Shorter communication

Traumatic intrusions as ‘worse case scenario’s’

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Abstract

While some clinicians assume that traumatic intrusions are historically accurate revivals of traumatic incidents, others have suggested that these types of intrusions may represent a worse case scenario (i.e. exaggerated) version of the trauma. To explore this issue, a survey was conducted among undergraduate students (N = 189). Of the 69 respondents who had been the victim of or witness to a relatively recent trauma, 15 (22%) reported an exaggerated perception of the traumatic incident. Exaggerated intrusions were found to have more flashback qualities and tended to have a higher frequency than ‘realistic’ intrusions. These findings are well in line with the idea that intrusions are not necessarily veridical copies of traumatic events. © 1998 Elsevier Science Ltd. All rights reserved.

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1. Introduction

In literature on trauma, flashbacks refer to intrusive imagery that is linked to a traumatic experience (e.g. VanOyen Witvliet, 1997). While flashbacks represent a core feature of post traumatic stress disorder (PTSD), they may also occur among victims or witnesses of trauma who do not meet the criteria for PTSD (e.g. Foa et al., 1995). A number of authors have argued that flashbacks are re-experiencing phenomena. By this view, flashbacks consist of intrusive, emotional memories of the traumatic incident (see, for a review, VanOyen Witvliet, 1997). Some clinicians have even gone further and suggest that traumatic flashbacks are unique memory phenomena in that they are fragmentary, do not change with the passage of time, and reflect the sensory elements of the traumatic event in an accurate way. For example, Van der Kolk and Fisler (1995; p. 513) write: “What is intriguing is that patients consistently claim that their perceptions are exact representations of sensations at the time of the trauma.” DSM-IV

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(American Psychiatric Association, 1994; p. 428) seems to have adopted this view, because it classifies traumatic flashbacks under the general heading of “acting or feeling as if the traumatic event were recurring.”

Frankel (1994, 1996) has criticized the notion that flashbacks are historically accurate revisualizations of the traumatic incident. A review of the literature led him to conclude that the content of a flashback “appears to be at least as likely to be the product of imagination as it is of memory” (Frankel, 1994; p. 321). Frankel’s criticism is supported by the work of Grunert et al. (1988). These authors noted that flashbacks in patients with traumatic hand injuries often involve ‘worse case scenario’ imagery, i.e. imagery in which the traumatic flashback is an exaggerated version of what really happened.

To the extent that flashbacks represent exaggerated perceptions rather than automatic, fragmentary, and sensori-motor memories, they lend themselves more easily to cognitive analysis and therapy. For example, one could argue that worse case scenario intrusions represent a failure of emotional processing (e.g. Rachman, 1980). The present study was a first attempt to explore how often individuals who have relatively recently experienced a traumatic event report exaggerated perceptions of that event.

2. Method and results

A short questionnaire was administered to 189 undergraduate students (134 women). The mean age was 20.5 yr (range: 17–38). The questionnaire began with two brief case vignettes. One case vignette described a victim of a motor vehicle accident who was subsequently plagued by traumatic intrusions in which the accident became worse than it actually was. The other case vignette described a victim of a bank robbery who was plagued by traumatic intrusions that were by and large accurate revisualizations of what really had happened. Next, respondents were asked whether in the past three years, they had experienced a trauma event. If so, they were invited to give a brief description of the event and to specify the year and month in which it took place. Sixty-nine respondents (53 women), i.e. 37% of the total sample, provided a description of a traumatic event. In 35 cases, the respondent was a witness while in 34 cases the respondent was a victim. The traumatic events described concerned (motor vehicle) accidents (n = 27), severe illness or death (n = 16), rape and/or assault (n = 11), suicide-attempts (n = 6), burglary (n = 4), and a miscellaneous category (n = 5; a witness to domestic violence). On the average, time since the traumatic event was 19.2 months (S.D. = 13.4).

The crucial item of the questionnaire referred to the case vignettes and asked respondents who reported a traumatic event to what extent their intrusive imagery was consistent with what really had happened. Answers were reduced to two broad categories: intrusive imagery that was consistent with the traumatic event versus intrusive imagery that exaggerated the traumatic event. Of the 69 respondents who provided a description of the traumatic event, 54 (78%) said that their intrusions corresponded with what really happened, whereas 15 (22%) said that their intrusions were ‘worse case scenario’. Interestingly, the group that reported exaggerated perception of the trauma consisted relatively more victims than witnesses (n = 11 versus n = 4) compared to the group...
reported realistic intrusions (n = 25 versus n = 29; Fisher's exact probability, p = 0.05). The two groups did not differ with regard to the time elapsed since the traumatic incident had taken place, means being 21.1 months (S.D. = 13.2) for the group with exaggerated intrusions and 19.2 months (S.D. = 14.2) for the group with realistic intrusions [t(67) < 1.0].

Respondents in both groups answered a number of questions about other characteristics of their traumatic intrusions, as they occurred in the days after the incident. These characteristics referred to elements that are considered to be typical for flashbacks (VanOyen Witvliet, 1997). More specifically, respondents were asked whether the traumatic intrusions were uncontrollable (yes/no), whether they were accompanied by strong, negative affect (yes/no), whether they were accompanied by bodily sensations (yes/no), whether they were easily triggered by cues (yes/no), and whether they surfaced during dreams (yes/no). These five dichotomous items were collapsed into a single variable reflecting the flashback quality of intrusive memory. In addition, respondents were asked about the frequency and intensity of their intrusions in the weeks after the traumatic incident. Both frequency and intensity were scored on a 3-point scale (1 denotes less frequent, less intense; 2 denotes remained the same; and 3 means more frequent, more intense).

The two groups (i.e. respondents with realistic intrusions and those with exaggerated intrusions) were compared with regard to the quality, frequency, and intensity of their traumatic intrusions. Table 1 summarizes the results. As can be seen, respondents with exaggerated intrusions reported more flashback characteristics than did those with realistic intrusions [t(67) = 2.3, p < 0.05; two-tailed]. Furthermore, respondents with exaggerated intrusions tended to report a higher frequency of intrusions than respondents with realistic intrusions [t(67) = 1.5, p = 0.10; two-tailed]. The groups did not differ with regard to self-reported intensity of the intrusions [t(67) = 1.4, p = 0.15].

3. Discussion

In line with the suggestions of Frankel (1994, 1996), the current findings suggest that traumatic intrusions do not necessarily reflect traumatic incidents in an accurate way. That is, a substantial proportion of respondents (i.e. 22%) who reported to have experienced a traumatic incident in the past three years said that their traumatic intrusions were exaggerated.

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<th>Characteristics of intrusions reported by respondents with realistic intrusions (n = 54) and exaggerated intrusions (n = 15)</th>
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*p < 0.05.
versions of what really had happened. Interestingly, these respondents attributed more flashback characteristics (e.g. easily triggered, accompanied by strong negative affect and so on; VanOyen Witvliet, 1997) to their traumatic intrusions than did respondents who claimed that their traumatic intrusions accurately reflected the traumatic incident. In addition, exaggerated intrusions tended to have a higher frequency than realistic intrusions in the weeks after the traumatic incident. By and large, these findings seem to indicate that while traumatic intrusions may be compelling in the sense that they are easily triggered, associated with strong negative emotions, and so forth, it is unwarranted to attribute historical accuracy to them. Clearly, this conclusion is difficult to reconcile with the tendency of some clinicians to consider traumatic flashbacks as veridical memories (e.g. Van der Kolk and Fisler, 1995; Terr, 1994).

The present findings fit well with those of Schwartz et al. (1993). Their study explored changes in retrospective reports of witnesses to a shooting incident. The authors were able to identify a small subgroup of witnesses who exhibited enlargement of their traumatic memories and also reported more PTSD symptoms compared to other witnesses. Of special relevance to the present discussion is a recent study of Bryant and Harvey (1998). In that study, a detailed analysis was made of traumatic intrusions reported by patients who had sustained traumatic brain injury and organic amnesia as result of a motor vehicle accident. Although the traumatic intrusions of these patients were compelling and patients attributed historical accuracy to them, they were not consistent with third party accounts of the trauma. Note in passing that the compelling nature of traumatic intrusions may be a reason for those experiencing these intrusions to attribute historical accuracy to them (Bryant and Harvey, 1998). Indeed, research on metamemory processes indicates that people use phenomenal characteristics such as amount of vividness, emotion, cognitive effort, and so on to determine whether memories are derived from perceived or imagined details (e.g. Suengas and Johnson, 1988).

If one accepts that traumatic intrusions may develop into a worse case scenario representation of the traumatic incident, the question arises what type of mechanism contributes to such development. One possibility is that avoidance strategies (e.g. thought suppression) promote a process of enlargement of traumatic intrusions, which ultimately could take the form of a worse case scenario. Germane to this issue is the work of Wegner and collaborators (e.g. Wegner et al., 1987) on thought suppression. Their experiments demonstrate that intentional suppression of thought items makes these items more accessible and raises their frequency in the stream of consciousness. Alternatively, it may well be the case that subliminal learning processes contribute to the enlargement of traumatic intrusions. Of particular relevance in this context is a phenomenon termed UCS inflation (e.g. Davey et al., 1993). 'If phenomenon refers to a conditioning process in which post-hoc information about a mild traumatic incident (unconditioned stimulus; UCS) enhances conditioned responses to cues associated with the trauma (conditioned stimuli; CS). An example would be the bank teller who is the victim of robbery (UCS) and who develops PTSD only after hearing from the police that the robber was a dangerous criminal (UCS inflation).

The present study was a first attempt to explore the extent to which exaggerated traumatic intrusions occur in a nonclinical sample. Given its heavy reliance on retrospective self-report is obvious that this study has several limitations. For example, it is unclear whether traumatic intrusions reported by the respondents come close to full-blown flashbacks. Furthermore, on the basis of the present data, it is difficult to assess how large
discrepancies were between intrusions and trauma in the subgroup that reported exaggerated perception of the trauma. Thus, the present findings need to be replicated, preferably with an experimental set-up in which traumatic intrusions are assessed on two different occasions and third party accounts of the traumatic incident are available.

In sum, then, the present study indicates that a substantial proportion of victims or witnesses report an exaggerated version of the traumatic event that they experienced. The antecedents of such a worse case scenario development of traumatic intrusions are unknown, but in more general terms this phenomenon is entirely consistent with the reconstructive nature of autobiographical memory (Schwartz et al., 1993).

References


