Existential Concerns in Self-Defining Memories of Individuals with Depression

Sooin Lee

A Dissertation Submitted to the Faculty of

The Chicago School of Professional Psychology

In Partial Fulfillment of the Requirements

For the Degree of Doctor of Psychology

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Abstract

In existentialism, psychological disorders are seen as a way of struggling with existential givens. Notably, depression symptoms reflect existential concerns such as mortality, isolation, and meaninglessness. Although prior studies indicated a correlation between depression and meaninglessness, few researchers investigated other existential themes. The present study used self-defining memories to examine existential concerns specific to depression. Self-defining memories are a type of autobiographical memory that people recall to affirm who they are. These memories are known to reflect major life themes. Research suggested that self-defining memories in depression have distinctive characteristics including reduced specificity, negative affect, and a lack of coherence. However, no known study has explored existential themes in self-defining memories related to depression. The present study demonstrated that people with depression expressed more existential concerns and different ways of dealing with those concerns in their self-defining memories compared to those without depression.

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Chapter 1: Nature of the Study

Every human being lives with basic conditions inherent in his or her existence. These human conditions are called existential givens. It requires courage to face up one's own existential givens and often causes emotional distress (van Deurzen, 2008). While people may experience anxiety or depression upon realizing their existential predicaments, their reactions are not necessarily pathological. Rather, individuals become authentic beings through the process of embracing existential conditions (Heidegger, 1927/1996). However, individuals develop pathology when they endeavor to avoid dealing with their existential reality (Frankl, 1946/1992). Notably, depressive symptoms are known to reflect unresolved existential concerns such as meaninglessness, death-related distress, or excessive guilt. Thus, it is critical to explore existential concerns in depression to address related issues more effectively in treatment.

Past research has examined existential concerns in relation to depression but mostly in the realm of meaninglessness (e.g., Mascaro & Rosen, 2008). In addition, many studies used scales as a measurement to assess meaning. This might have compromised accuracy of the data as one's meaning may not fall into any predefined category. For greater accuracy, the present study uses self-defining memories as a way to look into existential concerns, not only meaning, in depression. Self-defining memories are a type of autobiographical memory that people retrieve to generate self-knowledge, affirm meaning in life, or reclaim the directions for the future (Conway, Singer, & Tagini, 2004; Singer, 2005). As such, self-defining memories reveal current life concerns while individuals share their meaningful memories freely and deliberately. For this reason, looking at self-defining memories in people with depression may help to understand their underlying existential concerns related to depression.

Self-defining Memory to Examine Life Concerns

Self-Defining Memory

A self-defining memory is characterized as emotionally charged, sensorially vivid, and repeatedly retrieved (Singer & Moffitt, 1991-1992). By definition, self-defining memories are representative of other related memories and organized around enduring themes or unresolved conflicts in life. As such, the content and structure of self-defining memories are associated with the person's various functions and meaning in life.

Self-defining memories reflect one's life themes and values (Singer, 2005). People share events that represent significant matters for them when asked for self-defining memories even when those memories are negative (Wood & Conway, 2006). Research indicated that common themes across self-defining memories involved relationships, mortality, achievements, and pleasures (Blagov & Singer, 2004; Lardi, D'Argembeau, Chanal, Ghisletta, & Van der Linden, 2010; Thorne, McLean, & Lawrence, 2004; Wood & Conway, 2006).

In particular, self-defining memories are linked to life goals that individuals are currently seeking (Moffitt & Singer, 1994; Sutin & Robins, 2008). Certain memories are activated to provide guidance and motivation to pursue important projects in life (Blagov & Singer, 2004; Conway et al., 2004). Indeed, a study demonstrated a correlation between positive memories and commitment to personal goals (Sutin & Robins, 2008). Motivational content in memory also reflected one's relation to goals. For example, individuals who identified their motives as obtaining interpersonal closeness in their memories tended to be more committed to their personal goals.

Research suggested correlations between certain features in self-defining memories and emotional functioning. For example, a tendency to integrate memories into one's self-

understanding predicted better emotion regulation (Thorne et al., 2004). Less specific memory was correlated with an inclination to avoid negative emotions. Relatedly, repression was related to decreased use of emotional words to narrate negative memories (Lardi, Ghisletta, & Van der Linden, 2012a). Similarly, proneness to dissociate was associated with a discrepancy between affective reaction and memory valence (Sutin & Stockdale, 2011).

Likewise, self-defining memories reveal personality functioning. Particularly, motives and affects in self-defining memories were associated with personality traits (Sutin & Robins, 2005, 2008). For example, participants with a narcissistic trait more likely reported having a motive to control others in recalled events. These individuals reported more shame and hostility for their memories.

In summary, self-defining memories reflect both one's major life concerns and psychological functioning through the content and structure. As such, this type of memory is suitable to explore important themes in life that underlie emotional distress. In particular, self-defining memories can be a way to access existential concerns associated with present issues. Self-defining memories disclose one's meanings and purposes as well as one's relations to these concerns. Nonetheless, to the researcher's knowledge, there has not been any prior study that examined existential concerns using self-defining memories.

Self-Defining Memory in Depression

While only a few studies examined self-defining memories in depression, none of these studies investigated underlying concerns related to depression. According to these studies, depression symptoms were reversely correlated with specificity, coherence, amount of detail, and emotional intensity in positive memories (Moffitt, Singer, Nelligan, Carlson, & Vyse, 1994; Sutin & Gillath, 2009). Depression symptoms were correlated with negative memories (Sutin

& Gillath, 2009). More importantly, mood had an impact on the memory retrieval among individuals with a history of depression (Werner-Seidler & Moulds, 2012a). In other words, a history of depression was associated with more vividness in negative memories and less affective intensity in positive memories when these memories were retrieved during sad mood.

Existential Theories on Memory

In existentialism, the past is not the main focus in understanding a human being. People constantly project themselves onto the future (Heidegger, 1927/1996). Nonetheless, while humans are seen as future-oriented in existential traditions, the past is not entirely discarded. In fact, the past is embedded in the present as it has constituted the givens for the present (Ellenberger, 1958). Memory is understood in a similar way. Memory is recalled from the present point of view (Spinelli, 2007). Memory is constructed as relevant to the current matters in life. This means that memory is actively reconstructed based on what concerns one has in the present. Memory is one's interpretation of the past and reflects how one creates meanings from it (Spinelli, 2007). A few studies demonstrated that people turn to certain memories for meaning when they experience existential threats (e.g., Juhl, Routledge, Arndt, Sedikides, & Wildschut, 2010). Similarly, individuals recall specific memories when they need to validate their beliefs or strengthen their sense of self (Spinelli, 2007; Yalom, 1980). Furthermore, one's future projections implicate one's current concerns as humans are always moving toward the future (Ellenberger, 1958).

It appears that existentialism shares several main points with theories behind self-defining memories. First of all, both perspectives agree that memory is not a composite of factual information about the past. Memory is one's current interpretation of the events and thus involves a process of making sense of those events. As such, memory is open to

reorganization and can be assigned new meanings depending on one's present thinking. Relatedly, both theories see memory as reflecting present meanings and concerns in life. Memories are selectively recalled because they have relevance in the present. Accordingly, memories are not about the past but about the present. In addition, existential theorists and self-defining memory researchers are both interested in future goals, which affect memory retrievals. The two perspectives concede that people recall memories to fulfill meanings and purposes in their life. Finally, both address memory and its role in emotional functioning. For instance, studies on self-defining memories showed a correlation between emotion regulation and meaning making in memories (e.g., Thorne et al., 2004). Likewise, existential theorists argued that individuals retrieve memories to affirm their sense of self (e.g., Yalom, 1980)

Self-Defining Memory to Examine Existential Concerns

As discussed above, self-defining memories indicate one's emotional functioning, personality features, psychological symptoms, and meanings and strivings in life. At the same time, individuals construct memories according to their current state that includes personality functioning, mood, life concerns, and strivings. The features and functions of self-defining memories fit within the existential framework on memory. Self-defining memories can be useful in examining existential concerns in depression for several reasons.

First, self-defining memories are reflectively and often deliberately recalled. As research confirmed, individuals likely share personally important memories that reveal major themes in life (Singer, 2005). Given that these life themes tend to include unresolved struggles, self-defining memory is expected to reveal underlying existential concerns that one currently struggles with.

Second, self-defining memories can help to explore one's relation to ongoing concerns as

it reflects the ways that people interpret the past experiences as related to the present and future. This may provide a way to examine how one responds to existential givens and deals with pertinent struggles.

Third, while their themes are relatively consistent over time, self-defining memories are constantly forming as activated and constructed under the influence of one's current status including mood. Thus, self-defining memories may suggest a relationship between existential concerns and psychological disorders such as depression.

Fourth, during the recall of self-defining memories, people discuss subjective experiences on their own terms without being limited to scales that measure predefined domains. Self-defining memories will likely disclose materials that questionnaires fail to address, particularly if the self-defining memory task is administered using an interview format.

Existential Themes in Depression Symptoms

Literature suggested that various existential themes are related with depressive symptoms. Existential givens are conditions inherent in every existence. Psychological symptoms can develop if individuals are to avoid dealing with those conditions (van Deurzen, 2008). For instance, awareness of emptiness can lead to depression if not addressed (Frankl, 1946/1992). In fact, depression symptoms reflect existential concerns.

Thoughts about death or suicidal ideation are common in depression. Fear of death is universal but is more intense among individuals with depression (Conte, Weiner, & Plutchik, 1982). This suggests the possibility that people have more heightened awareness of mortality in depression. Furthermore, a lack of resolution toward death threatens one's sense of meaning, which can aggravate depression symptoms (Harville, Stokes, Templer, & Rienzi, 2004).

A restricted sense of freedom is another shared experience among those suffering from

depression. According to the current *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev.; DSM–IV–TR; American Psychiatric Association [APA], 2000), one of the symptoms during the Major Depressive Episode is indecisiveness. Individuals with depression struggle to make choices in given situations (Yalom, 1980). These individuals avoid making decisions due to their tendency to feel overly responsible and experience guilt. Inappropriate guilt is often manifested in an interpersonal context. For instance, research indicated a correlation between depression and excessive responsibility for others (O'Connor, Berry, Weiss, & Gilbert, 2002). Likewise, people with depression are obsessed with social norms (Fuchs, 2002). As a result, these individuals tend to make choices to meet others' expectations instead of becoming themselves and experiencing existential guilt (Yalom, 1980).

Disordered time experience also impedes one's ability to make decisions in depression. People experience the flow of time differently depending on the situation. For instance, boredom makes time pass slower than it is. Subjective time experience is called lived time. Individuals with depression experience slowed-down lived time (Bschor et al., 2004), which is manifested in depression symptoms such as motor retardation or a disrupted sleep cycle (APA, 2000). Due to decelerated time, people suffering from depression feel further from the future and thus perceive a limited range of choices (Fuchs, 2002).

Social functioning is impaired in depression (APA, 2000). Human beings exist as alone and related to others, simultaneously (van Deurzen, 2008). Individuals are separate in that no two persons are identical while constantly developing various relationships from birth. People reach out to each other, especially when they feel alone, and find a sense of individuality through interactions with fellow humans. However, people suffering from depression feel stuck in loneliness when they recognize their aloneness (Witvliet, Brendgen, Van Lier, Koot, & Vitaro,

2010).

Finally, meaningless is the most profound symptom in depression. The DSM-IV-TR addresses it as emptiness (APA, 2000). Humans by nature seek meaning in life (Yalom, 1980). People find meaning in religion, relationship, achievement, and even in suffering (Frankl, 1946/1992). In depression, meaning is threatened by various other issues including fear of mortality, helplessness, or loneliness. Relatedly, people with depression struggle to feel alive. The DMS-IV-TR mentioned a loss of pleasure or interest as one of the depression symptoms (APA, 2000). Fuch (2005) attributed emotional dullness in depression to constricted lived space. That is, people feel disconnected from the surroundings and lose touch with the world, which diminishes their sense of aliveness in depression.

In summary, literature supported the relations between existential concerns and depression symptoms. However, not many research studies examined existential themes related to depression. A few studies explored existential concerns in depression symptoms but were focused on meaning or used scales to measure existential concepts (e.g., Mascaro & Rosen, 2008). In reality, these concerns are intertwined and should be examined together. Additionally, how each individual deals with existential concerns is subjective experience, which can be better investigated when people tell their stories in their own words.

Purpose of the Study

The purpose of the present study was to explore major existential concerns in clinical depression through self-defining memories and determine if thematic differences in existential concerns exist between individuals with and without depression. The results of this study will be used to better understand existential struggles in depression and address those struggles in treatment through personal memory.

A qualitative method was employed to explore existential concerns that are hard to assess with objective measures. Participants were interviewed so that the researcher was able to facilitate their process of sharing important memories. Specifically, Interpretative Phenomenological Analysis (IPA) was used given that existential concerns are not explicit and should be extracted from memory content through the researcher's interpretation. Participants with depression were formally diagnosed with major depressive disorder as the present study was interested in clinical depression not just depression symptoms.

Statement of the Problem

In order to investigate existential concerns in depression, a qualitative study allows participants to describe their stories in their own words. Using self-defining memories is a non-invasive way to access underlying life concerns as it does not directly ask to describe meanings, issues, or goals in one's life. Thus, self-defining memories can be employed to examine existential concerns through the thematic analysis of memory content. Existential themes can be looked at as embedded within one's narratives in a qualitative approach. In addition, participants should have a formal diagnosis of depression if the aim is to study a clinical population.

Unfortunately, most prior studies on existential concerns in depression have not used a qualitative method and attempted to measure predefined concepts on scales. Furthermore, many of these studies were not conducted from an existential framework and thus lacked such understanding of the matter. Similarly, research on self-defining memories at best investigated themes across memories associated with depression symptoms and have not examined underlying existential concerns. Moreover, most studies on self-defining memories and depression were conducted with non-clinical populations.

Therefore, the present study used self-defining memories as a way to explore existential concerns in depression using a qualitative method among individuals with clinical depression.

Chapter 2: Literature Review

Theory and Research on Self-Defining Memories

Self-Defining Memory

Self-defining memories are a type of autobiographical memory that provides a sense of identity (Singer & Moffitt, 1991-1992). Self-defining memories are memories that individuals consider significant in explaining who they are. Research showed that people rated their self-defining memories more important than other autobiographical memories, especially for self-understanding (Kuyken & Howell, 2006; Singer & Moffitt, 1991-1992). Furthermore, self-defining memories are characterized as emotionally charged, sensorially vivid, and repeatedly retrieved while representing other related memories and reflecting enduring themes or unresolved issues in life (Singer & Moffitt, 1991-1992). In fact, representativeness and connection to enduring life concerns distinguish self-defining memories from other types of personal memories (Conway et al., 2004). Studies demonstrated that various dimensions of self-defining memories reflect one's life themes, life strivings, meaning-making processes, and emotional functioning.

Life Concerns

Self-defining memories represent the dominant themes in life and reveal what matters to the person, often in forms of unresolved issues and/or conflict (Singer, 2005; Singer, & Moffitt, 1991-1992). People acknowledge their self-defining memories as important to them whether the memories are positive or negative (Wood & Conway, 2006). Furthermore, some individuals spontaneously explain how these memories are significant for them during the recall. For example, 23% of the self-defining memories that undergraduate participants narrated in a study contained statements that explained the personal importance of those memories (Thorne et

al., 2004).

Themes. Thorne and McLean (2001) developed a coding system to explore content of self-defining memories by categorizing memories into six mutually exclusive event types: life-threatening events, recreation/exploration, relationship, and achievement/mastery, guilt/shame, drug/alcohol, and an ‘‘events not classifiable.” Several studies used this coding system and showed that major themes across self-defining memories among college students are clustered around life-threatening events, recreation/exploration, relationship, and achievement/mastery (Blagov & Singer, 2004; Lardi et al., 2010; Thorne et al., 2004). Not only that, this trend remained in older adults (Singer, Rexhaj, & Baddeley, 2007). Wood and Conway (2006) found the similar results without using the same coding system. Culture impacts which of the main themes the individual considers more important. A qualitative analysis suggested that Asian undergraduate participates involved more relational themes and higher content of social interactions in their self-defining memories compared to their Australian counterparts (Jobson & O’Kearney, 2008). Relevantly, a pilot study on self-defining memories among Macao youth indicated that adolescents integrated cultural values into self by remembering significant figures in life (van Schalkwyk, 2011).

Strivings. Self-defining memories are linked to life goals that individuals are presently pursuing (Moffitt & Singer, 1994; Sutin & Robins, 2008). In a study, undergraduate participants identified 98% of their self-defining memories as related to what they are typically trying to attain or avoid (Moffitt & Singer, 1994). The results of this study suggested that people tend to retrieve memories relevant to attainment of their current goals and have positive emotions toward these memories. Similarly, another study found a correlation between emotionally positive memories and commitment to personal goals among college students (Sutin

& Robins, 2008). Individuals retrieve specific memories for guidance in response to their goals though mostly unreflectively (Blagov & Singer, 2004; Conway et al., 2004). People recall certain memories to stay motivated and engaged with their goals. However, when the goals involved avoiding something (e.g., anxiety-provoking situations), memories usually involved failures to do so, which in turn caused negative feelings (Moffitt & Singer, 1994).

In addition to affect, research demonstrated that motivational content in memories reflects one's relation to personal goals (Sutin & Robins, 2008). For example, undergraduate students who reported having a motive to control others in their memories endorsed more conflict among different goals when compared to those with other types of motives. Motivation for achievement or intimacy was positively related with commitment to goals.

Meaning Making

Self-defining memories reveal how the individual makes sense of the past and finds meaning through that process. Though individuals consider their self-defining memories as important (Singer & Moffitt, 1991-1992), research showed that not every memory contained meaning-making statements (Blagov & Singer, 2004; Thorne et al., 2004). The meaning-making feature reflects one's ability to distance self from the event to reflect why this event is important (Blagov & Singer, 2004; Singer et al., 2007). Research indicated that meaning making was negatively correlated with negative affect (Lardi et al., 2010). Meaning making was related to decreased emotional reactions over time when the events originally generated negative feelings (Blagov & Singer, 2004). As such, meaning making is associated with emotion regulation. The first study to investigate an older population's self-defining memories suggested correlations between personal maturity, meaning making, and emotion regulation (Singer et al., 2007).

Researchers proposed different ways to explore the meaning-making process in self-defining memories. To name a few, Singer and Blagov (2000-2001) suggested that meaning-making elements are found in statements that teach about self, others, or life in general. McLean (2005) proposed scoring memories for meaning making when there is connection between the event and self in terms of personal growth and personality traits. Thorne and McLean (2001) distinguished two types of meaning in self-defining memories. One type of meaning is lessons that individuals learned from past experiences for similar future situations; the other type is insight that resulted from a personal transformation and can have implications in a broad scope. Research indicated that people tend to develop more insight when they share their self-defining memories with others (Thorne et al., 2004).

Several studies examined what memory content individuals make more meaning of. The results were not conclusive possibly because these studies used different measurements to assess meaning making. For example, McLean (2005) suggested that personal growth was most likely recognized in achievement-related memories among young adults (Lardi et al., 2010). In comparison, Thorne et al. (2004), who used the measurement by Thorne and McLean (2001), found that relational tension most contributed to meaning making in a similar age group. Wood and Conway (2006) developed their own system for coding meaning based on Blagov and Singer (2004) and Thorne and McLean (2001) and found that meaning making was most present in positive self-defining memories among college students.

Emotional Functioning

The content and the structure of self-defining memories reflect one's emotional functioning and personality features. Several studies found memory characteristics associated with emotional avoidance. For example, less specific memory content was correlated with

defensiveness, a tendency to avoid negative affect and preserve positive self-presentation, among college students (Blagov & Singer, 2004). Similarly, adults prone to repression tended to use less emotional words when they described negative events (Lardi et al., 2012a). Furthermore, reduced emotional processing was related to difficulty with reflecting on the significance of the recalled events among those with a repression tendency. Dissociation is another way to avoid affect by not integrating one's experience into self. Undergraduate participants with a tendency for disassociation likely experienced a discrepancy between affective reaction and memory valence (e.g., having negative affect toward a positive event) and narrated visually incoherent memories (Sutin & Stockdale, 2011).

Certain content in self-defining memories are moderately consistent over time and thus correlated with one's personality characteristics (Sutin & Robins, 2005, 2008). For example, undergraduate participants with a narcissistic trait reported more shame in their early memories and more hostility in their negative romantic memories. These individuals indicated a motive to control others in their recalled events. Sutin and Robins (2005, 2008) concluded that personality dimensions are related to how one recalls and constructs self-defining memories regarding one's enduring life concerns.

In summary, self-defining memories are personally meaningful memories that people recall to explain or remind themselves of who they are. For example, individuals think about related memories to feel good about themselves or maintain motivation when it comes to pursuing goals. Though these memories involve past events, self-defining memories reflect one's current life issues, particularly unresolved or enduring concerns, and cultural influences and values. People make sense of important life events by meaningfully constructing their personal memories of those events. This suggests that self-defining memories reveal one's

meaning-making processes. While it is not conclusive which memory themes individuals make the most meanings from, studies showed that meaning making is related to emotion regulation. In addition, other memory components such as affective and motivational content were found to reveal psychological functioning.

Theory and Research on Self-Defining Memories in Depression

Only a few studies have investigated features of self-defining memories in depression.

Reduced Specificity

According to research on depressed mood and its relation to memory specificity among non-clinical undergraduates, individuals in a more depressed mood tended to recall a generalized memory compared to those in a less depressed mood when asked for a positive self-defining memory (Moffitt et al., 1994). However, there was no significant group difference in specificity during the recall of negative self-defining memories. While reduced specificity in memories was well established across several studies on other autobiographical memories in depression (e.g., Williams et al., 2007), it is speculated that depressed mood may disrupt the process of retrieving positive memories with more details.

Diminished Coherence and Emotional Intensity

People with depression symptoms more likely recall self-defining memories that are less coherent with reduced details and less emotionally intense or that are affectively negative. Sutin and Gillath (2009) looked at depressive symptoms, attachment styles, and self-defining memories among college students. A lack of coherence and emotional intensity in relational memories was associated with attachment avoidance (e.g., difficulty sharing emotion in relationships). Negative affect was linked to attachment anxiety (e.g., fear of being abandoned). Both attachment avoidance and attachment anxiety were related to depressive

symptoms. In particular, individuals with depressive symptoms reported less emotional intensity in positive romantic memories and more emotional intensity in negative romantic memories. Though conducted with non-clinical young adults, the study supported a negative bias and diminished emotional process in memories among those with depressive symptoms.

Impact of Mood

Mood impacts the retrieval of self-defining memories differently among individuals with a history of depression. In a study comparing college students who did not experience depression in the past and those who previously experienced depression, a history of depression was related to more vividness in negative memories and less emotional intensity in positive memories during sad mood induction (Werner-Seidler & Moulds, 2012b). Additionally, participants recovered from depression struggled to report sensory details about their positive memories in a sad mood, but not in a neutral mood. Yet, these individuals had more sensory details across memories compared to their counterparts who never had depression. No group difference was found in specificity and affective content in memories for both mood conditions. Though the study did not directly investigate individuals in a depressive episode, the results indicated that depressed mood may disrupt the recall of positive memories.

Negative Themes

People currently experiencing emotional distress tend to contain related themes in their self-defining memories. Self-reported emotional distress and its relation to memory specificity were examined in a study on features of self-defining memories among college students (Blagov & Singer, 2004). Emotional distress was measured by subscales of anxiety, depression, low self-esteem, and low well-being. No correlation between current emotional distress and specificity in self-defining memories was found. Rather, thematic content of memories,

including threats, disrupted relationships, and failure to achieve, were related to one's emotional distress. While the study did not look at depression separately, the finding suggested the importance of thematic content in understanding self-defining memories.

In summary, studies have suggested that self-defining memories associated a depressed mood or depressive symptoms are characteristically different. Content and affect are negatively biased; sensory details and emotional vividness are reduced for positive memories. A lack of coherence in memory narratives may indicate impairment with meaning making from significant past events in depression. Furthermore, a history of depression makes individuals more subjective to mood during memory recall. Interestingly, decreased specificity was partially found to be associated with depression though it has been well established in other types of autobiographical memories (e.g., Williams et al., 2007). However, given that these studies were all conducted with participants currently not diagnosed with clinical depression, further research will be needed for better understanding of self-defining memories in depression. None of these studies investigated existential concerns in memory content.

Research on Self-defining Memories in Other Psychological Disorders

Research has also investigated self-defining memories in other psychological disorders than depression.

Hypomania

Lardi et al. (2012b) investigated self-defining memories in non-clinical undergraduate students who reported having hypomanic symptoms in the past. The results showed that a history of hypomanic symptoms was related to the retrieval of more memories about relationships and less memories about achievement in a general population. Participants who endorsed previously experiencing hypomanic symptoms tended to recall more recent memories

and perceived events involving tension as more important for them. The authors suggested that these memory features reflect a conflicting sense of self, more relational difficulties, and a reduced temporal distance in hypomania. In other words, memories reflected symptoms of hypomania. Nonetheless, it should be noted that the study did not examine self-defining memories in hypomania among a clinical population or during a hypomanic episode.

Post Traumatic Stress Disorder (PTSD)

Sutherland and Bryant (2010) found that individuals suffering from post-traumatic stress disorder retrieved more recent and more trauma-related memories compared to those who did not develop PTSD after trauma or those with no experience of trauma. The results indicated that the tendency to recall trauma-related memories was predicted by how many trauma-related goals (e.g., feeling safe again) one has, not by one's depressed mood or level of anxiety. Given that self-defining memories are associated with one's current concerns, it is suggested that individuals whose goals are presently oriented to dealing with trauma share relevant memories as more important for them.

Complicated Grief

In complicated grief, people persistently yearn for their deceased ones even after a long time and refuse to accept their losses, which results in various impairments in life such as emptiness, sleep disturbance, and avoidance of activities that remind them of the deceased ones (Horowitz et al., 2003). As one of the important criteria for complicated grief is intrusive memories of the deceased ones, Maccallum and Bryant (2008) compared self-defining memories between individuals with and without complicated grief during their bereavement. While both groups retrieved memories about deaths of their loved ones when asked for self-defining memories, individuals suffering from complicated grief reported more memories about the

deceased ones. Not only that, participants with complicated grief struggled to make meaning of past events and experience positive emotions compared to those without complicated grief. It appears that as much as they identify memories involving the deceased ones as significant for them, people with complicated grief have difficulty with distancing themselves from those memories and finding meanings for themselves. In particular, the authors suggested that the self-identity of these individuals is very much intertwined with the deceased in their memories.

Schizophrenia

Research has suggested that self-defining memories of individuals with schizophrenia often include content related to dealing with their condition while these individuals experience difficulties with making meaning of those memories. Raffard et al. (2009) examined self-defining memories in schizophrenia. The authors found that self-defining memories recalled by participants with schizophrenia were as specific as those reported by those without schizophrenia. However, individuals with schizophrenia tended to retrieve memories related to their condition such as memories about hospitalization. Besides, many of their self-defining memories were from when they were 15-19 years old, around the time of the onset of their disorder. In comparison, participants without schizophrenia shared more memories from age 20-24 years old. More importantly, participants suffering from schizophrenia struggled to extract meanings of their self-defining memories.

Berna et al. (2011) specifically investigated meaning-making elements and redemption effects (i.e., re-experience of a negative event as less negative) in self-defining memories of individuals with schizophrenia. The results showed that 16 out of 24 participants with schizophrenia included at least one memory about their diagnosis in their five self-defining memories. Many of these illness-related memories addressed psychotic episodes or

hospitalization and represented life-threatening themes, consistent with the previous findings (Raffard et al., 2009). Though they demonstrated difficulties with reflecting the meaning of their memories supposedly due to impaired cognitive functioning, participants with schizophrenia were able to mention positive experience that followed painful events in their memories.

Autism Spectrum Disorders

Crane, Goddard, and Pring (2010) investigated the features of self-defining memories in functioning individuals with autism spectrum disorders. The control group was matched to 20 participants with autism spectrum disorders in terms of gender, age, and verbal performance, and full-scale IQ scores. The findings showed that self-defining memories in autism spectrum disorders were less specific and include more sensory details than those of the control group. Interestingly, there was no significant group difference in affect and self-related content while individuals with autism spectrum disorders were expected to report less of them. Rather, participants with autism spectrum disorders had less meaning-making elements in their memories compared to those without autism spectrum disorders. Participants with autism spectrum disorders shared more exploration/recreation-related memories whereas the control group reported more achievement/mastery-themed memories. Unlike people dealing with some other psychological disorders, individuals with autism spectrum disorders did not retrieve memories related to their diagnosis, suggesting a lack of insight. Sensory details, exploration/recreation content, and low meaning making in memories indicate difficulty making sense of life as well as their diagnosis among individuals with autism spectrum disorders.

In summary, research on self-defining memories in other clinical disorders demonstrated relations between different features of self-defining memories and psychological symptoms.

Particularly, difficulty with meaning making was commonly observed regardless of the diagnoses. This is not surprising considering that meaning making in self-defining memories relates to emotion regulation (e.g., Blagov & Singer, 2004). In addition, across the studies, the content of self-defining memories often reflected participants' struggles with their symptoms except the case of autism spectrum disorders.

Research on Other Autobiographical Memories in Depression

Generality

Many studies revealed a correlation between a lack of specificity in autobiographical memories and depression (Barnhofer, Jong-Meyer, Kleinpaß, & Nikesch, 2002; Ricarte et al., 2011; Williams et al., 2007; Young, Erickson, & Drevets, 2012). In other words, relatively healthy people tend to recall events that occurred at a particular time and place and lasted less than a day. In comparison, people with depression are more likely to summarize multiple events into a memory. The tendency for overgeneralized memories in depression remains during remission and after recovery and is a risk factor for depression or the worsening of symptoms (Hipwell, Sapotichne, Klostermann, Battista, & Keenan, 2011; Kuyken & Dalgleish, 2011). Deficit in recalling specific autobiographical memories is correlated to reduced emotion regulation in depression (Ricarte et al., 2011; Werner-Seidler & Moulds, 2012b). Nonetheless, some studies did not support a relationship between overgeneralized memories and depression (Brewin, Reynolds, & Tata, 1999; Joormann, Siemer, & Gotlib, 2007).

Research suggested a few mechanisms underlying overgeneralized memories in depression. One of those mechanisms is rumination, a tendency to be obsessed with one's own emotional status, in that rumination interferes with retrieving specific information about the events. A study found that the decreased ability to recall contextual details was related to

rumination and the lack of specificity in autobiographical memories among individuals with depression (Raes et al., 2006). Impaired executive control is another mechanism for reduced memory specificity in depression. Some evidence implied that failures to block internal thoughts caused difficulty with following instructions during the memory tasks, which in turn lowered the retrieval of specific memories in depression (Dalgleish et al., 2007; Raes et al., 2006). It seems that depression-related thought processing negatively impacts the overall memory system.

Mood Congruency

Individuals with depression tend to retrieve more negative memories consistent with their mood (i.e., mood-congruent memories; Kuyken & Howell, 2006). In addition, the content of memories in depression often include symptoms and themes clustered around loss of autonomy and feelings of failures and worthlessness (Witheridge, Cabral, & Rector, 2010). During sad mood, people without depression usually improve their mood by recalling positive memories (Joormann & Siemer, 2004). In comparison, those with depression likely recall negative memories, particularly if they ruminate about their emotional state instead of thinking about something else. Interestingly, rumination and mood only affect individuals already experiencing depression symptoms, which suggests that depression is more than negative cognition or transient emotional status (Joormann & Siemer, 2004; Wisco & Nolen-Hoeksema, 2009). Furthermore, given that people with depression rehearse their negative memories more frequently in their daily lives, it is speculated that those memories are more accessible for them, affecting their mood negatively (Kuyken & Howell, 2006).

Intrusiveness

Some individuals with depression experience intrusive memories that interfere with normal functioning in life (Brewin, Hunter, Carroll, & Tata, 1996; Brewin et al., 1999; Patel et al., 2007). Research indicated a correlation between intrusive memories and depressed mood (Williams & Moulds, 2007). Furthermore, intrusive memories were often recalled in the first person, emotionally charged, and related to the re-experience of the events (Brewin et al., 1999; Williams & Moulds, 2007). Studies also showed that the common themes across intrusive memories in depression included interpersonal events, death, illness, injury, and personal assault (Brewin et al., 1996; Williams & Moulds, 2007).

A study suggested that emotional distress associated with intrusive memories and efforts to repress those memories predicts the course of depression, not the reduced specificity of autobiographical memories (Brewin et al., 1999). Additionally, intrusive memories were related to the avoidance of emotional processing in depression (Williams & Moulds, 2007). It is suggested that the tendency to repress significant memories instead of processing them contributes to maintaining depression while compromising overall cognitive function.

Observer Perspective

Autobiographical memories in depression are more likely recalled from an observer perspective as opposed to a field perspective (Kuyken & Howell, 2006; Kuyken & Moulds, 2009). Observer perspective memories are recalled in the third person and descriptive of the events. Field perspective memories are retrieved in the first persona and related to sensory and/or emotional experience of the events. Research suggested that observer perspective memories were correlated with negative self-evaluation and avoidance of emotional processing in depression (Kuyken & Moulds, 2009; Williams & Moulds, 2007). Relatedly, it was found

that more field perspective memories predict better treatment outcomes for depression (Kuyken & Moulds, 2009).

In summary, studies on other types of autobiographical memories indicated that people suffering from depression tend to recall memories that are generalized, negative, and intrusive from an observer's perspective. These individuals struggled with impairments in executive or memory functioning, which in turn impeded their performance to retrieve specific personal memories. Overall, research on autobiographical showed that cognitive functioning related to emotional processing and regulation was reduced in depression.

Existential Concerns in Depression

Every human being deals with existential givens, such as death, isolation, meaninglessness, or freedom and responsibility, both reflectively and unreflectively (Yalom, 1980). Existential givens are inevitable and inherent in every existence. Psychological discomfort arises when individuals become aware of their existential givens. While it takes courage to take up existential givens, people become more authentic when they intentionally face these conditions (Heidegger, 1927/1996). Still, many individuals strive to avoid accepting their existential reality, which eventually causes psychological symptoms (van Deurzen, 2008; Yalom, 1980). Frankl (1946/1992) specifically argued that the realization of existential predicaments can lead to depression if not followed by the actions to embrace them. Not surprisingly, many depression symptoms appear to reflect unresolved existential concerns.

Death

Recurrent thoughts or fear of death and suicidal ideation are listed as symptoms for Major Depressive Episode in the DSM-IV-TR (APA, 2000). Death is the ultimate existential reality for human beings. Yalom (1980) proposed that people can develop symptoms as a

response to the fear of nonbeing, called death anxiety, which underlies many psychological disorders. Death-related distress is observed in a range of psychological symptoms let alone depression (e.g., Abdel-Khalek, 2004). Though death anxiety is a type of fear, research found that death anxiety was more correlated with depressive symptoms than those of general anxiety among graduate students (Conte et al., 1982).

As Yalom (1980) indicated, death-related concerns can generate despair by undermining one's sense of meaning. For example, a study suggested a correlation between death-related depression symptoms and a sense of existential vacuum among undergraduate and graduate students (Harville et al., 2004). Participants who endorsed more depression symptoms regarding mortality of the self and others reported reduced personal meaning. In comparison, death acceptance and meaning were positively correlated.

However, contemplation about death does not automatically result in psychological impairments. Research found no significant relation between one's wellbeing and death-related distress except that women tend to experience slightly more depression symptoms upon thinking of death (Harville et al., 2004). Furthermore, emotional reactions towards mortality are not only part of human experience but can also lead to more authentic living depending on how one chooses to respond to death (Frankl, 1946/1992; Heidegger, 1927/1996; May, 1958). For example, people decide to live their lives more intentionally when they realize the irreversibility of each moment (Frankl, 1946/1992). A study showed that individuals who were more disturbed by thoughts of death tended to seek new experience away from their daily routines (Harville et al., 2004).

Freedom

Freedom to make choices is essential part of human being that acts with intentionality.

Though human freedom is limited within given circumstances, individuals always have choices at least in how to respond to the current situations (Frankl, 1946/1992; May, 1958; Yalom, 1980). Sartre (1943/1993) particularly emphasized that people are what they choose to become each moment. As such, one is responsible for one's own being. Furthermore, authenticity emerges when one deliberately chooses who to become and takes ownership of the ever-becoming self (Heidegger, 1927/1996).

Helplessness. The DSM-IV-TR describes indecisiveness as one of the cognitive impairments during the Major Depressive Episode (APA, 2000). Individuals suffering from depression have a hard time making choices, which leads to a sense of helplessness. Yalom (1980) argued that those with depression have difficulty with recognizing choices in given situations as they strive to avoid responsibilities for their choices. Indeed, people with depression tend to fall into an excessive sense of responsibility and resultant guilt, which is part the reason that they struggle to make decisions as will be discussed next.

Excessive guilt. Inappropriate guilt is another criterion for Major Depressive Episode in the DSM-IV-TR (APA, 2000). People with depression tend to experience empathic distress, in which they feel responsible for others who are experiencing negative circumstances (O'Connor, Berry, Lewis, Mulherin, & Crisostomo, 2009). Further, empathic distress often leads to guilt in depression. Research findings suggested a correlation between clinical depression and exaggerated feelings of responsibility for others (O'Connor et al., 2002). Participants with depression tended to put others' emotional needs first and self-blame for unhappiness of others. A sense of responsibility for others is part of being human as one always exists in relation to others (Heidegger, 1927/1996). In other words, people co-construct the world for one another, which generates a sense of ethical duty. However, an excessive sense of responsibility for

others can cause inauthenticity in depression.

Inauthenticity is the failure to be one's own self, which results from unreflective compliance with others and ignorance of existential givens (Heidegger, 1927/1996). Thus, inauthentic beings experience existential guilt because they do not make choices for themselves or because they refuse to embrace their own choices (Heidegger, 1927/1996; Sartre, 1943/1993). Individuals with depression are not only excessively concerned about others but also overly immersed in social norms (Fuchs, 2002). Fuchs (2002) argued that excessive guilt in depression prevents people from moving toward the future by making them dwell on their past mistakes. Yalom (1980) explained this type of guilt as similar to regret or remorse.

Disordered temporality. Distorted time experiences such as motor retardation or a disrupted sleep cycle are part of the criteria for Major Depressive Episode in the DSM-IV-TR (APA, 2000). Time is an existential given. In particular, humans are future-oriented as they are constantly in the process of becoming (Heidegger, 1927/1996). The subjective experience of time does not always correspond to its objectively measured duration. According to research, subjective time experience is generally slowed down in depression (Bschor et al., 2004; Gil & Droit-Volet, 2009). As feeling time decelerate in depression, individuals experience a distance from the future and become obsessed with the past, which results in guilt and regret (Fuchs, 2002). Thus, those with depression struggle to see possibilities in the future and experience a limited sense of freedom.

Isolation

The DMS-IV-TR includes impairments in social functioning under criteria for Major Depressive Episode (APA, 2000). Relatedness and aloneness are two existential givens that co-exist in tension within every human being (Yalom, 1980). In other words, individuals always

exist in relation to others while separate in that no two people have exactly the same experience in that relatedness (van Deurzen, 2008). People usually reach out to deal with their loneliness (Yalom, 1980). For example, people actively look for a sense of connection with others through shared experience when they feel lonely (Pinel, Long, Landau, Alexander, & Pyszczynski, 2006). In comparison, a sense of being alone can generate negative emotion and in turn elevate a risk for depression if not resolved. A study with early adolescents demonstrated a correlation between loneliness and depression symptoms (Witvliet et al., 2010). Interestingly, isolation alone did not predict depression symptoms, which proposed that how one responds to isolation is more important.

Meaninglessness

Lack of meaning. According to the DSM-IV-TR, individuals feel empty as part of feeling depressed during Major Depressive Episode (APA, 2000). In existential traditions, emptiness is often associated with a lack of meaning that can lead to different forms of neuroticism (Frankl, 1946/1992; Tillich, 1952; Yalom, 1980). Meaning is a reason to live and a way to understand life and makes it possible to live through sufferings (Frankl, 1946/1992; Tillich, 1952). Without meaning, an individual struggles with life. Several studies found a correlation between depressive symptoms and meaninglessness. For instance, Mascaro and Rosen (2008) showed that a lack of meaning predicted increased depressive symptoms among college students two months later. Simon, Greenberg, Jones, Solomon, and Pyszczynsid (1996) examined how individuals with depression react upon realizing their lack of meaning. According to the findings, participants with mild depression more likely turned to their cultural values when they perceived threats compared to their counterparts. This suggested that individuals with depression were not able to find meaning in themselves and had to look for

external norms.

Diminished pleasure. Diminished pleasure or interest, often called anhedonia, is under the list of criteria for Major Depressive Episode in the DSM-IV-TR (APA, 2000). During the depressive episode, an individual can experience anhedonia with or without feeling depressed. Fuchs (2005) explained that lost senses of pleasure and satisfaction in depression are associated with an altered experience of embodiment. That is, individuals with depression experience their bodies not as a way of connecting the world but as being in the way. As a result, the lived world constricts, and things matter less and less in depression. Frankl (1946/1992) linked boredom to existential vacuum, a state of meaninglessness, which can in turn contribute to depressive symptoms. Indeed, a study found a negative correlation between boredom and meaning among undergraduate participants (Fahlman, Mercer, Gaskovski, Eastwood, & Eastwood, 2009).

Existential Theories about Depression

Mood

Depression is classified as a mood disorder in the DSM-IV (APA, 2000). According to existential theorists, mood is a way in which the world presents what matters to individuals at any given moment (e.g., Heidegger, 1927/1996). Human beings are always in a certain mood that affects all aspects of their lives such as their experience of time and space. In addition, mood is pre-reflective and precedes one's experience of the world while constantly emerging from how one relates to the world (Heidegger, 1927/1996). People are usually not aware of their mood unless their mood shifts. Even so, mood recovers itself along with a flow between ups and downs in life. People experience both pleasures and pains moving through the world, which provides a sense of vitality (Binswanger, 1958; van Deurzen, 2008). While a depressed

mood is part of human experience, clinical depression develops when one's mood loses its rhythm and remains fixated in a low state (van Deurzen, 2008). As a result, many individuals with depression report feeling stuck (Arnold-Baker, 2005).

Slowed Time

Specifically, people experience time as slower or stagnated during depressive episodes (Ellenberger, 1958; Ratcliffe, 2010a). As their lived time decelerates, people with depression fail to keep up with the world. Fuch (2002) explained this phenomenon as desynchronization. Furthermore, the future becomes distant and eventually closed or determined (Minkowski, 1958). However, humans are a future-oriented being that is always in the process of becoming (Heidegger, 1927/1996). Despite overall uncertainty of the future and awareness of eventual death, people perceive possibilities and project themselves into the future (May, 1958). As such, in depression, one ceases to become.

Reduced Possibilities

As an inability to perceive possibilities interferes with one's becoming, fear of or preoccupation with annihilation prevails in depression (Macgregor, 2012). Existential theorists explained that human existence is fundamentally groundless and that each person chooses what he or she is to be moment by moment (Sartre, 1943/1993). A sense of being emerges when people project themselves toward the future (May, 1958). People can experience despair in the encounter with their nothingness. Yet, realizing that nothing is defined about them, they come to see that they have choices, which opens a range of possibilities. One is what one chooses to be. However, in depression, people tend to remain defined by the past and lose vitality and spontaneity, which leads to inauthenticity (Binswanger, 1958).

While the future is predestined and filled with impossibilities, individuals with depression

turn to the past (Minkowski, 1958). In other words, those with depression show greater interest in the past than the future. Specifically, these people are focused on unresolved issues in the past, which generates an ongoing sense of guilt (Binswanger, 1958; Minkowski, 1958). In turn, guilt interferes with decision making for the future and increases fear of making the same mistakes (May, 1958). In fact, individuals with depression are obsessed with external expectations to meet (Fuchs, 2002).

Constricted Space

Individuals do not only feel time pass slowly but also experience space as shrunken in depression (Binswanger, 1958). Space is a realm of possibilities for intentional acts and meaningful interactions (Fuchs, 2005). When lived space constricts, people encounter separation from the world and a sense of isolation. Pragmatic relations to objects and affective connections with others are lost (Ratcliffe, 2010b). In particular, narrowed space disconnects one from one's own body, through which one should interact with the world (Fuchs, 2005; Ratcliffe, 2010b). As such, many who suffer from depression complain about emotional dullness, which leads to indifference to the world (Fuchs, 2005; Ratcliffe, 2010b). As a result, people are unable to resonate with the world and others, and even with self in depression (Fuchs, 2001).

Meaninglessness

Eventually, meaninglessness stems from blocked future and constricted space in depression. In general, human beings find significance in life by living for possibilities, projecting oneself to the future, and engaging with the world. Meaning makes it possible to maintain a sense of hope even during difficult times (Frankl, 1946/1992). However, individuals with depression struggle to maintain a sense of meaning as their lived time and space contract

and subsequently impede their relations to potentialities and interactions with the world. Thus, in depressed mood, people struggle with boredom and meaninglessness. In addition, people feel closed as defined by the past and suffer from guilt while focused on irreversibility of the past.

Existential Theories on Memory and its Relation to Clinical Disorders

Temporality

Temporality is an existential given. Human beings only exist within the boundaries of time. In general, existentialists do not see time as linear or consider past, present, and future as separate (Heidegger, 1927/1996). While the past does not determine who the person is today, one's relation to the past remains critical. As Heidegger (1927/1996) argued that human existence emerges in the present, individuals relate to the past from the present point of view (Ellenberger, 1958). Individuals take up the past as part of the facticity, a condition of human existence, in that they cannot change what already occurred but only can choose how to respond to it (Heidegger, 1927/1996). Frankl (1946/1992) specifically emphasized that the past is not lost but is a source that a person can pull meaning from. Furthermore, people make meaning of the past for the future in terms of their goals and possibilities (Frankl, 1946/1992; Heidegger, 1927/1996). Indeed, human beings exist in the ongoing mode of becoming and are always toward the future (Heidegger, 1927/1996). Thus, being is where the past and the future meet in the present, meaning that the past, present, and future are not separable.

Memory

Existential theorists agree that memory is not a composite of factual events in the past. Spinelli (2007) argued that the past is not fixed but is actively recreated in the form of memory. Similarly, Ellenberger (1958) proposed that the past is incomplete as always open to

reconstitution. Individuals selectively recall events and construct them from their present perspectives for their current agenda. For example, people seek relevant memories to validate their beliefs particularly when it comes to self-understanding (Spinelli, 2007; Yalom, 1980). In that sense, the past has significance in the present through memory. The past is structured to reflect the current concerns, which are in turn intertwined with the future projections. Indeed, Ellenberger (1958) stated that the past is alive as much the future matters. Simply put, one uses the past to create meanings for the present and fulfill potentialities in the future.

Research investigated nostalgia, a type of memory, and its existential functioning. Nostalgia is accompanied by a sense of longing for the past and gets triggered by present events. For example, a study on nostalgia among college students showed a negative correlation between proneness to nostalgia and emotional distress under existential threats such as an awareness of mortality (Juhl et al., 2010). Similarly, another study found that participants more likely found meaning and felt less stress when they became nostalgic (Routledge et al., 2011). As such, memory is a source of meaning especially during difficult times in life.

Memory and its Relation to Clinical Disorders

Not much existential literature addresses the role of memory in clinical disorders. Existentialism is more interested in subjective experience of the disorder than its etiology (e.g., Spinelli, 2007). Nonetheless, a few authors mentioned memory in relation to psychological symptoms. Time experience differs person to person. Ellenberger (1958) indicated that one's relation to time is altered in many psychological disorders. For instance, lived time expands in mania while it constricts in depression. The past is disconnected in repression whereas the future is blocked in depression or anxiety.

Changed experience of time has implications for memory. According to Ellenberger

(1958), anxiety compromises a sense of time and interferes with an ability to recall the past. While stuck in the present, individuals with anxiety tend to lose a sense of being. Relatedly, in paranoia, memory is perceived as mutable. Individuals with paranoia tend to feel that others can distort their memories. While describing a case of schizophrenic depression, Mincowski (1958) proposed that such an individual maintains a sense of guilt through memory. Mistakes and errors leave traces in forms of memory for those suffering from depression. Moreover, people with depression have impoverished memories because one's past is remembered through one's projection onto the future, which is closed in depression (Ellenberger, 1958).

Chapter 3: Methods

The present study was conducted to determine whether individuals with depression express more existential concerns in self-defining memories compared to those without depression. For these research purposes, the researcher recruited six individuals with depression and three without depression through advertisement. Participants answered questionnaires to screen bipolar disorder and to measure current mood. The researcher then interviewed participants and asked each participant to share three self-defining memories. Interviews were recorded and then transcribed to extract existential themes using Interpretive Phenomenological Analysis (IPA). These themes were compared between participants with and without depression.

Research Design

Interpretative Phenomenological Analysis (IPA)

IPA was employed to interview participants and examine existential concerns in their self-defining memories. IPA is a qualitative method aimed to explore one's lived experience in depth through the researcher's interpretative activity (Smith & Osborn, 2003). The objective of IPA is to understand one's idiographic personal experience as it is. Thus, IPA requires detailed description of the participant's subjective experience and involves the researcher's interpretation of data. In addition, each participant's narrative is studied in its own right, and then general themes are extracted and integrated. Another major feature of the IPA is that the researcher actively interacts with the participant during the interview and understands data through interpretation. Smith and Osborn (2003) emphasized the importance of interpreting the participant's state from the content that the participant shares. As such, IPA is appropriate for

exploring understudied subjective experience, self-related matters, and sense-making processes (Smith & Osborn, 2003).

In the present study, IPA was used to explore existential concerns in memories for the following reasons. Self-defining memories are a type of personal memory, which is a subjective account of an event (Singer, 2005). Memory does not provide factual information of an event but one's personal experience of it. Only the individual who experienced the event can describe it in the way that he or she experienced it. Memory is ideographic and thus better understood through a qualitative method.

Self-defining memories reflect one's way of making sense of life in addition to the recalled past event (Singer & Blagov, 2000-2001). Individuals selectively recall memories and construct them under the influence of their current concerns. Recalling memories involves sense-making processes from the present perspectives. Thus, IPA is suitable to examine the ways in which the individual relates to the world as his or her memory reveals.

Self-defining memories are by definition memories that individuals recall to affirm who they are (Singer & Moffitt, 1991-1992). People turn to self-defining memories in order for self-understanding and directions for the future (Conway et al., 2004). Smith and Osborn (2003) indicated that self-related matters can be effectively explored through IPA.

The objectives of the present study include examining existential concerns in memories. Existential concerns are usually implicit in the memory content. It requires the researcher's interpretation to access the underlying content in memories and extract existential concerns across memories. As such, IPA is appropriate as it values the researcher's interpretative interactions with data.

Participants

The present study needed a relatively small number of participants as its primary objective was to extract themes across memories through a qualitative analysis. Six participants with depression and three participants without depression were recruited through an advertisement and referrals from their therapists (see Appendix A). All participants were 18-65 years old and willing to share their personal memories. Six participants with depression were diagnosed with major depressive disorder. As the present study aimed to explore self-defining memories in a clinical population, it was ensured to select participants with a formal diagnosis. For the group without depression, three individuals were recruited. These individuals did not have depression as well as any other psychological disorders at least for the past year. Exclusion criteria for both groups were substance dependence, organic brain damage, current and past psychoses including bipolar disorder within a year prior to participation in the present study.

Table 1

Sample Characteristics

	With depression n = 6	Without depression n = 3
Gender (% female)	66.7% (n = 4)	66.7% (n =2)
Age (M)	36.67 (S = 9.37)	25.67 (S = 2.88)
Education (n of sample)		
AA	1	0
BA	1	2
Post graduate	4	1
Ethnicity (n of sample)		
Caucasian	5	2
Hispanic	0	1
Asian	1	0
BDI-II (M)	18.5 (S = 12.08)	13.44 (S = 12.26)

Note. BDI-II = Beck Depression Inventory—Second Edition

Demographic information and sample characteristics are presented in Table 1. Participants with and without depression did not differ in terms of gender, which contributes to different symptomology of depression (Lopez Molina et al., 2014). Otherwise, the two groups differed in age, ethnicity, and education. The Mood Disorder Questionnaire (MDQ) scores showed that no participant across the groups had bipolar symptoms. The Beck Depression Inventory the Second Edition (BDI-II) scores were different between the groups. The mean BDI-II scores were 18.50 (S = 12.07) for participants with depression and 3.33 (S = 2.51) for participants without depression, respectively.

Instruments

Mood Disorder Questionnaire

The Mood Disorder Questionnaire (MDQ) is a self-report screening instrument for the detection of bipolar spectrum disorder (Hirshvield et al., 2000). The Mood Disorder Questionnaire has 13 items to which the participant answers Yes or No (see Appendix B). A positive screen requires more than seven items endorsed and at least moderate psychological impairment. The Mood Disorder Questionnaire was validated in both clinical and non-clinical populations (Hirschfeld et al., 2000; 2003). However, its reliability is limited to clinical population (Dodd et al., 2009).

Beck Depression Inventory—Second Edition

The Beck Depression Inventory—Second Edition (BDP-II) is a self-report inventory that is comprised of 21 items assessing the severity of depression for the past two weeks (Beck, 1996). For each item, the participant chooses one of four self–evaluative statements that are rated on a scale from 0 to 3. The total score ranges from 0 to 63. Research suggested

adequate validity and reliability relative to the Beck Depression Inventory (BDI; Dozois, Dobson, & Ahnberg, 1998).

Self-defining Memories Task

The Self-Defining Memories Task is a self-report measure in which individuals narrate memories that explain who they are (Singer & Blagov, 2000-2001). The Self-Defining Memories Task was used as the main instrument to collect participants' personally meaningful memories. Participants were asked to report three self-defining memories that meet the following criteria:

> (a) It is at least one year old; (b) It is a memory from your life that you remember very clearly and that still feels important to you even as you think about it; (c) It is a memory about an important enduring theme, issue, or conflict from your life. It is a memory that helps you to understand who you are as an individual and might be a memory you would tell someone else if you wanted that person to understand you in a basic way; (d) It is a memory linked to other similar memories that share the same theme or concern; (e) It may be a memory that is positive or negative, or both, in how it makes you feel now. The only important aspect is that it leads to strong feelings; and (f) It is a memory that you have thought about many times. It should be familiar to you like a picture you have studied or a song (happy or sad) you have learned by heart.

Existential Concerns

The researcher used existential concerns based on Yalom (1980) given that those four existential themes (i.e. death, freedom, isolation, and meaningless) correspond to the most frequently reported themes across self-defining memories (e.g., Blagov & Singer, 2004).

Subthemes were further examined under the four concerns to examine the ways that participants deal with relevant existential issues.

Procedure

The researcher reviewed the informed consent form with participants and then asked them to complete the MDQ and BDI-II. Informed consent is a process that the researcher explains the purpose and procedure of the study, potential risks and benefits to participation, participants' rights, and confidentiality. During this process, participants give the researcher permission to collect data and sign the form (see Appendix C). For the present study, the researcher specifically emphasized that participants can withdraw at any point of the procedure as they might experience emotional distress during the retrieval of negative memories. All participants agreed to have interviews to be audio-recorded.

The researcher provided a list of criteria for self-defining memories and instructed participants to recall three memories that meet those criteria. During the interviews, the researcher asked open-ended questions to explore existential concerns in the memories. All interviews were audio-recorded. After the interviews, the researcher debriefed participants and explained the purposes of the study. Participants were provided a $5 gift card for appreciation. The entire process took approximately an hour for each participant. The researcher ensured that participants did not experience emotional distress during the participation and checked with them in 2-4 weeks via email.

The interviews were transcribed and reviewed to extract existential themes using the principles based on IPA (Smith & Osborn, 2003). The researcher read and interpreted each case separately. For each case, initial interpretations were noted and then merged into themes. These themes were then integrated into more abstract themes and connected with corresponding

portions of the interview verbatim. Finally, these abstract themes were examined across cases and then organized under the four existential concerns (i.e., death, freedom, isolation, and meaninglessness). During the analysis, the researcher examined if one group expressed more of the four existential themes or relevant subthemes in memories than the other.

Chapter 4: Results

The following hypotheses were made regarding differences between individuals with depression and without depression in the content of their self-defining memories: Participants with depression will express more existential concerns in their self-defining memories compared to those without depression. Group differences will emerge in the ways in which participants relate to various existential givens.

These hypotheses were tested by conducting a qualitative analysis. The researcher employed an IPA-informed method to analyze the content of self-defining memories reported by participants in both groups. The results of this analysis are reported below as organized around the four existential themes of death, freedom, isolation, and meaning. Data from each of the four themes were examined to determine if they confirm the hypotheses.

Six individuals with depression and three without depression participated. The MDQ scores suggested that none of the participants had bipolar symptoms. The mean BDI-II scores were 18.50 (S = 12.07) and 3.33 (S = 2.51) for participants with depression and those without depression, respectively. Each participant was coded with two numbers that are separated by a period (e.g., 1.2). The first number indicated whether the participant has depression or not. Number 1 means the person has depression while 2 means no depression. The second number was randomly assigned.

Death

Five of the six participants with depression mentioned death during the interviews. Three of them recalled memories involving deaths of their loved ones, and two of them mentioned death as a possible way of escaping from depression. In comparison, only one of the three participants without depression described a death-related event. This confirmed a

hypothesis that participants with depression would have more existential concerns in their memories compared to those without depression.

Group Similarities

Thematic similarities were found between the participants with and without depression who discussed death-associated memories. Both groups understood death as rooted in human finitude and described it in terms of the loss of a significant other. Some of the common emotional reactions between the groups included anger, sadness, and confusion.

When it comes to suicide, both groups perceived it as a choice. For example, two participants with depression elaborated that they chose not to take their lives while both mentioned suicide as a possible way of escaping from their seemingly endless suffering.

> Participant 1.2: (10.28) Despair I think is the worst thing you can feel. "There is no hope, that's it. I will never get out of this hole." (10.31) […] the reason people do take their lives in depression is because you really feel the only time I feel peace is when I'm sleeping. (10.38) But I've never been planning suicide or anything like that […]
>
> Participant 1.4: (10.12) […] I had the endless loop feeling […] (10.14) By then, it was hopeless and nowhere to turn. (10.18) I was very depressed and things would pop in my mind thinking the only way out was to kill myself if that makes any sense because I felt like I couldn't quit [the job] […] (10.17) I would never go through with it (suicide) […]

Similarly, a participant without depression addressed suicide as a choice that his mentor made to leave the world.

> Participant 2.2: (5.19) Because it was a suicide and because it was a wanted death […] (5.30) She just peaced out. I'm 99.9% that actually, she will be reborn to some other form that would do good someplace else.

Group Differences

As hypothesized, group differences emerged in how participants with and without depression related to death. The differences existed in attitudes toward death and the impact of death-involved events. Participants with depression tended to focus on losses associated with death and show heightened awareness of mortality compared to those without depression.

Focus on losses vs. gains. In their interviews, participants with depression were focused on losses. These participants described various losses subsequent to the death of the person, let alone the loss of the person him- or herself. For example, a participant with depression who described her father's death stated that she lost her role model, which impeded her development, given that she identified with her father most in her family.

> Participant 1.1: (3:28) […] because I'm much more similar to my dad […] (3.29) Understanding healthy ways to use my personality and life without a model of it […] (3.34) […] it probably delayed some of my understanding of my own personality and of myself.

Another participant with depression who recalled an event in which her mother nearly died discussed her intense fear of having to face the absence of someone in her world who was important to her.

> Researcher: (11.3) What are you scared of?
>
> Participant 1.6: (11.4) Not have that, to have that emptiness. The spot the person is not there […]

In comparison, a participant without depression who discussed a suicide of his mentor described the growth he experienced in his relationship with his mentor. This participant

mentioned the enduring positive impact that his mentor had and further affirmed a continuing existence of his mentor.

> Participant 2.2:. (3.26) […] very much so informed how I think and behave around people and how I think of myself as a professional or in some ways, as a force for good. (5.31) […] she will be reborn to some other form that would do good someplace else. (6.20) […] I felt a big affirmation of my person and myself.

Heightened awareness vs. acceptance of death. Participants with depression demonstrated heightened awareness of death and expressed related emotional distress. These participants discussed a tendency to think about their own mortality as well as that of others, which most of them reported that elicited anxiety. While two of them attributed their increased thoughts of death to loss of a loved one, two others mentioned their ongoing fear of death, which originated earlier in life. One participant reported a continued awareness of the topic of death as a result of her experience of losing her father. This participant chose a career to work with children in bereavement.

> Participant 1.1: (1.24) I think I also have, I'm much more comfortable with the topic and not, there's a lot less fear associated with it definitely. (1.29) It probably ... number one, my specialty is bereavement so I work with a lot of kids, a lot of trauma, a lot of ... […]

Another participant with depression discussed her experience of nearly losing her mother to an illness and addressed recent concerns about her aging parents. This participant mentioned her fear of facing the person's absence when someone dies.

Participants 1.6: (9.20) That was 10 years ago […] my mom's still alive […] ... She is getting old […] I hear like my friends or other relatives passing away, more often, it makes me concerned about the families and family's death [...]

Researcher: (11.3) What are you scared of?

Participant 1.6: (11.4) Not have that, to have that emptiness. The spot the person is not there […]

Two other participants with depression discussed hypersensitivity to the subject of death and associated fear without directly attributing it to loss of a significant other. Both participants personalized death by speaking about dreading their own death. One of them stated that certain things tended to trigger her to think about death and provided an example that a broken clock reminded her of her late grandfather. This participant reported having panic attacks about dying and explained that the finality of death caused her fear and anger. This participant personalized death most given that she elaborated her reactions toward her own mortality.

Participant 1.3: (6.6) [The clock] stops or something and makes this weird winding noise. Then I thought about death. That maybe [my grandma] kept it around because it reminded her of grandpa […]

Researcher: (5.13) Was [your panic attack] always about dying, a fear of dying? Yeah? What does that mean to you?

Participant 1.3: (5.15) It's final ... and the world just goes on.

Researcher: (5.20) How does it make you feel thinking about death, or thinking about "the world still goes on"?

Participant 1.3: (5.22) It makes me feel kind of angry. Just angry.

Similarly, the other participant mentioned fear of his own death that he frequently experienced as a child.

> Participant 1.3: (6.23) […] I've always had anxiety and it's always been just part of who I am. Not all the time, it's not like it was constant, but as a kid growing up I was quite the hypochondriac. I always thought I was going to die.

In comparison, a participant without depression discussed his acceptance of his mentor's death despite his initial anger and sadness. This participant did not associate his mentor's death in and of itself with ongoing emotional distress or increased concerns about death. Rather, this participant addressed his belief that his mentor's existence continuing through rebirth.

> Participant 2.2: (4.21) Just unadulterated sadness and grief, just like misery […] (4.23) "How could she do this to me, to us as a group?" We were doing so much good work together. […] betrayal and longing to have a last conversation with her. (5.25) […] death is just like another hiccup in this rebirth cycle. (5.31) […] she will be reborn to some other form that would do good someplace else.

Freedom

All participants recalled memories involving restricted freedom regardless of their condition. Four of the six participants with depression specifically emphasized a lack of choices in given situations and described relevant emotional distress. In comparison, participants without depression were more focused on how they responded to a lack of choices. Four participants with depression demonstrated inauthenticity in making choices in their memories while none of those without depression did. These differences confirmed a hypothesis that participants with depression would have more existential concerns in their memories.

Group Similarities

Both groups described different situations in which they realized their own finitude. Many participants retrieved memories of events that they did not have control over regardless of whether they have depression or not.

Group Differences

As hypothesized, differences emerged in how both groups related to limited freedom. Participants with depression demonstrated a tendency to discuss helplessness in given situations and emotional distress concerning a lack of choices. In addition, participants with depression more likely made inauthentic choices that they did not take ownership of. For example, some participants with depression discussed making choices pressured by external forces. In comparison, participants without depression did not focus on helplessness when they found themselves without much control over given situations. These participants usually described how they responded in those situations and what their responses resulted in.

Helplessness vs. possible choices. Participants with depression more likely emphasized arbitrary and inevitable aspects of the memories that they recalled. Two participants mentioned a sense of helplessness in death-related memories. One of them stated that she could not do anything about her father's death despite its impact on her.

> Participant 1.1: (5.1) […] this huge change in my life that I was just informed about and there was nothing I could do about it. (6.6) […] I don't have a choice in this, how is this all happening? […] (13.1) […] that's the way bereavement is, always there […]

Another participant perceived death as running out of given time and addressed her inability to prevent it.

Participant 1.3: (5.24) That you're just done. That you're given a certain amount of time, and then you're just done. I don't know. Maybe it's a control thing.

Researcher: (5.27) What do you mean "control thing"?

Participant 1.3: (5.28) You can't stop it.

Other participants discussed experiencing restricted freedom in dealing with struggles in life. A participant with depression described losing his sense of control during panic attacks.

Participant 1.2: (7.35) It's pretty scary when you don't know what's going on, you think you are losing your mind. (7.43) There is nothing you can do.

Another participant mentioned perceiving no hope regarding work-related conflicts. This participant attempted to confront his superior, which he described that exacerbated the situation as well as his sense of helplessness.

Participant 1.4: (9.23) It was to the point where you want to quit, but you work so hard to get to this job. I felt hopeless. (9.36) After I confronted him with that, things even got worse. By the time this incident had happened, the hopelessness had gotten worse.

A participant who immigrated as a teenager described her situation at that time as uncontrollable and reported experiencing anger.

Participant 1.6: (1.5) I came from Korea. Our family moved from Korea not too long ago so I was having difficult time adjusting at school. (1.9) […] it made me think what's life and does God exist, et cetera […] (1.14) I was angry about the world about uncontrollable situation that I was in.

In comparison, participants without depression tended to perceive choices in given situations and discuss the ways in which they responded. A participant who recalled being

injured by a fire at age 16 described that she took responsibility for her own treatment, which she stated that lifted her depression at that time.

> Participant 2.1: (2.25) I think when that happened it brought me out of depression because […] like all of a sudden I was thinking about, "Oh, I have to think about this." My parents didn't really have time to help me, so I ended up doing a lot of the medical stuff myself.

The same participant also discussed the time when she was stuck in an airport abroad without money. This participant explained having choices in how to respond to a situation in which she did not have much choice.

> Participant 2.1: (7.46) […] realize that I am not in control of the things that happen to me […] (8.23) […] like, "Well, I could really freak out right now since this is a bad situation and it's out of my control. Or I can just trust that God is doing something that is good and that He will work it out and that it will be okay."

Another participant without depression described his mentor's suicide as a matter of her personal choice as opposed to some participants with depression who mentioned helplessness regarding death or addressed suicide in more negative terms. This participant implied that he respects her decision regarding ending her life.

> Research: (5.18) Did this event make you think about death?
>
> Participant 2.2: (5.19) Because it was a suicide and because it was a wanted death definitely made me think about it. (5.27) For me, I don't quite understand death to be the ending, which I think is why I think it was selfish of me to be, "How could she do this to us?"

Inauthentic vs. authentic choices. Participants with depression more likely

demonstrated inauthenticity during their recalls of memories. These participants discussed choosing who they are based on the expectations of others or by seeking external directions. A participant with depression described his tendency to be someone else depending on expectations of others. This participant was aware of his wanting to be liked and admitted that he became "fake" at work to avoid criticism.

> Participant 1.4: (3.27) […] it's very hard for me to accept that there are some people who may not like me. (3.29) I'll be the type instead of being myself, I'll try to do whatever to make you happy to get you to like me. (3.31) That is probably from that, feeling important, feeling wanted. (7.47) I almost, for a while there, had to feel fake at work […] I had to be somebody else, shut my mouth, don't say anything, act like a robot […]

A participant who felt unfairly accused by a minority boy discussed that she got to the point where she rejected her own culture to avoid guilt as a white person.

> Participant 1.5: (1.32) […] always wanting in some way to prove that I was a good white person. (1.35) […] like trying to show that I was nice or that I was open, or I wasn't judgmental or just ... even sometimes, rejecting my own culture […] (1.39) […] because I didn't want to be seen or feel the way I felt when that boy was pointing at me […]

A participant who lost her father age 13 explained that this led to a lack of guidance and direction to follow in who she becomes.

> Participant 1.1: (3.28) […] because I'm much more similar to my dad […] (3.29) Understanding healthy ways to use my personality and life without a model of it […]

(3.34) […] it probably delayed some of my understanding of my own personality and of myself.

Another participant showed inauthenticity by passively avoiding making choices. This participant mentioned difficulty expressing what he wants and implied that he expects his wife to read his mind.

Participant 1.2: (3.43) When [my kids] ask me what do I want (for Christmas), nothing really, and I mean it. It's like I don't want ... I'm good. It drives my wife crazy because she wants to ...She is very good at reading me though.

In comparison, participants without depression indicated more authenticity by perceiving choices in limited situations. For example, a participant who got injured in fire acknowledged that it still required her choice to have surgery to correct her hand, which had been disabled.

Participant 2.1: (3.1) I remember even at the time that I had surgery to correct it, I almost didn't want to because I realized all of this, this is three or four years of things that have defined part of myself and part of the way I understood the world.

Another participant expressed authenticity by embracing his role in his intense relationship with his ex-boyfriend.

Participant 2.2: (10.15) If there's one thing that co-relationship taught me, it's how to relate to someone in a collaborative, somewhat equal and compassionate way. (11.31) […] it's characteristic of the power dynamic that was constantly at play.

Isolation

All participants across the groups discussed memories involving relational disconnection or alienation during their interviews. Five of the six participants with depression discussed present concerns related to isolation while none of the three without depression mentioned

similar concerns as an ongoing matter. In addition, five participants with depression and one participant without depression reported feeling alone during painful events. These differences confirmed a hypothesis that participants with depression would express more existential concerns in their memories than their counterparts without depression.

Group Similarities

Both groups extensively discussed memories associated with relational issues. Isolation occurred in the context in which participants experienced ridicule, misunderstanding, betrayal, abandonment, and breakups. Associated emotional reactions included hurt, guilt, and anger across the groups.

Group Differences

As hypothesized, differences existed in how participants with and without depression experience isolation. The two groups demonstrated differences in the degree of concern about isolation, the factors that implicate experience of isolation, and the ways that participants relate to themselves in isolation. Participants with depression showed increased awareness of and concerns about isolation, more likely felt disconnected when in pain, and tended to experience self-doubt in aloneness.

Ongoing fear vs. acceptance of isolation. Participants with depression reported their experience of interpersonal disconnectedness as associated with continual difficulties in relationships with others. These participants mentioned struggles with trusting others, fear of alienation, worries about being misunderstood, and not fitting in. Two of them described incidents in which they were not taken seriously by their families at ages 14 and 5 respectively and explained their ongoing concerns about isolation.

> Participant 1.1: (7.39) […] it was isolating I guess, because it had to do with ability to trust other people (8.6) I think I'm less trusting, more anxious about whether, not less trusting ... more anxious about being misunderstood. (8.25) I'm much more, I show my feelings less, I'm more closed off I guess. (10.33) I feel like connections will be that much more difficult. (11.2) I guess that's what loneliness is to me is realizing okay, because there is the potential for isolation […]

The other participant with a similar experience discussed difficulty voicing her thoughts and feelings and implied fear of being alone.

> Participant 1.3: (3.11) It's hard for me to voice my opinions about stuff, or talk about stuff without feeling I'm going to be shot-down by someone else. (10.4) [I was safe] from being alone (when I lived with a group of friends in college).

A participant who recalled his family losing everything at his age 15 due to his father's bankruptcy mentioned experiencing an emotional shut down and cynicism toward people that increased his sense of alienation from others. This participant attributed his anger to those who took his possessions and his father who let it happen.

> Participant 1.2: (3.17) […] you feel like someone came in and took something from you, you feel robbed. (3.19) I think it also got me angry at my father, "How could you allow this to happen, […]?" (3.28) I emotionally just shut down. It was hard to let people close, because of this hurt. (5.4) It kind of made me that way, cynical about people.

A participant who shared a memory of his mother leaving him age 5 linked his insecurities around people to that memory.

Participant 1.4: (1.25) […] one of the things [my therapist] has brought to light with me is insecurities like of being abandonment. It's probably taken tolls on relationships that I've had, dating, etc., or just relationships in general always trying to please people. (1.30) […] not so much it's possessive, it's just like more worry. (3.25) Confused and maybe feel a little alone or maybe not wanted because especially when I try to please everybody.

Additionally, a participant who recalled an incident in which she was accused of making a racist remark discussed its impact on her present interpersonal fear.

Participant 1.5: (11.24) […] there's always this apprehension that I'm going to be misunderstood in some way, or taken the wrong way when my intention is not that. (11.29) I watch myself very carefully whenever I'm around people or in groups.

In comparison, participants without depression did not express continuing concerns about relationships though they perceived their experience of isolation as personally significant as well as still disturbing for them. For example, a participant who recalled a breakup with his boyfriend reported aloneness as scary, but he further described that he had learned how to relate better.

Participant 2.2: (9.25) I think there's a lot of fear bottled up in there as well. It's scary to be out here alone. It's very scary. It was a very, very scary time. (10.9) A lot of what I learned in that relationship, I've exported and I brought with me to consequent relationships.

Another participant who recalled overhearing her friends criticizing her in junior high school implied that she resolved the conflict though she still feels hurt when thinking about the incident.

Participant 2.3: (2.1) […] we kept being friends because like I said, it was a small school. I have my five closest friends. They said sorry. (2.11) I just thought that's a memory where I felt like so hurt so it sticks in my mind.

One of the participants without depression who described her sexual abuse at a very young age reported difficulty relating to a certain type of person. Despite that, this participant did not overgeneralize her mistrust in others.

Participant 2.1: (13.4) I still feel uncomfortable around white men, middle-aged white men with glasses. (13.7) […] Chinese men don't scare me. Black men don't scare me. It's white, middle-aged men that scare me.

Aloneness vs. reaching out in pain. Participants with depression were more likely to retrieve memories in which they felt isolation due to painful events. These participants tended to describe aloneness experienced during suffering. A participant who recalled her father's tragic death mentioned withdrawing from people when she heard the news.

Participant 1.1: (1.36) I went back to my room and stayed away from the kitchen with all the people.

A participant who shared a memory of having everything taken away following his father's bankruptcy at his age 15 described feelings of disconnectedness from his peers. This participant stated that his peers would not understand his experience.

Participant 1.2: (3.33) Oh, yes. I had about two pairs of pants and two t-shirts to wear to school. You felt alone. I felt alone, definitely, because I didn't know any of my other friends who were going through anything like this.

The same participant described feeling isolated during his panic attacks and explained that no one else would understand his experience.

Participant 1.2: (4.41) Because there is people here that I love dearly as colleagues and friends but they don't have a clue what that's like. (9.10) […] you feel really isolated. No one feels like this, this is... No one's going to know what to do, this is something that's incurable.

Another participant with depression discussed not being able to reach her sister during a panic attack at age 18.

Participant 1.3: (4.5) […] I was having bad anxiety attacks. (4.8) […] I was trying to reach out to her, and she wasn't really ... She was just kind of cold. I mean, that's really it. I just didn't feel like she was there for me. (6.21) It was kind of like it cut any kind of sisterly bond.

A participant who shared being treated unfairly by his supervisor at work described his aloneness in it as having nowhere to turn to.

Participant 1.4: (9.23) Miserable, no hope. It was to the point where you want to quit, but you work so hard to get to this job. I felt hopeless. I felt like I had nowhere to turn by then. (10.4) […] I actually truly felt lonely too because when that was going on, all of my peers would stay away from me because I was like the shit magnet.

Also, a participant who discussed nearly losing her mother to an illness shared that she felt alone due to a lack of support from others when she discovered the seriousness of her mother's condition. This participant turned to God.

Participant 1.6: (7.24) When I found out about my mom's disease, I got devastated because actually my relatives and the church members, they said that my mom wasn't going to make it […] (7.40) […] I felt alone, whatever. […] There is no one to turn to. No one to hold on to. (7.43) […] I went to the prayer mountain for about two weeks.

In comparison, participants without depression reported reaching out in the face of isolation. These participants maintained a sense of autonomy in their experience of disconnectedness. A participant described that she sought support from others when she got rejected by someone whom she was interested in.

> Participant 2.3: (4.34) I was just like kind of tour around the house looking for whoever is awake to whine to and complain that, "Why didn't this work?"

Another participant without depression shared that his parents did not offer any affirmation when he came out to them. This participant discussed reported feeling hurt but stated that he would continue to reach out to them until they accepted him.

> Participant 2.2: (12.45) Even if I was dating someone and introduced them, they would always be my friends. Only in this past year and a half and I felt more comfortable claiming more agency to these relationships have I been able to bring greater parts of myself and just been clear with them. I'm just saying, I want you to call partners or boyfriends […]

Invalidation vs. affirmation through isolation. Participants with depression tended to report a decreased sense of self associated with their experience of alienation. These participants described a lack of validation for who they are and resulting confusion and emotional distress. Though self-understanding was mentioned in memories involving isolation among participants with depression as well, the theme of self-doubt was more prevalent compared to those without depression.

Two of the participants with depression retrieved memories in which they felt unheard by their family members, and they discussed feeling insignificant to others. One of them recalled

being laughed at by her mother and brother when she was trying to express herself in junior high school.

Participant 1.1: (7.18) I was trying to express myself, I was upset about something, my Mom and my brother were just laughing at me.

Researcher: (7.21) Do you remember what you were upset about?

Participant 1.1: (7.22) No, I'm sure it was something they considered insignificant and I was just ... I had intense feelings about something.

The other described an event in which she had to break glass to draw her parents' attention at the age of 5 because she did not feel as if she was being taken seriously.

Participant 1.3: (1.15) […] my parents never really took my opinions seriously […] (1.32) making me feel like I'm just a kid, and what I say doesn't matter […] (3.16) I feel alone until maybe something severe happens. (3.19) Because I put my hand through the glass and had to go to the hospital. That's when they pay attention.

A participant who reported his father's bankruptcy mentioned feeling embarrassed about himself and as a result he was not able to share his experience with others.

Participant 1.2: (3.36) You don't want to tell them, so who do you talk to? You do feel alone and embarrassed and things like that.

A participant who retrieved a memory of his mother leaving him at his age 5 described his own experience being invalidated. This participant stated that his mother got angry when he expressed himself and said that he did not want to go with her. This participant addressed inappropriate guilt.

Participant 1.4: (2.18) […] It makes me feel like my mom didn't love me or something. (2.23) I was really scared. With the way my mom was acting outside, screaming and

throwing stuff at the house, I didn't want to go. (2.25) You feel like you're doing something wrong, and I don't think I was.

The same participant further discussed a declining sense of self and losing peer support when his superior was repeatedly invalidating him at work.

Participant 1.4: (7.37) If we were training, he was always telling me that I did it wrong, or ... it got to a point where I believed everything he said, and I thought I was a failure. (8.12) I'm not as confident as I used to be. (10.4) […] all of my peers would stay away from me because I was like the shit magnet.

Another participant described that her minority peer accused her of making a racist remark when she was five years old. This participant experienced her cultural self being invalidated.

Participant 1.5: (1.18) […] he pointed to me, and he said, "She called me a nigger." (1.37) […] even sometimes, rejecting my own culture […] because I didn't want to be seen or feel the way I felt when that boy was pointing at me […] (11.28) […] there's a lot of self-criticism, a lot of self-judgment, and just ...

The same participant also reported feeling unwanted when her father left the family.

Participant 1.5: (5.20) […] we couldn't even order pizza because it was too expensive, but my dad had a really nice car and a really nice house, and remarried […] (11.38) […] feeling the not being wanted or cared for by my dad […]

In comparison, the participants without depression more likely had their selves affirmed or expanded through their experience of isolation. A participant who described an incident in which she found her friends criticizing her stated that she developed empathy for those who are bullied.

Participant 2.3: (2.40) When I hear about someone else being bullied or untimely treated, I kind of remember it empathizing with their experience of vulnerability […]

This participant also explained that she affirmed her sense of self as a confident woman when she was turned down by a man that she asked out.

Participant 2.3: (5.33) […] I think of myself as a confident woman so I felt, hey, I've decided that I like this boy. (6.9) I'm not being too judgmental of my own silliness.

In addition, the other participant without depression described that he was able to self-explore and became a better person despite loneliness after he broke up with his boyfriend.

Participant 2.2: (8.9) […] realizing my own self-attachment, my own clinging to things that may not have been […] (9.21) Grief and loss and loneliness and sadness and pissed-offness. (10.13) […] because I have had that experience, I do feel like I know how to love.

The same participant reported that he had positively changed after he was not accepted by his family when he came out as a gay.

Participant 2.2: (14.13) I changed very much so since then. In my mind, for the better. I just think about that as, that's who I was and that's not who I want to become or be.

Meaninglessness

All participants demonstrated meaning-making processes as an element of their significant memories during the interviews. Four of the participants with depression described events in which they had experienced absurdity and reported difficulties making sense of those events. These participants perceived unfairness or injustice in their experiences while participants without depression more likely focused on personal meaning. Also, four participants with depression expressed concerns about potential meaninglessness associated with

narrated events. These differences confirmed a hypothesis that participants with depression would express more existential concerns in their memories.

Group Similarities

All participants discussed their attempts to make sense of difficult but important memories and shared meanings that they discovered in those events. Participants commonly reported initial confusion, but many of them found personal or spiritual growth and connection with others through the painful incidents. Specifically, participants mentioned increased empathy for others, renewed priorities in life, and deepened understanding of God regardless of their clinical conditions.

Additionally, participants from both groups repeatedly discussed that they eventually were able to make sense of their painful memories and better understand who they are through those memories. Two examples of this from participants with depression follow:

> Participant 1.2: (6.12) […] I think if you go back and kind of connect ... You can connect some dots to at least understand. It doesn't make the depression go away, but at least it can help you connect some dots to understand why.
>
> Participant 1.4: (3.20) I realize that I have this memory, and it's a tool to realize why I have behavioral issues now in my life or I'm becoming aware of it.

Group Differences

As hypothesized, group differences were found in the ways in which participants responded to meaninglessness in life. Participants with depression were more likely to mention an experience of injustice during the recall of their memories and struggled to make sense of those events. Participants with depression tended to deal with an ongoing sense of meaninglessness though they were able to discover new meanings in life events. In

comparison, participants without depression did not directly address absurdity or meaninglessness in life.

Accentuated awareness of injustice vs. focus on meaning. Participants with depression tended to perceive injustice in given experiences compared to their counterparts without depression. These participants commonly described memories in which they had felt up against an uncontrollable systemic force and often used the word "injustice" to explain those events. Besides, many of them reported feeling confused in trying to make sense of what occurred to them. A participant who recalled hearing about 9/11 on her 20th birthday described the injustice that the victims' families had to deal with. This participant discussed her feelings of anger toward the injustice of 9/11 and personalized the event by connecting it with her father's death.

> Participant 1.1: (12.17) I never thought about it but probably part of the why is because my dad was in the plane crash, interesting. (13.23) It's really more the injustice of the event that bothers me.
>
> Researcher: (13.25) What bothers you, what bothers you most?
>
> Participant 1.1: (13.26) The families, all the families that are left behind and the amount of hatred that can exist between people.

Another participant discussed an incident that led to her realization of racism in the system. This participant was wrongly accused of making a racist remark at age 5 by her minority peer and perceived this event as unfair to both to herself and her peer.

> Participant 1.5: (2.36) […] increased the confusion, but just this understanding that there was some sort of divide, there was some sort of bigger issue. That was my first taste of that and I think that there was a sense of injustice in that as well, as a kid getting

an idea of people are treated differently. (3.10) […] injustice, perhaps, for me, for having that experience of being accused […] (3.16) […] in terms of racism and prejudice […]

A participant who discussed being unjustly criticized for his performance at work also indicated his wish for justice and shared difficulty with understanding those who "picked on" him. This participant fought back but was not able to change the system.

Participant 1.4: (9.12) I never understood why you'd want to mess with someone instead of like team building and encouragement […] (9.26) By then, the lieutenant that was really hard on me, some of these guys that were picking on me that day were like his buddies. (9.36) After I confronted him with that, things even got worse. (10.25) You just wish there'd be justice or something. (11.30) It just frustrates me that it was supported all the way up. They knew about it […]

In addition, a participant with a memory of losing everything at age 15 following his father's bankruptcy addressed his feelings of violation and specifically addressed "faith doubts."

Participant 1.2: (2.12) So I came home from school one day and the house was basically empty. (2.18) I didn't know how to process that. (2.31) I tried to figure out how can someone do this to others and things like that. I had a lot of questions, faith doubts and things like that at the time. (3.17) […] you feel violated, I think you feel like someone came in and took something from you, you feel robbed. (3.30) "Is this fair?"

In comparison, participants without depression did not explicitly address a sense of injustice even when they narrated such memories. For example, a participant without depression who recalled a memory involving her abuse was focused on her present understanding of the event while acknowledging her ongoing struggle with shame.

Participant 2.1: (13.12) I think it helped me understand, no, this happened because something happened to you. Not because, oh, I'm just naturally a freak or whatever. (14.5) I mean I definitely associate pain with that memory. (15.1) I would say the shame is more. Shame always. Always. (15.19) I don't think it's unredeemable […]

Meaninglessness vs. meaningfulness. Participants with depression discussed painful memories in which they experienced that other things in life had become insignificant. Though they found new meanings, many of these participants described constant struggles with meaning. For example, encounters with death led to questioning meaning in life among the participants with depression. One of the participants reported that everything else became insignificant when she experienced her father's death, and she began to see the priorities in life.

Participant 1.1: (6.31) I think it influences everything about the way I look at things, the way I view life and relationships. (6.33) […] less fear about achievement […] (7.8) priorities are more clear for me I think. (7.11) We've experienced loss with not having to say over stuff, everything else seems kind of insignificant.

Another participant emphasized that her experience of a parent's life-threatening illness accentuated her concerns about meaning in life though she admitted that the event brought her family together.

Participant 1.6: (9.23) […] I hear like my friends or other relatives passing away […] (9.28) […] that leads to then why do people live and where are we going and where are we from, et cetera, obviously and how are we so connected to each other and what is the meaning or meaning of belongingness. (10.3) I think about that event and how that event brought our families together.

The same participant also shared an earlier memory in which she wrestled with God to find the purpose of life as a teenager. She explained that she finds meaning in searching for meaning.

> Participant 1.6: (1.40) I started shouting and screaming (at God) […] (1.43) "This world is not worth to be alive to live for. I don't want to live in this kind of world and they say […] (1.46) I want to kill You first before I end my life." (5.18) I am a person searching for the truth […] (5.22) That's what gives me joy, what gives me the meaning of life, the purpose to go on.

A participant who retrieved a memory of his father's bankruptcy discussed continual difficulty with finding joy in daily activities while acknowledging discovering priorities in life, getting closer to his family, and developing empathy for others.

> Participant 1.2: (4.1) But it took the joy at that point away from things that used to be real exciting. (4.3) […] it's hard for me to ever really get excited about something. That emotion is just not there. (4.22) It allows me in a lot of ways to empathize with people when they've gone through loss. (4.27) I look at possessions differently. They can be gone tomorrow […] (5.28) I think it really pulled us closer together because you just have each other to depend on, and God.

In addition, a participant who recalled unfair treatment at work reported losing interest in everyday life as well as ambition that he used to have. However, this participant added gaining insight through therapy.

> Participant 1.4: (5.5) I was going through a divorce, bankruptcy, and foreclosure, and I still became a paramedic. (5.18) […] what frustrates me now is after I've done that, it feels like I don't have the drive I used to. (10.17) […] I was at the point where I never thought about sex.

In comparison, participants without depression did not explicitly address meaninglessness in life. These participants were more likely focused on meanings discovered through difficult experiences. For example, a participant who got injured from fire at age 16 discussed increased empathy for those with disabilities.

> Participant 2.1: (3.4) I think from this event I was able to be more compassionate towards other people that have disabilities or things that happen to them that are outside of their control.

Chapter 5: Discussion

The present study explored and compared content of self-defining memories between individuals with and without depression. The objective of this study was to determine if individuals with depression have more existential concerns in their memories compared to those without depression. As such, the researcher collected self-defining memories through interviews based on phenomenological principles. Self-defining memories were used because it reveals one's current concerns in non-intrusive ways. Interviews were used to allow participants to describe their subjective experiences in their own words while the researcher was able to ask for clarification as necessary. Overall, the purpose of the present study was to identify existential concerns that individuals with depression mostly struggle with and understand the ways in which they respond to these concerns. It was hoped that the results of the present study would clarify underlying issues among people suffering from depression instead of focusing on the symptoms.

Existential Concerns

The researcher used the qualitative analysis adapted from IPA to test hypotheses that participants with depression will have more existential concerns compared to those without depression and that group differences will exist in the ways in which participants relate to existential givens. While all participants expressed existential concerns in their self-defining memories as expected given that these concerns are universal, the results confirmed that participants with depression discussed existential concerns more than their counterparts in several ways. In other words, participants with depression more frequently mentioned certain existential themes (e.g., death), were more focused on limitations as opposed to possibilities with

respect to the same existential givens, and demonstrated more ongoing struggles with or increased awareness of those limitations in their interviews.

Death

Death is one of the most frequently recalled themes in self-defining memories (Blagov & Singer, 2004; Lardi et al., 2010; Thorne et al., 2004; Wood & Conway, 2006). Participants with depression more frequently mentioned death compared to those without depression. Five of these participants addressed death or mortality in the interviews; while only one of the three participants without depression recalled a death-involved memory. Both groups discussed death in terms of loss of a loved one. However, only two participants with depression personalized death by discussing their own mortality. Also, participants with depression expressed heightened awareness of death, and many of them mentioned related fear.

Death-related thoughts are not directly correlated with depression (Harville et al., 2004). Heidegger (1927/1996) argued for resolution toward death as a way of embracing authenticity. There is no living without dying at the same moment. Life and death are two realms of existence where human beings find themselves (van Deurzen, 2008). Frankl (1946/1992) explained that one takes more responsible actions in life upon accepting one's own death. However, unresolved issues around death can elicit emotional distress such as death anxiety (Yalom, 1980). In fact, heightened awareness without resolution toward mortality can lead to psychological symptoms (Abdel-Khalek, 2004). However, it is also possible that people without depression are better at avoiding death-related thoughts or feelings (Yalom, 1980).

Freedom

All participants recalled memories associated with limited freedom. Many participants perceived memories in which they experienced the reduction in control as personally important

to them. In particular, participants with depression tended to mention a lack of choices in their memories and related emotional distress such as helplessness. A decreased sense of freedom can lead to denying one's possibilities about what one might become (Sartre, 1945/1996). Freedom to make choices exists in the most limiting situation. People at least can decide how to relate to the given situation. Frankl (1946/1992) further proposed that one can find meaning in those helpless circumstances by choosing one's attitude. In comparison, participants without depression tended to mention both a lack of choices and perception of freedom within the limitations, often addressing how they responded to being confronted with their facticity. As such, individuals with depression demonstrated a bias toward necessity as opposed to possibility.

Not only that, participants with depression often discussed memories of making inauthentic choices. These participants were sensitive to others' expectations of them, while having a hard time taking ownership of those inauthentic choices made under external pressures. Heidegger (1927/1996) argued that conformity is not always negative as long as individuals make those choices with intention. Respecting rules and boundaries is necessary when it comes to functioning as a member of the society. However, the heightened sensitivity to expectations of others among participants with depression also elicited a sense of guilt for not meeting those expectations. Furthermore, these participants expressed emotional distress such as resentment related to their conformity. This indicates underlying existential guilt due to not fully becoming who one chooses to be (Yalom, 1980).

Isolation

Both groups extensively discussed relational issues such as disconnection or isolation and its impact on self. Relationships are another theme most often mentioned by people during a self-defining memory task. As for isolation, participants with depression did not express

related themes more often than those without depression. Rather, the difference was that participants with depression discussed ongoing concerns associated with isolation, heightened awareness of aloneness, and self-doubt experienced in alienation. Social withdrawal is one of the symptoms in depression (APA, 2000). Nonetheless, the results of the present study implied that individuals with depression do not intentionally isolate themselves. Instead, these individuals had a sense of alienation when they perceived their subjective experience as not shared with others. Moreover, this recognition of aloneness elicited ongoing concerns about potential isolation among many participants with depression.

Participants with depression experienced invalidation of their sense of who they are, which led to disconnection from others. This indicates a continuing struggle among such individuals to exist in the tension between aloneness and relatedness (van Deurzen, 2008). Human beings exist as both an individual and part of relations to the world. People connect with each other as separate persons and then emerge as unique beings from those interactions. Individuality can only be obtained in relations. However, in depression, a sense of being is compromised as individuals have difficulty connecting with others or feeling validated in relationship. Aloneness is necessity, a human condition that can limit one's sense of existence, while relatedness is possibility, which extends one's self-experience. Thus, individuals with depression are biased toward necessity as opposed to possibility between the two polarities in social dimension (van Deurzen, 2008).

Meaninglessness

Given that self-defining memories reflect meaning-making processes, all participants discussed how they made sense of recalled memories and what meanings they discovered in those memories. One of the differences was that participants with depression mentioned

injustice related to their personal memories. Injustice is a form of absurdity in which individuals encounter meaninglessness. Yalom (1980) explained that humans experience absurdity because they are by nature seeking meaning while living in the meaningless world. In that sense, no absolute right and wrong exist, let alone justice. Perceived injustice threatens one's sense of meaning as participants with depression in the present study indicated.

Most participants with depression did not focus completely on meaninglessness and were able to discuss meanings that they found in painful experiences. Instead, these individuals tended to mention both a loss of meaning and a retained or rediscovered sense of meaning. The difference was that participants without depression emphasized finding meaning in their memories. That is, participants without depression demonstrated a bias toward meaningfulness side of the polarity within which this existential concern is embedded (van Deurzen, 2008). Meaning is one's way of relating to the world and reason to live despite inevitable sufferings in life (Frankl, 1962/1996). Human beings are inherently motivated to search for meaning. This suggests that individuals can maintain their sense of wellbeing as long as they find meaning in given situations. As such, Frankl (1946/1992) proposed that one can discover meaning by choosing one's attitude in the most hopeless circumstance.

Existential Concerns Intertwined

Many self-defining memories from both groups included more than one of the four existential concerns (i.e., death, freedom, isolation, and meaninglessness). These four existential themes were categorized based on Yalom (1980) and used as they well correspond to the most frequently manifested themes in self-defining memories (Blagov & Singer 2004; Lardi et al., 2010; Singer et al., 2007; Thorne et al., 2004; Wood & Conway, 2006). Mortality, relationships, achievements, and leisure are among those major themes across self-defining

memories. Also, meaning making is one of the essential components of self-defining memories. However, in real life, the four concerns are often closely interconnected. For example, as one of the participants with depression described, a memory involving death included the intertwining of all four existential concerns. Facing the death of a parent, this participant realized a lack of control over death, felt alone in the loss, and questioned the meaning of life.

Clinical Applications

The present study has clinical implications for working with clients with depression. First, the results of the present study demonstrated that individuals with depression tended to struggle more with existential concerns in comparison with those without depression. Existential concerns are universal, not limited to individuals with depression. However, participants with depression in the present study expressed more unresolved existential concerns in their memories and showed heightened awareness of relevant issues. This means that individuals with depression can benefit from exploring their existential concerns in treatment. As many existentialists maintain (e.g., Arnold-Baker, 2005; van Deurzen, 2008), individuals with depression can move forward in the healing process when they accept and make meaning of their existential givens. Frankl (1946/1992) even suggested finding meaning in one's struggles with mental illnesses as part of the treatment. When individuals can relate to the same existential givens differently, this will open up new possibilities and lead them to care for the world again (van Deurzen, 2008).

Second, along with prior studies, this research showed that memories can be used effectively to explore current life themes and existential concerns. People often discuss important past events in treatment. When they recall memories, people select those memories

because those memories matter to them. In addition, people organize the content of their memories in particular ways to convey meaning relevant to their present situations. As many studies indicated, individuals reveal their current life concerns including unresolved issues and strivings for the future through the content and structure of their memories. Thus, individuals can better access their ongoing but unrecognized issues, life goals, and relevant existential concerns by exploring memories that they presently find significant. For example, Singer (2005) suggested asking clients to think about lessons that certain memories taught them so that this exercise will reveal meanings that clients would like to hold on to in life. Moreover, Singer (2005) argued that this type of exercise can free clients from a rigid way of thinking about their lives and increase a sense of agency over who they become. This is critical in working with clients with depression as these clients tend to focus on necessity as opposed to possibility in their approach to life.

Limitations

First, the sample size was relatively small because the primary goal was to examine existential themes in memories using a qualitative analysis. Given that comparisons between the groups usually require a larger sample size, caution should be exercised when the results are applied to other populations. In particular, seven of the nine participants had completed or were completing postgraduate education. Five of these seven individuals also had a psychology background. In general, all participants have current or previous experience with individual therapy. Thus, the participants in the present study might have been more aware of their own issues and better at expressing themselves in words.

Second, the BDI-II scores were widely spread among participants with depression, indicating that some of these participants were in a depressive episode during interviews while

others were not. Due to the small sample size, the researcher decided not to compare self-defining memories between individuals during a depressive episode and in remission though research supported the impact of mood on memories.

Third, the content of memories was analyzed by only one researcher to extract existential themes. Particularly, the present study employed a qualitative method using the researcher's interpretation of data. While this method is appropriate to analyze participants' subjective experiences, it should be noted that the results were based on one researcher's interactions with participants and interpretation of data. In addition, no prior study used the same research design, which further limits the reliability of the present study.

Fourth, the four existential concerns were separately examined in the present study though these concerns were interconnected in actual data. Interconnectedness among these themes was part of the reason that the same quotes were used for more than one existential concern in the results section. Thus, it should not be assumed that each memory only represents one major theme. The study of relations between these themes is beyond the scope of this research.

Future Directions

First, a larger sample size should be used to replicate the results, especially to determine if there really exist differences between the groups. In order to work with a large sample, it will be cost effective to collect written memories as other studies on self-defining memories did. In that way, multiple participants can write their memories in one setting. However, using written memories as data may produce different results from those of the present study as it does not allow interactions between the researcher and participants.

Second, the impact of mood on memories should be explored further as previous research demonstrated that mood only affects those suffering from depression. To compare the two conditions, which are during depressive episodes and remission, the sample size should be increased.

Third, while IPA is often conducted by one researcher, it can increase reliability of the results if more than two researchers examine data. IPA by nature involves the researcher's interpretation, which can complicate the procedure if more than one researcher conducted the analysis or if researchers theoretically did not agree. Thus, the communication among researchers will be important and eventually provide better reliability to the study.

Fourth, the relations between the four existential themes should be explored. Many self-defining memories in the present study included multiple existential concerns while specific relations between these concerns were not examined. It will require a qualitative method or case study based on IPA to closely look at how these existential themes are intertwined in one memory or one person's memories.

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Appendix A: Advertisements For Research

VOLUNTEER NEEDED for a research study on personal memories among individuals with depression.

The purpose of this study is to explore life concerns and themes in individuals with depression. For this purpose, we would like to interview you regarding your memories that you believe as important when you describe your life and who you are.

Participants must be:

- Diagnosed with Major Depressive Disorder
- 18-65 years old
- Willing to share memories

Participants will be:

- Given questionnaire that will take 5-10 minutes
- Interviewed approximately for an hour

The location of interview:

Reserved room at a local library

Contact for further information:

Sooin Lee
(630) 337-2252
sxl7360@ego.thechicagoschool.edu
The Chicago School of Professional Psychology, 355 N. Wells St. Chicago, IL 60654

Participants will be given a $5 gift card at the end of the interview.

Appendix B: Mood Disorder Questionnaire

STABLE RESOURCE TOOLKIT

Mood Disorder Questionnaire

Patient Name _____ Date of Visit _____

Please answer each question to the best of your ability

1. Has there ever been a period of time when you were not your usual self and...	**YES**	**NO**
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	☐	☐
...you were so irritable that you shouted at people or started fights or arguments?	☐	☐
...you felt much more self-confident than usual?	☐	☐
...you got much less sleep than usual and found that you didn't really miss it?	☐	☐
...you were more talkative or spoke much faster than usual?	☐	☐
...thoughts raced through your head or you couldn't slow your mind down?	☐	☐
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	☐	☐
...you had more energy than usual?	☐	☐
...you were much more active or did many more things than usual?	☐	☐
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	☐	☐
...you were much more interested in sex than usual?	☐	☐
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	☐	☐
...spending money got you or your family in trouble?	☐	☐
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?	☐	☐

3. How much of a problem did any of these cause you - like being unable to work; having family, money or legal troubles; getting into arguments or fights?

☐ No problems ☐ Minor problem ☐ Moderate problem ☐ Serious problem

This instrument is designed for screening purposes only and not to be used as a diagnostic tool.
Permission for use granted by RMA Hirschfeld, MD

Appendix C: Informed Consent

Title: Existential Concerns in Self-Defining Memories of Individuals with Depression

Investigators: Sooin Lee, M.A., Frank Gruba-McCallister, Ph.D.

We would like to you to participate in a research study. Please take your time to read the information below and feel free to ask any questions before signing this document.

Purpose: The purpose of this study is to explore life concerns and enduring themes in individuals with depression. We would like to ask you to share memories that you feel are important in defining your life and/or memories that are emotional, vivid, and/or repeatedly recalled. As a result of your participation, we hope to gather information about how memories reveal significant life concerns, how one experiences important past events, and how one experiences the current self. The interviewer will listen to your life experiences in a nonjudgmental way. The information you provide will help clinicians better understand life concerns and experience of self among individuals with depression.

Procedures: Should you decide to participate in this study, we will ask you to complete two questionnaires that measure current depression symptoms. During the interview, we will ask you to select, recall, and rate memories that you believe are important to you, that help to define your life, and that help to define who you are now. We will audio record your responses. We anticipate the entire procedure to be completed within an hour.

Risks to Participation: Potential risks in the study are minimal. However, it is possible that when recalling your experiences, you may experience some discomfort. Notably, the research is inquiring about your experience of past events and vivid memories in a retrospective/reflective manner. You may skip any questions that you do not wish to answer and/or that cause you emotional distress. Following the interview, the interviewer will speak with you to make sure that the experience was minimally stressful. Please keep in mind that participation in this study is completely voluntary, and you may discontinue at any time.

You will be debriefed immediately following the interview and/or questionnaire sessions. The interviewer will also follow up with you approximately two weeks to one month after the interview is conducted.

Benefits to Participants: You may not directly benefit from this study. However, we hope the information learned from this study will benefit others who suffer from depression. In sharing your experiences, you will help clinicians appreciate meaning in life and life experiences specific to depression. By sharing your experience during the interview, you might be able to reflect on your experience of critical events in your life.

Compensation for Participation: At the end of the study, you will be presented with a gift card of five dollars as a sign of appreciation for your willingness to help us and others understand your experiences.

Alternatives to Participation: Participation in this study is voluntary. You are free to choose not to take part in this study. If you do become a subject, you are free to stop and withdraw from this study at any time and without any penalty. If you sign this authorization, you may change your mind at any time.

Confidentiality: All data compiled from this study will be placed in locked filing cabinets in Sooin Lee's room at 475 St. Moritz Dr., Glen Ellyn, IL 60137, according to a coded number system**.** Identifiable information associated with participants will be accessed only by the principal investigator. All audio taped and written responses will be de-identified of personal names, geographic locations, and other biographic specificities that could be traced back to identify the participant. Participant data will only be associated via a non-identifying code using a random or arbitrary numeric system. Sooin Lee, the principal investigator, will keep a link that identifies participants to their coded information, and this link will be stored at locked filing cabinets in Sooin Lee's room. Research materials will be kept for a minimum of five years per APA guidelines, and these materials will be disposed in a secure and safe manner after five years. Hardcopy documents will be shredded, and electronic data and audio files will be destroyed by overwriting. Only the principal investigator will have access to all data at all times.

Questions/Concerns: If you have any questions regarding this study, please contact Dr. Frank Gruba-McCallister from The Chicago School of Professional Psychology, 325 N. Wells, Chicago, Illinois, 60654, at (312) 467-2139. Email: fmccallister@thechicagoschool.edu, or me, Sooin Lee (Principal Investigator) at (630) 344-9533. Email: sxl7360@ego.thechicagoschool.edu. If you have questions concerning your rights in this research study, you may contact the Institutional Review Board (IRB), which is concerned with the protection of subjects in research project. You may reach the IRB office Monday-Friday by calling (312) 467-2343 or writing: Institutional Review Board, The Chicago School of Professional Psychology, 325 N. Wells, Chicago, Illinois, 60654.

Consent

Subject

The research project and the procedures have been explained to me. I agree to participate in this study. My participation is voluntary, and I do not have to sign this form if I do not want to be part of this research project. I will receive a copy of this consent form for my records.

Signature of Subject: _____

Date: _____

I consent to having my self-defining memories and interview audio recorded.

Signature of Subject: _____

Date: _____

Signature of the Person Obtaining Consent: _____

Date: _____