

Cognitive avoidance of intrusive memories: Recall vantage perspective and associations with depression

Alishia D. Williams, Michelle L. Moulds*

The University of New South Wales, Sydney, NSW 2052, Australia

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Abstract

Although recent research demonstrates that intrusive memories represent an overlapping cognitive feature of depression and post-traumatic stress disorder (PTSD), there is still a general paucity of research investigating the prevalence and maintenance of intrusive memories in depression. The current study investigated the association between a range of cognitive avoidant mechanisms that characterize PTSD samples (i.e., suppression, rumination, emotional detachment, and an observer vantage perspective) and intrusive memories of negative autobiographical events in relation to dysphoria. Hypotheses were based on the proposition that employment of these cognitive mechanisms would hinder the emotional processing of the negative event, thus contributing to the maintenance of intrusions. Results supported an association between negative intrusive memories, dysphoria, and avoidant mechanisms. Significant differences were also found between field and observer memories and measures of emotional detachment and rumination. Implications relating to intrusive memory maintenance and treatment approaches are discussed.

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Introduction

Intrusive memories

A growing body of evidence has demonstrated that intrusive memories of negative past events are reported in depression samples (Brewin, Hunter, Carroll, & Tata, 1996; Carlier, Voerman, & Gersons, 2000; Kuyken & Brewin, 1994). Kuyken and Brewin (1994) initial study investigating the presence of intrusive memories in depressed females who experienced childhood abuse revealed that levels of intrusions, as measured by the Impact of Event Scale (IES; Horowitz, Wilner, & Alvarez, 1979), were comparable to reported IES scores of post-traumatic stress disorder (PTSD; APA, 1994) patients. Further, levels of intrusions and avoidance on the IES positively correlated with severity of reported abuse and depression severity (Kuyken & Brewin, 1994). Brewin et al. (1996) extended these initial findings by investigating intrusive memories in a sample of both

*Corresponding author. Tel.: +61 2 9385 3425; fax: +61 2 9385 3641.

E-mail address: m.moulds@unsw.edu.au (M.L. Moulds).

female and male depressed patients. The authors investigated intrusive memories of a broader range of experiences and events (i.e., not solely confined to a history of abuse). Intrusive memories reported by this sample were classified into four main categories; illness/death, relationship/family problems, abuse/assault, and work/financial problems. Common emotional responses corresponding to these memories included guilt, sadness, helplessness, anger, shame, and anxiety. In support of Kuyken and Brewin (1994), the results indicated that depression severity was positively correlated with the number of intrusive memories associated with past abuse. Additionally, a relationship was observed between the duration of the current depressive episode and the total number of memories reported (Brewin et al., 1996). Evidence also supports a relationship between intrusive memories and the maladaptive cognitive styles that characterize depression. For example, depressed individuals with more intrusive memories of abuse reported lower self-esteem, a more negative attribution style and greater avoidance (Kuyken & Brewin, 1999).

Extending these findings beyond cross-sectional studies, Brewin, Reynolds, and Tata (1999) found that in a sample of clinically depressed patients, avoidance of intrusive memories was predictive of depression symptoms at 6-month follow-up, after controlling for baseline levels of depression (Brewin et al., 1999). Additionally, Brewin, Watson, McCarthy, Hyman, and Dayson (1998) demonstrated an association between intrusive memories and depression in a longitudinal study of matched samples of depressed cancer patients. They found that the presence and avoidance of intrusive memories at baseline predicted anxiety levels at 6-month follow-up. These longitudinal findings indicate that intrusive memories play an important role in the course of depression, and, importantly, demonstrate that intrusive memories are more than an epiphenomenon of depression.

Investigating the similarities of intrusive memories in PTSD and depression, Reynolds and Brewin (1999) found significant qualitative overlap in the intrusive memories of depression and PTSD samples, prompting their conclusion that 'the presence of intrusive memories does not distinguish PTSD from major depression as clearly as might be inferred from diagnostic checklists' (p. 212).

Taken together, these studies confirm that intrusive memories are a key cognitive characteristic of depression, and are implicated in the persistence of the disorder. Furthermore, intrusive memories represent a shared feature of PTSD and depression. Due to this overlap, it is important to first outline the relationship between cognitive avoidance and PTSD symptoms in order to present a rationale for the operations of a similar process in depression.

Cognitive avoidance mechanisms in PTSD and depression

Cognitive conceptualizations of PTSD (e.g., Ehlers & Clark, 2000; Foa, Steketee, & Rothbaum, 1989) posit that successful emotional processing of the trauma and trauma intrusions is prevented when the individual employs avoidant cognitive strategies. Cognitive avoidance can take a range of forms, including intentional attempts at thought/memory suppression, efforts to dissociate or detach oneself from the affective qualities of the trauma experience, and engaging in rumination (Ehlers & Clark, 2000).

To date, empirical research documenting the use of these avoidant coping strategies by depressed individuals in response to their intrusive autobiographical *memories* is minimal. Little is known of the cognitive mechanisms that are employed by depressed samples to manage intrusive memories, and in particular, of the degree to which avoidant strategies are associated with the maintenance of intrusive memories in depression. However, a number of lines of research do converge on the proposal that avoidant strategies may play a key role in mediating the management of intrusive memories in depression. First, thought suppression is a commonly employed strategy used by depressed individuals in an effort to avoid the pervasive negative intrusions that typify depressive *thinking* (Beavers, Wenzlaff, Hayes, & Scott, 1999; Wenzlaff, 1993). Additionally, Reynolds and Brewin (1998) found that although suppression of intrusive cognitions was commonly reported as a response strategy by depressed individuals, it was rated as an ineffective coping response. In the same way that suppression of trauma information has been hypothesized to contribute to re-experiencing symptoms by preventing information from being processed conceptually, suppression of intrusive memories by depressed individuals may result in similar processing failures.

Second, in the context of depression, rumination has been defined as repetitive but passive thinking about possible precipitating factors, current symptoms, and the consequences of these depressive symptoms

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