



Intrusive memories of negative events in depression: Is the centrality of the event important?

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ABSTRACT

Background and Objectives: Following stressful events, there is evidence that the degree to which the event is perceived as central to one's identity and forms a reference point for the attribution of meaning to other events (i.e., "centrality of events") is associated with depression symptoms. However, these findings have primarily come from cross-sectional studies of undergraduate samples, and no past study has investigated whether centrality predicts depression over time. We sought to further examine the role of centrality of negative autobiographical events that were the content of intrusive memories in depression.

Methods: At Time 1, participants (clinically depressed, recovered and never-depressed) were interviewed and completed self-report measures of depression symptoms, intrusive memories and features, centrality, and avoidance. At Time 2 (six months later), depression and anxiety symptoms were assessed. **Results:** Unexpectedly, the three groups did not differ on centrality ratings. Centrality was not associated with concurrent depression symptoms and was not predictive of depression at follow-up. However, as expected, centrality ratings were positively correlated with important intrusive memory variables including memory intrusiveness, and rumination.

Limitations: The correlational nature of our design prevents us from establishing the causal direction of the relationships reported.

Conclusions: The degree to which intrusively recalled events are seen as central to identity might not play as important a role in depression as previously expected. Future centrality research needs to take memory frequency/intrusiveness into account before drawing conclusions about the role of this variable in depression.

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1. Introduction

Depressed individuals often report frequent, distressing intrusive memories of negative life events (Kuyken & Brewin, 1994) that are highly vivid, elicit significant levels of negative emotions, and interfere with daily activities (Birrer, Michael, & Munsch, 2007). Longitudinal studies demonstrate that these memories play an important role in the course of depression: their degree of intrusiveness and avoidance at baseline predicts depressive (Brewin, Reynolds, & Tata, 1999) and anxiety (Brewin, Watson, McCarthy, Hyman, & Dayson, 1998) symptoms six months later. Recent empirical investigations have provided insight into the phenomenological experience of the intrusive memories reported by depressed samples (Patel et al., 2007)

and have found strikingly similar features to the intrusive recollections experienced in posttraumatic stress disorder (PTSD) (Reynolds & Brewin, 1999). Similarly, the way in which an individual appraises the experience of an intrusive memory (e.g., "This memory is a sign that I'm going crazy") also appears to be important in both depression (Newby & Moulds, 2010a; Starr & Moulds, 2006) and PTSD (Ehlers, Mayou, & Bryant, 1998).

These important extensions to the literature have improved our understanding of the features and the role of maladaptive appraisals of intrusive memories in depression. However, little research has investigated the degree to which depressed individuals conceptualise the event in their memory as central to their identity. Moreover, there have been no investigations of the degree to which the event (recalled in an intrusive memory) shapes beliefs and expectations about the world and the future, and whether these appraisals of the event play a maladaptive role in depression. Recently, Berntsen and Rubin (2006) argued that the "centrality of an event," that is, the degree to which a highly stressful negative

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event becomes central to an individuals' identity, and forms a reference point for attributing meaning to other events and expectations for future events, might be important in PTSD. In support of this model, the centrality of a stressful event is positively associated with levels of posttraumatic stress symptoms in both university student (Berntsen & Rubin, 2006, 2007) and combat veteran samples (Brown, Antonius, Kramer, Root, & Hirst, 2010). Recent studies have also shown that centrality is correlated with depressive symptoms (e.g., Berntsen & Rubin, 2007; Boals, 2010), which suggests that, similar to PTSD, the centrality of remembered events might have interesting and important applications to our understanding of depression (see Boelen, 2009 for similar findings in a bereaved sample).

There are a number of reasons why centrality might play an important role in depression. Leading cognitive behavioural models of depression emphasise the role of global stable negative beliefs about the self (e.g., Beck, Rush, Shaw, & Emery, 1979). When a depressed individual experiences a negative event (e.g., relationship breakup), if they then view the negative event as defining their identity (e.g., "I'm a failure"), and use the event to attribute meaning to other events and expectations for the future (e.g., "I will fail in relationships in the future"), it may create an unhelpful cycle that will in turn exacerbate depressive cognitions and low mood.

As cited above, depressed individuals often recall distressing intrusive autobiographical memories of a range of events including negative interpersonal events, death and/or illness of loved ones, and personal assault and abuse (Patel et al., 2007). Interestingly, dominant models of autobiographical memory (e.g., the Self Memory System, Conway & Pleydell-Pearce, 2000) emphasise that autobiographical memory and identity are closely linked. These models argue that autobiographical memories that are highly accessible are often closely related to an individuals' current goals (i.e., either concordant or highly discrepant from current goals). Applying this to depression, if, for example, a depressed person has a goal of being competent in relationships yet frequently recalls a memory of a breakup that they believe demonstrates that they are a failure in relationships, the recurrent experience of such a memory (i.e., intrusive recollections) might maintain the memory's accessibility. When a depressed individual experiences a memory of this event (either deliberately retrieved or via intrusive repetitive recollections), the degree to which the event is central to identity is likely to exacerbate depressed mood by reinforcing its accessibility, as well as reinforcing negative self images and evaluations of the self, in turn perpetuating feelings of hopelessness about the future.

Given the potentially interesting implications of the role of centrality of remembered events in depression, there are a number of unanswered questions that await investigation. First, no study has investigated whether there is an association between the centrality of intrusively recalled memories and depressive symptoms (the research cited above examined deliberately retrieved memories). Given that negative intrusive memories are a striking feature of depression and are involved in the maintenance of depression, investigations of variables that potentially exacerbate the impact of these memories are needed. Second, the relationship between centrality and depression has been limited to cross-sectional investigations with undergraduate samples, and their results are yet to be replicated in clinically depressed and community samples. Related to this, third, it is unclear whether depressed individuals view intrusively recalled negative events as more central to their identity than do non-depressed individuals. Therefore, it is unclear whether perceiving the event as central to identity is related to depression status, or is instead a universal appraisal of memory content that is unrelated to depression status (but related to other variables such as event severity and memory frequency). Fourth, no study has examined whether formerly

depressed individuals (who have recovered from a past episode of depression) endorse similar ratings of centrality of remembered events as depressed individuals. Given the high rates of recurrence of depressive disorders, investigations into the cognitive processes that characterise recovered individuals have scope to improve our understanding of the factors that are potentially involved in relapse. Finally, no study has examined whether centrality of a remembered event predicts symptoms longitudinally.

Another interesting pattern that has emerged from previous centrality of events research is the relationship between centrality, memory features and avoidance. In a study of undergraduate students, Boals (2010) found that higher centrality scores (related to an autobiographical memory of a negative event) were positively associated with higher levels of reliving, intensity of negative emotions, and the degree to which the memory was intrusive and avoided. Another study by Robinaugh and McNally (2010) showed that for participants who reported negative memories from a field (i.e., first person) perspective, levels of emotional intensity of the memories were associated with PTSD symptom levels. Interestingly, this association was mediated by the degree to which the event was central to identity. Notably, some of these features (e.g., reliving, visual perspective) and responses (e.g., avoidance) have been implicated in the persistence of PTSD (Michael, Ehlers, Halligan, & Clark, 2005) and depression (Brewin et al., 1999; Newby & Moulds, 2010b). Therefore, together (consistent with arguments put forth by Berntsen & Rubin, 2006), the evidence suggests that event centrality might interact with important memory features and responses, and in turn potentially exacerbate the impact of recalling negative experiences. These important preliminary results await replication in a community sample. In addition, the interrelationships of centrality of events and other memory features (e.g., vividness), as well as specific cognitive behavioural avoidance responses (e.g., suppression and rumination) that have been shown to play an important role in depression (Starr & Moulds, 2006) have not been examined. Thus, these issues require further investigation.

This study had the following aims. First, we aimed to compare clinically depressed, recovered depressed and never-depressed groups on their experiences of intrusive memories of negative events, and asked them to rate the degree of centrality of these events using the short version of the Centrality of Events Scale (CES-7, Berntsen & Rubin, 2006) (hereafter referred to as "centrality"). Second, we explored the associations between centrality and depression symptoms, memory characteristics, and avoidance strategies, and third, we aimed to investigate whether centrality predicted depression at six months, after taking into account baseline depression symptoms. This study extended the centrality literature in a number of ways. First, by including clinically depressed, formerly depressed and never-depressed control groups, we were able to explore whether: a) previous results were generalisable to clinical samples, and b) centrality is rated higher by depressed versus non-depressed groups. Second, by exploring the association between memory characteristics and centrality, we were able to a) confirm whether previous associations were generalisable to intrusively recalled events, and b) extend beyond previous literature and examine the relationship between centrality and a range of other characteristics, and responses to memories. Third, we were able to answer the question of whether ratings of the centrality of remembered events predicted depression over time. We expected that centrality would correlate positively with depressive symptoms, memory features (e.g., here and now quality/reliving, emotional intensity, intrusiveness) and avoidance. We also predicted higher ratings of centrality for depressed compared with non-depressed groups. Last, we expected centrality scores to predict depression symptoms at six months, controlling for initial symptom levels.

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