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The effect of avoidant tendencies on the intensity of intrusive memories in a community sample of college students ☆

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Abstract

The purpose of the study was to examine the factors that influence the enhancement of intrusive memories, with a particular focus on individuals' avoidant tendencies: thought suppression, rumination, and dissociation. A total of 641 undergraduates (253 men and 388 women, $M = 20.0$ years) completed a battery of measures: (1) a questionnaire about intrusive memories (contents and degree of intrusion measured by the Impact of Event Scale); (2) the Beck Depression Inventory-II; (3) the White Bear Suppression Inventory; (4) the Negative Rumination Trait Scale; and (5) the Dissociative Experiences Scale. Approximately, 55% of the participants had experienced intrusive memories, of which over 90% had negative implications. The individual's avoidant tendencies, especially thought suppression, had significant influence on the degree of intrusion of negative memories, once participants' depressive symptoms were controlled. Clinical and research implications of the study were outlined.

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1. Introduction

Intrusive memories have been identified as a part of the symptoms of posttraumatic stress disorders (PTSD) (American Psychiatric Association, 2000). Whereas ordinary autobiographical memories are under conscious control, intrusive memories appear to be entirely spontaneous and relatively uncontrollable, characterized by intense affect and strong sensory elements (Brewin, Dalgleish, & Joseph, 1996). A number of studies clearly suggest that a high level of intrusion of traumatic memories is a risk factor for later psychopathology. For example, intrusive re-experiencing that persists for several months has been shown to predict long-term PTSD symptoms (McFarlane, 1992).

Although DSM-IV-TR (American Psychiatric Association, 2000) lists intrusive symptoms exclusively as a feature of PTSD and Acute Stress Disorder, previous studies have suggested that patients with depression also experience intrusive memories at a level equivalent to that of patients with PTSD (e.g., Reynolds & Brewin, 1999). Moreover, Brewin, Christodoulides, and Hutchinson (1996) included a non-clinical population in their surveyed subjects, indicating that intrusive memories are a more common phenomenon than has hitherto been supposed in this population.

The studies with an empirical approach have clarified which individual psychological properties enhance and maintain intrusive memories. First of all, depressive symptoms seem to be considered a critical factor that affects the occurrence of intrusive memories. Comorbidity surveys showed that about half the people with a lifetime history of PTSD also had a lifetime history of major depression (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). Moreover, it was found that prior depression increased the likelihood of PTSD (Acierno, Resnick, Kilpatrick, Saunders, & Best, 1999). With regard to this relationship, it was indicated that depression leads to an increase in the accessibility of specific autobiographical memories (Brewin, Watson, McCarthy, Hyman, & Dayson, 1998; Reynolds & Brewin, 1999). The relationship may be due to the effect of mood-congruence: a recent study based on an experimental method clarified that depressed mood is associated with unpleasant intrusive memories (Bywaters, Andrade, & Turpin, 2004).

Cognitive theories of PTSD have indicated that avoidant strategies related to traumatic memories are generally considered to be a central factor in enhancing and maintaining PTSD symptoms (e.g., Brewin & Holmes, 2003; Steil & Ehlers, 2000). According to these theories, avoidant tendencies generally seem to prevent adequate emotional processing of traumatic experiences, thereby interfering with the integration and restructuring of dysfunctional cognitions concerning the trauma. It is known that PTSD patients demonstrate a wide range of avoidant tendencies. For example, patients with PTSD seem to engage in *thought suppression* to avoid or end particular thoughts, images, or memories whenever trauma memories intrude into their consciousness (Brewin & Holmes, 2003). Thought suppression refers to the conscious attempt to avoid certain thoughts; it seems to be a counter-productive defense strategy that produces more rather than fewer thoughts about the topic intended to be suppressed (Wegner, Schneider, Carter, & White, 1987). In addition, *rumination* is thought to be another form of avoidance practiced by patients

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