Author’s response to reviews

Title: A Review of Autobiographical Memory Studies on Patients with Schizophrenia Spectrum Disorders

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Author’s response to reviews:

Reviewer 1:

1. Abstract: Conclusions section it doesn't seem a conclusion section. The information is too general and the CaR-FA-X model appears suddenly. Why is important here? What does this review add to the previous ones on this topic? At methods section you could also name the PRISMA procedure you followed.

Authors’ response: The Conclusion section has been revised accordingly (page 3, 2nd paragraph), and the implementation of the “PRISMA procedure” is mentioned in the Methods section (page 2, 2nd paragraph).

2. Background.

2.1. The first sentence ("are some of the most impairing and distressing forms of psychopathology"), it seems to me a little bit sensationalistic, it depends on so many things, have you measured that? I would start with something more neutral of informationa (eg. Prevalence of the diagnoses).

Authors’ response: The first sentence has been revised. A second sentence is also added (page 4, 1st paragraph).
2.2. I’d include in the first paragraph a basic information about what is new in this review compared to previous ones, specially the review of Ricarte et al. ("Mapping autobiographical memory in schizophrenia: clinical implications", Clinical Psychology Review) that also used the CARFAX model as framework. This reference needs more presence through the article, not only in the introduction, as your review is quite similar to this one. You need to declare what is different in your review compared to the previous one of Ricarte et al.

Authors’ response: A new paragraph has been written to highlight the findings of Ricarte and colleagues (2017). We’ve presented our justification for the current review in this paragraph as well (page 4, 2nd paragraph).

2.3. Second paragraph: "narrative review". Why is a narrative review? Please, could you rationale this?

Authors’ response: Thank you for identifying this oversight. Though it has narrative components, this review is actually a systematic review, not a narrative review, which has strictly followed the PRISMA Statement guidelines and has been registered with PROSPERO. We have replaced the term “Narrative” with “Systematic”. Our review is a basic systematic review; no meta-analysis was conducted. Relevant changes are made throughout the manuscript (page 5, 2nd paragraph).

2.4. "self-discrepancy". I like this idea too, however, I can not see the link with the rest of the introduction, perhaps you could find a better place in the article to argue about it or find a better link with the rest of the introduction for this idea.

Authors’ response: Thanks for this observation. However, we think that the idea of self-discrepancy [suggested by Higgins (1996) and later supported by Conway and Pleydell-Pearce (2000)], and the way that it causes the retrieval of less specific memory is quite relevant to the objectives of the current review. Mention of this point immediately after the SMS model (in the Intro) makes sense to us in this context. We have elaborated this point again in the Discussion section. We therefore want to keep this paragraph in the current location. We have deleted some redundant sentences from this section though (page 20-22).

2.5. "If the SMS remains nonfunctioning, and the disagreement between these two components unresolved, symptoms of confabulation, disjunctions, or schizophrenic delusions may occur." Is this an original idea? In that case I would support it with references or results that could support it. It seems a too strong asseveration.
Authors’ response: A reference with relevant supporting results has been added (page 6, 2nd paragraph).

2.6. "Lastly, as the lifespan distribution of patients' AMs was not reviewed elsewhere," This is not true, please, see Ricarte et al., in Clinical Psychology Review.

Authors’ response: Thank you for identifying this omission. The last objective of the review has been re-written accordingly (page 9, 2nd paragraph).

3. Conclusion.

3.1. "In addition, patients' explanations for the importance of personal events seemed more objective, while healthy controls' explanations were subjective." What do you mean with "subjective"?

Authors’ response: This sentence has been deleted as it is not necessary here.

3.2. The second paragraph about suicide ideation, why is here? You presented in the first paragraph the conclusions on cuing methods and suddenly it appears this… I can not follow the line… Is this another objective? If so, introduce it before in the article…

Authors’ response: This paragraph has been deleted as it doesn’t align with the core objectives of our review.

3.3. Regarding future questions, I would elaborate more mature questions:

(a) Do patients with schizophrenia think about their past?; OF COURSE THEY DO IT.
(b) How frequently do they think about their past?; WHAT FOR?
(c) What kind of functions are being served by AM in patients with schizophrenia? YOU SHOULD BE ABLE TO DRAW SOME CONCLUSIONS ON THIS AFTER YOUR REVIEW
(d) What are patients’ developmental features, such as interpersonal relationships and attachment style, and how do they contribute to their goals of working self?; DEVELOPMENTAL FEATURES?

(e) How do patients narrate their past experiences?; AGAIN, THIS IS NOT A NEW THING.

(f) What are common themes in their retrieved memories?; BERNA ET AL AND OTHER AUTHORS DID THIS ALREADY. and (g) How do they make sense of their past experiences? PLEASE, CHECK ON SELF-DEFINING MEMORIES IN SCHIZOPHRENIA.

Authors’ response: Thank you for the suggestions. These original questions have all been deleted. A new research approach has been suggested (page 24, 2nd paragraph). The current Conclusion section has been replaced with a new, more appropriate, Conclusion section (page 24, 3rd paragraph).

Finally, please, could you check this reference in case it achieve your inclusion criteria? :


Authors’ response: Thanks for letting us know about this paper, which has now been included in the review, resulting in a total of 29 articles (page 11, 1st paragraph).

Reviewer 2:

Although the authors used an appropriate method to select the articles, the review do not consider important articles like for instance the review by Ricarte et al. 2017 (Clin Psychol Rev) which included 78 papers compared to 28 in the present one. This paper should be cited and its strengths and limitations should be clearly reported.

Authors’ response: Thank you for identifying the omission of this comprehensive review (Ricarte et al., 2017). It has now been incorporated into our review with an in-text citation and as a reference. We also included our justification for the variation in the number of articles reviewed by Ricarte and colleagues (N = 78) and the current review (N = 29) in this revision of our paper (page 4, 2nd paragraph).

Following are some example of erroneous or missing information found along the paper:

P5, line 14-17: none of the cited publications correspond to publication on AM
Authors’ response: We are truly sorry, but we don’t see any missing/erroneous references on the page and lines mentioned. Would you mind giving us further details on which information or references are the issue? Thank you.

P9, line 17: the study by Harrison and Fowler 2004 reported on the link between functional avoidance and memory specificity and did not find significant correlation. This study should be reported and discussed.

Authors’ response: This reference has been added and discussed in the revision (page 9, 1st paragraph).

P14, line 29: patients with comorbid depression are often not included in studies on AM, this should be reported and discussed.

Authors’ response: This aspect is now discussed in the Discussion section (page 20, 1st paragraph).

P14, line 51: I completely disagree with this stigmatizing way of looking at patients' production. Patients who are included in studies are generally stabilized and only few of them with active delusions can present with delusional or incoherent response. Most of clinicians seeing patients daily would strongly disagree with this prejudice.

Authors’ response: Thank you for this accurate assertion. We didn’t intend to be prejudiced about describing the manner in which schizophrenic patients retrieved their personal life experiences. We only described the findings as they were reported in reviewed studies. However, we agree with the reviewer that patients who take part in the study should first be stabilized by medication. Therefore, their recollections should not be so scattered and uninterpretable. We’ve now added this point (page 14, 3rd paragraph). Also, we mention this point in the Discussion section (page 19, 3rd paragraph).

P15, line 12: two studies published at the same time revealed contradictory results on the relationship between suicidal attempt/ideation and AM specificity in schizophrenia, please comment on this.
Authors’ response: Actually, two studies reported that patients with greater positive psychotic symptoms were more likely to produce less specific AMs. The second part of this sentence was confusing, therefore it has been deleted (page 14, 3rd paragraph).

P15, line 29: the publication by Corrigan et al. 2003 is not mentioned although it addresses similar issue related to AM and ToM.

Authors’ response: We’ve checked this reference. Unfortunately, this study didn’t examine ToM in schizophrenia. However, we found another article published by Corrigan and Green (1993) which examined the link between ToM and schizophrenia. ToM in schizophrenia was also studied by Greig, Bryson, and Bell (2004) and Penn, Ritchie, Francis, Combs and Martin (2002) who reported schizophrenic patients possessed lack of a ToM. All these three references have been added (page 16, 2nd paragraph).

P19, line 51: patients with history of suicide have higher suicide rate… this is somewhat tautological, check for possible mistake

Authors’ response: This sentence has been deleted.

P20, line 32: the idea that patients' goals of working self inhibit the memory research seems extremely questionable and particularly speculative! This somewhat psychological/psychodynamic interpretation of AM deficits in schizophrenia requires citations to be supported. I would rather remove this paragraph that more or less point to dissociative entities within the self and may ground on a confusion between schizophrenia and dissociative personality disorder.

Authors’ response: Thank you for this observation. However, we want to retain the suggestion that self-discrepancy results in the recall of less specific autobiographical memory. Although we have not found any study examining this link among patients with schizophrenia, there are several studies looking into this issue among people with borderline personality disorder and depression, as well as with ruminating students. Relevant references have been included in the Discussion section (page 21, 4th paragraph).
P21: similar critics can be addressed to the kind of "psychological interpretation" proposed to explain AM deficits. The self-defense hypothesis should be better discussed using appropriate citations. In fact, and as mentioned above, functional avoidance does not seem to account for AM deficits in schizophrenia.

Authors’ response: The self-defense hypothesis has been elaborated a bit further. The apparent similarity between self-discrepancy and self-defense mechanism is indicated. The link between self-defense mechanism and overgeneral memory has yet to be studied among patients with schizophrenia. However, this link has been observed in people suffering from personality disorder. Relevant in-text citations have been added (page 22, 1st paragraph).

P22, line 10: the CarFaX model has already been discussed in Ricarte et al. 2014 and Berna et al. 2016 meta-analysis in contradiction to that reported in the paragraph. Furthermore, citation 27 does not include patients with schizophrenia and the paper by Harrison and Fowler is not cited although relevant for this question.

Authors’ response: Thank you for highlighting this. Yes, we agree that Ricarte et al. (2014) and Berna et al. (2016) have discussed the CarFaX model. These two references have been included in the revision (page 22, 2nd paragraph). The two reviewed studies in which CaRFaX model was used to explain less specific memory have been cited (page 22, 1st paragraph). As functional avoidance was not found to be responsible for overgeneral memory in schizophrenia, the last sentence has been rewritten and citation [27] has been deleted (page 22, 2nd paragraph).

References: several articles appear twice in the references section!

Authors’ response: The reference list has been checked carefully and duplicates have been removed. Please note that as we have added more references, the numbering for the articles has been changed.