Shorter communication

Self-defining memories in complicated grief

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ABSTRACT

There is increasing attention to the mechanisms underpinning maladaptive responses to bereavement. This study indexed self-defining memories in bereaved individuals with and without complicated grief (CG). Participants with and without complicated grief ($N = 40$) were asked to describe three self-defining memories. Results showed that CG participants provided more self-defining memories involving the deceased. Both groups were equally likely to report their loved one's death as a self-defining moment, however, the no-CG group showed more evidence of benefit finding in their memory narratives and experienced less negative emotion on recall. The findings suggest that CG is associated with distinctive patterns of autobiographical memory that are linked to self-identity. The pattern is consistent with self-memory system models of autobiographical remembering, and suggests that grieving individuals who experience ongoing yearning for their loved one view their self-identity as more closely linked to the deceased are more distressed by memories involving the loss.

In recent years, complicated grief (CG, alternately known as prolonged grief) has been recognised as distinct and debilitating consequence of bereavement (Boelen & van den Bout, 2007; Boelen, van den Bout, & de Keijser, 2003; Lichtenthal, Cruess, & Prigerson, 2004; Prigerson, Frank, et al., 1995; Prigerson, Shear, et al., 1995). The syndrome is characterised by a persistent yearning for the deceased, difficulty accepting or believing the loss, bitterness, lack of trust, and loss of perceived meaning in life that is ongoing for at least 6 months after the death (Prigerson, Frank, et al., 1995; Zhang, El-Jawahri, & Prigerson, 2006). Although 10–15% of bereaved individuals develop CG (Bonanno & Kaltman, 2001; Stroebe, Schut, & Stroebe, 2007), relatively little is known about the cognitive mechanisms underlying the syndrome.

The yearning for the deceased person is typically associated with painful memories of the deceased (Raphael & Martinek, 1997). Accordingly, it is possible that autobiographical memories of the deceased may be one factor underpinning the maintenance of CG. The most common index of autobiographical memory is the autobiographical memory cueing task (e.g., Williams, 1995). In this task, participants are provided with cue words and asked to recall a specific personal memory in response to each word. Most studies measure the specificity of recalled memories. A specific memory is defined as a memory for an event that may have lasted just a few seconds, minutes or even hours, but not longer than a day (Williams & Dritschel, 1992). There is convergent evidence that people with depression and post-traumatic stress disorder display over-general retrieval of memories (Brittlebank, Scott, Williams, & Ferrier, 1993; Harvey, Bryant, & Dang, 1998; McNally, Lasko, Macklin, & Pitman, 1995; Sutherland & Bryant, 2008; Williams & Scott, 1988). More recently, over-general memory has been found in individuals with CG (Golden, Dalgleish, & Mackintosh, 2007). Over-general memory is seen as an important phenomenon as it is related to impaired problem solving ability (Evans, Williams, O'Loughlin, & Howells, 1992; Williams, Barnhofer, Crane, & Beck, 2005), impaired ability to specifically image the future (Dickson & Bates, 2006; Williams et al., 1996), and is a risk for developing symptomatology following stressful life events (Bryant, Sutherland, & Guthrie, 2007).

The autobiographical memory cueing task has provided important insights into the nature of autobiographical memory disturbances in psychological disorders. However, it does not necessarily index memories that are personally important to the individual (Jansari & Parkin, 1996). Employing an alternate approach, Singer and Moffitt (1991–1992) developed a method of investigating autobiographical recall that indexed self-defining memories. These are recollections that represent exemplar memories of experiences that reflect one's identity (Blagov & Singer, 2004). Self-defining memories are defined as memories that are affectively intense, repetitive, vivid and comprise enduring concerns about oneself (Singer & Salovey, 1993). They are a central feature of the autobiographical self because they are essential for the development of an internalised life story (Thorne, McLean,

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& Lawrence, 2004). In a study of patients with PTSD, Sutherland and Bryant (2005) found that individuals with PTSD reported more self-defining memories related to the trauma than trauma survivors without PTSD. That is, individuals with PTSD saw their self-identity as being more strongly influenced by their trauma than those who did not develop PTSD.

Bereavement by its very nature can challenge one's self-identity. The loss of a loved one not only disrupts attachment relationships but can also stimulate changes in established life roles and goals. The degree to which an individual is able to incorporate these changes into their self-identity and broader meaning structures is thought to be related to recovery after loss of a loved one (e.g., Boelen, van den Hout, & van den Bout, 2006; Horowitz et al., 1997; Neimeyer, Prigerson, & Davies, 2002; Parkes & Weiss, 1983; Shear & Shair, 2005). Conway and Pleydell-Pearce (2000) (see also Conway, Singer, & Tagini, 2004) posit a self-memory system model in which retrieval of specific autobiographical information is directly influenced by one's self-representations and goals. According to this model, memories that are consistent with one's self-representations are more likely to be recalled than inconsistent memories. Several studies have found a relationship between self-identity, goals and personal memories (McNally et al., 1995; Pillemer, Picariello, Law, & Reichman, 1996; Singer & Salovey, 1993; Sutherland & Bryant, 2005). According to Conway and Pleydell-Pearce's (2000) model, individuals with CG should have more self-defining memories involving the deceased than bereaved individuals without CG.

The self-defining memory paradigm has also been used to explore the relationship between meaning making in autobiographical memories and subsequent affect and personality development (Blagov & Singer, 2004). Prominent theoretical models of bereavement emphasize the crucial role that meaning making plays in the adjustment process (e.g., Fleming & Robinson, 2003; Janoff-Bulman, 1992; Neimeyer, 1998; Parkes & Weiss, 1983). Individuals who show better adjustment should also show more evidence of meaning making in their memory narratives. Research in this area has been somewhat hampered, however, by a lack of clear definitions of "meaning" (Davies, Nolen-Hoeksema, & Larson, 1998; Davis, 2008). Nonetheless, there is a growing evidence that people who perceive benefits in adversity, including bereavement, tend to show better recovery (e.g., Bauer & McAdams, 2004; Bonanno, Tedlie Moskowitz, Papa, & Folkman, 2005; Davies et al., 1998; Helgeson, Reynolds, & Tomich, 2006). McAdams, Diamond, de St Aubin, and Mansfield (1997) (see also McAdams, Reynolds, Lewis, Pattern, & Bowman, 2001) identified a particular sequence in memory narratives, related to benefit finding, that was associated to better adjustment (labelled 'redemption'). In this sequence there is a transformation from an adverse and affectively negative scene (e.g., a life threatening illness) to a subsequent affectively positive life scene (e.g., seeing oneself as a stronger person because of the illness experience). On this basis, two hypotheses can be made about the self-defining memories of bereaved individual. According to Conway and Pleydell-Pearce's (2000) model, we should expect bereaved individuals without CG to provide fewer self-defining memories that relate to the deceased than individuals with CG. However, where no-CG bereaved individuals do provide memories related to their loved ones death, we should expect more evidence of benefit finding, and less negative affect in their memory narratives than individuals with CG.

Method

Participants

Twenty individuals who met diagnostic criteria for CG and 20 bereaved individuals without CG participated (no-CG) in this study.

CG participants were seeking treatment for their grief symptoms at the Traumatic Stress Clinic in Sydney. No-CG participants responded to an advertisement seeking volunteers for a research project investigating grief experiences. Participants were excluded from this study if they met criteria for a current diagnosis of PTSD. Additional exclusion criteria for the no-CG group included a current diagnosis of major depression.

Diagnostic interview

Complicated grief assessment (Zhang et al., 2006) is a clinician administered semi-structured interview for assessing CG. The CGA interview is based on the self-report Inventory of Complicated Grief (Prigerson, Maciejewski, et al., 1995). The interview assesses for the presence of separation distress (Criterion A) and other symptoms including a difficulty accepting the death, numbness, bitterness, difficulty engaging in life and a sense of purposelessness and meaninglessness (Criterion B). A diagnosis of CG is given if Criteria A and B have been met for at least 6 months and there is evidence of serious day to day impairment in functioning (Criterion C). This measure also provides CG severity score.

Clinical Administered PTSD Scale-2 (CAPS-2; Blake et al., 1995). The CAPS-2 is a structured clinical interview that indexes the 17 symptoms described by the DSM-IV PTSD criteria. Each symptom is rated on a five-point scale in terms of severity and frequency of the symptoms in the past month.

Structure clinical interview for the DSM-IV (SCID-IV; First, Spitzer, Gibbon, & Williams, 2002). The depression model of the SCID was used in this study to assess for the presence of major depression.

Procedure

Participants underwent a clinical assessment conducted by a Master's level Clinical psychologist during which they were administered the CGA, CAPS-2 and SCID-IV Depression Module to determine diagnostic status. They returned one week later and completed a self-defining memory task based on Blagov and Singer (2004). A self-defining memory was defined to participants as a memory for an event that was important to them and had some relation to who they were as a person. They were told that "it might be a memory that you would tell someone if you wanted that person to understand you on a fundamental level. It may be positive or negative or both in how it makes you feel, the important thing is that is a memory that helps you understand who you are as a person or conveys how you have come to be that person". Participants were asked to recall three self-defining memories and describe them in turn to the experimenter. If participants described a general category of events (e.g., my family) they were prompted to try to recall a specific event ("Can you tell me about a specific event or time that comes to mind as self-defining"). After describing each memory participants was asked once if there was anything they would like to add to their description. They were then asked to rate how positive and negative they felt as they recalled the memory on two separate 7-point Likert scales ($1 = not$ $at all positive/negative$, $7 = extremely positive/negative$). Responses were audio-taped and transcribed for coding.

Memories were coded as being "Deceased Related" or "Other". "Deceased Related" memories included memories that revolved around the deceased person (e.g., "the day we got married", "when he was born") or the death ("watching her last breath", "planning his funeral"). "Other" included all other memories. Following McAdams et al. (2001) memories specifically relating to the person's death were further coded as redemption or non-redemption narratives. A memory was coded as "redemption" if the narrative included a negative event followed by specific positive consequences. Examples included recognising the importance of