Direct Retrieval Bias for Both General and Specific Memories for Negatively Valenced Cues in Severe Depression

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Abstract

Reduced specificity in autobiographical memory has been linked to Major Depressive Disorder (MDD). Regardless of the valence of the cue word, it has been suggested that this propensity results from a lack of effortful creative retrieval. However, we argue that in MDD, general memories are more likely to be recalled directly, and that this is more likely for signals with a negative valence. An extensive sample of people with MDD took the autobiographical memory test and indicated whether or not the retrievals were generative or direct as a preliminary test of this. Positively valenced cues were more frequently retrieved directly than generatively, while negatively valenced cues were more frequently recovered directly than generatively.

Keywords: Major Depressive Disorder • Stimuli

Introduction

Comparatively to generative retrieval for negatively valenced stimuli, categoric and extended memories for positively valenced cues were more frequently retrieved. Direct retrieval for negatively valenced signals was higher than in non-clinical samples. The manner of retrieval and valence may act as modifying factors in the kind of memories recalled. This early research suggests that the idea on retrieval tendencies in MDD may be expanded.

This study, which was a secondary analysis of data, looked at whether people with present MDD had different recall strategies for general or specific memories based on the valence of cues. Given their importance to the development of depression, we separately looked at categoric and extended categories of general memories as well as specific memories. Based on the aforementioned justification and data, we predicted that people with MDD will employ both direct and generative retrieval techniques for both general and specific memories.

In terms of particular predictions, we anticipated that participants would report direct retrieval for negatively valenced cues more frequently than generative retrieval and more frequently than direct retrieval for positively valenced cues for categoric and extended categories of general memories, respectively. In contrast, we anticipated that participants would report generative retrieval for positively valenced cues more frequently than direct retrieval and relative to generative retrieval for negatively valenced cues. The investigation of particular memories was regarded as exploratory because earlier studies have produced contradictory results.

The results showed that direct retrieval occurred more frequently than generative retrieval, especially in specific memories, and was common among categoric, extended, and specific memory types in MDD. In accordance with expectations, general memories sparked by negatively valenced stimuli were more likely to be directly recalled than generatively recovered, and more likely to be directly retrieved than general memories for positively valenced signals, with effects that were about of moderate size. In contrast, general memories for positively valenced stimuli were more likely than those for negatively valenced cues to include a generative retrieval process. These findings apply to those with present MDD and build on earlier studies with people who have dysphoria and a history of serious depression.

Unpleasant categorical and extended memories were more readily remembered, suggesting that people with depression had easily available mental representations of unpleasant categories of experiences. This immediate recall of general memories in response to unfavorable stimuli could help to partially explain why OGM is a risk factor for depression. It has been demonstrated that directly retrieved memories are more emotionally charged and personally relevant than generatively retrieved memories. As a result, when they are brought to light, they could unfavorably slant perceptions or assessments of the past and the future. This could also be a trigger for rumination or even a by-product of it, which would be a contributing and sustaining element in depression.

Future studies may look at how OGM predicts and maintains sadness and whether this bias for direct recollection of negatively valenced stimuli may also be a mechanism of change in memory specificity interventions. Understanding how over general episodic future thinking contributes to depressed psychopathology and other diseases where such deficiencies are noted would also be improved by looking at retrieval mechanisms in future thinking.

The current study shown that, compared to generative retrieval, direct recall of categorical and specific memories for negatively valenced cues is more frequent in people with current MDD. Additionally, as comparison to negatively valenced signals, generative recollection of categoric and particular memories is more frequent for positively valenced cues. Despite the fact that these findings are preliminary, they call for more investigation and offer potential refutations to the widely held belief that OGM originates from the attenuation of generative retrieval regardless of cue valence.

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