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Trauma and autobiographical memory specificity in depressed inpatients

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Abstract

Research on autobiographical memory has shown that clinical depression is associated with a difficulty in retrieving specific autobiographical memories in response to cue words. This study examined the relation between lack of autobiographical memory specificity and self-reported trauma in a group of depressed adults ($N = 23$). In addition to the Autobiographical Memory Test (AMT; Williams & Broadbent, 1986) participants completed a number of questionnaires assessing the presence of traumatic experiences in the past, level of depression and neuroticism. The number of specific responses was not related to depression severity, but was significantly associated with the presence and severity of reported physical abuse. Participants who had been victim of physical abuse were less specific than participants who had not been confronted with such physical adversities. The results are discussed in the context of a functional hypothesis about the developmental relations between memory specificity, trauma and depression.

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1. Introduction

Following the seminal work of Williams and Broadbent (1986), an intriguing series of studies has been published on the specificity of autobiographical memory (AM) in clinical groups. Williams and Broadbent observed that suicide attempters, when asked to retrieve specific memories that referred to events that happened once and lasted not longer than one day, showed difficulty in retrieving *specific* autobiographical memories (AMs) in response to the cue words. They rather tended to recall more generic or overgeneral memories. In this study, as well as in most subsequent research within this domain, memory specificity was tested by means of a cue word procedure known as the Autobiographical Memory Test (AMT; Williams & Broadbent, 1986). In this test, for each of a set of cue words, the respondent has to retrieve a specific memory the cue word reminds him of (e.g. ‘When I turned 18 and my brother visited me and gave me this big bunch of flowers’ would be an example of a specific memory to the cue word *happy*). More than the control group, the suicidal patients from the Williams and Broadbent study responded with overgeneral memories such as events that referred to repeated occasions (categoric memories: e.g. ‘Every time when I went to the movie with my ex-wife’) or events that lasted a whole period (extended memories: e.g. ‘The time I lived with my father’). Subsequent research has shown that of these two types of overgeneral memory—categoric and extended memories—it is the former that is particularly observed to be associated with psychopathology.

Later studies demonstrated the clinical and theoretical relevance of this phenomenon. For instance, a series of studies has shown that this lack of memory specificity is particularly associated with a diagnosis of Major Depressive Disorder (MDD) (for an overview, see Williams, 1996). Overgeneral memory is associated with poor problem-solving (e.g. Goddard, Dritschel, & Burton, 1996, 1997) and the ability to imagine the future in a specific way (Williams et al., 1996). These might in turn give rise to feelings of hopelessness and depressed mood. It has also been demonstrated that overgeneral memory is rather stable, as it does not disappear when the emotional disturbance has remitted (e.g. Williams & Dritschel, 1988), and that it is associated with poorer long-term outcome in patients suffering from seasonal affective disorder (Dalglish, Spinks, Yiend, & Kuyken, 2001) or depression (e.g. Brittlebank, Scott, Williams, & Ferrier, 1993; Peeters, Wessel, Merckelbach, & Boon-Vermeeren, 2002; see also Mackinger et al., in press). Taken together, these data suggest that lack of autobiographical memory specificity might be considered as a trait marker for clinical depression and might play a role in a number of mechanisms that are involved in the onset or maintenance of depressed mood. The fact that it would be a trait marker does, however, not imply that memory specificity would not be amenable to change. Work by Williams, Teasdale, Segal, and Soulsby (2000) has shown that mindfulness-based cognitive therapy can reduce overgeneral autobiographical memory for formerly depressed patients. Also, work by Watkins, Teasdale and Williams (2000) has shown that decentering instructions (i.e. Socratic questions designed to facilitate viewing moods within a wider perspective), as compared to rumination instructions, produced momentary decreases in the proportion of categoric memories. These findings concerning the relationship between depression, decentering and overgeneral autobiographic memory possibly reveal crucial elements of what is helpful in the prevention of relapse in depression (Teasdale et al., 2000).

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