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## False recognition in women with a history of childhood emotional neglect and diagnose of recurrent major depression

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### ABSTRACT

While previous research has suggested that adults with a history of childhood sexual abuse may be more prone to produce false memories, little is known about the consequences of childhood neglect on basic memory processes. For this reason, the authors investigated how a group of women with a history of childhood emotional neglect (CEN) and diagnosed with recurrent Major Depressive Disorder (MDD) performed on the Deese–Roediger–McDermott paradigm in comparison to control groups. The results indicated that women with MDD and CEN were actually less prone to produce false memories relative to both women with MDD but no CEN and healthy women without MDD and any form of childhood maltreatment. These findings were explained in terms of the inability to extract/retrieve gist memories that support false recognition of critical lures, an explanation that seems to fit well with emerging MRI findings linking childhood neglect to reduced volume of brain regions associated to memory function.

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### 1. Introduction

The relation between childhood maltreatment and memory has been a topic of ongoing investigation (for a review, see Howe, Cicchetti, & Toth, 2006; Howe, Goodman, & Cicchetti, 2008) partially driven by research on the memory accuracy of adults who reported being victims of sexual abuse during childhood. More specifically, it has been argued that adults with a history of childhood sexual abuse may be more prone to produce false memories (i.e., remembering events from the past that actually never happened) than adults without such a history. To test this hypothesis, researchers have often relied on the use of a paradigm called Deese–Roediger–McDermott (DRM; Deese, 1959; Roediger & McDermott, 1995), which involves presenting word lists (e.g., hot, snow, warm, winter, and ice) that are semantically associated to an unrepresented critical lure (e.g., cold). On a subsequent recognition test, subjects are presented to studied words and critical lures, being often the false recognition of critical lures. In line with that, Bremner, Shobe, and Kihlstrom (2000) presented semantically associated word lists to four groups of subjects: women with Post-Traumatic Stress Disorder (PTSD) related to childhood sexual abuse, women without abuse-related PTSD, and men and women without PTSD or a history of sexual abuse. They observed that women with abuse-related PTSD had higher rates of false recognition than both abused women without PTSD and non-abused women without PTSD. Similarly, Clancy, Schacter, McNally, and Pitman (2000) found that women who had reported recovered memories of childhood sexual abuse were more prone to false recognition of critical lures than women who had not reported it. Therefore, researchers concluded that reported history of childhood sexual abuse in adults might lead to higher levels of false memories, casting doubt on the memory accuracy of this population.

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Those studies, however, did not take into account whether participants had or had not Major Depressive Disorder (MDD). This is an important limitation for four reasons. First, there is evidence of high rates of comorbidity between PTSD and MDD (Franklin & Zimmerman, 2001). Second, prospective studies suggest that young adults who were victims of childhood maltreatment are at a higher risk of developing MDD than young adults without a history of childhood maltreatment (Widom, DuMont, & Czaja, 2007). Third, studies that investigated the effects of MDD on memory accuracy (Joormann, Teachman, & Gotlib, 2009; Moritz, Glascher, & Brassen, 2005) found that participants diagnosed with depression may show higher false memories for mood-congruent material in comparison to healthy participants. Therefore, the increased susceptibility to false memories found in childhood maltreatment studies could be related to depression rather than to maltreatment per se. Fourth, empirical findings indicate that MDD alone may influence memory performance in general (Burt, Zembar, & Niederehe, 1995). For instance, Joormann et al. (2009) found that participants diagnosed with MDD had poorer baseline recall of studied words (i.e., true memory) than nondepressed controls. For all these four reasons, MDD should be considered at least as a confounding factor in the investigation of the effects of childhood maltreatment on memory.

In addition to these findings relating childhood maltreatment to an increased susceptibility to false memories, some studies have also found that adults with a history of childhood maltreatment may show impairment for autobiographical memories (Henderson, Hargreaves, Gregory, & Williams, 2002; Kuyken & Brewin, 1995; McNally, Lasko, Macklin, & Pitman, 1995; Williams, 1996). For instance, Henderson and colleagues (2002) found that women with a history of childhood sexual abuse recalled fewer specific autobiographical memories relative to women without a history of childhood sexual abuse. Furthermore, Kuyken and Brewin (1995) found a similar result in a sample of depressed women with a history of childhood abuse. They gave an autobiographical memory test (Williams & Broadbent, 1986) to depressed women with and without a reported history of childhood sexual or physical abuse, and found that sexually (not physically) abused women showed more over-general autobiographical memories than nonabused ones. Although we acknowledge that these results are not always found (e.g., Wessel, Meeren, Peeters, Arntz, & Merckelbach, 2001), they suggest that childhood maltreatment might be related to memory impairment for some types of information during adulthood.

In sum, studies that investigated the influence of childhood maltreatment on adults' memory turn out to suggest that maltreatment does have an impact on memory processes. Although this influence may not yet be present in children victims of maltreatment (Howe, Cicchetti, Toth, & Cerrito, 2004), adults with a previous history of childhood maltreatment seems to be more prone to memory distortions and to impairment of autobiographical memories.

Child maltreatment is generally defined as being the failure of caregivers to foster normal child development (Cicchetti & Toth, 2005; Goodman, Quas, & Ogle, 2009), and may appear in the form of either or both abuse (e.g., sexual, physical, or emotional abuse) and neglect (e.g., physical or emotional neglect). However, the studies mentioned so far usually collapsed their samples into adults with and without a reported history of childhood sexual abuse and few studies have specifically addressed the consequences of a history of childhood neglect on adults' memory processes. The result is that little is known about the consequences of childhood neglect on basic memory processes, which, ironically, indicates that the investigation on childhood neglect is actually being neglected. This observation is even more surprising given that child maltreatment occurs most commonly in the form of neglect, not abuse (US Department of Health and Human Services, 2010a, 2010b).

For this reason, the aim of this study was to investigate the influence of emotional neglect during childhood (i.e., the failure of caregivers to provide basic emotional and psychological needs to the child, such as love, motivation, and support) on adults' memory using the DRM paradigm (Deese, 1959; Roediger & McDermott, 1995). To address that, we investigated how women with MDD and a history of childhood emotional neglect (CEN) performed on the DRM paradigm in comparison to women with MDD but no CEN and healthy controls without a history of any form of childhood maltreatment. All groups were controlled for age, socioeconomic status, and years of education. Both clinical groups were controlled for time and type of medication used, depression severity symptoms, PTSD symptoms, and other forms of childhood maltreatment but childhood emotional neglect. Furthermore, the inclusion of a control group of demographic-matched healthy subjects provided a baseline index of performance on the DRM task. Finally, the use of the DRM paradigm allowed us to explore changes in true memory as well as in false memory measures as a function of groups of subjects, which in turn enabled us to conjecture how childhood emotional neglect influences basic memory processes that support true and false memories.

## 2. Method

### 2.1. Participants

Forty-two women who were either healthy controls or outpatients from a depression disorder program were recruited for this study. Subjects were all from a low socioeconomic status (SES; Hollingshead Index:  $M = 62.8$ ), and aged between 22 and 56 years. In order to investigate the diagnosis of recurrent Major Depressive Disorder (MDD), all subjects were submitted to the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I; First, Spitzer, Gibbon, & Williams, 1997) with a trained psychiatrist conducting the interviews. Respondents were asked whether their family made them feel special, loved, and if their family was a source of strength, support, and protection. Emotional neglect was defined using scale scores that represent moderate to extreme exposure on the Emotional Neglect subscale of the Childhood Trauma Questionnaire short form (CTQ; Bernstein et al., 2003; Grassi-Oliveira, Stein, & Pezzi, 2006).

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