Autobiographical memory specificity, psychopathology, depressed mood and the use of the Autobiographical Memory Test: a meta-analysis

Michiel F. van Vreeswijk [a,*], Erik Jan de Wilde [b]

[a] *GGZ Delfland, Psychiatric Hospital, 2600 AJ Delft, The Netherlands*
[b] *Municipal Health Service Rotterdam, Department of Youth, Rotterdam, The Netherlands*

Abstract

Reviewing the literature on autobiographical memory overgenerality, as measured by a cueing task like the Autobiographical Memory Test (AMT), gives a diffuse view of the moderating role of depression. This meta-analysis is an attempt to investigate the role of depression in the specificity of autobiographical memory, while accounting for the role of patient and task variables as possible moderators. Meta-analytic techniques are used to synthesize data from 14 studies on the recall of specific autobiographical memories in psychiatric and non-psychiatric samples. The results confirm the relationship between overgenerality and depression. The psychiatric patients are less specific than their non-clinical controls. It is not possible to establish that this result is solely due to a (co-morbid) diagnosis of depression. Self-reported depressed mood is also related to an impairment of autobiographical memory specificity. The way of presenting cues, audio taping responses and the maximum available amount of time to respond, are moderators of AMT performance.
© 2003 Elsevier Ltd. All rights reserved.

Keywords: Autobiographical Memory Test; Depression; Depressive mood; Meta-analysis

1. Introduction

Reviewing the literature on the specificity of autobiographical memory as measured with the Autobiographical Memory Test (AMT; Williams & Broadbent, 1986) one can get overwhelmed

* Corresponding author. Fax: + 31(0)15-2608780.
 E-mail address: m.v.vreeswijk@ggz-delfland.nl (M.F. van Vreeswijk).

as it is growing increasingly large and confusing. This meta-analysis tries to (empirically) synthesize the results found so far.

Williams and Broadbent (1986) first discovered, after presenting a latency task, less specific autobiographical memories among a group of suicide attempters. Subjects were asked to respond with a specific personal memory to positive and negative valenced words (AMT; Williams & Broadbent, 1986). A specific memory, as defined by Williams and Broadbent (1986), refers to an event that has happened at a particular place and time and has not lasted longer than a day. If subjects respond with a memory that is not specific, they are prompted to do so. The authors found that those who had attempted suicide were more overgeneral in their memories. As the research in this field progressed, it became clear that the overgeneral memories most often referred to events that happened repeatedly ('categoric memories') and less often referred to events which lasted longer than one day ('extended memories') (Williams, 1996).

The finding of overgenerality in autobiographical memory is important since it has been found to correlate with problem-solving performance (Pollock & Williams, 2001; Evans, Williams, O' Loughlin, & Howells, 1992), imageability of future events (Williams et al., 1996) and with the prediction of persistence of depression (e.g. Dalgleish, Spinks, Yiend, & Kuyken, 2001). In a study of Brittlebank, Scott, Williams, and Ferrier (1993) depressed patients were followed for 7 months and assessed at three different times. Scores on the AMT at the first assessment explained 33% of the variance in the depression scores 7 months later (for a non-replication see Brewin, Reynolds, & Tata, 1999). Based on these findings, the authors concluded that overgenerality is a trait marker, rather than a state marker, that makes people vulnerable for depression. In this perspective being less specific can be seen as a long-term cognitive style, which is almost irreversible. Not only should the results of Brittlebank et al. (1993) be considered as correlational instead of causal, recently the irreversibility of overgenerality has also been questioned. In the study of Williams, Teasdale, Segal, and Soulsby (2000) recovered depressed patients were treated either by a standard psychological relapse prevention treatment or by Mindfulness-Based Cognitive Therapy (MBCT). Those treated with MBCT showed a significant reduction in overgeneral memories in contrast to those treated by a standard psychological treatment.

Since 1986, several studies using the AMT have replicated the results of Williams and Broadbent and have found overgenerality of autobiographical memories in other clinical groups as well. Autobiographical memories have been found in patients with depression (Kuyken & Dalgleish, 1995; Goddard, Dritschel, & Burton, 1996; Brewin, Watson, McCarthy, Hyman, & Dayson, 1998; Scott, Stanton, Garland, & Ferrier, 2000; Kaney, Bowen-Jones, & Bentall, 1999; Wessel, Meeren, Peeters, Arntz, & Merkelbach, 2001), Post Traumatic Stress Disorder (PTSD) (McNally, Litz, Prassas, Shin, & Weathers, 1994; McNally, Lasko Macklin & Pitman, 1995), Acute Stress Disorder (ASD) (Harvey, Bryant, & Dang, 1998) and Borderline Personality Disorder (BPD) (Jones et al., 1999). However, some of these studies report overgeneral memory scores while others display autobiographical memory specificity scores.

In all these studies, patients had less specific memories than normal controls. The findings on the effects of cue valence on both specificity as well latency do not show the same consistency across studies. For example, Williams and Scott (1988) and McNally et al. (1994) found patients to be less specific in their memories in response to positive cues, whereas Jones et al. (1999) found a reduction in specificity of memories in response to negative rather than to positive and