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Feeling happy when feeling down: The effectiveness of positive mental imagery in dysphoria



Maud Grol*, 1, Naomi Vanlessen 2, Rudi De Raedt

Department of Experimental Clinical and Health Psychology, Ghent University, Henri Dunantlaan 2, B-9000, Ghent, Belgium

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ABSTRACT

Background and objectives: Mental imagery can evoke strong emotional responses, but imagery perspective can influence the response, with observer perspective reducing emotionality. This is important provided that positive imagery can be an effective mood repair strategy in healthy individuals. However, (sub-clinical) depressed individuals tend to spontaneously adopt an observer perspective. We investigated whether positive imagery would result in a similar emotional response in dysphoric and non-dysphoric individuals when instructed and trained to use field perspective imagery. Additionally, we compared the emotional response in dysphoric individuals who received instructions to dysphoric individuals who received no instructions on processing mode during positive memory recall.

Methods: Dysphoric and non-dysphoric individuals completed a mood induction procedure imagining positive or neutral memories. They received instructions and practice in the use of field perspective imagery. An additional control group of dysphoric individuals recalled positive memories without receiving instructions on processing mode.

Results: Dysphoric and non-dysphoric individuals who received instructions on field perspective imagery reported similar use of field and observer perspective imagery, and a similar positive emotional response. Dysphoric individuals who did not receive specific instructions, as compared to those who did, reported greater use of observer perspective and lower levels of positive affect afterwards.

Limitations: A dysphoric sample limits generalization to clinically depressed individuals, although these individuals are at risk for developing depression. However, mental imagery used in relapse prevention is likely targeting sub-clinical populations.

Conclusions: Providing practice in field perspective imagery could potentially improve the effectiveness of positive memory recall as a mood repair strategy in (sub-clinically) depressed individuals, and may therefore have important therapeutic benefits.

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1. Introduction

Mental imagery has been used by researchers for a long time, but the use and applications of this technique has gained renewed interest in recent years. Mental imagery, encompassing visual as well as other sensory modalities, can have an important influence on emotion (Holmes & Mathews, 2005, 2010). It is therefore not surprising that mental images are believed to play a role in both the

development and maintenance of different forms of psychopathology, such as posttraumatic stress disorder (Ehlers & Clark, 2000) and depression (Holmes & Mathews, 2010). Although the use of mental imagery in psychotherapeutic interventions is not novel, the last decades have witnessed an increase in the application of mental imagery (e.g. imagery rescripting) for clinical purposes (Holmes, Arntz, & Smucker, 2007).

In the literature a distinction is made between imagery from a field perspective and imagery from an observer perspective. Field perspective can be described as individuals experiencing events through their own eyes, perceiving a situation as if they experience it at this moment from their in-body point of view, while observer perspective is described as individuals taking the perspective of a spectator, seeing themselves as characters in the imagined situation (McIsaac & Eich, 2002). Both perspectives can be experienced

^{*} Corresponding author.

E-mail address: maud.grol@psy.ox.ac.uk (M. Grol).

¹ Present address Maud Grol: Department of Experimental Psychology, University of Oxford, United Kingdom.

² Present address Naomi Vanlessen: Department of Experimental Psychology, Ghent University, Belgium.

during the retrieval of a memory (Rice & Rubin, 2009). When imagining autobiographic memories, imagery perspective can influence the type of information that is recalled. Memories imagined from a field perspective tend to include statements concerning affective reactions, physical sensations, and psychological states, whereas observer perspective memories include information concerning how the person looked, physical actions, or spatial relations (McIsaac & Eich, 2002). Studies in healthy samples show that the perspective taken during imagery of memories can also influence the emotional response to the imagined event. For instance, imagery from a field perspective, as compared to an observer perspective and/or verbal processing, has been related to a greater emotional response (Holmes & Mathews, 2005; Holmes, Mathews, Dalgleish, & Mackintosh, 2006; Holmes, Coughtrey, & Connor, 2008a, Holmes, Lang, & Shah, 2009; but Nelis, Vanbrabant, Holmes, and Raes, 2012 reported no differences between imagery perspectives).

Interestingly, vantage point in mental imagery does not only seem to influence the intensity of the emotional response, but the different perspectives may even play a role in emotional disorders such as depression (Kuyken & Howell, 2006; Lemogne et al., 2006; Williams & Moulds, 2007). Previous research has shown that depression and dysphoria are related to a higher proportion of retrieving memories from an observer perspective (Kuyken & Howell, 2006; Nelis, Debeer, Holmes, & Raes, 2013), though this may be specific for positive memories (Lemogne et al., 2006; Nelis et al., 2013). Furthermore, dysphoria has been related to difficulties to vividly imagine positive future events and rating visual images of positive material as less pleasant (Holmes, Lang, Moulds, & Steele, 2008b). Depression is characterized by verbal processing of information in the form of rumination, which is in turn associated with reduced imagery and evaluative thinking about the self (e.g. Holmes et al., 2009). Moreover, a higher occurrence of observer memories in depression has been linked to greater negative selfevaluation, greater use of avoidance, and dissonance between the current self and ideal self (Kuyken & Howell, 2006; Kuyken & Moulds, 2009). This has led to suggest that a verbal processing mode or an observer perspective promote evaluative thinking and increase the likelihood that the self is compared to a more ideal standard, in turn promoting unfavorable self-comparisons reducing the positive affective response (Holmes et al., 2008a; Kuyken & Howell, 2006).

In healthy individuals, the deliberate adoption of an observer (or third-person) perspective can have an emotion regulating effect by reducing negative emotions and related outcomes through the facilitation of a change in meaning or understanding of a negative situation, thereby functioning as a cognitive reappraisal strategy (Wallace-Hadrill & Kamboj, 2016). However, in depressed individuals, imagery of negative events or memories from an observer perspective is linked to greater avoidance and rumination (Kuyken & Moulds, 2009; Lemogne et al., 2006; Williams & Moulds, 2007). Moreover, (spontaneous) use of observer perspective imagery also reduces the positive emotional response when imagining positive events or memories (Holmes et al., 2008a) and can reduce the effectiveness of using positive imagery as a mood repair strategy. Indeed, never depressed individuals can use positive autobiographical memory recall as a strategy to improve mood after a sad mood induction, but this has shown to be ineffective for previously depressed individuals, and even led to deterioration of mood in currently depressed individuals (Joormann, Siemer, & Gotlib, 2007). A study in a subclinical dysphoric sample showed similar findings; whereas nondysphoric individuals could use positive memory recall to repair their sad mood, this was not effective in dysphoric individuals (Joormann & Siemer, 2004). However, in these studies no instructions were provided on how to process the recalled positive memory. In a more recent study the effect of processing mode was investigated, that is, whether processing a positive memory in an abstract or more concrete way would influence the effectiveness of using positive memory recall to repair sad mood (Werner-Seidler & Moulds, 2012), Currently and formerly depressed individuals were instructed to either think about a positive memory in terms of the causes and consequences of that event and its meaning (i.e. abstract processing), or to play the positive scene in their head like a movie (i.e. concrete processing). Using a more concrete way of processing the positive memory, as compared to abstract processing, resulted in improved mood (Werner-Seidler & Moulds, 2012). A similar study with never-, formerly, and currently depressed individuals showed that processing positive memories in a more concrete way resulted in repair of sad mood for the never- and formerly depressed individuals (but abstract processing of positive memories did as well) (Werner-Seidler & Moulds, 2014). However, depressed individuals could not use recall of positive memories to repair mood, regardless of processing mode (Werner-Seidler & Moulds, 2014). One explanation for these mixed findings is that although the instructions for concrete processing of the positive memories may have promoted some form of imagery, it did not specifically promote field perspective imagery. Therefore, it is possible that, especially in depressed individuals, the concrete processing mode manipulation induced observer perspective imagery which in turn might have attenuated the positive emotional response.

The increased use of verbal processing and observer perspective imagery in (subclinical-) depressed individuals does not only reduce effectiveness of positive memory recall as a mood repair strategy but also affects applications of positive mental imagery in treatment and relapse prevention. Research suggests that positive emotions play an important role in psychological resilience (e.g. the broaden-and-build theory; Fredrickson, 1998; Fredrickson, 2001). Hence, positive mental imagery can be used to induce positive emotions and investigate the effects on psychological resilience. Although former research thus shows that depression and dysphoria are related to increased use of an observer perspective, reducing the emotionality of mental images (Holmes & Mathews, 2010), it remains unclear if positive imagery can elicit positive affect in (subclinical) depressed individuals when explicitly instructed and trained to use field perspective imagery.

The main aim of this study was to investigate whether positive mental imagery would be as effective in evoking a positive emotional response in dysphoric individuals as in nondysphoric individuals when explicitly instructed and trained to use field perspective imagery. This is relevant as a deliberate shift in imagery perspective (when imagining positive events/memories) can be used as an emotion regulating strategy and therefore also has implications for use in therapeutic settings. We hypothesized that dysphoric individuals who received explicit instructions and practice in field perspective imagery would show similar levels as nondysphoric individuals in self-reported use of field and observer perspective imagery during recall of a positive memory. Furthermore, we expected that the positive emotional response to the imagined positive event would be of similar magnitude in dysphoric and nondysphoric individuals when explicitly instructed and practiced in use of field perspective imagery.

A secondary aim of the study was to compare dysphoric individuals who were explicitly instructed and trained to use field perspective imagery to dysphoric individuals who received no such instructions during positive memory recall. Receiving no instructions allows for a more spontaneous way of processing the positive memory. Based on former research (e.g. Nelis et al., 2013) we expected dysphoric individuals who did not receive explicit instructions, as compared to dysphoric individuals who did receive

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