



Autobiographical memory specificity and symptoms of complicated grief, depression, and posttraumatic stress disorder following loss

Paul A. Boelen^{a,*}, Rafaele J.C. Huntjens^b, Denise S. van Deursen^c, Marcel A. van den Hout^a

^a Department of Clinical and Health Psychology, Utrecht University, PO Box 80140, 3508 TC Utrecht, The Netherlands

^b Department of Experimental Psychopathology, Groningen University, Grote Kruisstraat 2/1, 9712 TS, Groningen, The Netherlands

^c Department of Developmental Psychopathology, University of Amsterdam, Roetersstraat 15, 1018 WB, Amsterdam, The Netherlands

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ABSTRACT

This study examined the specificity and content of autobiographical memories among bereaved individuals. Self-report measures of bereavement-related distress and a standard and trait version of the Autobiographical Memory Test (AMT) were administered to 109 bereaved people. We examined associations of memory specificity with (a) demographic and loss-related variables and with (b) symptom-levels of complicated grief (CG), depression, and posttraumatic stress disorder (PTSD), (c) associations of the content of memories (related vs. unrelated to the loss/lost person) with symptoms, and (d) the degree to which associations of symptom-levels with memory specificity and content differed between the standard and trait version of the AMT. Findings showed that (a) memory specificity varied as a function of age, education, and kinship; (b) reduced memory specificity was significantly associated with symptom-levels of CG, but not depression and PTSD; (c) symptom-levels of CG and PTSD were associated with a preferential retrieval of specific memories that were related to the loss/lost person on the standard AMT, whereas all three symptom-measures were associated with preferential retrieval of loss-related specific memories on the trait AMT; and (d) on the trait AMT, but not the standard AMT, symptom-measures remained significantly associated with a preferential retrieval of loss-related specific memories, when controlling for relevant background variables. Among other things, these results show that reduced memory specificity is associated with self-reported CG-severity but not depression and PTSD following loss. Moreover, the results are consistent with recent research findings showing that memories tied to the source of an individual's distress (e.g., loss) are immune to avoidant processes involved in the standard reduced specificity effect.

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1. Introduction

Different forms of psychopathology are associated with a reduced ability to recall specific autobiographical memories. Reduced memory specificity is usually assessed with the Autobiographical Memory Test (AMT) developed by Williams and Broadbent (1986). In the AMT, people are instructed to retrieve a specific personal memory in response to positive and negative cue words. Reduced memory specificity (or “overgeneral memory”) is most clearly present in people with a trauma history and people diagnosed with depression or posttraumatic stress disorder (PTSD; Williams et al., 2007). Reduced memory specificity may be the result of at least three psychological processes (Williams et al., 2007). It may result

from attempts to avoid distressing memories of traumatic experiences. This “affect regulation hypothesis” explains why overgeneral memory is observed among trauma-victims (Hauer, Wessel, & Merckelbach, 2006; Henderson, Hargreaves, Gregory, & Williams, 2002; Kuyken & Brewin, 1995). In addition, it may result from diminished executive control in emotionally disturbed individuals (“execute control hypothesis”). Finally, it could be the consequence of negative self-representations and ruminative processes that keep people stuck at a general level of retrieval (“capture and rumination hypothesis”).

Golden, Dalgleish, and Mackintosh (2007) have recently begun to examine overgeneral memory in complicated grief (CG). CG, also termed Prolonged Grief Disorder, is a disorder of grief characterized by persistent yearning, preoccupation with the lost person, intrusive images, and other grief symptoms present to the point of functional impairment (Prigerson et al., 2009). It seems plausible that overgeneral memory plays a role in emotional problems following loss because phenomena associated with overgeneral

* Corresponding author. Tel.: +31 30 2533021; fax: +31 30 2534718.

E-mail addresses: p.a.boelen@uu.nl (P.A. Boelen), r.j.c.huntjens@rug.nl (R.J.C. Huntjens), d.s.vandeursen@uva.nl (D.S. van Deursen), m.a.vandenhout@uu.nl (M.A. van den Hout).

memory have been observed in people with such problems. For instance, intrusive memories are a key feature of CG (Boelen & Huntjens, 2008) and it seems plausible that the distress evoked by such memories motivates attempts at affect regulation through reduced memory specificity. Other phenomena associated with overgeneral memory such as negative self-views (Boelen, van den Bout, & van den Hout, 2006) and rumination (Nolen-Hoeksema, McBride, & Larson, 1997) have also been observed in people with emotional problems following loss.

Golden et al. (2007) administered different versions of the AMT to bereaved individuals with and without a diagnosis of CG. One of their main findings was that, following negative but not positive cue words, CG patients were significantly less specific on the standard AMT than were controls. Interestingly, in a Biographical Memory Test that asked participants to retrieve memories from the life of the lost person, no significant differences in levels of specificity between groups were found. In fact, following negative cues, CG patients tended to retrieve *more* specific memories on this version of the task. Golden et al. (2007) interpreted these findings as indicating that people with psychopathology relating to a significant stressful life-event have a generalized tendency to avoid specific memories as a form of “functional avoidance”, but that memories tied to the source of a person’s distress (e.g., the death of a relative in people with CG) are “immune” to the processes of affect regulation that underlie overgenerality, because these latter memories are retrieved directly and habitually rather than through generative retrieval processes.

Golden et al.’s (2007) study illustrates that examining overgeneral memory in CG is important because it sheds light on processes of affect regulation associated with this condition. Additionally, studying overgeneral memory is important because it likely plays a role in the maintenance of post-loss psychopathology. That is, overgeneral memory is associated with poor problem solving and reduced specificity of future images (Williams et al., 2007). As recovery from loss involves resolving problems and revising plans for the future, it seems conceivable that deficits in specific retrieval interfere with recovery.

The present study aimed to further our knowledge about the role of memory specificity in emotional problems following loss. To this end, a heterogeneous, subclinical sample of mourners completed a standard version and trait version (McNally, Lasko, Macklin, & Pitman, 1995) of the AMT, together with self-report measures of CG, depression, and PTSD. Specifically, this study had four goals.

The first goal was to examine the extent to which memory specificity varied as a function of demographic (i.e. age, gender, and education) and loss-related variables (i.e. kinship to the deceased, cause of loss, and time from loss). Due to a relatively small sample, Golden et al. (2007) were unable to examine this. Yet, it is possible that such variation exists. For instance, given the linkage between memory specificity and trauma exposure (Williams et al., 2007), overgeneral memory could be more prominent in people confronted with violent loss (e.g., due to an accident or suicide) than in those exposed to non-violent loss.

The second goal was to examine the linkage between memory specificity and self-reported loss-related distress. Reduced specificity has been found to be more strongly associated with severe levels of depression and PTSD in clinical samples than with less severe symptoms in other groups. For instance, stronger correlations between specificity levels and PTSD have been observed in clinical samples (Kuyken & Brewin, 1995) compared to nonclinical samples (Hauer et al., 2006; Henderson et al., 2002). Accordingly, we felt it was relevant to explore if reduced memory specificity was associated with self-reported CG-severity among mourners with subclinical levels of distress, apart from being associated with a clinical diagnosis of CG (Golden et al., 2007). In addition, to

enhance knowledge about the linkage of memory specificity with different forms of distress, we also explored its association with symptom-levels of depression and PTSD.

The third goal was to examine the degree to which loss-related distress was associated with a preferential retrieval of loss-related memories. To this end, memories obtained from the AMTs were coded as being related or unrelated to the loss or the lost person. Then, an index representing the overall “relatedness of specific memories” was calculated (as described below). At least two competing expectations could be formulated concerning the association of this index with loss-related distress. Based on the “affect regulation hypothesis”, it could be expected that stronger CG-severity would coincide with a preferential retrieval of specific memories that are *unrelated* to the loss/lost person, because people high in CG have a tendency to avoid distressing memories related to the loss (Boelen et al., 2006). Alternatively, based on Golden et al.’s (2007) findings suggesting that loss-related memories are immune to such affect regulation (a viewpoint that we will refer to as the “immunity hypothesis”), it could be expected that higher levels of CG would coincide with a preferential retrieval of specific memories that are *related* to the loss/lost person.

The fourth and final goal was to examine whether or not associations of loss-related distress with memory specificity and content differed between different versions of the AMT. As noted, apart from the standard AMT, a trait AMT was administered. The trait AMT instructs people to retrieve specific memories of moments that they exemplified particular personality traits (McNally et al., 1995). It could be argued that, compared to the standard AMT that taps memories from the entire autobiographical knowledge base, the trait AMT more strongly taps memories related to one’s self-identity. It was expectable that no differences between both AMTs would emerge in the associations of memory specificity with symptoms, given that reduced specificity is relatively robust across different versions of the AMT (Williams et al., 2007). Conversely, with respect to the “relatedness of specific memories”, differences could be expected. That is, there is some evidence that in people with higher levels of CG, the loss-event is more central to the self-concept (Boelen, 2009; Maccallum & Bryant, 2008). Accordingly, it could be expected that loss-related distress would be more strongly associated with an enhanced inclusion of the lost person with memory information that is self-relevant than with inclusion of the lost person with more general autobiographical knowledge—and thus that emotional problems would be more strongly associated with the “relatedness of specific memories” in the trait AMT compared to the standard AMT.

In sum, we examined (a) associations of memory specificity with demographic and loss-related variables, (b) associations of memory specificity with symptom-levels of CG, depression, and PTSD, (c) associations of the “relatedness” of memories with symptoms, and (d) the degree to which associations of symptoms with memory specificity and “relatedness” differed between the standard and trait version of the AMT.

2. Method

2.1. Participants

Data were available from 109 bereaved people. They were recruited in two ways. A first subsample was recruited via announcements on Internet sites about bereavement that solicited bereaved people to participate in an ongoing research program on grief. People could express their willingness to participate by sending an e-mail to PB. They were then sent a digital or paper version of the wave 1 questionnaire-package that included an invitation to participate in the current AMT study. Within a week

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