

Specificity of episodic and semantic aspects of autobiographical memory in relation to symptoms of posttraumatic stress disorder (PTSD)

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Abstract

Two studies examined the relationship between the ability to access specific autobiographical material in memory and presence/symptoms of posttraumatic stress. In Study 1, a sample of refugees with a diagnosis of posttraumatic stress disorder (PTSD) completed the Autobiographical Memory Test (AMT) in which they had to generate specific *episodic* autobiographical memories in response to emotion-related cue words. Results showed that reduced specificity of memories on the AMT was associated with an increased frequency of trauma-related flashbacks but with reduced use of effortful avoidance to deal with trauma-related intrusions in the day-to-day. Study 2 examined retrieval of *semantic* autobiographical information from previous lifetime periods in groups of cancer survivors with posttraumatic stress and healthy controls. The cancer survivors were able to generate fewer specific semantic details about the personal past compared to the controls. The more symptomatic survivors showed the greatest memory impairment. The data from both studies are discussed in terms of compromised access to specific autobiographical material in distressed trauma survivors reflecting a process of affect regulation.

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1. Introduction

One of the dominant psychological processes implicated in posttraumatic stress disorder (PTSD) is autobiographical memory (Brewin, 2007). A key symptom of the condition is intrusive recollection of the trauma itself (American Psychiatric Association, 1994, see also Holmes & Bourne, 2008). Furthermore, such intrusions often take the form of sensory-laden, highly emotive flashbacks and reliving experiences (Brewin, Dalgleish, & Joseph, 1996; Dalgleish, 2004). Intriguingly, despite such vivid remembering of the

trauma in all of its detail, exposed individuals experiencing such symptoms often find it relatively difficult to access the specific details of non-trauma related aspects of their autobiography. For example, their autobiographical recall of past episodes in response to cue words in laboratory tasks tends to be relatively generic, rather than focusing on individual events (see Moore & Zoellner, 2007; Williams et al., 2007, for reviews). This article reports two studies that investigate aspects of this phenomenon of reduced autobiographical specificity in trauma survivors. The first study uses the aforementioned cue word methodology (the Autobiographical Memory Test (AMT); Williams & Broadbent, 1986) and examines, for the first time to our knowledge, how performance on this episodic memory task relates to *individual* symptoms of PTSD. The aim is to test specific

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theoretical hypotheses about the genesis of the over-generality effect in the disorder. The second study examines whether this difficulty in accessing specific episodic autobiographical material in those with significant posttraumatic stress is evident in memory for *semantic* information about one's autobiographical past as assessed by the Autobiographical Memory Interview (AMI; Kopelman, Wilson, & Baddeley, 1989; Kopelman, Wilson, & Baddeley, 1990) in groups of cancer survivors with posttraumatic stress and healthy controls.

2. Study 1: The relationship between specificity of autobiographical memories and individual symptoms of PTSD in refugees

In the prototypical study using the AMT, Williams and Broadbent (1986) asked parasuicidal and non-parasuicidal participants to generate autobiographical memories to a series of positive and negative words. The intriguing aspect of their results was the finding that parasuicidal individuals found it relatively more difficult to generate specific personal memories (i.e. memories of events that happened at a given time on a given day). Instead, they tended to produce generic summaries that conflated several events from their past. So, for example, to a cue word such as 'party' the parasuicidal patients were more likely to respond generically – "I never enjoy parties" – than with a specific memory – "I went to a terrible party last Friday".

Since this initial research, the finding of reduced autobiographical memory specificity (reduced AMS) on the AMT has been replicated many times with a variety of different forms of psychopathology including depression (e.g. Brittlebank, Scott, Williams, & Ferrier, 1993), Borderline Personality Disorder (e.g. Startup et al., 2001, though see Kremers, Spinhoven, & van der Does, 2004), and Eating Disorder (e.g. Dalgleish et al., 2003).

As noted in the Introduction, an important and consistent finding in this literature has been of a significant relationship between reduced AMS and a history of psychological trauma (see Moore & Zoellner, 2007, for a review). For example, individuals with clinical depression or an eating disorder, who report a history of abuse, are more likely to find it difficult to retrieve specific autobiographical memories than those without an abuse history (e.g. Dalgleish et al., 2003; Kuyken & Brewin, 1995; though see Kuyken, Howell, & Dalgleish, 2006). Similarly, in mixed diagnosis and community samples, a history of trauma (including non-abuse trauma) is associated with reduced AMS (e.g. de Decker, Hermans, Raes, & Eelen, 2003; Henderson, Hargreaves, Gregory, & Williams, 2002).

This relationship between trauma history and reduced AMS has inspired the theoretical hypothesis that AMS represents a cognitive strategy to block or disrupt access to the details of distressing autobiographical events such as traumas. This 'affect regulation hypothesis' (e.g. Williams, Stiles, & Shapiro, 1999; Williams et al., 2007) therefore provides an account of why individuals with a history of

trauma show reduced AMS compared to those without such a history. A further prediction of the affect regulation hypothesis is that, among traumatized individuals, those who are more troubled by their memories of trauma will exhibit relatively reduced AMS. Although this prediction is not without some controversy (see below), it has generally been supported by the existing research data which indicate: first, that higher levels of posttraumatic stress in response to a trauma are associated with reduced AMS (e.g. Kuyken & Brewin, 1995; see Hermans et al., 2004, for a discussion); and, second, that traumatized individuals with either PTSD or Acute Stress Disorder (ASD) show reduced AMS compared to traumatized controls who do not meet criteria for these diagnoses (e.g. Harvey, Bryant, & Dang, 1998; McNally, Lasko, Macklin, & Pitman, 1995, though see Kangas, Henry, & Bryant, 2005).

However, to date there has been relatively little research on exactly which aspects of the posttraumatic stress response are most closely linked to AMS. The best data we have are from the studies (e.g. Kuyken & Brewin, 1995) that have looked at more global constructs such as self-reported intrusiveness or avoidance of trauma memories, using the relevant subscales of the Impact of Event Scale (Horowitz, Wilner, & Alvarez, 1979). To our knowledge no study has examined the relationship between reduced AMS and *individual* PTSD symptoms, in a sample of participants diagnosed with the disorder. This seems important, as understanding exactly which PTSD symptoms relate to AMS will help to clarify the role of AMS in terms of affect regulation. The aim of Study 1, to recap, was therefore to examine for the first time the relationship between individual PTSD symptoms and AMS in a group of individuals meeting criteria for a DSM-IV diagnosis of PTSD (American Psychiatric Association American Psychiatric Association, 1994).

The fact that *higher* levels of posttraumatic stress symptoms are associated with reduced AMS (e.g. Kuyken & Brewin, 1995) might be viewed as somewhat paradoxical. If reduced AMS is effective as a form of affect regulation then one might have expected *reduced* levels of symptomatology in those with reduced AMS as for these participants there should be compromised access to specific memories of distressing events. However, it is important to remember that reduced AMS is a function of effortful retrieval of autobiographical memories to word cues in an experimental task – the AMT. Contemporary models of autobiographical memory (e.g. Conway & Pleydell-Pearce, 2000) propose that such effortful (and hierarchical) memory retrieval processes are supplemented by a direct, automatic route to specific memories in response to pertinent cues. It may therefore be the case that reduced AMS indexes a resistance to accessing specific memories via effortful hierarchical search, while having little or no impact on automatic and intrusive recollection of distressing events via this second retrieval route (Dalgleish et al., 2007; Golden, Dalgleish, & Mackintosh, 2007; Hauer, Wessel, Geraerts, Merckelbach, & Dalgleish, in press;

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