



Phenomenological characteristics of recovered memory in nonclinical individuals



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ABSTRACT

A central hypothesis of recovered memory is that the source of the memory may be misattributed, and the memory of an imagined event may be mistaken as the memory of the perceived event that was not remembered. The judgment of memory source depends upon phenomenological characteristics. Thus, the present study investigated characteristics of recovered memory. To exclude potential confounding effects of traumatic stress and acute mental illness, data on recovered memories of diverse valences in a nonclinical sample were collected. Self-report scales including a measure of memory characteristics were used to evaluate recovered memories and age-matched autobiographical memories that had been continuously remembered. The results showed that recovered memory was of lower clarity and contained less detailed sensory, contextual, and temporal information; additionally, it was associated with fewer thoughts and lower intensity of feelings. Participants also felt less confident regarding the veracity of recovered memory in comparison with continuous memory. In contrast to recovered trauma memory reported by clinical clients, vivid sensory details and intense affect did not characterize recovered memory in nonclinical individuals. The reduction in perceptual and contextual information, as well as cognitive operations, may increase the difficulty of judging the source of recovered memory.

1. Introduction

People forget seemingly significant autobiographical events despite usually assuming that all memorable events in their lives are well-remembered (Lindsay and Read, 2006). In contrast, the recovery of a memory pertinent to an episode for which a person has no knowledge is relatively uncommon (Chiu et al., 2012b). Recovered memory is defined as an autobiographical event which had been unknown until a memory of the event was discovered (Frankel, 1995). The emotionality of a discovered event can vary from positive to neutral and negative valence (Chiu et al., 2012b; van der Hart et al., 2005), though clinically recovered memory usually involves potentially traumatizing events, such as childhood maltreatment (Andrews et al., 1999).

Debate continues regarding the veracity of recovered events and their underlying mechanisms, especially for those pertinent to early experiences of maltreatment (Brewin and Andrews, 1998; Loftus, 1993; Schooler et al., 1997; Sivers et al., 2002). A number of researchers cast doubt on the veracity of discovered autobiographical experience and suspect that a memory internally constructed through imagination is misattributed as a memory of an event having truly occurred (e.g., Hyman and Pentland, 1996). However, the memory of a previously reported emotional autobiographical experience can be initially

inaccessible and later successfully recollected (Corwin and Olafson, 1997). There is also evidence implying that previously inaccessible traumatizing events revealed in recovered memory may be true (Andrews et al., 1999; Chu et al., 1999).

Although the same phenomenological dimensions are used to delineate the experience of remembering a genuine and false memory, quantitative differences exist between the externally derived memory of an event that has been perceived and the internally generated memory of an imagined event related to personal fantasies and dreams or developed through other people's suggestion (Pezdek and Taylor, 2000). Memory of a recently perceived event incorporates more perceptual, contextual, and affective information, and memory of an imagined event involves more records of cognitive operations, such as rehearsal and reasoning (Johnson et al., 1993). Notably, this distinction between perceived and imagined events does not appear for memories of a childhood event. For college students, the memory characteristics of childhood natural imagery (e.g., a fantasy, a dream, and an unfulfilled intention) were not readily distinguishable from those of perceived childhood events (Arbuthnott et al., 2002; Johnson et al., 1988). Intriguingly, the characteristics of childhood memory implanted in adulthood were qualitatively different from those of perceived childhood events with lower vividness and clarity and poorer coherence

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(Porter et al., 1999).

Given that records of perceptual, contextual (spatial and temporal), semantic, and affective information, as well as cognitive operations, are evaluated for the judgment of the origin, i.e., the source of a memory (Johnson et al., 1993), studying the memory characteristics of a discovered event is a necessary step to uncover the source attribution process of this atypical memory phenomenon. However, few studies have been published regarding the characteristics of recovered memory. In the exceptional case reports of clinical clients with recovered memory of child sexual abuse (Colangelo, 2009; Duggal and Sroufe, 1998), fragmented episodes filled with vivid somatosensory details seemingly characterized these memories. For instance, the client heard the voice of the alleged male abuser, felt the skin of his body, and observed him with his glasses on (Duggal and Sroufe, 1998). The recall of these memories was accompanied by intense negative emotions. The findings were consistent with a survey study in clinical practitioners who had a client with recovered trauma memory (Andrews et al., 2000). Sixty-two percent of the memory returned in fragments (at least initially), and eighty-two percent was highly detailed. The two most common emotions accompanying the recovery of that memory were fear (41%) and distress (24%).

At first glance, vivid somatosensory details and intensive affective reactions may differentiate recovered memory from other childhood memories. Abundant sensory and affective information may lead to a subjective sense of its genuineness. Nevertheless, methodological drawbacks exist in the studies. First, the characteristics of recovered memory were not compared with age-matched ordinary autobiographical memory. Most recovered memories pertaining to an event in childhood and the memory characteristics between perceived and imagined childhood events are not readily differentiated (Arbuthnott et al., 2002; Johnson et al., 1988). This lack of comparison renders it difficult to interpret the findings. Second, past studies of recovered memory focused upon trauma memory in clinical patients. Vivid sensory details and fragmented representations were the very features of pathological trauma memory (Hackmann et al., 2004; van der Kolk and Fisler, 1995). The results may be confounded with the traumatic stress of the event and the acute stage of mental illness.

In a previous study, we investigated the emotionality of recovered memory experience and its relationship with childhood interpersonal adversity in a nonclinical sample (Chiu et al., 2012b). The results showed that negative emotion and traumatic experience are not necessary for an event to be discovered later. However, the characteristics of the recovered memories were not analyzed, and little is known regarding this critical aspect of recovered memory experience.

The current study aimed to investigate this issue. The use of a nonclinical sample and recovered memories of varying emotional valence can reduce the confounding effects of traumatic stress and the acute status of mental illness. An age-matched autobiographical event that has been continuously remembered (i.e., continuous memory) was collected as a control. For the sake of comparison with previous studies, the same instrument, i.e., the Memory Characteristics Questionnaire, was used to assess the characteristics of recovered and continuous memories. In addition, three cognitive traits, including dissociation proneness, fantasy proneness, and cognitive failure, were measured (Merckelbach et al., 1999). Dissociation and fantasy proneness are two variables linked to recovered memory experience (Chiu et al., 2012b; Geraerts et al., 2006b). Dissociation proneness correlates positively with the degree of traumatic amnesia in clinical patients (Carlson et al., 1998), and dissociation proneness involves a set of atypical control operations in information processing (Chiu et al., 2009, 2010, 2012a, 2016). Fantasy proneness is associated with memory illusion, i.e., falsely endorsing memory for an experimental item that was not presented (Geraerts et al., 2005). Associations with these cognitive traits may reveal on what characteristics these traits may exert an effect.

2. Methods

2.1. Participants

The study protocol was approved by the research ethics committee of the Department of Psychology at National Taiwan University. Four waves of group surveys were done in psychology courses across two academic years (N = 947). Several self-report scales for diverse studies pertaining to clinical, as well as personality, social, and organizational, psychology were administered. One instrument among these scales measured the variables assessed in the current study, including recovered memory experience (“I suddenly recollected a memory of a past event, and I was not aware of the event until the discovery of the memory.”), as well as dissociation and fantasy proneness. Sixty-eight undergraduate students who had recovered memory experience accepted the invitation to join a follow-up assessment. Thirty-nine percent of the participants were male, and the average age was 21.19 (SD = 1.92) years. Regarding the valence of recovered memories reported in the current study, 25 (37%) were neutral at the time the event occurred, 18 (26%) were positive, and 25 (37%) were negative. The valence remained consistent when the recovered events were evaluated from another two perspectives (i.e., at the moment of first remembering the event and from a third person's point of view; Chiu et al., 2012b).

2.2. Instruments

2.2.1. Memory Characteristic Questionnaire (MCQ)

The MCQ is a self-report scale designed to measure the characteristics of an autobiographical memory (Johnson et al., 1988). The 39 items of the MCQ cover seven dimensions, including clarity, sensory details, contextual details, temporal details, thoughts and feelings, intensity of feelings, and frequency of consideration (McGinnis and Roberts, 1996; Suengas and Johnson, 1998). The age at which the event occurred and confidence in the accuracy of the memory are also surveyed. Except for the age item, all items are measured via a seven-point scale.

2.2.2. Dissociative Experiences Scale (DES)

Dissociation proneness was assessed using the DES (Bernstein and Putnam, 1986; Carlson and Putnam, 1993). The DES comprises 28 items describing common dissociative experiences of patients with dissociative disorders. These experiences include disruptions in attention (e.g., absorption), perception (e.g., depersonalization and derealization), or memory (e.g., amnesia). The frequency of each experience is measured on an 11-point Likert scale from 0 (never) to 100 (always). The psychometric properties of this instrument are well documented (see van Ijzendoorn and Schuengel, 1996, for a review).

2.2.3. Creative Experience Questionnaire (CEQ)

Fantasy proneness was assessed by the CEQ (Merckelbach et al., 2001). The CEQ comprises 25 items measuring the tendency toward fantasy and magical thinking. For example, items ask if respondents spend much time fantasizing and daydreaming, become nauseated when imagining having eaten rotten food, and had make-believe friends and animals in childhood. The frequency of each item is measured on a yes/no binary scale, and the scores of the 25 items are summed to yield a single total score. The CEQ has reasonable psychometric properties including test-retest reliability and construct validity.

2.2.4. Cognitive Failure Questionnaire (CFQ)

The CFQ is a 25-item self-report questionnaire to assess cognitive lapses in daily activities, including problems in attention and memory (Broadbent et al., 1982). All of the lapses prevail in the majority of people, and most individuals have them at least occasionally. Each item is measured on a five-point scale from 0 (never) to 4 (very often). The construct validity of the CFQ has been established (Wallace et al.,

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