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

A sense of current threat
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)

- 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)

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

Amygdala

Cerebral cortex

Gluco corticoid steroids

Fragmented, sensory, no temporal context non-conscious trigger

Autobiographical, retrievable, time context updated
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

- Trauma focused Cognitive Behaviour Therapy
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  - Active accessing of the trauma memories
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- Update meaning from physical threat to safeness
# Flashbacks chart

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

- Self critical Dialogues
- Maintains
- Shame

A sense of current threat
Limbic system activated
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 beings …..Social 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?
- What's 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

Threat → Attachment → Compassion → Mutual support → Safeness → Threat

Attachment → Safeness → Compassion → Mutual support → Threat → Attachment
Role of parenting

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

Parent as stressed or neglectful and poor soothers-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

- Emotional memories of self as safe, loved, valued, wanted and held positively in the mind of another PAMO

- 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)

- **Incentive/resource focused**
  - Seeking and behaviour activating
  - Dopamine (?)

- **Affiliative focused**
  - Soothing/safeness
  - Opiates (?)

- **Threat-focused safety seeking**
  - Activating/inhibiting
  - Serotonin (?)

- **Drive, excite vitality**

- **Content, safe, connect**
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

Sexual

Meal

Bully

Kind, warm and caring

Soothed
Safe

Depressed

Fearful

Compassion

Meal

Stomach acid

Saliva

Arousal

Limbic system
Working with current threat in PTSD

Self critical Dialogues

Maintains

A sense of current threat
Limbic system activated

Self soothing Dialogues

Compassion/Safeness

Shame

Ends
Components of compassion from the care giving mentality

Distress and need sensitive
Care for well being
Non-judgement

Sympathy
Distress tolerant
Empathy

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)

Sexual

Meal

Bully

Kind, warm and caring

Compassion imagery

Soothed Safe

Fearful

Depressed

Arousal

Limbic system

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Sex

Bully

Dr Dr Deborah Lee, Consultant Clinical Psychologist
Edinburgh, March 2009
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”
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<td>Why am I letting this happen to me?</td>
<td>Fear</td>
<td>10/10</td>
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<tr>
<td></td>
<td>I’m going to die</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Being urinated on/defecation</td>
<td>This is disgusting, I must be disgusting and worthless</td>
<td>Humiliation shame</td>
<td>10/10</td>
<td></td>
</tr>
<tr>
<td>3. Being raped</td>
<td>I am to blame, they hate me</td>
<td>shame</td>
<td>10/10</td>
<td></td>
</tr>
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<td>4. Hiding under bed</td>
<td>I am disgusting and worthless</td>
<td>Shame Guilt</td>
<td>10/10</td>
<td></td>
</tr>
<tr>
<td>5. Losing consciousness</td>
<td>I am going to die here</td>
<td>Intense fear</td>
<td>10/10</td>
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| 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

- 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 a 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!
Key references