

CASE STUDY

“Mum, forgive my being ashamed of you” – a case story

Dana KAMARADOVA, Jan PRASKO, Vratislav BARES

Department of psychiatry, Faculty of Medicine and Dentistry, Palacky University Olomouc, University Hospital Olomouc, Olomouc, Czech republic.

Correspondence to: Dana Kamaradova, Department of psychiatry, Faculty of Medicine and Dentistry, Palacky University Olomouc, University Hospital Olomouc, I.P.Pavlova 6, 775 20 Olomouc, Czech republic.
 TEL: +420 588 44 3505; FAX: +420 588 442 506; E-MAIL: dana.kamaradova@fnol.cz

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Abstract

Some people with early heavy traumatization in childhood could develop serious psychiatric problem also after decades after traumatization. There are some possibilities how to treat them by cognitive restructuring and emotional processing.

This is a case story with describing several key steps in cognitive restructuring and emotional processing with the 59-years old patient severely traumatized during childhood.

The therapeutic effect of cognitive restructuring and emotional processing made by role playing, therapeutic letters and imaginal rescripting leads to the significant improvement of patient. It is a case story, this make difficult to generalize the results.

The emotional processing strategies helped the patient with depression in late adulthood, whose problems had connection with the early traumatization.

INTRODUCTION

Over the last two decades, the impact of early stressful experiences on a person's later life has received much attention in cognitive behavioral therapy (CBT) (Arntz & Weertman 1999, Mulder *et al* 1998, Brewin *et al* 2009). Intrusive memories are an essential diagnostic phenomenon in posttraumatic stress disorder (PTSD) (Arntz *et al* 2007). However, such memories are also frequent in social phobia, specific phobias, depression, obsessive-compulsive disorder, traumatic bereavement and borderline personality disorder (Mulder *et al* 1998, Arntz & Weertman 1999, Wild *et al* 2008, Brewin *et al* 2009, Page *et al* 2011). A study by Brewin *et al* (2010) showed that traumatic memories are frequently observed in depressive patients and their presence is predictive of poor follow-up. Imagination of traumatic memories plays a role both at the onset of the disease and during its maintenance, especially due to its association with negative core schemata (Wells

& Hackmann 1993). It may trigger activation of the schemata which in turn lead to affective and behavioral reactions that maintain the disorder.

The relationship between memories and trauma was first described by Pierre Janet (1889). A rigorous investigation of these issues is complicated by the exact definition of traumatic memories and impossible simulation under laboratory conditions. Traumatic memories are in some way fixed in their memories and do not substantially change throughout their lives. One of possible reactions of the organism to experienced trauma is amnesia with subsequent recollection of memories in the future. First reported in soldiers during World War II (Sergant & Slater 1941), this is also seen in persons who experienced some type of a natural disaster (Wilkinson 1983), severely traumatizing events during disease treatment, in crime victims etc. Studies have shown that amnesia is directly associated with the age at which an event was experienced and duration of traumatization and its sub-

jective severity. That is, the younger the victim is and the longer and subjectively more severe the trauma is, the more likely amnesia is to develop (van der Kolk & Fisler 1995). Traumatic memories may be partially or completely reexperienced by being exposed to a situation resembling the original traumatic event in some respect. Whereas one part of the recollection is present in the conscious memory, another part is recalled gradually from the unconscious to where it was dissociated. These memories may remain hidden for many years but may be reactivated by an event directly or symbolically resembling the experienced trauma. Depending on the conditions under which this recollection takes place, this may lead to repeated traumatization (van der Hart 1993) or, conversely, to gradual processing of and coping with the trauma (usually during therapy) (Holmes *et al* 2007).

IMAGERY RESCRIPTING OF TRAUMATIC EVENTS

One approach to painful traumatic events causing unease and often reappearing in reminiscence accompanied by severe distress is imagery rescripting of the event as used in CBT. Rescripting of life stories is used mainly in narrative therapy which deals with traumatic events in a similar way (Prasko *et al* 2010). The principle of trauma rescripting is gradual imagery reprocessing of a traumatic experience to achieve changes in its internal meaning and emotional processing. In several studies, imagery techniques were repeatedly shown to be effective therapy reducing stress associated with traumatic memories and have become an essential component of cognitive behavioral therapy of PTSD (Grunert *et al* 2007, Wild *et al* 2007, 2008). They are also used in other diagnoses in patients with severe emotional problems, in particular borderline personality disorder (Arntz 1999), social phobia (Wild *et al* 2008), depression (Brewin *et al* 2009, Hackmann *et al* 2011), traumatic bereavement (Wild & Ehlers 2011), nightmares (Krakow *et al* 2001) and obsessive-compulsive disorder (Page *et al* 2011). Imagery rescripting is made up of imaginal exposure and imagery rescripting of a traumatic scenario (Hagenaars & Arntz 2011). This results in both changes of the affective component and reprocessing of traumatic recollections and memory consolidation.

A PATIENT'S STORY

Drahomira was referred to the Department of Psychiatry of the University Hospital Olomouc by her psychiatrist. The initial session, lasting for about an hour, is devoted to the patient's history, life story and first case formulation. The patient is willing to cooperate during the diagnostic interview. She has a positive experience with hospitalization in a psychiatric department.

Drahomira, aged 59, lives in a small village in North Moravia. The first severe symptoms of anxiety appeared

approximately two years ago. According to the medical records, her anxiety was due to family arguments and problems at work. Her clinical picture comprised both anxiety and depression symptoms. At that time, she had fights with her daughters and even grandchildren. Whereas she tried to be useful, her daughters wanted to maintain their household by themselves without her interfering with raising their children. Drahomira started to feel useless since her help was not as needed as before. At the same time, problems at work appeared. She was no longer considered an excellent worker. When feeling anxious and depressed she started considering suicide. During her first stay in the Department of Psychiatry of the University Hospital Olomouc, Drahomira attended group psychotherapy. Initially, she was withdrawn and uncommunicative. After she gained confidence she started to solve her problems in the group. She paid more attention to relationship with her daughters. According to the group leader, finally she was very active and benefited from the psychotherapeutic process. After six-week therapy, the patient was referred to spa treatment. Then she returned to work.

A few months later, however, work problems reappeared and so did anxiety. Gradually, her concentration became impaired and she felt tired, exhausted and lacked energy. She forced herself to go to work and do the household chores but got no pleasure from that. After discussing the symptoms of anxiety and depression, the physician tries to find out whether the worsening of symptoms was preceded by a stressful event. About four weeks prior to her hospitalization, she was told by her boss that she was "no longer behaving as she used to" and that she was "pretty much the same as before her last hospital stay". She was accused by her colleague of forgetting to fill in some forms. Nonsense! The boss told her to rethink whether she wanted to continue her work for the company. That made the patient feel uncertain, angry and helpless. She called her GP to tell her that she was sick and has not been able to return to work since that time. (Now the physician is offended inside – only to realize the countertransference later – feeling that the patient is misusing care; the physician is wrong as seen later.) She is actually unable to approach the company building as she instantly feels sick. Although she has many ideas about what she would tell her boss and colleagues if she met them she is very afraid of meeting them and deeply ashamed of her behaviour. The relationship with her daughters is also much worse. The argument is about the patient's interfering in her daughters' households. She has even been blamed by one of them for breaching her privacy. The husband of the other daughter, an expectant mother, has told her not to come to their place so often. She understands them as she left her family at the age of eighteen and then reproached herself for that... Her husband does not help her much, doing many night shifts these days.

Her earlier experience with psychotherapy at the hospital department first motivated her to seek a psychologist. "We talked about my childhood which was pleasant but expensive so I had to terminate that." Then she says that she informed the psychologist about considering suicide. The psychologist got angry, telling her that she was selfish. So she returned to her psychiatrist, only to learn that she was using trickery and cooking up stories. As she felt miserable and still considering suicide she asked for hospitalization. At the end of the session she is embarrassed, saying that there is actually nothing to complain of. Her childhood was unhappy so she clung to her children. Now that they have their own families it is difficult for her to cope. The physician asks about other childhood memories. She used to live in an old shabby village house, together with her parents. Her much older sister had left the house soon and committed suicide at the age of 27. Her mother was a psychiatric patient and was frequently hospitalized. Her father drank a lot and treated her mother badly. (Drahomira abandons the topic rapidly.) She liked her school days, sitting next to a girl laughed at by everybody else which she did not mind. Her vocational training was that of a shop assistant. She married her first boyfriend when she was pretty young. (Her utterance is interrupted by a long cry.) It was difficult for her to explain to her husband that she was not a virgin. (Only during the following session she describes that she used to go dancing as a teenager. Everybody was drinking at the parties and she was no exception. When she was 16 or 17, she got pretty drunk and could not remember the rest of the night. In the morning, she woke up at home and found out that she had lost her virginity. She had no idea of what had happened. It could have been her father or any of the village boys.) She preferred not to tell her husband. She was afraid that he would leave her. He was extremely jealous in the first years and did not trust her. Yet she never told him the truth.

COURSE OF TREATMENT

Drahomira was admitted to a psychotherapy ward of the Department of Psychiatry, University Hospital Olomouc. The patients are assigned to either dynamic psychotherapy or CBT psychotherapeutic groups. The patients undergo 10 hours of group therapy weekly and individual psychotherapy sessions once a week, usually guided by a psychiatrist or a psychologist.

Drahomira was assigned to the dynamic psychotherapy group and participated in other activities according to the programme. Her sessions with a psychiatrist took place once weekly in the first three and twice weekly in the following three weeks. Her drug therapy remained unchanged throughout hospitalization (venlafaxine 150 mg). The patient's insomnia was treated by short-term administration of zolpidem.

Week 2

Since the very beginning, Drahomira has been very afraid of work in the psychodynamic group. (This was rather unexpected as she is the only patient in the group with personal – and positive, as she claims – experience with group psychotherapy.) During the first week sessions she is silent and only speaks when asked. In individual sessions she presents situations from group therapy. Repeatedly, she needs assurance that her responses were correct and could not harm anyone. She explains her behaviour by saying that instead of someone being angry at her she prefers not to say anything. However, she is very moved by other patients' stories, often cries and is ashamed of her tears.

As she almost never left her house prior to hospitalization, her first tasks are regular walks on the hospital premises. She is recommended to try and get closer and closer to that building every day. First, Drahomira is very upset by the task but agrees after explanation.

Week 3

In an individual session, Drahomira says she has not been brave enough to approach her workplace. She does not consider that important. But then she admits that she is afraid of meeting some of her colleagues. When asked about group therapy she says that people in the group are nasty to each other. Anything she says is considered wrong. Therefore, she does not know whether she should talk about her childhood experiences. She is too concerned about the reactions. At the same time she thinks that her problems will disappear once she finally narrates her story publicly. According to the group leaders, Drahomira was open in the first week but her activity has gradually weakened.

Week 4

Throughout the following week, the situation remains unchanged. The patient is passive in both the group and additional programmes. Drahomira cannot open her experiences to the group. After a ward round, the team decides that the issues will have to be dealt with individually as there is only a small chance of further opening up of the patient who remains anxious, depressive and with suicidal thoughts. In individual therapy, a secure relationship is established, with the patient trusting her physician and carefully talking about some traumatic events. This mere narration, however, cannot bring about a change. The physician decides to ask a more experienced colleague for help, with prior consent from the patient. After a short hesitation, Drahomira agrees despite some worries. From now on, they will work in a group of three twice a week.

First individual session with two therapists

Drahomira is coming, very excited and stumbling over her words. She cannot wait to tell someone everything at last. The session starts with the patient being asked about physical sensations. She is talking about chest

tightness, palpitations and tremor. To calm down, they all start controlled breathing.

Therapist: As I know from your physician and the ward round, there was a major event in your life. We can start anytime you like. But proceed slowly and stop if you need to. It is important that you control the pace of your narration.

Drahomira: I remember my childhood. We used to live in this small house in a village. There were only two rooms. Me, dad and mum lived there. My dad would often come home drunk. Mum would sit on the bed edge, staring into a corner. She kept mumbling as if she was talking to someone else. My mum was suffering from mental disease. Maybe if she had taken the pills... Dad did not let her take them... Every time she came back from her hospital she felt better but then again she stopped taking the pills... And was just sitting on that bed. Dad forbade her from seeing any doctors. I remember that once she broke her leg. She was supposed to wear a plaster cast but dad said it was unnecessary. He told her to take it off. So she did and was limping terribly since then. Her leg was very crooked. I could not do anything about it... (she cries in sorrow)

Therapist: It must have been difficult... You were still a small girl.

Drahomira: That was before I started school... My dad would come home drunk and mum preferred to lock the door. And he banged on the door to be let in... So my mum slowly got up and walked to the door. Once she opened it he threw her onto the floor and started beating her... I was small and had no idea of what was happening... But I remember mum's moaning very well... I could not help her. Only on one occasion I hit him with a rolling pin... Since then, he made sure the door was locked... Mum would terribly moan and then there was silence. She went to a basin to wash... In photographs, her hair used to be long and beautiful but I remember her only with greasy and plucked hair... (she cries)

Therapist: It must have been terrible for you, to watch, unable to help... (she keeps crying; after she calms down) Let me ask you. Was there anyone who could have helped you in such a situation if he or she had come there?

Drahomira: No one... There was just me and my mum.

Therapist: What about your granny, aunt, uncle or some other family members? Or maybe a neighbour or a friend?

Drahomira: No, no one like that.

Therapist: Okay then. Let me ask you... Is it possible for you as an adult person to enter the story now?

Drahomira: I think so.

Therapist: Is there a way of you helping your mum?

Drahomira: Well... I would grab a knife and stab his back!

Therapist: Fine... Now try to close your eyes and imagine yourself doing it as if in a slow motion...

Drahomira: No... I can't.

Therapist: I see... Why not?

Drahomira: It is too cruel... I cannot imagine that.

Therapist: That's fine... I understand... Is there another possibility you can think of? What else could you do?

Drahomira: Maybe I could hit him with that rolling pin... I've already done that... I can imagine that...

Therapist: Excellent... Could you try it then? Why don't you restart the story in your imagination... Whenever you feel you should go there just do it.

Drahomira: (she closes her eyes) Dad is coming home banging on the door and mum is going to open it. He bursts into the room, throws mum onto the floor and lies on top of her... I am watching that from my bed. I'm going to the kitchen, take the rolling pin from a drawer... Going to dad and hit his head... I'm helping my mum to go to bed.

Therapist: Great! What will you do with your father?

Drahomira: Well, I'll tell him to go away. (she speaks in a very gentle voice)

Therapist: And could you be more... decisive?

Drahomira: No... I can't.

Therapist: And is there anyone around you who could tell that to your dad?

Drahomira: I am sure my husband could. (proudly)

Therapist: Great... What would your husband tell him?

Drahomira: He would say: "Get out of here and don't come back." He would grab him and throw him out.

Therapist: And what is it like?

Drahomira: Beautiful. (dreamily)

Then the therapist sits the imaginary father on an empty chair. He asks Drahomira to tell her father everything she could never disclose. This is too difficult for her. She is inspecting the chair closely for a long time and then gives up. The therapist asks her to recall some pleasant times in her childhood. Drahomira is describing their cycling trip. That was when she felt fine with her father and liked him. Suddenly she turns to the empty chair and talks to her father for a long time. Her voice is full and decisive. She is reproaching him for tormenting her mum and ruining her childhood. The therapist suggests that she writes everything in a letter to her father and brings it to the next session...

Second session with two therapists

The patient is much calmer when the second sessions starts. At the very beginning she proudly talks about her going out. She leaves the psychiatry building, both with other patients and on her own. She has written the letter to her father and wants to read it first. She is instructed to take control of how she feels and to stop whenever she feels overwhelmed.

Drahomira depicts how difficult the letter was for her. It took her long to decide to write it. After she finished she has felt very relieved. She has no idea why she recalled the memories so late. It had not happened until she had problems at work. Since that time she has been unable to make love with her husband. They never had such difficulties and both liked it. The therapist asks about the last time they made love. It was about a month ago. But she was intoxicated and thus relaxed. The therapist guides the patient to find a link between making love and her parents' story. Drahomira cries. She blames herself for the pleasure she gets from making love with her husband. For her mum, it was

Father

I would like to write what I feel towards you – I hate you, I hate you, I hate you. And you know why, you loser, bugger, poor sod, git, parasite, beast, mere cipher. For how you hurt my mum and I had to listen to that, to her moaning, and you kept hurting her. I cannot forget that moan and her wan face. And you did not help her at all. Mum was so neglected, unwashed, dirty and you hurt her so much. I cannot forget your throwing her onto the floor, sometimes just behind the door to keep it closed so that I could not hit you with that rolling pin. And I just heard her cry and I could not help my mum.

I cannot even swear at you because now it disgusts me and Zdeněk and that's just because of you, you f***er! Nobody would come to see us and I was ashamed of the mess and ashamed to meet you in the village to see you drunk. When I was to meet you I crossed the street or hid somewhere not to see you.

Mum would not sleep. She used to sit in the corner of her bed and mumble. I also remember being woken by mum's moaning in the bed. Then I heard her pour water into a basin and washing. At that time, I did not really understand what had happened. Later it was much worse as I understood what you did to her. You swine.

I was very sad that our Christmas was without presents and sweets. I remember that once we had roast goose and I was so desperate to help mum that I took the roasting pan but dropped it and spilt the stuff. I was terribly sorry. In fact, that was the only time our Christmas was kind of normal. I also remember coming home from school, mum was back from the hospital, there was boiling soup on the cooker and I wished it would stay like that. Mum was not very skilful so I was with her helping. But it ended in the usual way because you told her not to eat the pills.

Sometimes I went to your factory to pick you up. You sat me on your bike and we went home. It was cold and we heated only one room. You were loading a sawdust stove and I was helping you. Then you lit the stove. The fire could be seen, it was warm and even pleasant. We were listening to the radio. I remember you cooking minced meat and gravy on that stove.

I feel sad that I could not protect mum and take her with me. I feel full of remorse, I have guilty conscience.

Draha

Figure 1. Letter to father

sheer torture. She blames herself for not having taken her mum to their place after she got married. She left her to the mercy of the father. When asked whether it was possible she says bitterly that it was impossible at that time. She and her husband were living in a rented place with two children. She was very worried about what her mother-in-law would think about her mum. The therapist offers an empty chair with mum "sitting" on it. Could Drahomira take her place? What does her mum say?

Drahomira, in the role of her mother, apologizes for everything she had gone through as a child. She cries, unable to continue. The therapist asks if he could help. May he take the mother's chair for a while? He is allowed to. According to his version, mum understands that Drahomira was ashamed of her. For her mum, the most important thing is that Drahomira was satisfied with her life. She praises her for making love with her

husband. She is glad that Drahomira could enjoy her marriage... Drahomira cries for a long time. When asked whether her mother could have said something like that she nods. Drahomira is offered a task for the next session. She gets a chance to write a letter she would like to get from her mum if she were here or if she could sent one from heaven.

Third session

This is the last session before the end of hospitalization. During group activities, Drahomira is more relaxed and no longer afraid of talking to the others. She is able to assert herself. She has been satisfied with the last weekend. She and her husband had a nice evening even without alcohol. She and her husband have agreed on her early retirement. Her daughter wants her to babysit. Writing a "from mum" letter has helped her a lot.

Dear Drahuska

I watch you from heaven and I am very happy about the way you live with Milan. And the way you have raised my grandchildren. When me and your dad met we also loved each other. That is why you were born. You should not have bad memories about that and remember that me and your dad could be in love. Then something went wrong because I was ill and your dad started drinking and demanded sex from me. But you have a nice life and the right to enjoy making love with your husband. Do not punish yourself for not being able to protect me. You were small then and later you had no place for me to stay. You were happy to be able to stay in Zdenek's parents' house, with two rooms of your own, and to try to have a normal life. You kept your place tidy and you had two lovely children. You were ashamed of me and afraid that I would never be normal again. I was yelling and mumbling all the time so you must have been worried about your children, about the effect it might have had on them and about what your in-laws would have said. That you were from a strange family and that Zdenek had made the wrong choice.

Drahuska, I love you very much, sending you my hugs. Believe me, you were born from love and I am sending my love to you. I am very sorry that I never caressed you or stroked your head and that I never read a story to you. You have this photo at home so have a look at it to see that your dad liked you as well. There's you, aged three or so, sitting on his lap, your aunts standing next to you and me wearing a nice suit. And you are a lovely girl in a dress. We are a real family there. Drahuska, I am glad that you were able to talk to someone about what you went through as a child. I wish you had no nightmares and you could make love with your husband as before. Just remember how nice and pleasant it used to be for both you and him. I will watch from heaven. I love you so much and I am sending you my hugs. Believe me, you should not feel guilty or responsible for those things in your childhood. There is no need for regrets, pain or hopelessness.

Drahuska, I am glad you have realized all of that and I love you for that. Let the thoughts go away. I forgive you.

Mum

Figure 2. Letter from mother.

She wrote that letter with a great ease and pleasure. She has read it for herself several times. Now the therapist is reading the letter and the patient is listening. Drahomira is crying with relief. She is satisfied. Then we start to plan her future. We discuss duties and pleasant activities for her to do in both the near and distant future.

In the end, Drahomira is assessing the benefit of her therapy. Her relationship with her husband has changed a lot. She has realized how important their relationship is for her. To a great extent, he has substituted for her original family. She has reconciled herself to her new role of a grandmother. She has realized that she could be proud of herself because her children had a nice childhood despite the fact that hers was miserable. But she was most relieved by managing relationship with her parents, in particular saying goodbye to her mum.

The patient is discharged for outpatient follow-up. In a phone call two months later, she states that she feels very well. The treatment helped her solve her inner problems. She has a lovely time with her husband. Sometimes she has arguments with her daughters but these are kind of normal and not significant.

DISCUSSION

Throughout her therapy, the patient has been gradually exposed to her burdening memories that she tried to avoid in her life. She wanted to make a clean break with her past. However, together with other stressors in her life, her memories persistently appeared. At the beginning of her therapy, she had no intention to recall the memories as she saw no point in that and no relation with her current problems. Therefore, it was essential to show the relation to her and to make her cooperate and work with traumatic memories. The patient's entire life was marked by fear from not being accepted by a group and from being rejected by others. That is why the group work was very difficult for her and she did not feel accepted enough. In individual therapy, it was much easier for Drahomira to get a feeling of acceptance and control over the entire situation. (She was also regularly assured of that throughout the entire individual therapy.) A very important moment in Drahomira's story is handling her father's aggression. In imagination, she could extricate herself from the position of a helpless observer to show her strength and

control her fate. The entire work would not be complete without her being forgiven by her mother. Drahomira suffered from feelings of guilt that tortured and limited her. In any life situation, she automatically took on the role of a culprit who would never be forgiven and actually deserves punishment.

Throughout the entire therapy, transference phenomena did play an important role. Most of all, Drahomira benefited from being guided by both a male and a female therapist. The explanation may be that the two of them played the roles of her father and mother, being nice to her, sensitive to her needs and committed to her. After all, one of the most emotionally charged moments was when the female therapist read the letter in which Drahomira was forgiven. In such situations, Drahomira was happy like a child. From the point of view of countertransference, the female therapist's relationship to the patient changed during her hospital stay. Initially, the relationship was rather negative and their cooperation was, in the therapist's opinion, limited and not fully adequate to the therapists' effort. After the patient's confidence was gained and her story was completely revealed, however, she initiated more or less positive countertransference and the need for a lot of protection and attention.

In the course of her therapy, the patient's problem with leaving her job was sort of neglected. In the first weeks, this seemed to be a key issue but later in the therapy, the patient refused to talk about it. Further contacts with the patient suggested, however, that it was important for her and later she avoided returning to her work by opting for early retirement.

Another important issue that has not been discussed so far is the impact of individual therapy on the patient's activity in the group. Drahomira was assigned to a dynamic group which is in contrast with the individual sessions that adhered to the CBT concept. In the group, Drahomira was rather resistant, did not bring her issues to the group and postponed her topic to individual therapy. In the next course of treatment, she felt that she both was receiving little attention from the staff (individual sessions were limited in number and length to two one-hour sessions weekly) and had little contact with the group that had worked actively since the very beginning. The other patients in the group were mostly younger which reminded her of her job. As a 59-year-old grandmother, she felt she could not keep pace with younger patients. Similar to her job, she decided to escape from the stressful situation, from group into individual therapy. Could individual therapy support her maladaptive schemata? In our opinion, it could not. As in her job, she should have had the right to choose the way that was hurting to her only so that she could face the pain and continue. She had the right not to feel like competing with the younger ones. It must be said that intensive psychotherapy was postponed until the last two weeks of her hospitalization when it was obvious that group therapy would not solve anything.

CONCLUSION

Presence of traumatic memories may influence quality of life of patients. It is often accompanied with depression, social phobia, specific phobia or obsessive-compulsive disorder. One possibility of processing a traumatic memory is, according to CBT theory, the so-called imagery rescripting – a transcript of its inner meaning and emotional processing.

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Conflict of interest

The authors have not transmitted any conflicts of interest.

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