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Intrusive memories in depression and posttraumatic stress disorder

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Abstract

This study compared the stressors and consequent intrusive memories reported by matched samples of patients with posttraumatic stress disorder (PTSD) and major depression. Although intrusive memories were slightly more common among PTSD patients, both quantitative and qualitative measures revealed few differences between the groups. PTSD patients were more likely to have experienced personal illness or assault, and depressed patients family deaths and illness, and interpersonal events. Factor analysis of the associated emotions and memory characteristics suggested the existence of specific links between fear and reliving, and helplessness and out-of-body experiences. Possible inhibitory relationships between fear and sadness, and between guilt and anger, were also noted. © 1999 Elsevier Science Ltd. All rights reserved.

1. Introduction

Systematic empirical research on posttraumatic stress disorder (PTSD) is of relatively recent origin, and has been heavily influenced by definitions of the disorder contained in the diagnostic and statistical manuals produced by the American Psychiatric Association. Important though these have been, they inevitably rested on some untested assumptions that are now coming under greater scrutiny. Many important diagnostic issues relating to PTSD remain to be clarified (Davidson & Foa, 1991), and our understanding of the disorder is undergoing important changes (e.g. Yehuda & McFarlane, 1995). In this article we examine the assumption that intrusive memories of stressful or traumatic events are a distinctive feature of

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PTSD, by conducting qualitative and quantitative comparisons of intrusive memories in PTSD and major depressive disorder. Although DSM-IV lists re-experiencing symptoms as a feature of PTSD and does not identify them as a component of depression, previous work has suggested that depressed patients experience intrusive memories at a level equivalent to PTSD patients (Kuyken & Brewin, 1994; Brewin, Hunter, Carroll, & Tata, 1996). However, no study has directly compared this phenomenon in matched samples of patients with PTSD and depression.

PTSD shares a number of clinical characteristics with other psychiatric disorders and is rarely diagnosed in isolation. Comorbidity with depression is especially common, whether in samples of inpatients with PTSD (Green, Lindy, & Grace, 1985), community samples (Davidson, Hughes, Blazer, & George, 1991; Helzer, Robins, & McEvoy, 1987; Shore, Vollmer, & Tatum, 1989), Vietnam veterans (Davidson & Foa, 1991), or underground train drivers (Farmer, Tranah, O'Donnell, & Catalan, 1992). Several authors, noting the high comorbidity of depression and PTSD, have pointed to the substantial symptom overlap between the two, with many depressive symptoms appearing in sections C and D of the diagnostic and statistical manual's (DSM-III-R: APA, 1987) criteria for PTSD (Farmer et al., 1992; McNally, 1992). Other symptoms such as guilt are commonly found in both conditions.

There are also striking similarities between depression and PTSD in cognitive processing. Depression is, in general, associated with an increased access to negative memories and a decreased access to positive memories (e.g. Williams, Watts, MacLeod, & Mathews, 1997). Anxiety disorders, in contrast, have been linked by Williams et al. to attentional rather than to memory biases. PTSD, however, is by definition a disorder involving repeated unwanted access to memories of a traumatic incident, and in this respect shares important characteristics with depression. Another characteristic and reliable aspect of memory functioning in depression is overgeneral memory, the inability to retrieve a specific autobiographical memory to cue words such as 'successful' or 'lonely'. Instead of retrieving an episode that occurred at a particular time and place, the depressed tend to produce memories relating to a series of incidents or to a whole period in their life. This problem of overgeneral recall has been repeatedly found in depressed patients (Moore, Watts, & Williams, 1988; Williams & Scott, 1988; Williams, 1992; Kuyken & Brewin, 1995), and also appears to be a feature of PTSD (McNally, Litz, Prassas, Shin, & Weathers, 1994; McNally, Lasko, Macklin, & Pitman, 1995).

Consistent with DSM-IV, the intrusive symptoms of PTSD have generally been regarded as characteristic of anxiety disorders, rather than depression (e.g. Davidson & Foa, 1991). McNally (1992) suggested that the distinctive features of PTSD are the exaggerated startle, the re-experiencing symptoms (such as nightmares or intrusive memories of the trauma) and physiological reactivity to trauma-related cues. However, intrusive waking memories, nightmares, and physiological arousal are typical of normal responses to major life stressors including bereavement (see Brewin, Dalgleish, & Joseph, 1996, for a review). Moreover, recent studies of depressed psychiatric patients have found that around 86% describe experiencing repetitive intrusive memories (Kuyken & Brewin, 1994; Brewin et al., 1996b).

In the first study to address this issue, Kuyken and Brewin (1994) interviewed depressed women about experiences meeting research criteria for childhood physical or sexual abuse and asked whether they had been experiencing intrusive memories of the abuse in the week prior to interview. Women completed the impact of event scale (IES: Horowitz, Wilner, & Alvarez,