self-defining memory (SDM) are... (Blagov & Singer, 2004)
• Vivid, emotionally intense and well-rehearsed autobiographical memories;
• Reflections of the central goals, values and conflicts of an individual's life;
• Integrated memories related to a meaning-making (i.e., a learned lesson about oneself, others or the world).

Depressed and bipolar patients present disturbances of autobiographical memory (AM) (Blagov & Singer, 2004):
• Overgeneralisation bias: recall of less specific memories than general ones
• Mood congruence bias: recall of less positive memories than neutral ones

Because SDMs have not been studied a lot since yet in these two disorders... (1)
• Aim of this study: (1) To assess the presence of AM disturbances in the recall of SDMs
• (2) Compare SDMs' characteristics among depressed and bipolar patients

HYPOTHESES
- Compared to healthy subjects, depressed and bipolar patients will:
  - Recall less specific and meaning-making SDMs
  - More negative SDMs
  - More contamination than redemption lower SCC

MOOD & SELF
- Depression severity (Beck Depression Inventory, BDI)
- Mania (Young Mania Rating Scale, YMRS)
- Self-concept clarity (Self-concept clarity scale, SCCS)

STATISTICAL ANALYSES
- Descriptive, correlational analyses & ANOVA measures

RESULTS
- Depressed and bipolar patients also suffer from disruptions of the self-concept clarity (SCC)
  - which is the degree of certainty and confidence concerning self-descriptions (Campbell, 1996; Singer, Blagov, Berry & Oost, 2012).
  - Because SDMs are crystallisations of the links between memory and identity (Lardi & Van der Linden, 2012), SDMs might help to have a high SCC.
- (3) To assess the relationship between SDMs and SCC.

DISCUSSION & CONCLUSION
- Memories mainly concern relationships among the three groups. Despite no difference between groups, DP and BP also recall life-threatening events which seem to correspond to the negative emotional valence of their SDMs.
- As predicted, DP and BP present a lower self-concept clarity than HS'. It seems that certain SDMs characteristics might help to maintain SCC (meaning making, redemption and positive emotional valences).
- These results already highlight clinical implications of working on recalling positive SDMs and on recalling SDMs which contain meaning making and present redemption sequences for the SCC.

Our results support partially our hypotheses. In accordance with our hypotheses,
- DP and BP report a lower self-concept clarity than HS.
- DP and BP recall less meaning-making SDMs than HS.
- DP recall more negative SDMs than HS.
- This confirms results of previous study (Werner-Seidler & Moulds, 2021) and is in line with the mood congruence bias.
- Contrary to our hypotheses,
  - DP and BP do not recall less specific SDMs than HS.
  - This does not confirm the presence of the overgeneralisation bias in SDMs.
  - DP and BP do not present more contamination than HS.
  - This does not confirm results of previous study (Harkness, 2011).
  - BP do not recall more negative SDMs than HS.

**REFERENCES**
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