



## Impaired autobiographical memory in complicated grief

Fiona Maccallum, Richard A. Bryant\*

School of Psychology, University of New South Wales, N.S.W., 2052, Australia

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### ABSTRACT

This study investigated the relationship between autobiographical memory and goals in complicated grief (CG). Twenty-four individuals with CG and 21 bereaved individuals without CG completed an autobiographical memory task and a personal goals task. CG participants were more likely to recall memories related to their loss, particularly in response to negative cues. There was a positive relationship between the proportion of loss-related memories recalled and the proportion of grief-related goals held by individuals after controlling for symptom level. Individuals with CG also showed impaired retrieval of specific autobiographical memories in response to both positive and negative cues. These results suggest that CG is characterised by impaired and biased retrieval of specific autobiographical memories. These patterns are consistent with propositions stemming from the self-memory models of autobiographical memory.

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Although most bereaved individuals adapt in the initial months after the loss, approximately 10–15% of bereaved individuals suffer persistent problems (Bonanno & Kaltman, 2001). In recent years, Complicated Grief (CG) (alternately known as Prolonged Grief) has been recognised as a syndrome that is characterised by a persistent sense of yearning for the deceased, difficulty accepting or believing the loss, bitterness, lack of trust, and loss of perceived meaning in life that is ongoing for at least 6 months after the death (Prigerson, Frank, et al., 1995; Zhang, El-Jawahri, & Prigerson, 2006). CG is associated with distinct negative consequences beyond the effects of depression and anxiety (Boelen & van den Bout, 2008; Boelen, van den Bout, & de Keijser, 2003; Bonanno et al., 2007a, 2007b; Lichtenthal, Cruess, & Prigerson, 2004; Prigerson, Frank, et al., 1995; Prigerson, Shear, et al., 1995), and responds poorly to standard treatments for depression (Shear, Frank, Houck, & Reynolds, 2005) (for review see Currier, Neimeyer, & Berman, 2008). Accordingly, there is a need to better understand the mechanisms underpinning CG.

CG may be associated with observed changes in patterns of autobiographical remembering. Yearning and preoccupation with the loss are typically associated with recurrent and often painful memories of the deceased (Raphael & Martinek, 1997). Deficits in retrieving specific autobiographical memories have been repeatedly observed in conditions related to CG, including depression (Rekart, Mineka, & Zinbarg, 2006; Williams & Broadbent, 1986; Williams & Dritschel, 1992), posttraumatic stress disorder (Kangas, Henry, & Bryant, 2005), and acute stress disorder (Harvey, Bryant, &

Dang, 1998) (for reviews see Moore & Zoellner, 2007; Williams et al., 2007). This deficit has been associated with reduced response to treatment in depression (Brittlebank, Scott, Williams, & Ferrier, 1993), impaired problem solving ability (Evans, Williams, O'Loughlin, & Howells, 1992), impaired ability to specifically image the future (Williams et al., 1996), and is a risk factor for developing symptomatology following stressful life events (Bryant, Sutherland, & Guthrie, 2007). Despite the relevance of autobiographical memory to CG, there has been little study of memory retrieval in CG. An exception is Golden, Dagleish, and Mackintosh (2007), who found that individual's with CG demonstrated impaired retrieval of specific autobiographical memories. However, the results of this study also suggested that the recall specificity may be a function of the individual's focus of remembering. Participants in this study completed two additional biographical memory tasks: one task asked for memories from the life of the deceased (BMT-Deceased), the other from the lifetime of a still living significant other (BMT-Living) with whom the participant was equally familiar. CG participants provided significantly more specific memories in response to negative cues on the BMT-Deceased than the other tasks. Based on this pattern of results, the authors concluded that memories relating to the individual's source of distress may not be subject to the standard overgeneral memory effect (see also Dalgleish, Hauer, & Kuyken, 2008).

There are two major theories that currently explain possible disturbances in autobiographical memory in CG. The CARFAX model posits that overgeneral memory results from a combination of three factors; avoidance of painful memories and emotions, the tendency to ruminate, which leads people to focus on categoric level memories and general themes, and executive processing

\* Corresponding author. Tel.: +61 2 9385 3640; fax: +61 2 9385 3641.

E-mail address: [r.bryant@unsw.edu.au](mailto:r.bryant@unsw.edu.au) (R.A. Bryant).

limitations that preclude adequate retrieval resources to locate a specific memory (Williams, 2006). There is growing evidence supporting the roles of rumination (Barnard, Watkins, & Ramponi, 2006; Watkins & Teasdale, 2001) and executive processing demands (Dalgleish et al., 2007) in overgeneral memory. A second theory is Conway and Pleydell-Pearce's (2000); see also Conway, Singer, and Tagini (2004) Self-Memory System Model, which proposes that autobiographical memories are reciprocally linked to self-identity. This model argues that memories are reconstructed from information stored in the autobiographical knowledge base, and the retrieval of specific information about one's personal past is influenced by constructions of the self. Specifically, it is proposed that information consistent with the goals of the 'working self' is more likely to be encoded and recalled than information that is inconsistent with the current conceptions of the self. In line with this proposal is evidence that personal memories often concur with self-identity and reported goals (McNally, Lasko, Macklin, & Pitman, 1995; Moberly & MacLeod, 2006; Pillemer, Picariello, Law, & Reichman, 1996; Singer & Salovey, 1993; Sutherland & Bryant, 2005).

The current study was designed to examine proposals stemming from the self-memory system model (Conway & Pleydell-Pearce, 2000) and the CARFAX model (Williams, 2006) of autobiographical memory in the context of CG. We compared the autobiographical memory responses of participants with CG and those of participants who had experienced the loss of a loved one but did not display symptoms of CG. It was predicted that individuals with CG would recall a disproportionate number of memories involving the loss of their loved one compared to bereaved individuals without CG. Further, in line with the self-memory system model, it was expected that overall there would be an association between an individual's goals and tendency to recall loss-related memories. This study also examined memory specificity in CG. It was predicted from the CARFAX model that people with CG would demonstrate impaired retrieval of specific memories relative to people without CG, possibly because of impaired working memory capacity or the tendency to ruminate (Williams, 2006; Williams et al., 2007). The degree to which memory specificity varied according to content was also explored. Extrapolating from the findings from Golden et al. (2007), it was expected that memories relating to the source of the individual's distress may be less likely to show the overgeneral retrieval effect.

## Method

### Participants

Twenty-four treatment-seeking individuals who met diagnostic criteria for CG (2 males and 22 females) and 21 bereaved individuals who did not meet criteria for CG (No-CG; 3 males and 18 females) participated in this study. Participants in the CG condition were seeking treatment for their grief symptoms at the Traumatic Stress Clinic in Sydney. Participants in the No-CG group responded to an advertisement seeking volunteers for a research project investigating grief experiences. All participants underwent a clinical assessment conducted by a Masters-level clinical psychologist to determine diagnostic status. Additional exclusion criteria for the No-CG group included a current diagnosis of Major Depression or PTSD.

### Measures

#### Diagnostic interview

*Complicated Grief Assessment* (Zhang et al., 2006) is a semi-structured interview for assessing CG. The CGA interview is based

on the self-report Inventory of Complicated Grief (Prigerson, Maciejewski, et al., 1995) and provides a diagnosis and severity index of CG. The measure assesses for the presence of yearning (Criterion A) and other symptoms including a difficulty accepting the death, numbness, bitterness, difficulty engaging in life and a sense of purposelessness and meaninglessness (Criterion B). A diagnosis of CG is given if Criterion A and B have been met for at least 6 months and there is evidence of significant impairment in functioning (Criteria C).

*Clinical Administered PTSD Scale – 2* (CAPS-2; Blake et al., 1995). The CAPS-2 is a structured clinical interview that indexes the 17 symptoms described by the DSM-IV PTSD criteria. Each symptom is rated on a five-point scale in terms of severity and frequency of the symptoms in the past month.

*Structured Clinical Interview for the DSM-IV* (SCID-IV; First, Spitzer, Gibbon, & Williams, 2002). The depression module of the SCID was used in this study to screen for Major Depression.

#### Self-report measures

*Beck Depression Inventory-II* (BDI-II; Beck, Steer, & Brown, 1996). The BDI-II is a reliable 21-item self-report measure of depressive symptomatology.

*Ruminative Response Scale* (RRS; Nolen-Hoeksema & Morrow, 1991). The RRS is a 22-item self-report measure that assesses the tendency to ruminate in a depressed mood. Although the RRS possesses good internal consistency and validity (Nolen-Hoeksema & Morrow, 1991), there is some overlap between items on the RRS and the symptoms of depression. This study used the Brooding subscale of the RRS because it has been shown to be the least confounded with depression (Treyner, Gonzalez, & Nolen-Hoeksema, 2003).

#### Goals questionnaire

Following Emmons' (1986, 1989) measure of personal strivings, participants were also asked to list 5 goals that they felt were important for them to currently achieve. Responses on the goals task were coded as being 'grief' or 'non-grief' related. Grief-related goals were those that were specifically related to some aspect of the grief experience; for example, "learning to live with my loss" or "finding somewhere to put the ashes". All other goals were coded as non-grief-related. A second independent rater coded 20% of listed goals. The mean kappa reliability coefficient was .84.

#### Wechsler Adult Intelligence Scale III – Letter Number Sequencing Task (Wechsler, 1997)

Participants were administered the Letter Number Sequencing Subtest (LNS) from the Wechsler Adult Intelligence Scale III. In this task the participant is read a combination of numbers and letters and is required to recall the numbers first in ascending order and then the letters in alphabetical order. Age scale scores were calculated. This scale was included to index the role of working memory capacity on retrieval.

#### National Adult Reading Test (NART; Nelson, 1991)

The NART was administered as a measure of verbal intelligence. The NART requires participants to read aloud 50 irregularly spelled words of increasing difficulty. The number of words pronounced correctly is used as the final score. The NART has demonstrated good reliability and construct validity (Crawford, Parker, Allan, Jack, & Morrison, 1991) and correlates well with other measures of intelligence (Bright, Jaldow, & Kopelman, 2002; Nelson, 1991).

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