



Non-ruminative processing reduces overgeneral autobiographical memory retrieval in students

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ABSTRACT

It has been suggested that overgeneral memory (OGM) represents a vulnerability marker for depression [Williams, J. M. G., Barnhofer, T., Crane, C., Hermans, D., Raes, F., Watkins, E., et al. (2007). Autobiographical memory specificity and emotional disorder. *Psychological Bulletin*, 133, 122–148]. One important underlying mechanism involved is rumination [e.g., Watkins, E., & Teasdale, J. D. (2001). Rumination and overgeneral memory in depression: Effects of self-focus and analytic thinking. *Journal of Abnormal Psychology*, 110, 353–357; Watkins, E., & Teasdale, J. D. (2004). Adaptive and maladaptive self-focus in depression. *Journal of Affective Disorders*, 82, 1–8]. It is as yet unclear to what extent the relationship between rumination and OGM also applies to nonclinical groups. The present study investigated this relationship in a nonclinical student sample, using an innovative sentence completion procedure to assess OGM. As hypothesized, the experimental induction of a concrete, process-focused (or non-ruminative) thinking style ($n = 102$) led to less OGMs as compared to the experimental induction of an abstract, evaluative (or ruminative) thinking style ($n = 93$). The present results add to the accumulating body of evidence that abstract, evaluative (or ruminative) thinking is a crucial underlying process of OGM, and expand prior literature by extending this idea to nonclinical individuals and by using a new procedure to assess OGM.

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Introduction

Research over the past 20 years, using the Autobiographical Memory cue-word Test (AMT; Williams & Broadbent, 1986), has consistently shown that depressed individuals have more difficulty retrieving specific memories (SMs) from their autobiographical memory (AM) than non-depressed individuals (see Williams et al., 2007, for a review). When asked to retrieve such specific personal memories, relative to non-depressed individuals, depressed individuals recall more overgeneral categoric memories. Overgeneral categoric memories refer to categories or summaries of similar events. For example, in response to “happy” as a cue word, a depressed individual might respond with “whenever I go out for a drink” (i.e., an overgeneral memory (OGM)), rather than with a SM such as “that Friday evening last month when we went for a drink in an Irish Pub in Antwerp with some colleagues after our annual shareholders’ meeting”. This particular memory phenomenon has been termed OGM.

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Interestingly, research has shown that OGM, or lack of AM specificity, does not disappear once the depression remits, with level of AM specificity remaining stable over time even when the severity of depressive symptoms declines (e.g., Brittlebank, Scott, Williams, & Ferrier, 1993; Peeters, Wessel, Merckelbach, & Boon-Vermeeren, 2002; Raes et al., 2006). Similarly, studies that compared formerly (remitted) depressed patients with patients who are currently depressed found that both groups do not differ with regard to the level of AM specificity (e.g., Park, Goodyer, & Teasdale, 2002); and formerly and currently depressed patients are typically found to be more overgeneral than never-depressed controls (e.g., Mackinger, Pachinger, Leibetseder, & Fartacek, 2000; Park et al., 2002). The extent to which depressed patients exhibit OGM, moreover, has been found to predict clinical outcome in depression, with patients high in OGM experiencing a worse outcome (e.g., Brittlebank et al., 1993; Hermans et al., in press; Peeters et al., 2002; Raes et al., 2006; though see Brewin, Reynolds, & Tata, 1999, for a non-replication). Taken as a whole, these findings suggest that OGM is not mood-state dependent and might represent a *trait or vulnerability marker* for depression or depressive relapse.

Recently, researchers have started to focus their attention on the study of the mechanisms underlying the phenomenon of OGM. A recent theoretical model for OGM (CaR-FA-X model; Williams et al., 2007) describes three different, although not mutually exclusive important processes underlying OGM: functional avoidance (or affect regulation; see also Hermans, Raes, Iberico, & Williams, 2006), reduced executive capacity (see also Dalgleish et al., 2007), and rumination. The focus of the present study is on the latter process, that is, rumination. Rumination refers to repetitively thinking about one's (depressed) feelings, its causes and consequences (Nolen-Hoeksema, 1991). Besides correlational evidence for the association between rumination and OGM (e.g., Raes et al., 2005; Ramponi, Barnard, & Nimmo-Smith, 2004), Watkins and colleagues showed that by experimentally reducing rumination, AM retrieval becomes less overgeneral in depressed and dysphoric participants (Watkins & Teasdale, 2001, 2004; Watkins, Teasdale, & Williams, 2000; also see Kao, Dritschel, & Astell, 2006; Park, Goodyer, & Teasdale, 2004). For example, Watkins et al. (2000) showed that OGM was reduced in dysphoric participants using non-ruminative, distraction instructions, relative to a condition where ruminative thinking was exacerbated via instructions to think about the meaning, consequences and causes of one's feelings (e.g., "think about why you feel the way you do"). The distraction manipulation involved focusing one's attention on mental images unrelated to self or mood, promoting sensory-perceptual processing (e.g., "think about the shape of a large black umbrella").

Hitherto, it is still unknown to what extent the causal relationship between rumination and OGM also generalizes to nonclinical samples or whether it selectively applies to clinical samples only (e.g., depressed or dysphoric individuals). Only one study so far has investigated whether rumination is causally related to OGM in nonclinical individuals. Barnard, Watkins and Ramponi (2006) asked nonclinical participants to repeatedly generate self-related information on the same theme (a methodology that induces a mental mode that is similar to rumination, in that it implies repeated thinking on a self-related theme, a model of the perseverative and repetitive thinking found in rumination). AM specificity was reduced when generating self-related information on the same, "perseverative" theme, relative to when self-related information was generated across different themes.

Besides the aspect of repetitiveness involved in rumination, recent conceptualizations of rumination highlight yet another important characteristic of rumination, namely its *abstract, verbally based, analytical and evaluative nature* (Moberly & Watkins, 2006; Watkins & Moulds, 2005). Such an abstract, verbally based and evaluative processing mode (phenomenologically consistent with rumination observed in dysphoria and depression) is typically contrasted in such models of rumination to a more concrete, imagery-based, experiential and process-focused processing style (characteristic of a non-ruminative, or opposite to a ruminative processing mode). Such concrete, process-focused processing has been found to reduce emotional vulnerability to an experimentally induced stressor (relative to abstract, evaluative processing) in students high in trait rumination (Moberly & Watkins, 2006). Studies have also shown that in clinical (depressed) samples, concrete, process-focused processing (compared to abstract, evaluative processing) (a) improves interpersonal problem solving (Watkins & Moulds, 2005), (b) reduces negative global self-judgments (Rimes & Watkins, 2005), and (c) reduces OGM (Watkins & Teasdale, 2001, 2004).

To date, the impact of rumination on OGM, when rumination is operationalized as an abstract, evaluative (vs. a more concrete, process-focused) processing mode, has not been studied in nonclinical groups. Therefore, investigating this was the main aim of the present study. One possible reason why studies on the impact of rumination on OGM in nonclinical samples are sparse, is that the standard way to measure OGM (i.e., the AMT cue-word task) often appears to be insufficiently sensitive to detect OGM in nonclinical individuals (for a more extensive discussion of this issue, see Raes, Hermans, Williams, & Eelen, 2007). Recently, we developed an alternative and more sensitive procedure to assess OGM in nonclinical individuals: the *Sentence Completion for Events from the Past Test* (SCEPT; Raes et al., 2007). In the SCEPT, participants are asked to complete a series of sentence stems that all probe for past experiences. Subsequently, sentence completions are scored for specificity vs. overgenerality. In nonclinical participants, the SCEPT elicits a higher proportion of OGM than the AMT. Further, OGM as measured with the SCEPT is positively correlated with scores on a rumination self-report scale (Raes et al., 2007), underscoring the validity of this method to assess OGM. More recently, we developed a forced choice version of the SCEPT (FC-SCEPT; Raes, 2006) in which participants are asked to complete either a specific or an overgeneral stem for each of a set of sentence stems. Consistent with the association between rumination and OGM recall, pilot work (Raes, 2006) has shown that the proportion of pairs for which nonclinical respondents choose to complete the overgeneral stem is significantly correlated with scores on a rumination self-report scale. Given the strength of both the SCEPT and FC-SCEPT to detect OGM in nonclinical samples, relative to the AMT, these procedures might be better suited than the AMT to study the causal effects of rumination on OGM in nonclinical groups.

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