



# Psychometric properties and correlates of the Polish version of the Squire Subjective Memory Questionnaire (SSMQ)



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## ABSTRACT

The term “memory distrust” describes a phenomenon in which individuals have a profound distrust of their own memory ability. This article presents the results of research on the Polish version of an instrument that was developed to measure trait memory distrust, the Squire Subjective Memory Questionnaire (SSMQ). A total of 1193 individuals were recruited at high schools, a university, and through online advertisements. The SSMQ was found to have satisfactory internal consistency, validity, and test–retest reliability. Trusting one’s memory was correlated with more favorable and beneficial traits, like hedonic tone, energetic arousal, self-efficacy, and positivity, while memory distrust was related to tense arousal and compliance. Mediation analyses revealed that memory distrust affects various individual traits via lowered self-esteem. The results confirmed that the Polish version of the SSMQ can be a useful screening tool for differentiating between people who do and do not suffer from memory distrust, and thus, for identifying witnesses who are prone to memory distortions.

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## 1. Introduction

The subjective assessment of one’s own memory is an important psychological process, both in everyday life and in the clinical context. Some people seem to suffer from permanent lack of confidence in their memory, which is known as “memory distrust” (Gudjonsson, 2003; Van Bergen, 2011), and which may have far reaching consequences, especially in the forensic context (Van Bergen, 2011). The aim of this article is to present the Polish adaptation of the Squire Subjective Memory Questionnaire (SSMQ), a tool designed to test subjective memory (Squire, Wetzel, & Slater, 1979).

Memory distrust syndrome (MDS) is defined as “a condition where people develop profound distrust of their memory recollections” (Gudjonsson, 2003, p. 196). An important aspect of research on MDS relates to questions regarding the extent to which MDS may influence the quality of eyewitness testimony (e.g. Gudjonsson, Kopelman, & MacKeith, 1999). Gudjonsson, Sigurdsson, Sigurdardottir, Steinthorsson, and Sigurdardottir (2014) found that memory distrust, suggestibility, compliance, and proneness to fantasy increase the probability of false testimony. This is probably due to the fact that these factors are inversely associated with the distinctiveness heuristic, which helps individuals to remember outstanding details. Also, according to Schacter (2003), flaws in the distinctiveness heuristic make it difficult to distinguish between true memories and information suggested by others.

Van Bergen, Jelicic, and Merckelbach (2008), who examined the effect of interrogation techniques on MDS, found that techniques which suggested that study participants had memory problems created greater memory distrust than presenting false technical evidence, false eyewitness evidence, or minimizing or maximizing the consequences of crime. Van Bergen et al. (2008) also found that MDS is correlated with the tendency to make false confessions. Research by Van Bergen, Jelicic, and Merckelbach (2009) found that negative subjective beliefs about one’s memory were accompanied by compliance and more self-reported cognitive failures, but not by interrogative suggestibility or false confessions. In addition, they found that the correlation between memory beliefs and objective memory performance was positive, suggesting that the participants were able to accurately evaluate the quality of their own memory. However, research by Van Bergen, Horselenberg, Merckelbach, Jelicic, and Beckers (2010) found memory distrust correlated with the tendency to yield to the misinformation effect, which consists of giving testimony about an event that includes misinformation about the event stemming from post-event material.

The original version of the SSMQ was constructed in order to investigate memory problems before and after electroconvulsive therapy (ECT). Specifically, Squire et al. (1979) aimed to differentiate between subjective memory problems connected with depression and memory problems caused by ECT. The SSMQ consists of 18 items that are rated on a 9-point scale ranging from –4 to 4, labeled as “worse than ever before” (–4) to “better than ever before” (+4). The participants in the Squire et al. study rated sentences by assigning each a number corresponding to their perception of their memory: e.g. “My ability to remember what I read and what I watch on television is ...”. Using this tool, Squire et al. (1979) found that depressive patients rated their

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memory somewhat negatively before ECT, that their ratings of their memory dropped significantly after the therapy, and that their confidence in their memory was restored half a year after the therapy.

To our knowledge, the only existing adaptation of the SSMQ is the Dutch version (Van Bergen, Brands Jelicic, & Merckelbach, 2010). The factor analysis of the Dutch version of the SSMQ suggested the existence of only one factor. The internal consistency (Cronbach's  $\alpha$ ) was excellent, ranging from .88 to .96 in their samples. The three-month test-retest reliability was .87, and the six-week reliability was .90. Age was negatively correlated with memory beliefs (older participants rated their memory lower), and men rated their memory as being better than did women.

With respect to validity, the SSMQ has been found to be negatively correlated with cognitive failures (Cognitive Failures Questionnaire, CFQ; Broadbent, Cooper, Fitzgerald, & Parkes, 1982) and compliance (Gudjonsson Compliance Scale, GCS; Gudjonsson, 1989) in one out of three samples, and with depression (Beck Depression Inventory, BDI; Beck, Steer, & Brown, 1996) in one sample out of five. Finally, the SSMQ was found to be correlated positively with objective memory scores (Auditory Verbal Learning Test, AVLT; Rey, 1964) in two samples consisting of healthy subjects, but not in a clinical sample. These results largely support the construct and convergent validity of the SSMQ.

Below, we present the results of research on the Polish adaptation of the SSMQ. In choosing measures for analyzing convergent validity it was generally hypothesized that more favorable attitudes toward one's own memory would be associated with beneficial and advantageous personality traits, whereas memory distrust would be associated with negative traits.

First, it was assumed that memory distrust is negatively related to general self-esteem, because a perception of oneself as inferior in an important cognitive ability should have a negative effect on general self-esteem. It was also expected that memory distrust would be related to negative mood and the tendency to ruminate, which should lower hope for success, perceived self-efficacy, and the tendency to perceive the world positively, and should increase compliance. The general rationale for these hypotheses is that perceiving oneself as incompetent in such an important cognitive capacity as memory, may, because of feelings of inferiority, directly cause negative mood and rumination, and lower hope for success. Also, it was assumed that thinking negatively about one's memory would influence self-esteem, which in turn, would affect the traits mentioned above, in addition to increasing compliance because persons with low self-esteem probably tend to rely on the advice of others. In sum, we expected direct relationships between memory distrust and the aforementioned dependent variables, as well as an indirect relationship between memory distrust and the dependent variables through self-esteem.

## 2. Method

### 2.1. Participants

The study included 1193 participants (787 women and 406 men), aged 14–84 ( $M = 26.4$ ,  $SD = 12.8$ ). The women did not differ from the men in age (means, (SDs)) respectively: 26.1 (12.6) vs. 27.2

(13.2);  $t(1187) = -1.40$ ,  $p = .162$ ). The age distribution is presented in Table 1 (four persons did not indicate age).

A subsample of 51 participants (40 women and 11 men; mean age = 17.1,  $SD = .7$ , range = 16–19) was used to analyze the test-retest reliability of the SSMQ. All the subjects completed the SSMQ, and various random sub-samples completed other measures, as described below. The exact sample size used in each analysis is provided.

### 2.2. Materials

#### 2.2.1. Squire Subjective Memory Questionnaire (SSMQ; Squire et al., 1979)

The SSMQ was translated into Polish by two of the authors of this paper (M.K. and M.S.). The translation was subsequently back-translated into English by an expert in English literature. The back-translated version was sent to Prof. L. Squire, who did not have any reservations about the translation. The original rating system, which consisted of labeling the extreme points as “worse than ever before” to “better than ever before” was changed to make them better suited for general use, not just for experiments with repeated measures. The descriptions were changed to “disastrous” (−4) and “perfect” (+4), respectively.

#### 2.2.2. Memory Assessment Clinics Self-Rating Scale – Revised (MAC-S R-1; Crook & Larrabee, 1990; Winterling, Crook, Salama, & Gobert, 1986; Polish adaptation: Doromonic, 2004)

This is a self-report tool that assesses one's memory. It includes 49 items designed to measure two factors: ability (of memory) and frequency. The answers are given on a 5-point Likert scale.

#### 2.2.3. UWIST Mood Adjective Checklist (UMACL; Matthews, Jones, & Chamberlain, 1990; Polish adaptation: Goryńska, 2005)

The UMACL is a 29-item checklist consisting of adjectives. Participants rate the items on a 4-point Likert scale. This questionnaire measures three aspects of mood: energetic arousal, tense arousal, and hedonic tone.

#### 2.2.4. Rumination Questionnaire (RQ; Baryła & Wojciszke, 2005)

This tool measures rumination, defined as compulsive or recurring thoughts that are unrelated to actions that are being currently executed. It has two subscales: ruminating about oneself and ruminating about the social world. It consists of 20 statements, 10 for each subscale, that are rated on a 5-point Likert scale.

#### 2.2.5. Positivity Scale (PS; Caprara et al., 2012; polish adaptation: Łaguna, Oleś, & Filipiuk, 2011)

Positivity was defined as the propensity to evaluate aspects of life in general as being good (Diener, Scollon, Oishi, Dzokoto, & Suh, 2000). The tool includes eight items rated on a 5-point Likert scale.

#### 2.2.6. Self-Liking/Self-Competence Scale – Revised (SLCS-R; Tafarodi & Swann, 2001; Polish adaptation: Szpitalak & Polczyk, 2015)

This is a 16-item questionnaire designed to measure two dimensions of self-esteem: self-competence and self-liking. Answers are reported on a 5-point Likert scale.

**Table 1**  
Age distribution for women and men.

Age	Women		Men		Total	
	N	%	N	%	N	%
14–19	205	26.2	136	33.6	341	28.7
20–29	431	55.0	167	41.2	598	50.3
30–39	40	5.1	39	9.6	79	6.6
40–49	49	6.3	31	7.7	80	6.7
50–59	30	3.8	15	3.7	45	3.8
60–69	14	1.8	9	2.2	23	1.9
70–84	15	1.9	8	2.0	23	1.9

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