

Intrusive images and “hotspots” of trauma memories in Posttraumatic Stress Disorder: an exploratory investigation of emotions and cognitive themes

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Abstract

This study aimed to investigate the emotions and cognitions contained in “hotspots” of memory for trauma, as well as their associated images. Thirty-two participants at a specialist outpatient trauma clinic had experienced a range of traumatic events and met diagnostic criteria for Posttraumatic Stress Disorder (PTSD). Data were collected within an agreed protocol, involving reliving therapy. Patients described the different intrusive images of the trauma that they were re-experiencing. Their reports of cognitions and emotions during “hotspots” in their memory of the traumatic experience were recorded as part of reliving therapy. Hotspots refer to moments of peak emotional distress during the event. There was a high degree of match reported between intrusive images and hotspots. The cognitive and emotional contents of hotspots were qualitatively analysed into themes. The relative frequency of these peritraumatic themes is presented. The exploratory findings are discussed with respect to our understanding and treatment of intrusive imagery in PTSD.

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1. Images and “hotspots” of trauma memories in Posttraumatic Stress Disorder: emotions and cognitive themes

It is often the re-experiencing symptoms of Posttraumatic Stress Disorder (PTSD) for which patients will seek psychological help. In particular, intrusive recollections of the trauma and flashbacks are known to cause significant distress (Steil & Ehlers, 2000). Intrusive recollections are predominantly, though not exclusively, visual in nature (Ehlers & Steil, 1995). They can take the form of “film clips” of part of the trauma, single images, sounds, smells, somatosensory sensations or thoughts. When the memories of the trauma feel as if they are “happening again”, they are often referred to as flashbacks. In clinical practice, intrusive recollections and flashbacks often seem to guide the clinician to the parts of the trauma that the patient finds most disturbing.

One issue of key interest is why only some moments of the trauma memory intrude as images in PTSD. Ehlers et al. (2002) argued that intrusions are the sensations that occurred in the moments just before the main trauma or shortly before the meaning of the event worsened. They suggested that intrusions function as a “warning signal”, thus explaining why intrusions induce a sense of serious current threat according to their overarching model of PTSD (Ehlers & Clark, 2000). This hypothesis is consistent with Martin and Williams (1990) who suggest that images may be warning signals across anxiety disorders.

Another contemporary cognitive model of PTSD, dual representation theory (Brewin, Dalgleish, & Joseph, 1996; Brewin, 2001) focuses on an information processing account of why people experience intrusive images after trauma. According to this model, intrusions reflect points in the trauma memory that have received inadequate processing. This is because memory at moments of extreme arousal is encoded primarily in a sensory-perceptual manner, rather than as a verbal narrative. This form of memory encoding is more likely to be triggered as involuntary intrusions. Conversely, memories about which people have created a coherent verbal narrative are less likely to be retrieved involuntarily. This is supported by analogue work on intrusion development using the stressful film paradigm (Holmes, Brewin, & Hennessy, 2004). Similarly, Ehlers and Clark (2000) highlight a number of aspects of the way in which trauma is processed that help account for intrusion formation. These include predominantly data-driven as opposed to conceptually driven processing, a lack of self-referent processing, and dissociation. This view is again supported by analogue research (Halligan, Clark, & Ehlers, 2002).

Both models conceptualise intrusions as reflecting points of “faulty” information processing (Brewin & Holmes, 2003). The warning signal hypothesis also suggests a function of intrusions. An exploration of phenomenology may help to explain what it is about the content of certain moments during trauma, and not others, which might lead them to be processed inadequately, and thus intrude. It therefore seems pertinent to investigate what the individual was thinking or feeling at moments when information processing was most disrupted. For example, Holmes, Creswell, and O'Connor (2004) found that London school children who had witnessed the events of September 11th, 2001 on television reported having more frequent intrusive

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