



BEHAVIOUR RESEARCH AND THERAPY

Intrusive memories and depression in cancer patients

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Abstract

Matched samples of depressed and nondepressed cancer patients were interviewed about past life events, particularly experiences of death and illness. They identified and described any spontaneous intrusive visual memories they had experienced in the past week corresponding to these events. About one quarter reported such memories and, as predicted, the majority of intrusive memories concerned illness, injury and death. The mean levels of intrusion and avoidance were equivalent to patients with post-traumatic stress disorder. Consistent with prediction, depressed patients reported significantly more intrusive memories than controls, and described the memories as typically beginning with or being exacerbated by the onset of depression. Greater numbers of intrusive memories were associated with more maladaptive coping, and greater avoidance with deficits in autobiographical memory functioning. © 1998 Elsevier Science Ltd. All rights reserved.

1. Introduction

Recent research has found that depressed patients, like patients with post-traumatic stress disorder, report high levels of intrusive visual memories of stressful life events. These intrusive memories may involve incidents of childhood abuse (Kuyken and Brewin, 1994a) and of more recent stressors such as the death of loved ones (Brewin et al., 1996c). Moreover, within depressed samples, increased levels of intrusive memories are associated with increased levels of depressive cognition (Kuyken and Brewin, 1995, in press). However, it is not known whether

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these repetitive memories are present at an equally high frequency before an individual becomes depressed, or whether the onset of depression is associated with an increase in their frequency. None of the studies so far carried out have included nondepressed controls, so it is also possible that intrusive memories are temporarily triggered by concurrent stimuli such as life stresses and not by depression itself. In this investigation we therefore compared intrusive memories in matched samples of depressed and nondepressed individuals with the common stressor of a cancer diagnosis. We also sought to replicate our previous finding that the avoidance of repetitive intrusive memories is associated with problems in autobiographical memory functioning that are a characteristic feature of depressive thinking (Kuyken and Brewin, 1995).

Beck's (Beck et al., 1979) cognitive theory of depression proposed that negative life events activate latent schemes in memory that represent an accumulation of relevant past experience. The activation of schemes containing negative information about the self and the world, Beck suggested, influences the style and content of depressive thinking, leading to more severe and prolonged depression. Research in social cognition has emphasized, however, that representations of the self in memory include specific autobiographical episodes as well as global trait judgements (Smith, 1990; Klein and Loftus, 1993). Studies of anxious and dysphoric individuals have confirmed that self-concept discrepancies are linked to autobiographical episodes. Thus, priming these individuals with trait words relevant to areas in which they feel deficient enhances the accessibility of specific negative memories (Strauman, 1992). Empirical confirmation that depression is associated, not only with the activation of generalized negative beliefs, but also with the intrusion of highly specific autobiographical memories, is consistent with laboratory research and promises to yield important insights into the origins and formation of depressive thinking.

Our previous work indicated that the avoidance of intrusive memories of childhood abuse episodes by depressed patients is related to a more global difficulty in retrieving specific autobiographical memories to positive and negative cues (Kuyken and Brewin, 1995). This problem of overgeneral recall is frequently found in depressed and suicidal patients and may influence the course of depression via its impact on problem-solving (Williams and Broadbent, 1986; Williams and Scott, 1988; Williams, 1992). The present study provided an opportunity to test whether intrusive memories related to different kinds of event might predict autobiographical memory functioning in depressed patients.

We also found that higher levels of intrusive memories of childhood abuse were related to depressive cognitions such as a more negative attributional style and lower self-esteem, and to a more avoidant coping style (Kuyken and Brewin, in press). This latter association is of interest in light of a recent theory concerning the processing of traumatic memories. Brewin et al. (1996b) suggested that, following a trauma, memories of the experience may eventually cease to intrude either because they have been successfully processed, or because they have been prematurely inhibited. Premature inhibition, brought about perhaps as a result of cognitive avoidance, would leave the memories vulnerable to reactivation at a future time. Brewin et al. further proposed that an episode of depression might be a factor leading to the reactivation of traumatic memories that had been incompletely processed.

In depressed patients, levels of intrusion and avoidance of these memories, as measured with standardized instruments such as the Impact of Event Scale (Horowitz et al., 1979) were

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