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:

The present review has improved but still lacks important elements. I wonder how the selection of papers has been performed as relevant papers from Allé et al on life story are still missing as well as papers from Holm et al. on reminiscence bump.

Moreover, the statement that previous review included patients with schizophrenia and other mental disorder is not correct (Ricarte et al. review included only patients with schizophrenia), which questions the added value of the present work.

Authors’ response: We have rerun the literature search in three major databases, such as PsycINFO, Web of Science, and PubMed with more key words, such as “autobiographical memory”, “episodic memory”, “life story”, or “narrative”; and “schizophrenia”, “schizophrenia spectrum disorders”, “psychosis”, or “delusions”. This search initially produced 3340 titles from which 2855 duplicates were removed. The remaining 485 records were screened against abstract and 352 records were removed. The remaining 133 full-text articles were assessed for eligibility from which 76 were excluded (25 not related to AM; 22 qualitative studies; 18 not being journal articles; and 11 using wrong participants). Finally, we have had 57 quantitative articles for the current review, which included 29 articles that we originally reviewed and reported in our earlier submission. Three articles from Alle and colleagues and three from of Holm and colleagues have now been included in the revised review. The reason why Ricarte and his colleagues’ review contained more articles (N=68) than the current review (N=57) is because two different time frames being used for article selection. For example, Ricarte selected articles published since the beginning of each databases until 2015, while the current review included articles published between January 1998 and Dec 2018. Finally, the information related to Ricarte and colleagues’ review (2016) has now been corrected; actually, they reviewed articles that investigated AMs of patients with schizophrenia only.
The response to my comments are not complete and sometime uncorrect (just one example).

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).

My comment concerned the issue of suicidal ideation which is different from positive symptoms!

Authors’ response: We found contradictory results on the relationship between history of suicidal attempt and AM specificity. One study showed that patients with the history of attempted suicide produced less specific AMs, while another showed just the opposite. We have discussed the reasons for this contradiction in the discussion section (see 3rd paragraph in page 25). We have also addressed the reviewer’s concern, from the first review feedback, about the relationship between psychotic symptoms and AM specificity (see 3rd paragraph in page 27).

I am still concerned about the psychodynamic interpretation of the results involving self-defense etc… the arguments provided by the authors are still weak to my view.

Authors’ response: We note the reviewer’s concern about the psychodynamic interpretation of the results involving “self-defense”. There is, however, empirical evidence showing that healthy people suppress their unwanted memories in self-defense. Electrophysiological studies have reported these results in recent literature (see four references in 2nd paragraph in page 30). Since healthy people suppress their unwanted memories, there is no reason that patients would not do so. We therefore feel that it would not be justified to exclude this interpretation from our discussion; so we have retained this.

The term schizophrenia patients is stigmatizing and should be replaced by patients with schizophrenia.

Authors’ response: We have replaced the term “schizophrenic patients” with “patients with schizophrenia” throughout the manuscript.
Conclusion:

As you would see, our systematic review has been substantially revised (highlighted in blue in the main manuscript and in red in Table 2) by means of adding 28 new articles. We have included several additional research questions; a new theme has emerged (reported in the Results section); and the Discussion section has been reorganized in line with the research questions. Both Tables (1 & 2) have been revised as we have added all the new studies in it, but note that we have not highlighted any content in Table 1.