2004). Scientific knowledge about the role of negative mental images remains vague, and a sufficiently large amount of reliable data only seems to exist for posttraumatic stress disorder (PTSD).

Negative mental images may be an important factor in the onset of mental disorders, contribute to their maintenance, lead to an exacerbation of existing symptoms, or be a core symptom in themselves. However, intrusive thoughts and images can also be observed in non-psychiatric healthy populations (Brewin, Christodoulides, & Hutchinson, 1996; Rusch, Grunert, Mendelsohn, & Smucker, 2000). It is therefore advisable to assess clinical as well as non-clinical groups to prevent an overestimation of the prevalence of negative mental images in psychopathology. To improve knowledge of this phenomenon, a clear definition for the term "mental images" is needed.

2.1. Definitions of imagery

In "Cognitive Therapy of Depression", Beck, Rush, Shaw, and Emery (1979, p. 147) stated that a cognition can be "either a thought or a visual image". Imagery itself has been described in various ways in the literature. The Collins English Dictionary ("imagery," n.d.) defines imagery as "mental images" and those images as an "experience of something that is not immediately present to the senses, often involving memory" or "a mental representation or picture [...] produced by the imagination" ("images," n.d.). Some authors note that different forms of mental

images share a lack of connection to a direct sensory input; they are "brought to life from memory or imagination (Hackmann & Holmes, 2004)" (Krans, 2011, p. 117). Kosslyn, Ganis, and Thompson (2001, p. 635) state that "mental imagery occurs when perceptual information is accessed from memory [...]. By contrast, perception occurs when information is registered directly from the senses". Kosslyn (2005, p. 338) describes imagery as an experience of "seeing with the mind's eye". Hackmann (1998, p. 301) defines images as "contents of consciousness that possess sensory qualities, as opposed to those which are purely verbal or abstract". She refers to the fact that these images may be accompanied not only by visual but also by auditory, olfactory, or haptic sensations (see also Holmes & Mathews, 2010; Speckens, Hackmann, Ehlers, & Cuthbert, 2007). In a later study, Hackmann, Clark, and McManus (2000) used the following characterization based on Horowitz (1970) for their discussion of imagery in social phobia: "Images [...] [are] mental representations with sensory (not necessarily visual) components". Definitions vary significantly, ranging from constructs including verbal elements to those that are purely visual. This raises the question whether the scientific community is discussing the same research topic.

In our view, mental images – whether positive or negative – are cognitive events that are not contingent upon presently perceived sensory information but are either based on memories of actual events or alterations of those, or entirely fictional, or they may depict imagined future scenarios. We favor a definition focusing on visual qualities and therefore focus our review on mental events that are visual in nature (e.g., the person has to see the scene in their mind's eye in the form of a non-moving picture, a movie-like sequence, or a combination of both). Other sensory components, such as smells, sounds, or haptic sensations, as well as verbal thoughts may be present as well, but the visual aspect is the necessary and sufficient condition. In the current review, we use this definition, which might contrast with broader descriptions of imagery in the literature, to delineate imagery from other forms of cognitive phenomena, like purely verbal intrusive thoughts or voicehearing (e.g. Reynolds & Brewin, 1998).

3. Negative mental images in depression — current state of research

3.1. Images about stressful or traumatic life-events in depression

In addition to the classic symptoms of depression, many depressed patients report intrusive images (Brewin, Watson, McCarthy, Hyman, & Dayson, 1998; Newby & Moulds, 2011a; Patel et al., 2007) when directly asked about them. More than 15 years ago, Kuyken and Brewin (1994) already reported that women with major depression who had experienced childhood sexual or physical abuse suffered from intrusive memories. Patients with high levels of intrusions and avoidance were significantly more depressed than those with low levels. It is however unclear whether these intrusive memories were independent features of depression or symptoms of (subclinical) PTSD. The connection between child abuse, intrusions, their avoidance and depression was later replicated (Brewin, Hunter, Carroll, & Tata, 1996). A limiting factor is that these studies did neither include clinical nor healthy control participants. Brewin (1998) pointed out that studies on the role of imagery in depression should include depressed and non-depressed samples,

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