

Using Compassionate Imagery in Shame Based Flashbacks in PTSD

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PTSD Treatments recommended by NICE

- Trauma focused Cognitive Behaviour Therapy
- EMDR
 - Active accessing of the trauma memories
 - RELIVING THE TRAUMA

- How we can modify treatment to work with shame based PTSD – shame based flashbacks?

Anxiety disorder

- PTSD defined as an anxiety disorder associated with the experience of intense fear, helplessness or horror
- Hallmark symptoms of intrusions/flashbacks
 - original event

Flashbacks

A particular type of intrusive memory

Vivid, emotionally intense sensory experiences (e.g. visual images, smells...) that seem to re-instate the sensory impressions of a previous experience, such that a person has a sense of 're-living'

Can be dissociated in time, place or for emotion; can involve derealization/ depersonalisation. Partial or full sensory experience. Ranges from: 'frisson' to 'quasi-delusional' state. Functional (Freedy et al 1992, Brewin 2001). Strategic or involuntary recall.

The Clinical Picture

Overwhelmed, Out of control, terrified
Living in a traumatised mind



Intrusions and Flashbacks

Why Do They Feel So
Overwhelming & Real?

Contemporary theories in PTSD: The Abridged Version

Can we think of PTSD as a disorder of memory?

Dual representational theory (Brewin et.al., 1996)

- o Trauma memories stored in two parallel forms:
 1. **VAM**: autobiographical, deliberately recalled, accessed & edited (**hippocampus**)
 2. **SAM**: encoded during trauma, fragmented, sensory, involuntary recall (**amygdala**)

- o Successful EP- sufficient VAMs formed & accommodated into belief system, will inhibit reactivation of SAMs

Cerebral cortex

Glucocorticoid steroids

Amygdala

Hippocampus

Fragmented, sensory, no temporal context non-conscious trigger

Autobiographical, Retrievable, time context updated

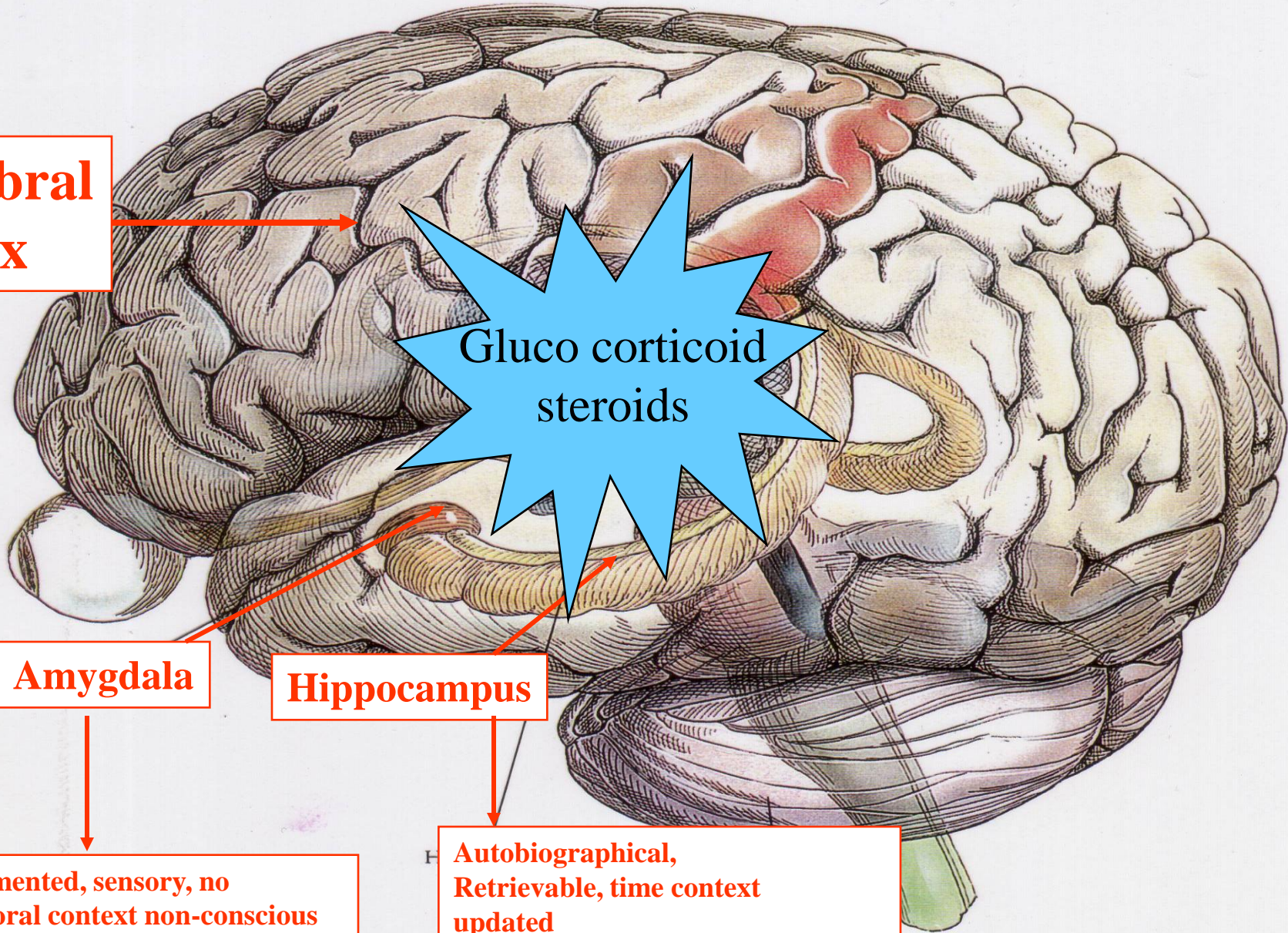
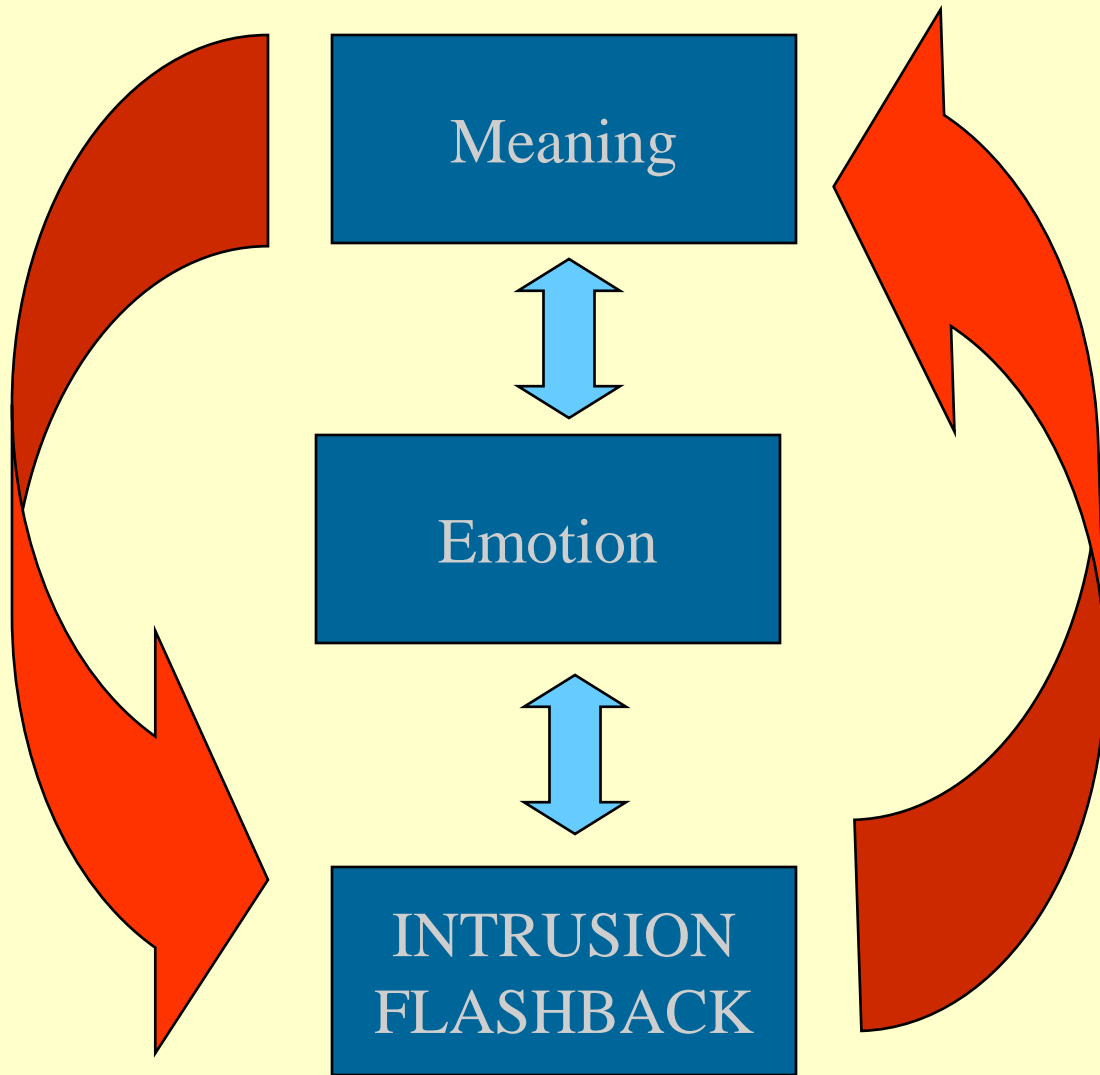


Fig. The in memory functions.

Cerebellum



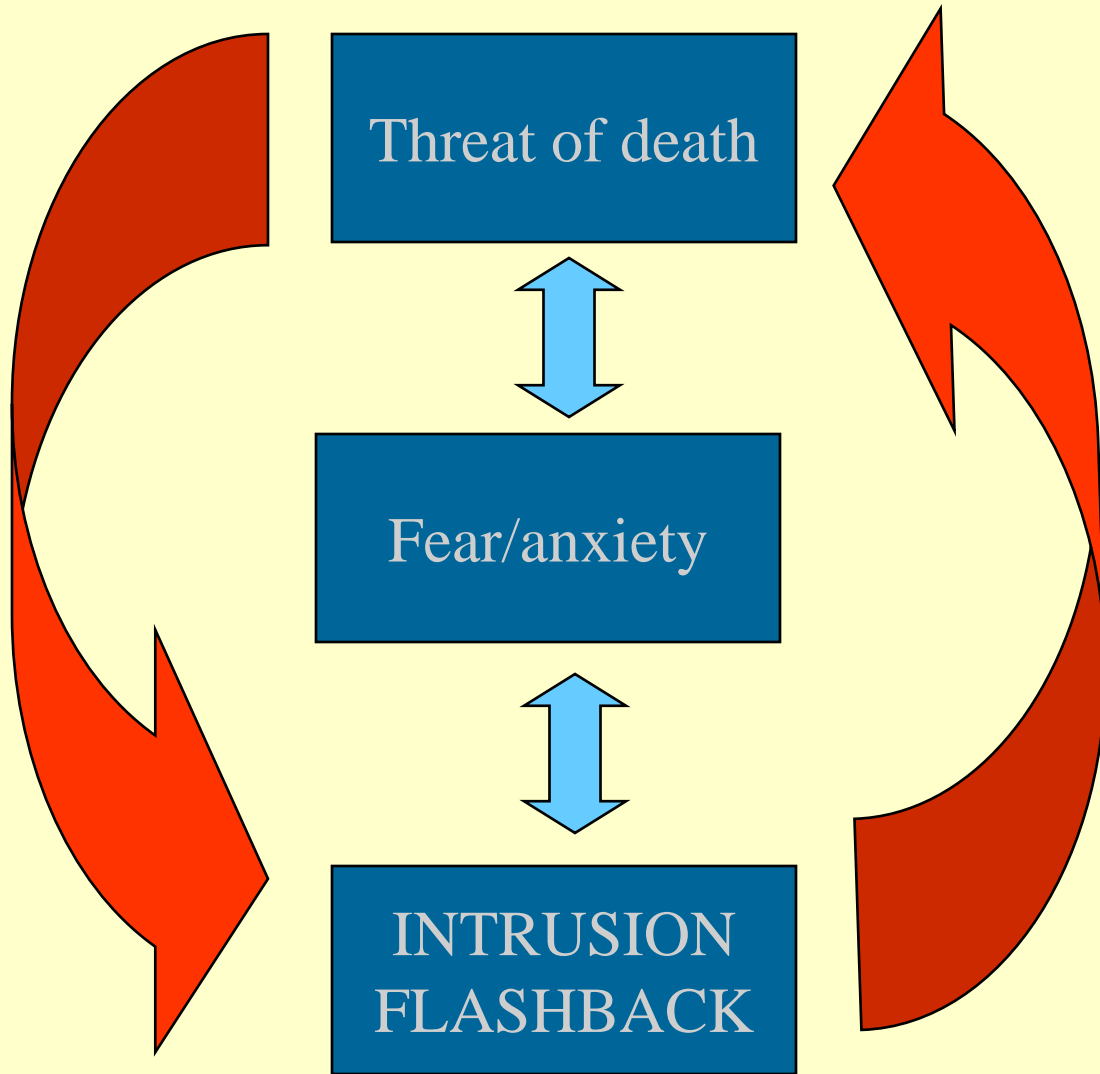
Meaning

Emotion

INTRUSION
FLASHBACK

Current physical threat – fear/anxiety

- PTSD - maintained by sense of current threat (Ehlers & Clark, 2000)
- PTSD treatment– activate sensory-based memories
 - Update meaning from **physical threat to safeness**
 - Insert “I am safe now”. (Grey, Holmes & Young, 2001)
 - New memory has a retrieval advantage (Brewin et al 1996)



Threat of death

Fear/anxiety

INTRUSION
FLASHBACK

Treatments recommended by NICE

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- Update meaning from physical threat to safeness

Flashbacks chart

SITUATION	THOUGHT	EMOTION	RATING	UPDATE
In my flat I can hear him swearing in street	Oh no he's coming to get me	Fear and anxiety	8/10	
Breaking down my door	I can't escape ..I've no way out	Terror and anxiety	10/10	
Strangling me	This is it I am going to die with my baby. We will be found dead	Panic and terror	12/10	
Jumping from window	I am going to break my neck and kill my baby	Fear anxiety	12/10	

Cognitive restructuring **within** reliving

- Reliving of whole event / focus on hotspot only
- Hold hotspot vividly in mind (rewind-and-hold)
- Verbally or through imagery work.
- “ and what do you know know?” “ knowing that how does that make you feel”
 - **Emotional and cognitive update – changes meaning**

Flashbacks chart

SITUATION	THOUGHT	EMOTION	RATING	UPDATE
In my flat I can hear him swearing in street	Oh no he's coming to get me	Fear and anxiety	8/10	He does come but I survive
Breaking down my door	I can't escape ..I've no way out	Terror and anxiety	10/10	I do get away from him
Strangling me	This is it I am going to die with my baby. We will be found dead	Panic and terror	12/10	I survive.. He does not kill me
Jumping from window	I am going to break my neck and kill my baby	Fear anxiety	12/10	I don't break my neck and the baby is fine

Meaning

George sat trapped in his car. The fire fighters were cutting him out and the paramedic was trying to give him something to drink.

He felt sick to the stomach, the man in the other car was dead and lay slumped over the wheel

What do you think were George's predominant emotions and thoughts?

What is the threat in PTSD?

Physical or Psychological

- 45% flashbacks/intursions emotions **NOT** fear, helplessness or horror
- Include; revenge, **self-criticism**, let down by others, confusion etc.
- **Self criticism** is associated with **shame**
Holmes et al (2002)

Self attacking thoughts and shame

- Self-critical dialogues manifest shame (Gilbert, 2005)
 - “Constant threat of attack from self
 - Manifest on going threat
 - Amygdala: – left- vocal; right- facial
- Self-critics
 - Often present with the heart-head lag dilemma
 - Poorly developed capacity to self soothe

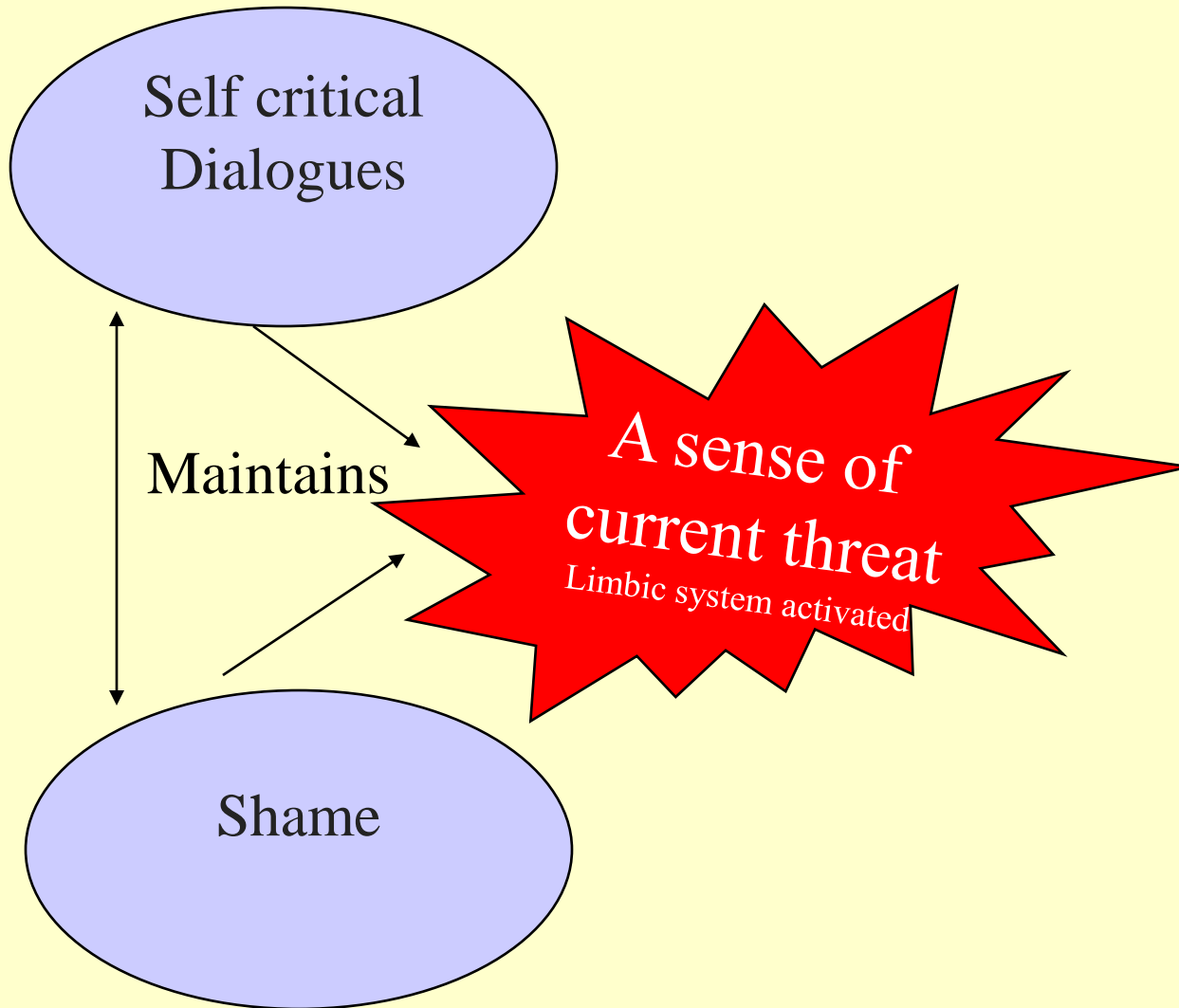
Shame, self critical dialogues and PTSD

- **Shame and PTSD** (Lee, Grey & Reynolds, submitted)
 - N= 50
 - Approx 69% problematic/severe levels of shame
 - Severity of PTSD highly correlated with Shame
- **Self critical dialogues & self soothing in PTSD** (Harman, Lee & Barker, submitted)
 - N=35
 - Shame independently correlated with self critical dialogues
 - Reduced capacity to self soothe when shame, depression, severity of PTSD

Self Critics And PTSD

- Significant number clinical cases
- Chronic PTSD characterised by shame and depression
- Early abusive histories (emotional, physical)
- Drip drip undermining
- Highly critical internal dialogues
- Ability to self soothe may be underdeveloped/under-elaborated??

Working with current threat in PTSD



Reliving and shame?

- Based on a conditioning paradigm
 - Exposure leads to the extinction of anxiety
- Exercise
- Exposure leads to the exacerbation of shame
- Increased withdrawal, lying, minimising, anger, attack?????

What is the psychological threat

- Social beingsSocial threat??
- Loss of status
- Loss of attractiveness
- Looking foolish, stupid
- Held negatively in the mind of another
- NAMO – the moment of shame
- What do we do when we feel shame?
 - Self attack – self criticise – beat myself up

Issues in treating shame based PTSD

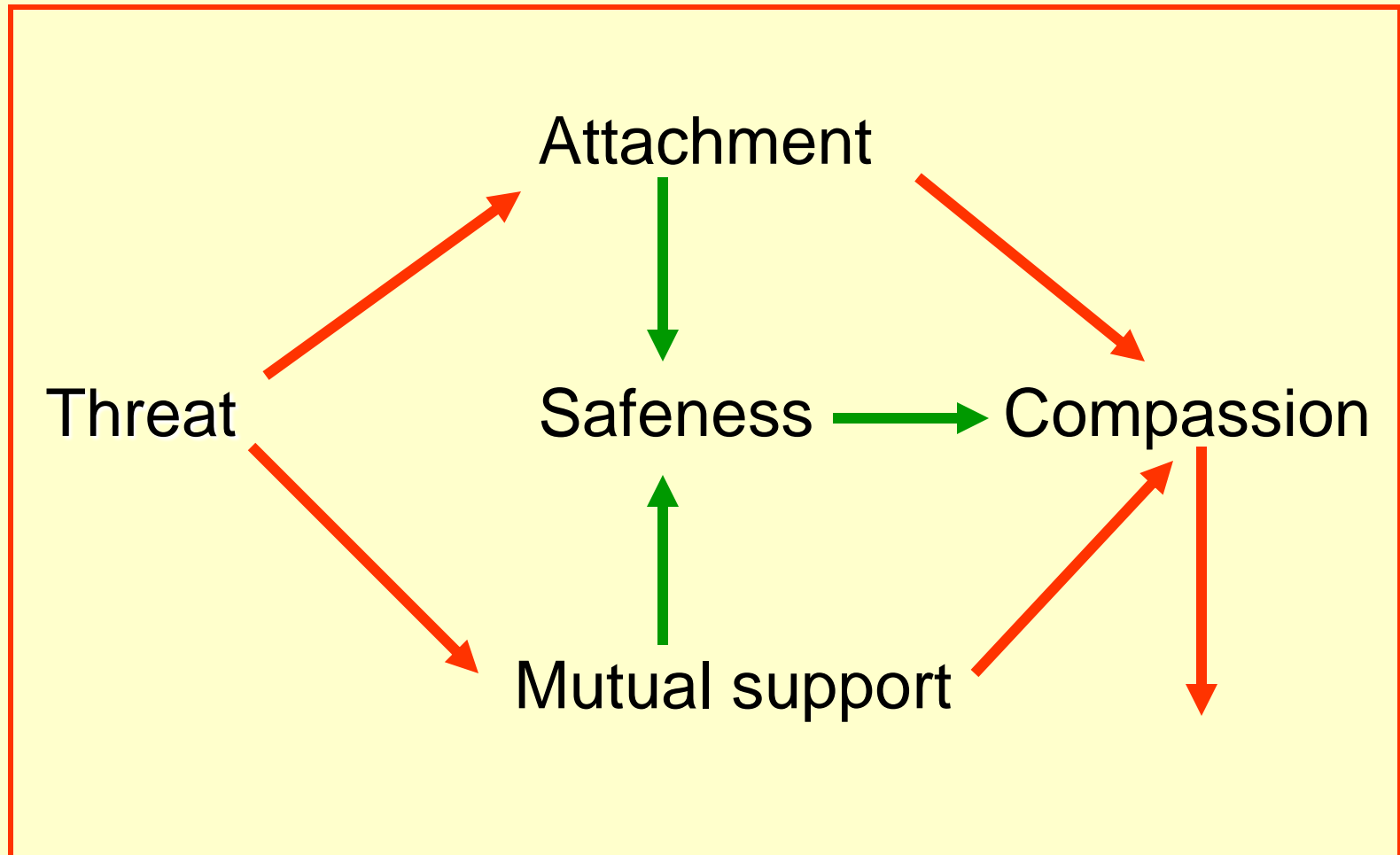
- How can we adapt treatments to take into account shame?
- Whats the antidote to shame?
- How do we feel psychologically safe?

Psychological Safeness: A missing component in some adults?

Feeling safe from physical, psychological and self-attack is essential for well-being

Consider process and mechanisms that create states of safeness

Overview of an Evolutionary Journey



Role of parenting

Parent as soothing agent and empathic resonance - later the child develops the ability to self-soothe and seek comfort from others. Matures frontal cortex for affect regulation and affiliative emotions

Parent as stressed or neglectful and poor soother - emotions or desires are confusing or overwhelming, problems in stimulating positive affect in the mind of the other, seeks validation and that one is living positively in the mind of others

Parent as abusive - innate care seeking seriously confused, affiliative emotions may close down. Grow under high stress and has to rely on primitive, rapid access of defences of fight flight submission. Damage to frontal cortex?

Building an inner sense of safeness

- o Emotional memories of self as safe, loved, valued, wanted and held positively in the mind of another PAMO
- o PAMO - a gold coin for the *emotional piggy bank* self esteem/ psychological safeness

Meaningful thoughts

- Congruent affect in order for our thoughts to be meaningful to us. I am safe, and I know what it *feels* like to be safe
- To be reassured by a thought ‘I am lovable’ or ‘I am worthy’ this thought needs to link with the emotional experience of ‘*being loved*’ or *feeling valued*
- To be able to take a compliment

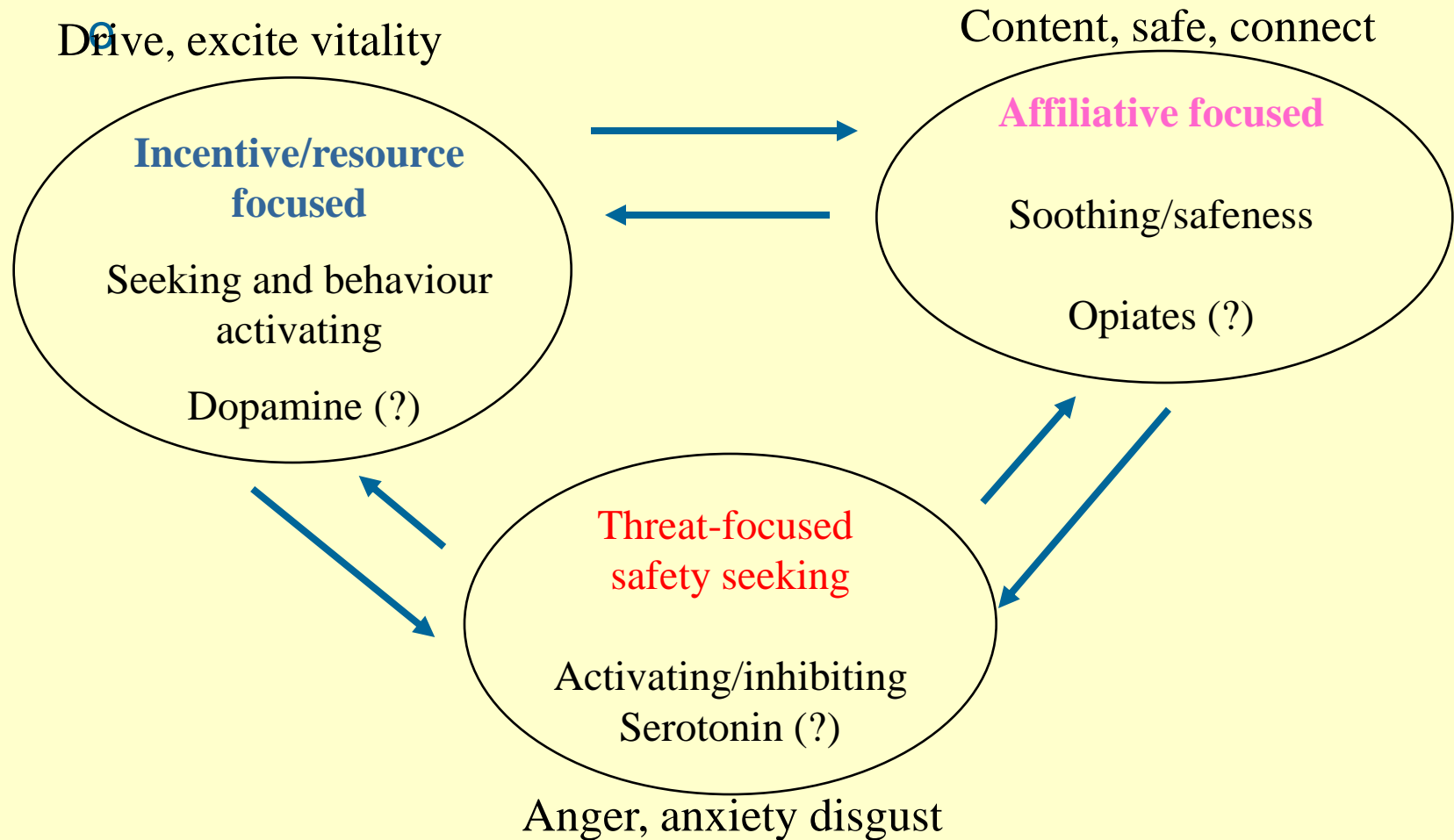
An Introduction to CFT I

- Therapy assumption -positive emotions are available to people
- Two types of positive affect
 - Achievements/doing/ excitements (dopaminergic)
 - Affectionate, soothing (oxytocin/opiate)
- What makes our cognitive work *meaningful*?

An Introduction to CFT II

- Struggle to access/trigger the release of oxytocin/opiates (self-soothing system)
- CFT targets this system in therapy

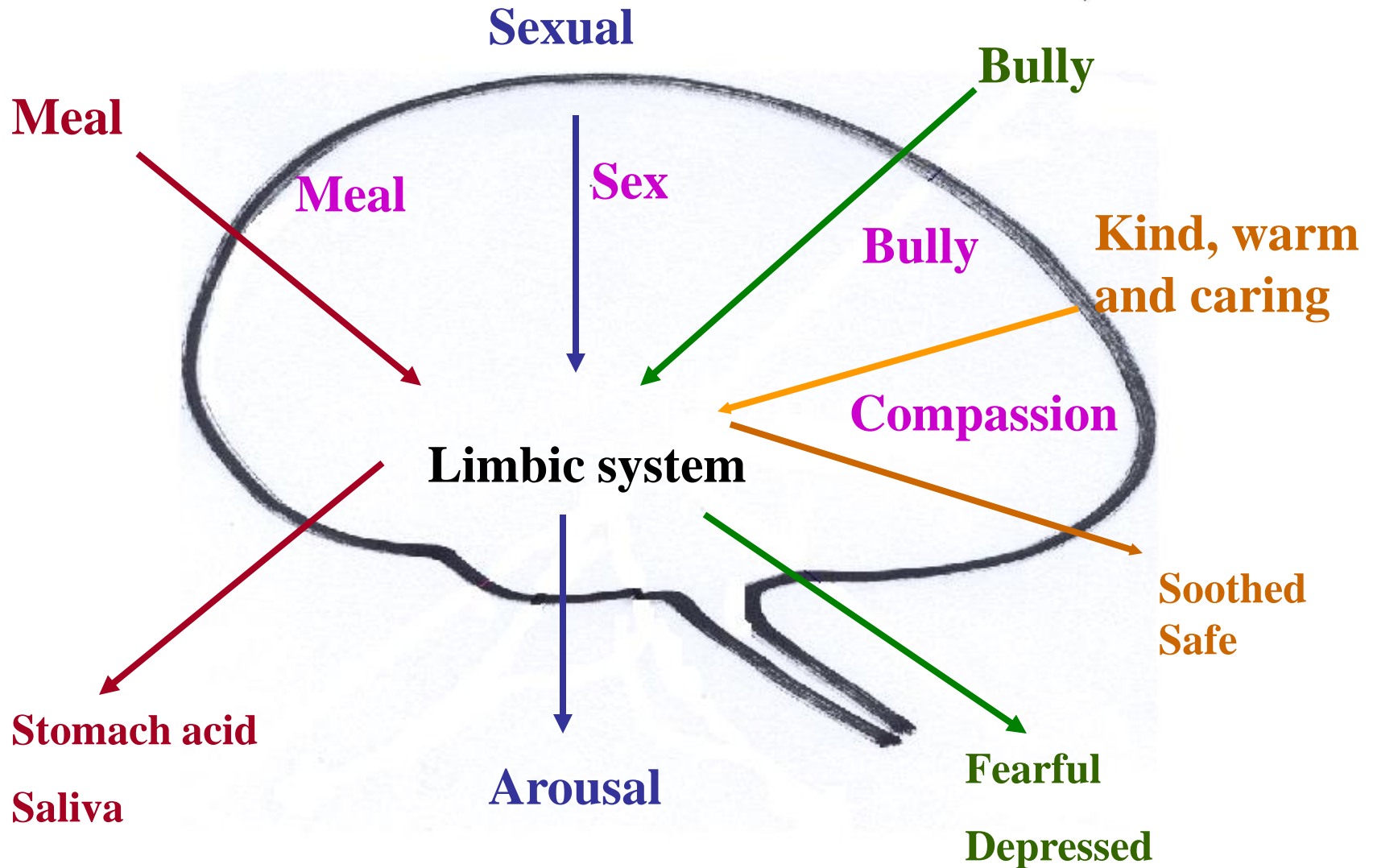
3 Affect Systems (Gilbert, 2005)



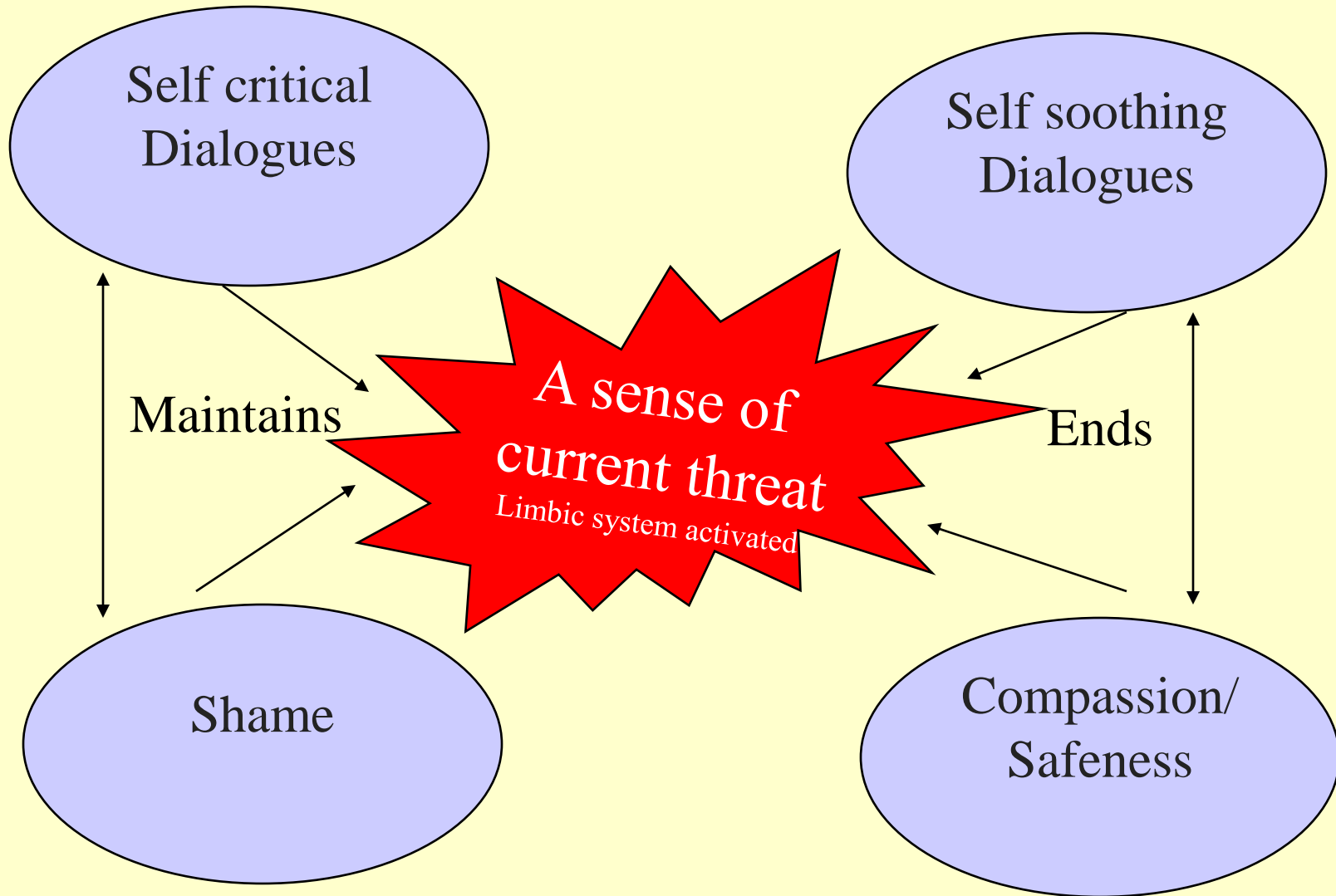
Current psychological threat – shaming/shameful anxiety

- PTSD - maintained by sense of current threat (Ehlers & Clark, 2000)
- PTSD treatment– activate sensory-based memories
 - Update meaning from psychological threat to psychological safeness
 - From shame to self acceptance and soothing
 - Need to access/develop the capacity to self soothe
 - Insert “I am okay I am worthy, I am acceptable” and feel it as meaningful.
 - Through use of compassionate imagery – activates the positive affect system

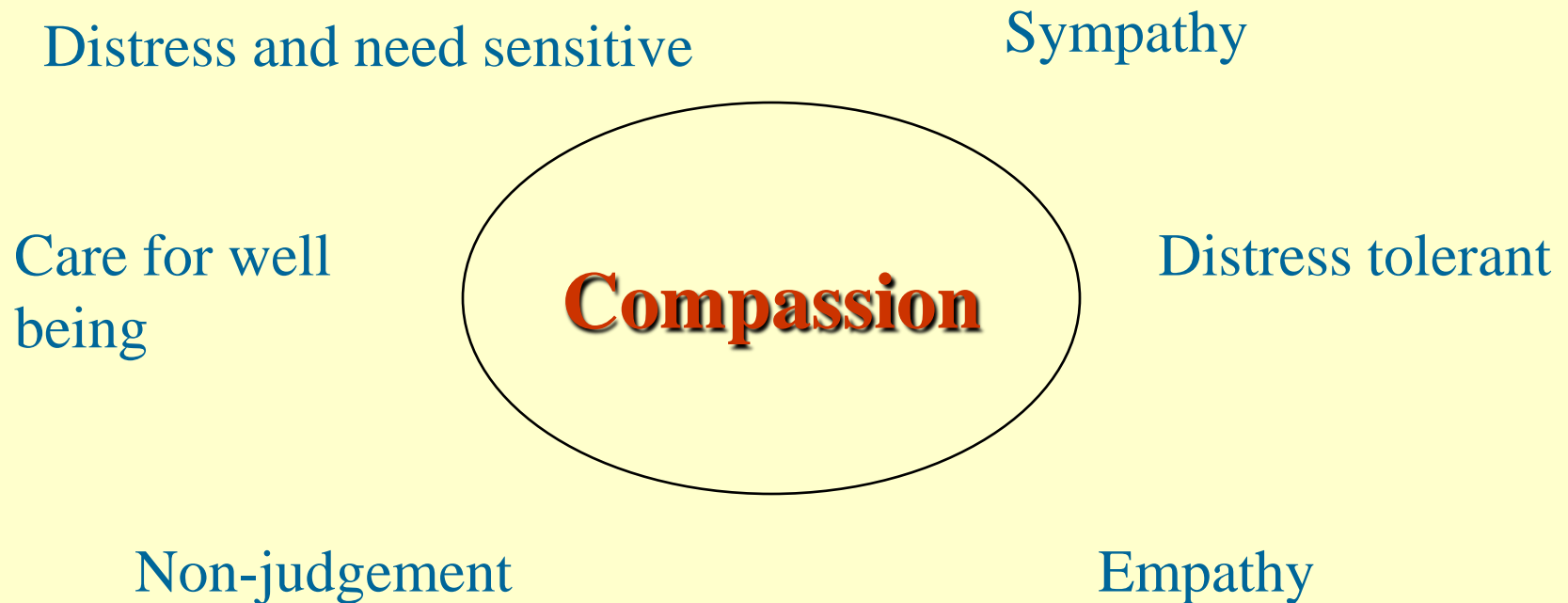
Stimulus-Response



Working with current threat in PTSD



Components of compassion from the care giving mentality



**Create opportunities for growth and change
With Warmth**

Working With Shame Memories

- Intrusive images – ‘self defining moments’
 - Conway et al 2004
- Shame flashbacks
 - Sensory, fragmented emotional memories stored in amygdala (Brewin et.al, 1996)
 - Feel real and distressing
- Can update them using the same paradigm as used in PTSD (grey et.al 2002)
 - See OCTC online presentation on reliving

Working with shame memories

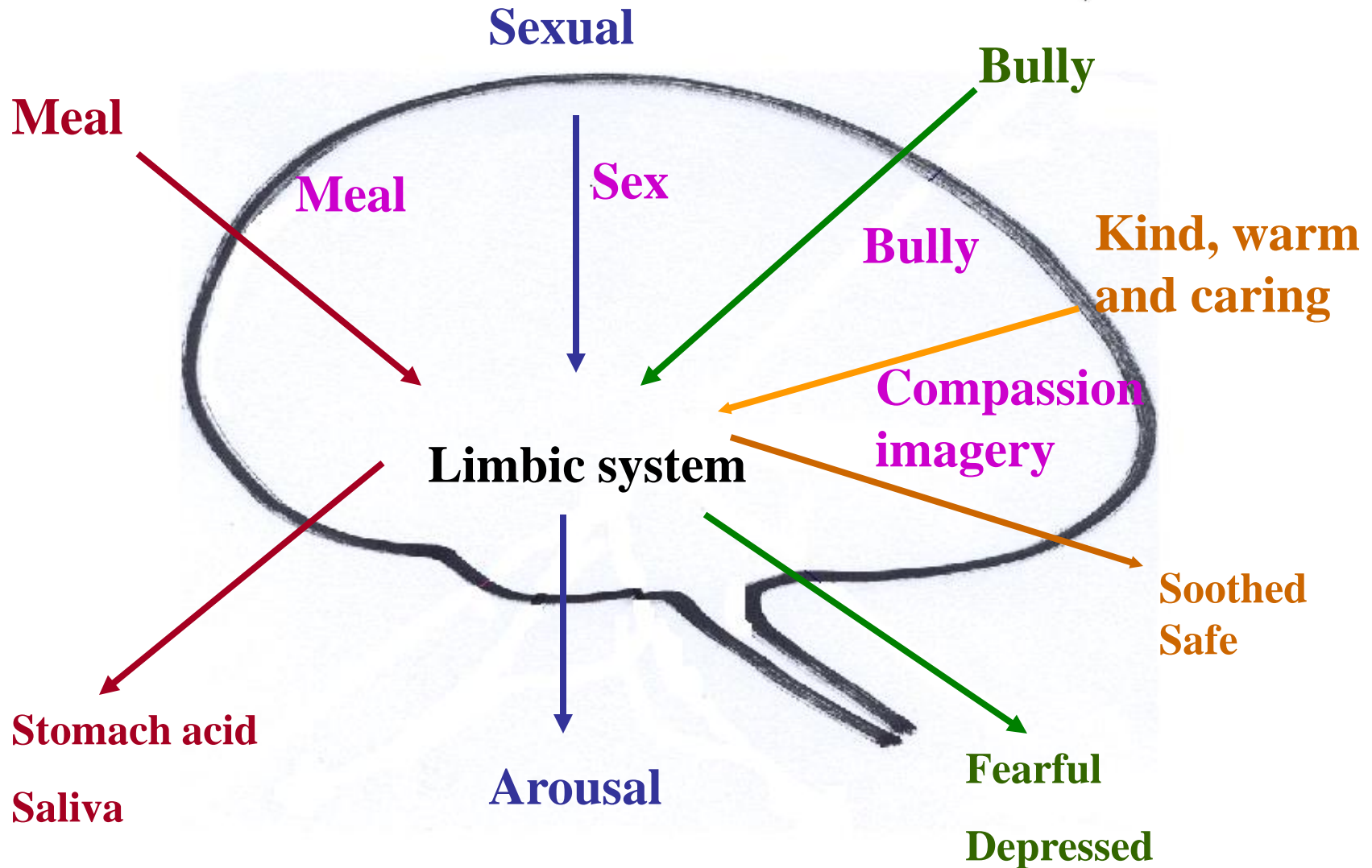
- Cognitive update in flashbacks (PTSD) is not just
 - “ I am safe now”
 - “What does it feel like to be safe?”

In self-critics: update sensory based memories of shame with new experience of self-soothing and safeness

- “ I am liked” and “what does it feel like to be liked”
 - Using imagery very helpful as similar modality of flashbacks

Developing a Perfect Nurturer Using Compassionate Imagery (Lee, 2005)

Stimulus-Response (Gilbert's model)



The Perfect Nurturer

- Self soothing emotions can be created without imagery
 - Easier to accept compassion from image
- Not prescriptive – variety of ways
 - Qualities to nurture the emotional needs in an unquestioning way- meeting their needs perfectly
 - Does not suffer human failings
- PN- distinctive memory, readily triggered
 - Trigger by smell

Developing a perfect nurturer I

- What qualities would your client want their image to have?
- Include important qualities such as
 - Caring
 - Wise
 - Warm
 - Strong
 - Non judgemental

Developing a perfect nurturer II (Lee, 2005)

Characteristics of image

Physical attributes (*sight*).....

.....
Smell (*olfactory*).....

.....
Embrace (*touch*).....

.....
Tone of voice (*sound*).....

.....
Qualities (compassion).....

.....
What relationship do you have with you PN.....

Developing a perfect nurturer IV

- Difficult for some people
 - IT IS A MEANS TO AN END AND NOT THE END ITSELF
 - Can trigger a lot of grief and sadness
 - Avoid using people known to client
 - Fantastical

Working with shame memories I (key self-defining memories)

- Identify a shame 'triggering' memory
- Ask client to talk about it and focus on key threats and affect
- Discuss what they would need in the memory to help them feel soothed and safe
 - What would they like their perfect nurturer to say and or do
 - How would they like to feel in the memory

Working with shame memories II

- Use smell as trigger for affect
- Ask client to recount shame memory using a reliving paradigm
 - See OCTC online presentation on reliving
- Bring in image and affect via smell and develop the new memory and emotional experience by focusing on the rehearsed compassionate reframe

Case snippets

- Bill
 - Flashback to 5 Years old
 - Headline critical thought 'die'

- Jenny
 - Vomit phobia
 - Early childhood memory aged 4-5 years
 - Conditioned emotional memory

Reliving of Trauma Related Flashbacks

- Reliving of traumatic memories
- Identify flashbacks – shame, sadness
- Bring in rehearsed compassionate imagery and generate affect of compassion and compassionate reframe
- Ask “what do you say now?”
- “How does that feel now?”
- Example:

Examples

- “they hate me and want to hurt, I deserve this because I goaded them”
- Bring in rehearsed imagery (smell triggered) affect of compassion and compassionate reframe
- “You survive this vicious attack, you don’t deserve this, this is about their badness and not yours”

HOTSPOT UPDATE

SITUATION	THOUGHT	EMOTION(S)	RATING	UPDATE
1. Being beaten and tied up	Why am I letting this happen to me? I'm going to die	Fear	10/10	
2. Being urinated on/defecation	This is disgusting, I must be disgusting and worthless	Humiliation shame	10/10	
3. Being raped	I am to blame, they hate me	shame	10/10	
4. Hiding under bed	I am disgusting and worthless	Shame Guilt	10/10	
5. Losing consciousness	I am going to die here	Intense fear	10/10	

HOTSPOT UPDATE

SITUATION	THOUGHT	EMOTION(S)	RATING	UPDATE
1. Being beaten and tied up	Why am I letting this happen to me? I'm going to die	Fear	10/10	I survive I can't do anything to stop them, I tried to fight them
2. Being urinated on/defecation	This is disgusting, I must be disgusting and worthless	Humiliation shame	10/10	I am worthy and I don't deserve this
3. Being raped	I am to blame, they hate me	shame	10/10	This attack is about their badness and not about who I am
4. Hiding under bed	I am disgusting and worthless	Shame Guilt	10/10	I am worthy and loveable
5. Losing consciousness	I am going to die here	Intense fear	10/10	I survive this vicious attack because of my inner strength. They don't defeat me I defeat them

Can we use this in treatment of
shame- based flashbacks in PTSD?

Self Critics And PTSD

- Chronic PTSD characterized by shame and depression
- Early abusive histories (emotional, physical)
- Highly critical internal dialogues
- Ability to self soothe may be underdeveloped/under-elaborated??

Gemma

- 34 years
- Childhood sexual abuse
- Anorexia
- Self harm
- Depression
- Two courses of therapy - 10 years apart
- 1998-2008

First course of therapy – 18 months

Overwhelming self-loathing and disgust



Belief that she had caused the abuse



Linked to a specific flashback

Self defining-Flashback

- o Mum had put me to bed and then gone out. I was restless in bed. I did not want to be alone and I was cross for mum for leaving me alone. She had been cross with me for making a fuss. After I while I thought I will go downstairs as I felt lonely, scared and I wanted 'some attention'. I remember being pleased that my step father did not say anything as I crept into the room and slowly sat next to him on the sofa. I was pleased to be watching television. But then he started making me touch him. I felt confused and naughty

Meaning

- The abuse was her fault
- She must be an awful person to have wanted attention so much that she would have allowed this to happen.
- Gemma was 4 years old when the abuse started

Therapy

- Stopped self harming
- Maintained weight
- Schema focused work - developed more 'helpful' beliefs about herself.
- Revisited some of her painful memories of abuse
 - access to belief that the abuse was not her fault and that she did not deserve it.

Hooray !



End of therapy

- Gemma was able to say
 - ‘ yes I know I don’t deserve the abuse’
and that reassured her.
- Forgiveness for her step father.
 - remarkable maturity and compassion?

10 years later – 12 sessions

- Emergence of difficulties
 - Intimate relationship
 - Overwhelming feelings of shame and desire to self harm
- Never really believed that abuse was not her fault.
- Ability to forgive - reflection on her own self-blame –
 - how could she blame her step father when she *knew* on an emotional level that it was her fault?

2nd course of therapy

- Model of brain as threat focused
 - Amygdala working very hard to protect you
- Reduced capacity to self soothe
 - Difficulties in feeling what you know – not my fault
- Barrier- I don't deserve to be soothed because its my fault'

Back to the flashback!

- Developing compassionate imagery
 - Perfect nurturer (Lee, 2005), attachment
- Access self-soothing – ‘turn off’ threat
 - (Stopa and Jenkins, 2007 – interesting parallels in social phobia with images)
- Developing a supportive inner helper to revisit the flashback (www.octc.co.uk e-learning)

The compassionate reframe

- ‘ I need to report him to the police, as I think he still has contact with other children’.
- First time in her life she had now *felt on an emotional level* that the abuse was not her fault.
- Consequently, she was able to clearly say ‘ *it’s his fault and I need to act to protect others. I could not do that before as I believed that would not be fair as I had encouraged the abuse and that it had only happened to me*’.

Therapy outcome

- Flashbacks ceased
- Did deserve self-soothing and compassion
- Reported to police
- Strength to strength

Conclusions

- Shame related to 'social threat' in PTSD
- Self-soothing ends shame by turning off the threat system
- Compassionate imagery - can enhance capacity to FEEL differently and re-evaluate painful memories.

Current psychological threat - shame

Therapeutic implications?

- Feeling of **safeness (sensory)** is not necessarily available
- Training in self-soothing to access **safeness**
- Prerequisite to cognitive challenge
- In self-critics: update sensory based memories of attack with new experience of self-soothing. **Compassion fosters a *feeling of safeness***
- Cognitive update in PTSD is not just
 - “ I am safe now”
 - “What does it feel like to be safe?”

Working with memories

- Wheatley et al 2007
 - 2 cases severe and recurrent depression, intrusive images
 - BDI and intrusion score dropped to normal level in 12 weeks. Maintained at 12 month follow up.
 - Brewin et al, 1999 intrusive images are a maintaining factor in depression

CSA memories

- Arntz and Weertman 1999
 - Treatment of childhood memories. Theory and Practice, BRAT,37,715-740

New directions in clinical practice

- Compassion group for shame based PTSD
- 14 sessions
 - 1-4 sessions psycho ed
 - 5-12 sessions developing a compassionate mind
 - Re-evaluating shame based PTSD with a compassionate mind
 - Developing imagery, flashback work, compassionate letter writing, compassionate narrative,
 - 2 sessions discharge prep

The end

Thank you and safe journey home!



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