

Long-term Consequences of Flashbulb Memories: Doctor-patient interaction matters

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Overview

Our study examined flashbulb memory (FBM) for a personal event, specifically, memory for a significant medical diagnosis. Mothers who received a diagnosis of Down syndrome for their child recalled the diagnosis experience and completed an extensive survey that assessed characteristics of the experience along with a number of other outcome measures. Analyses indicate that the diagnosis experience resulted in a FBM for the majority (>75%) of mothers, and that the nature of the experience depended heavily on the physician's attitude and disposition. Mothers' experiences were especially traumatic when physicians focused on negative aspects of Down syndrome and/or pitied the mothers. Greater perceived pity predicted a more negative diagnosis experience and a less positive birth experience.

The diagnosis experience was, for some parents, unnecessarily negative

Preliminary evidence for adverse interactions with medical specialists was found in the narratives.

"We were given a black book... the first pages stated that we did not have to take the baby home. Someone else would take him home if we did not want him."

	Focus on positive	Focus on negative
Memory of diagnosis was positive	.408**	337**
Memory of diagnosis was negative	444*	.343**
Events affected how I felt about my child in a way positive way	.199**	209**
Events affected how I felt about my child in a negative way	173**	.230**
When Memories are	Negative	2:
	Significant other	Other Children
Relationships have suffered	.131*	.152**

Physicians' attitude was also related to the mother's relationship with

her significant other and her children, how she felt about herself, and how she felt about her child with Down syndrome. This research provides insight into patients' experience during a significant medical diagnosis, the role that medical professionals can play in that experience, and how long-term outcomes may vary depending upon the nature of the experience. These findings may be relevant to medical specialists delivering any significant diagnosis, including autism, cancer, Alzheimer's, diabetes, etc.

"We have some bad news...it's a Down syndrome boy."

`...intense pressure from the medical staff to terminate the pregnancy."

"The doctor said, "Your baby is a Mongoloid. She will never walk or talk, and she will be a burden on you. You should just leave her here and put her in an institution. Don't even take her home.""

"None of them gave us much hope. It was pretty much all gloom and doom."

We then asked mothers to report directly about various aspects of their interactions with physicians and medical staff.

Some mothers reported that their diagnosing physicians pitied them and emphasized the negative aspects of Down syndrome. These mothers experienced a number of adverse

The Mothers' Attitudes Towards their Children with DS:

	Feelings about	Feelings about	
	child affected	child affected	
	positively	negatively	
Events affected	.626**	408**	
mother positively	.020	400	



outcomes.

Participants

Participants included 310 mothers of children with Down syndrome. Mothers ranged in age from 21 to 79 yrs., and their children with Down syndrome ranged in age from 1 month to 52 yrs.

Method

Our online survey included questions about the diagnosis experience along with outcomes measures. We were particularly interested in how interactions with medical professionals related to mothers' perceptions about their birth experiences, their children, and their personal relationships with family and friends.

The physician's attitude at diagnosis was related to adverse patient outcomes

When the Physician Pities:

	r value
Memory of diagnosis was less positive	386**
Memory of diagnosis was more negative	.409**
Birth experience was <i>less</i> positive	207**
Affected mother less positively	175**
Affected mother more negatively	.324**

***p* < .01 *p < .05

