

# Autobiographical memory in posttraumatic stress disorder before and after treatment

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## Abstract

Although overgeneral retrieval of autobiographical memories has been repeatedly demonstrated in posttraumatic stress disorder (PTSD), no studies have indexed overgeneral retrieval before and after treatment of PTSD. Autobiographical memory was assessed in PTSD participants ( $n = 20$ ) prior to commencing cognitive behaviour therapy and 6 months after therapy completion. Fifteen participants completed both assessments. Improvement in PTSD symptoms was significantly associated with improved retrieval of specific memories and decreased retrieval of categoric memories in response to positive cues. These data suggest that symptom reduction during treatment of PTSD leads to greater access to specific memories of positive experiences.

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## Introduction

There is convergent evidence that people who survive trauma and develop posttraumatic stress disorder (PTSD) have difficulty in retrieving specific memories about their personal past. McNally and colleagues have reported two studies that found that Vietnam veterans with PTSD had overgeneral retrieval of autobiographical memories, particularly in response to positive cue words (McNally, Lasko, Macklin, & Pitman, 1995; McNally, Litz, Prassas, Shin, & Weathers, 1994; Schönfeld, Ehlers, Böllinghaus, & Rief, 2007). Patients with acute stress disorder (ASD) after cancer diagnosis also display more overgeneral retrieval than those without ASD (Kangas, Henry, & Bryant, 2005). Harvey, Bryant, and Dang (1998) also found that ASD participants generated fewer specific memories for positive cue words than did non-ASD participants. Furthermore, impaired retrieval of specific traumatic memories in the acute trauma phase was predictive of PTSD at a 6-month follow-up, suggesting that poor posttrauma adjustment is associated with impaired access to trauma memories and overgeneral memory retrieval. These findings accord with evidence of overgeneral retrieval in samples of adults and adolescents reporting childhood abuse (Kuyken & Brewin, 1995; Meesters, Merckelbach, Muris, & Wessel, 2000; Wessel, Merckelbach, & Dekkers, 2002), although not all studies report an association between impaired

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specific retrieval and trauma history (Kuyken, Howell, & Dalgleish, 2006; Wessel, Meeren, Peeters, Arntz, & Merckelbach, 2001). Autobiographical memories are typically indexed by providing participants with cue words (usually positive and negative valenced words) and requesting recall of a specific personal memory in response to the cue. Memories are usually defined as specific (i.e., being able to recall a particular event that happened on a specific day), categoric (i.e., generic summaries of repeated events), extended (i.e., events occurring for longer than a day), or omitted (i.e., no memory provided) (Williams, 1996).

Theoretical accounts for the observed impaired specificity in PTSD involve several possible mechanisms. First, specific retrieval requires adequate executive functioning to maintain the retrieval process to the point of specific retrieval (Dalgleish, Williams, Golden, Barrett, & Barnard, 2007). The re-experiencing and hyperarousal symptoms experienced in PTSD may diminish cognitive capacity, and this may limit executive functioning required for successful specific retrieval (Harvey et al., 1998). Second, recent models of autobiographical memory emphasise that impaired specificity may result from cognitive avoidance, and in this sense PTSD individuals may avoid specific retrieval of memories that are associated with distressing memories (Williams et al., 2007). Third, Williams et al. (2007) have proposed that individuals can become locked at a categoric level of retrieval when the retrieval cue primes other negative categoric descriptors resulting in a ruminative self-focus, which feeds back to maintain this cycle. Overgeneral autobiographical retrieval in depressed groups has been found to be largely contingent on an excess of categoric memories (Williams, 1996; Williams & Dritschel, 1992). Consistent with this evidence, there is much evidence that rumination promotes retrieval of categoric memories (Sutherland & Bryant, in press; Watkins, Teasdale, & Williams, 2000; Watkins & Teasdale, 2001). It is possible that the ruminative tendencies in people with PTSD (Guthrie & Bryant, 2000) directly limit their capacity to progress beyond categoric retrieval. At this point, these possible explanations have not been directly tested in PTSD patients.

An outstanding issue that remains to be clarified is the extent to which overgeneral retrieval in PTSD changes as a function of treatment. The proposed mechanisms underpinning impaired specific retrieval in PTSD would suggest that resolution of PTSD symptoms would be associated with improved retrieval of specific memories. That is, improved PTSD would be expected to result in enhanced executive functioning, reduced cognitive avoidance, and less rumination, which should lead to greater specific retrieval.

Studies on overgeneral retrieval prior to and after treatment of depression have found mixed results. Studies that focused on patients receiving pharmacotherapy (Brittlebank, Scott, Williams, & Ferrier, 1993) or combination pharmacotherapy and supportive counselling (Peeters, Wessel, Merckelbach, & Boon-Vermeeren, 2002) found that treatment of depression did not alter retrieval patterns. In contrast, mindfulness-based cognitive therapy of depression has reduced overgeneral categorical memories (Williams, Teasdale, Segal, & Soulsby, 2000). Similarly, life review therapy was found to increase retrieval of specific events in depressed older adults (Serrano, Latorre, Gatz, & Montanes, 2004).

No studies have investigated overgeneral retrieval (i.e., increased specific retrieval and decreased categoric retrieval) prior to and following treatment for PTSD. We tested the proposal that overgeneral retrieval in PTSD would decrease following treatment by administering the autobiographical memory test prior to and following cognitive behaviour therapy (CBT) of PTSD. We tested the influence of CBT because it is the treatment of choice for PTSD (Harvey, Bryant, & Tarrier, 2003). We predicted that successful response to CBT would lead to greater specific retrieval of autobiographical memories in PTSD.

## Method

### Design

A 2 (assessment point: pretreatment, posttreatment)  $\times$  2 (cue valence: positive, negative cue words) repeated-measures design was employed in which PTSD participants were administered positive and negative cue words to elicit autobiographical memories before and after treatment.

### Participants

Participants comprised 20 chronic PTSD (11 female, 9 male) participants of mean age 35.74 years ( $SD = 9.84$ ) who were referred to the Westmead Hospital PTSD Unit following non-sexual assault ( $n = 10$ ) or

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