



Autobiographical memory following cognitive behaviour therapy for complicated grief

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ABSTRACT

A deficit in the ability to retrieve specific autobiographical memories has been linked to a number of negative consequences, including poor problem solving skills, reduced ability to imagine the future, and the onset of symptoms following trauma. This study investigated the impact of cognitive behaviour therapy (CBT) on memory retrieval specificity in patients with Complicated Grief (CG). Twenty individuals with CG who were seeking treatment were administered an autobiographical memory task (AMT) before and after completing a 10-week CBT program. Pre-treatment retrieval specificity did not predict treatment outcome. However, there was a significant correlation between symptom reduction and increased specific retrieval to positive cues following treatment. These results suggest that overgeneral retrieval in CG can be modified by CBT, and may point to one means by which CBT can alleviate CG symptoms.

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1. Introduction

Complicated Grief (CG; alternatively known as Prolonged Grief Disorder) is a chronic and disabling bereavement related condition that impacts between 10% and 15% of bereaved individuals (Prigerson, Vanderwerker, & Maciejewski, 2008). The essential feature of CG is an intense and prolonged yearning for the deceased continuing 6 months beyond the loss. Other symptoms include difficulty accepting the loss, emotional numbing, bitterness, a loss of meaning and sense of purpose, a difficulty re-engaging in life, confusion about one's role in life or a diminished sense of self, and avoidance of reminders (Prigerson et al., 2009, 2008). Although related to depression and PTSD, the condition is associated with unique negative consequences for the individual (Boelen & Prigerson, 2007; Prigerson et al., 2008).

There is increasing evidence that the treatment of choice for CG is cognitive behaviour therapy (CBT). Three trials have now indicated that CBT that incorporates psycho-education, exposure, and cognitive restructuring is an efficacious intervention for CG (Boelen, de Keijser, van den Hout, & van den Bout, 2007; Shear, Frank, Houck, & Reynolds, 2005; Wagner, Knavelesrud, & Maercker, 2006). Despite the promise shown by CBT, a significant proportion of patients do not benefit from this therapy. Accordingly, there is an

important need to understand the factors associated with alleviation of CG with CBT.

People with CG display impaired retrieval of specific memories (Golden, Dalgleish, & Mackintosh, 2007; Maccallum & Bryant, 2010). This finding is consistent with a sizable body of evidence that individuals with depression and post-traumatic stress disorder (PTSD) have difficulty recalling specific autobiographical memories (for review see Moore & Zoellner, 2007; Williams et al., 2007). The finding that CG is associated with overgeneral retrieval is significant because this form of retrieval has been linked to impaired social problem solving (Evans, Williams, O'Loughlin, & Howells, 1992; Goddard, Dritschel, & Burton, 1996), difficulties imagining the future in a specific way (Williams et al., 1996) and poorer response to treatment (Brittlebank, Scott, Williams, & Ferrier, 1993). Findings that memory specificity does not typically improve when depression remits (Brittlebank et al., 1993; Peeters, Wessel, Merckelbach, & Boon-Vermeeren, 2002; Raes, Hermans, Williams, & Eelen, 2006), and that overgeneral memory may represent a risk factor for developing symptomatology following stressful experiences (Bryant, Sutherland, & Guthrie, 2007; Mackinger, Loschin, & Leibetseder, 2000) have led to the proposition that overgeneral retrieval may represent a trait that increases one's vulnerability to emotional disturbance (Williams, 1996). However, there is also growing evidence showing that retrieval specificity is modifiable (e.g., Barnard, Watkins, & Ramponi, 2006; Raes, Williams, & Hermans, 2009; Watkins & Teasdale, 2001; Watkins, Teasdale, & Williams, 2000; Williams et al., 2006).

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A number of studies have investigated whether overgeneral memory is amenable to change through psychological therapy. Williams, Teasdale, Segal, and Soulsby (2000) found that mindfulness-based cognitive therapy significantly reduced categorical retrieval in a sample of participants with remitted depression. Serrano, Latorre, Gatz, and Montanes (2004) utilized a therapy which encouraged the retrieval of specific positive memories across life stages in an elderly depressed sample. They reported greater symptom resolution and increased specificity to positive cues in the experimental group (see also McBride, Atkinson, Quilty, & Bagby, 2006). Sutherland and Bryant (2007) found that improvement in PTSD symptoms following cognitive behaviour therapy was significantly associated with improved retrieval of specific memories in response to positive cues. Raes et al. (2009) found that depressed patients instructed in recalling specific memories showed concurrent decreases in rumination and improved outcomes.

There is overwhelming evidence that overgeneral retrieval is associated with a range of detrimental factors, including rumination, impaired problem solving, and deficits in imagining a future. These potential problems might be particularly relevant for bereaved individuals because of their need to retrieve positive memories and manage future challenges without the deceased. Accordingly, it is useful to know if successful treatment of CG is linked to more specific retrieval of personal memories. The current study investigated the relationship between overgeneral retrieval and treatment outcome in CG following CBT. It was predicted that symptom improvement would be associated with increased retrieval specificity.

2. Method

2.1. Participants

Participants were 20 treatment-seeking individuals who met diagnostic criteria for CG (3 males, 17 females). Clinical assessments were conducted by Masters Level clinical psychologists. Exclusion criteria included a history of psychosis, organic brain injury, substance dependence and the need for an interpreter.

2.2. Measures

2.2.1. Diagnostic interviews

Complicated Grief Assessment (CGA; Zhang, El-Jawahri, & Prigerson, 2006) is a clinician administered semi-structured interview for assessing CG. The CGA interview is based on the self-report Inventory of Complicated Grief (Prigerson et al., 1995) and provides a diagnosis and severity index of CG. The interview assesses for the presence of separation distress (Criterion A), a difficulty accepting the death, emotional numbness, bitterness, difficulty re-engaging in life and a sense of purposelessness and meaninglessness (Criterion B). A diagnosis of CG is given if 6 months has passed since the death, Criterion A and B have been met for at least 6 months, and there is evidence of functional impairment (Criterion 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. This measure was used to assess for PTSD related to the death.

2.2.2. Beck Depression Inventory-II (BDI-II; Beck, Steer, & Brown, 1996)

The BDI-II was used to obtain a continuous measure of depressive symptomatology. This 21-item self-report measure has demonstrated good reliability and validity (Beck et al., 1996).

2.2.3. Wechsler Adult Intelligence Scale III – Letter Number Sequencing task (Wechsler, 1997)

The Letter Number Sequencing (LNS) subtest was included to index the role of working memory capacity on retrieval. 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.

2.2.4. National Adult Reading Test (NART; Nelson, 1991)

The NART was administered as a measure of verbal intelligence. This measure requires participants to read aloud a list of 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).

2.2.5. Autobiographical Memory Task (AMT)

This task was adapted from Williams and Broadbent's (1986) Autobiographical Memory Task (AMT). Participants were presented with 5 positive (i.e., *happy, love, confident, helpful, interesting*) and 5 negative cue words (i.e., *blame, sad, stress, argue, fear*) and asked to recall a specific autobiographical memory for each word. A specific memory was defined as a memory for "an event that may have lasted just a few seconds, minutes or even hours, but not longer than a day". Examples of acceptable and unacceptable responses were given and participants completed 2 practice trials to ensure that they understood the task. At the pre-treatment administration, participants were presented with one of four alternate word lists. A different list from this group was given at post-treatment. Cue words were matched for valence, frequency of use, and intensity (Bradley & Lang, 1999). Order of presentation was randomized except that positive and negative cue words were alternated. The valence of the first word was counterbalanced across participants. Participants were given 60 s to respond to each cue.

Memory responses were audio-recorded and coded for specificity according to the criteria outlined in Williams and Dritschel (1992). A memory was coded as 'specific' if it referred to a particular event that took place on a specific day. A memory was categorized as 'categoric' if it described a series of repeated events or 'extended' if it described an event that lasted more than one day. A second independent rater coded 20% of memory responses for specificity. Memory content was coded into three categories 'loss', 'person' or 'other'. The 'loss' category included memories of events that were associated with the individual's death or memories relating to an aspect of the grief experience, such as the deceased person's absence at an event. The 'person' category referred to memories of the person that were neither death nor grief-related. All remaining memories were coded as "other". A second independent rater coded 20% of memory responses. The mean kappa reliability coefficient was 0.89 for specificity and 0.91 for content.

2.3. Procedure

Participants initially underwent a clinical assessment involving CGA, CAPS-2, and BDI-II. One week later participants returned to complete the autobiographical memory task, the LNS and the NART.

Participants then completed a 10-week group-based CBT program that included an additional 4 individual sessions. Therapy involved psycho-education, cognitive restructuring, communicating with the deceased exercise that facilitated emotional expression, discussion of positive memories of the deceased, goal setting, and pleasant event scheduling (see Shear et al., 2005). One week after the completion of treatment an independent clinical

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