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# Correlates of autobiographical memory specificity: the role of depression, anxiety and childhood trauma

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## Abstract

The present study examined the role of childhood trauma, major depressive disorder (MDD), and anxiety disorder (AD) in overgeneral autobiographical memory. Ninety-three outpatients and 24 healthy controls completed a childhood trauma questionnaire and an autobiographical memory test (AMT). Results showed that MDD diagnosis rather than trauma history predicted AMT-performance. Memory specificity was not related to AD diagnosis, recovered MDD, or self-rated depression severity. The present findings cast doubts on theories that emphasize the role of childhood trauma in overgeneral autobiographical memory. © 2001 Elsevier Science Ltd. All rights reserved.

*Keywords:* Autobiographical memory specificity; Mood disorders; Trauma

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## 1. Introduction

Over the past few years, knowledge about autobiographical memory functioning in the emotional disorders has steadily accumulated (see for an overview Williams, 1996). One particularly interesting line of research has focused on the relative inability of some patients to retrieve

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specific autobiographical memories even when they are explicitly instructed to do so. Instead, these patients respond to cue-words (e.g., ‘happy’) with so-called overgeneral memories, that is, memories reflecting several occurrences or a category of situations (e.g., “When I’m playing squash”) rather than one specific event (e.g., “The day we left to go on holiday”; Williams & Dritschel, 1988).

The phenomenon of overgeneral autobiographical memory was first described in a study that addressed the issue of why overdose patients display relatively long latencies to retrieve personal memories, especially in response to positive cue words (Williams & Broadbent, 1986). Williams and Broadbent (1986) found that this latency effect was, at least in part, attributable to overdose patients producing more overgeneral memories than hospital controls. This study was instrumental in drawing researchers’ attention to the more qualitative (i.e., specific vs overgeneral) aspects of autobiographical memory.

As overdose patients form a heterogeneous group, the question rises what characteristics of this group are associated with overgeneral autobiographical memory. A likely candidate is depression. Indeed, a recurrent finding is that patients with a diagnosis of current major depressive disorder display a tendency to produce overgeneral memories (Goddard, Dritschel & Burton, 1996; Kuyken & Dalgliesh, 1995; Moore, Watts & Williams, 1988; Williams & Scott, 1988). While the phenomenon has also been observed in anxiety disordered patients, there are indications that in these patients, overgeneral memories critically depend on co-morbid depression. For example, Burke and Mathews (1992, experiment 1) found that emotional memories of generalized anxiety disorder (GAD) patients were more overgeneral than such memories of control participants. However, the authors failed to find overgeneral memories in a second experiment. Moreover, the GAD patients reported significantly higher levels of depressed mood than the controls. Further evidence for the idea that overgeneral memories are linked to depression rather than to anxiety comes from a study of patients with obsessive-compulsive disorder (OCD; Wilhelm, McNally, Baer & Florin, 1997). In that study, the most robust manifestations of overgeneral memories were found in those OCD patients who had co-morbid major depression.

The studies cited above could easily be interpreted as indicating that overgeneral recall of autobiographical events is nothing more than an epiphenomenon of a transient depressive state. However, there are good reasons to believe that a lack of specificity is not mood-dependent but rather reflects a stable trait (e.g., Williams, 1996). To begin with, a number of studies failed to find significant correlations between mood questionnaire scores and overgeneral recall (Kuyken & Brewin, 1995; Merckelbach, Muris & Horselenberg, 1996; Sidley, Whitaker, Calam & Wells, 1997; Williams & Dritschel, 1988). Furthermore, Williams and Dritschel (1988) found that recovered overdose patients were comparable to current overdose patients in terms of their autobiographical memory performance. Finally, a longitudinal study by Brittlebank and colleagues (Brittlebank, Scott, Williams & Ferrier, 1993) showed that autobiographical memory performance at baseline, but *not* initial depression, predicted depression severity at 7-month follow-up. Taken together, these findings are consistent with the idea that overgeneral memories reflect a trait-like phenomenon.

There are some indications that overgeneral autobiographical recall may also be present in individuals who suffered from a psychological trauma. For example, studies on trauma-related anxiety disorders (i.e., posttraumatic stress disorder and acute stress disorder) demonstrate that overgeneral memory phenomena occur even after the contribution of depressed mood was statisti-

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