Targeting negative interpretations of intrusive memories in depression: what works best to reduce distress?

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Background

One in five people will experience depression at some point in their lives. Depressed individuals often recall intrusive, distressing memories of life events (e.g., being bullied, relationship breakup).

When depressed individuals interpret their intrusive memories in a negative way, the memories are more distressing (1).

Aim of this study:

Compare the efficacy of two novel psychological interventions (that target negative interpretations of intrusive memories) to reduce distress

1. Computer Training of Positive Interpretations
2. Cognitive Behavioural Module

Methods

Participants who had high levels of depression symptoms were recruited

**Procedure:**

- **Day 1 (laboratory)**
  - Baseline Questionnaires
  - Computer Training (45m)
  - Cognitive Behavioural Module (1hr)
  - Wait List (no training)

- **Days 2-8 (home)**
  - Daily Memory Diary

- **Day 9 (laboratory)**
  - Follow Up Questionnaires

**Random allocation**

- Anxiety
- Depression
- Distress
- Negative Interpretations
- Avoidance
- Memory Frequency

**Cognitive Behavioural Module (face to face)**

**Components:**

- **Education**
  - Intrusive memories are normal, discuss the link between negative interpretations and increased distress

- **Cognitive Challenging**
  - e.g., What are the advantages and disadvantages of interpreting the memory in this way?

- **Experiments**
  - e.g., Try to get rid of the memory from your mind for 30 seconds. How successful is it? Is it really possible to control your memories?

**Computer Training of Positive Interpretations**

**Components:**

- Series of 72 incomplete positive statements about intrusive memories presented on computer screen

Participants completed each sentence by filling in the missing letter:

- “Having intrusive memories mean n-th-ng is wrong with me”
- “Having intrusive memories means that I c-n cope”

**Participant Characteristics**

<table>
<thead>
<tr>
<th></th>
<th>Wait-List</th>
<th>Computer Training</th>
<th>Cognitive Behavioural Module</th>
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</thead>
<tbody>
<tr>
<td>Number of participants</td>
<td>15</td>
<td>15</td>
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</tr>
<tr>
<td>Age (years)</td>
<td>25.4</td>
<td>26.6</td>
<td>25.1</td>
</tr>
<tr>
<td>Gender (% Female)</td>
<td>60</td>
<td>67</td>
<td>67</td>
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</tbody>
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Participants in all groups had on average, moderate levels of depression and anxiety symptoms at baseline

**Results**

**Distress**

How distressing is this memory right now?

* average rating significantly lower at follow-up than baseline
* no significant change from baseline to follow-up

**Negative Interpretations**

(examples)

- “Having this memory means I can lose control of my mind”
- “Because I can’t control this memory, I am a weak person”

Scale above shows average ratings on a 0 (do not believe this) - 100 (completely believe this) scale

**Conclusions**

The Cognitive Behavioural Module helped depressed participants feel less distressed about their intrusive memory

Further research with a larger sample is needed to explore the efficacy of Computer Training

Existing psychological treatments for depression do not usually address intrusive memories

These results can potentially assist Psychologists to:

1. Help depressed clients cope with their intrusive memories and
2. Improve their treatments with depressed clients

Further studies are needed to examine which component of the Cognitive Behavioural Module is most effective in reducing distress (e.g., education, non-specific effects from discussing memory with a Psychologist, cognitive challenging)