



Is it dangerous to fantasize revenge in imagery exercises? An experimental study



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ABSTRACT

Background: Imagery rescripting (ImRS), i.e. changing intrusive mental images in imagery, is increasingly recognized as a helpful therapy technique. In ImRS exercises, patients sometimes suggest taking violent revenge on perpetrators. However, it is unclear whether vengeful phantasies can be particularly helpful in giving back feelings of power and control, or whether they rather increase aggressive feelings, with potentially harmful effects.

Methods: Forty-six healthy participants watched 3 trauma movie segments depicting interpersonal violence. After each movie, one of 3 ImRS strategies (ImRS with violent revenge, ImRS without violence, safe place imagery) was applied. Dependent variables were subjective emotion ratings.

Results: Aggressive and positive emotions changed most strongly with the safe place image, no differences between ImRS with and without violence were observed. Sad and anxious emotions were not differently influenced by different strategies.

Limitations: Only a healthy sample with no previous display of aggression has been investigated. Cross-over effects cannot be excluded due to the within-group design with repeated trauma movie segments.

Conclusions: Using violent pictures in ImRS does not seem to be particularly risky as it does not increase aggressive emotions in the participants; however it has no added value. For the purpose of emotion regulation after an analog trauma, the safe place imagery does best.

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1. Introduction

Imagery rescripting (ImRS) is a treatment technique which has gained increasing attention over the last few years, even though its roots date back to the late 19th century (Edwards, 2007). ImRS is used to change the meaning of emotionally distressing memories and other images like intrusions, nightmares, or distressing future images. In ImRS exercises, aversive and distressing mental images are turned into positive or more helpful images. In a typical ImRS exercise with a traumatic childhood abuse memory, an image of the child is changed by introducing a helping figure who stops the abuse, disempowers the perpetrator, and protects the victim (for a comprehensive description of treatment techniques see Hackmann, Bennett-Levy, & Holmes, 2011). ImRS helps to disclose affective links to the past by activating associated memories, emotions and

core beliefs. Moreover the patient is provided corrective information that enables a more functional coping in the here and now (Arntz 2012). ImRS has been shown to be effective in different mental disorders, including post-traumatic stress disorder (PTSD), social phobia, depression, and personality disorders (overview in Arntz, 2012).

However, research in mechanisms of ImRS has just recently begun and many questions remain, including questions regarding the optimal approach of rescripting (Arntz, 2012). An interesting one for example, is whether it is helpful and safe to encourage people to imagine taking revenge and act out aggressive impulses against the perpetrator in fantasy, or whether this is risky and increases the probability of actual aggressive behavior. This discussion is highly relevant, as (helpless) rage is a frequent emotion in ImRS exercises, in addition to anxiety, shame, and guilt (Hackmann & Holmes, 2004). Associated cognitions are often related to regaining control over the traumatic situation (Holmes, Grey, & Young, 2005), and many PTSD patients report revenge phantasies (Horowitz, 2007; Orth, Maercker, & Montada, 2003). Overall,

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studies suggest that revenge images work as a short term coping strategy for feelings of rage and helplessness after traumatization. Nevertheless revenge fantasies seem to be dysfunctional in the long run as they do not really reestablish self-efficacy and self-esteem and may evoke feelings of guilt and shame which lead to social retreat. Moreover RF often have ruminative features and are therefore likely breeding grounds for further RF. (Gäbler & Maercker, 2011). We do not know yet how to overcome persistent revenge fantasies in therapy. Processing those prohibited fantasies in ImRS exercise might be a possible way. Furthermore, in rescripting very severe traumatic situations, violence against the perpetrator sometimes appears to be the most obvious solution to reestablish safety for the patient.

However, using revenge fantasies in ImRS may be dangerous, as they could lead to a disinhibition of aggression. Studies show that fantasized actions can increase the future probability of actually acting in the fantasized way for behaviors like voting or exercising (Gregory, Cialdini, & Carpenter, 1982; Libby, Shaeffer, Eibach, & Slemmer, 2007; Milne, Rodgers, Hall, & Wilson, 2008). Nagtegaal, Rassin, and Muris (2006) found that aggressive fantasies can be related to aggressive behavior in healthy subjects. Such fantasies might take the form of a “social cognition” in which aggressive behavior patterns are created (Guerra, Huesmann, & Spindler, 2003; Huesmann & Eron, 1984). Violent ImRS may thus be comparable to a “rehearsal” of aggressive patterns and increase the risk of actual aggressive acting-out. Moreover, Bushman (2002), Bushman, Baumeister, and Phillips (2001) showed experimentally that making people believe in the value of catharsis and venting anger leads to more aggressive reactions. Accordingly some clinicians warn of the possible correlates of aggressive mental images and the possible negative outcomes of cathartic processes (Lennings, 1996).

On the other hand, the use of violent fantasies in ImRS exercises may be helpful to process emotional responses which had been inhibited in the traumatic situation. They can help to fulfill emotionally underlying needs, enhance self-efficacy, and overcome helplessness, victimization, and avoidance. Clinically this is related to increased feelings of power and self-efficacy, as opposed to feelings of helplessness and being at the perpetrators mercy in the original situation (Haen & Weber, 2009). Revenge fantasies can stabilize self-esteem, reduce shame and restore balance in relationships (Alibhai, 2009). This is consistent with the social psychological model of revenge as a message to the perpetrator (Gollwitzer, Meder, & Schmitt, 2011). According to this model, revenge can stabilize self-esteem and reduce shame. Within this model, revenge does not only serve the aim of rebuilding balance in a relationship (Frijda, 1994), but also it can be a way to exert behavior control by reducing injustice.

In the present study we investigated the effect of ImRS exercises with taking revenge on the perpetrator as compared to ImRS with non-vengeful content, as emotion regulation strategy after a traumatic movie clip. Both strategies were compared in regard to their effects on negative emotions induced by trauma film. Moreover both strategies were compared to another relevant clinical imagery strategy with a non-stimulus related content – the safe place imagery. We conducted an experimental analog trauma film study with a healthy student sample as a first step into this issue. As aggressive acting-out is much more frequent in males than in females (Archer, 2004), a mixed sample with regard to gender was recruited. We expected all strategies to have a significant effect on self-rated emotions. Furthermore it was hypothesized that ImRS with revenge fantasies does not increase aggression compared to ImRS without revenge fantasies or the safe place image.

2. Methods

2.1. Procedure

In this study the trauma film paradigm was applied (Holmes & Bourne, 2008). This paradigm is a typical, well reviewed tool for investigating analog peri-traumatic processes. Participants were informed about the study, particularly about the violent content of the experimental stimuli, the trauma film. Participants filled in the following questionnaires after giving informed consent. A short 9-item version of the SCL-90R (SCL-K9, Klaghofer & Brähler, 2001) was used to assess general psychopathology. In this 9-item questionnaire participants rate, to which extent they suffered from psychological distress in the past week from 1 (not at all) to 5 (very much). The SCL-K9 shows good validity and reliability and is therefore a suitable instrument to screen for psychopathology (Klaghofer & Brähler, 2001). Anger was assessed with the State Trait Anger Expression Inventory (STAXI, Spielberger, Sydeman, Owen, & Marsh, 1999). The STAXI is an economic 44-item questionnaire comprised of five anger scales (state anger, trait anger, anger in, anger out, anger control) on a four point scale (e.g. 1 (not at all)–4 (very much)). The instrument is broadly used and shows good validity and satisfying reliability (Spielberger et al., 1999). Habitual use of mental imagery was assessed with the Spontaneous Use of Imagery Scale (SUIS; Reisberg, Pearson, & Kosslyn, 2003). This unpublished scale comprises 12 items to which the participant has to indicate the level of agreement from 1 (never appropriate) to 5 (completely appropriate) (Reisberg et al., 2003).

In the actual experiment, the participants watched three different movie segments (ca. 5 min each) depicting interactions including physical, sexual, and psychological violence against helpless victims. After each movie, one of three imagery strategies was applied and audiotaped. While movie segments occurred always in the same order, order of imagery strategies was pseudo-randomized. This within-group design was chosen to minimize group differences across conditions. Furthermore, since each trial lasted only about 10 min, subjects were easily able to follow the instructions. Before and after the movie, as well as after the imagery strategy, participants rated their current experience of 9 different emotions and states (angry emotions: anger, rage, aggression; sad/anxious emotions: sadness, helplessness, anxiety; positive emotions and states: joy, relaxation, safety) on 10 cm visual analog scales (0 = not at all; 10 = very intense). Angry and sad/anxious emotions were selected because they are mainly treated in ImRS exercises. Positive emotions and states were chosen because they represent the target states of ImRS. Trials were separated by 5–10 min breaks, with the next trial starting when the participant declared to feel relaxed again. Fig. 1 gives an overview of the experimental procedure. One day later at the end of the experimental session, participants watched pictures of the three movie perpetrators on the internet and rated their personal levels of helplessness, rage, and distress on a scale from 0 to 100 (0 = not at all; 100 = very intense). The study was approved by the local ethical committee.

2.2. Participants

We recruited a healthy student sample. Participants were asked in an open question for prior traumatic experiences to avoid retraumatization by the stimulus material. In case of a positive response, participants were asked if they had any objections against watching movie segments with traumatic content. $N = 48$ students (53% female; 71% psychology students) participated in the study. Eight participants reported prior experiences as victims of violence. However, none of these subjects rejected participation in

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