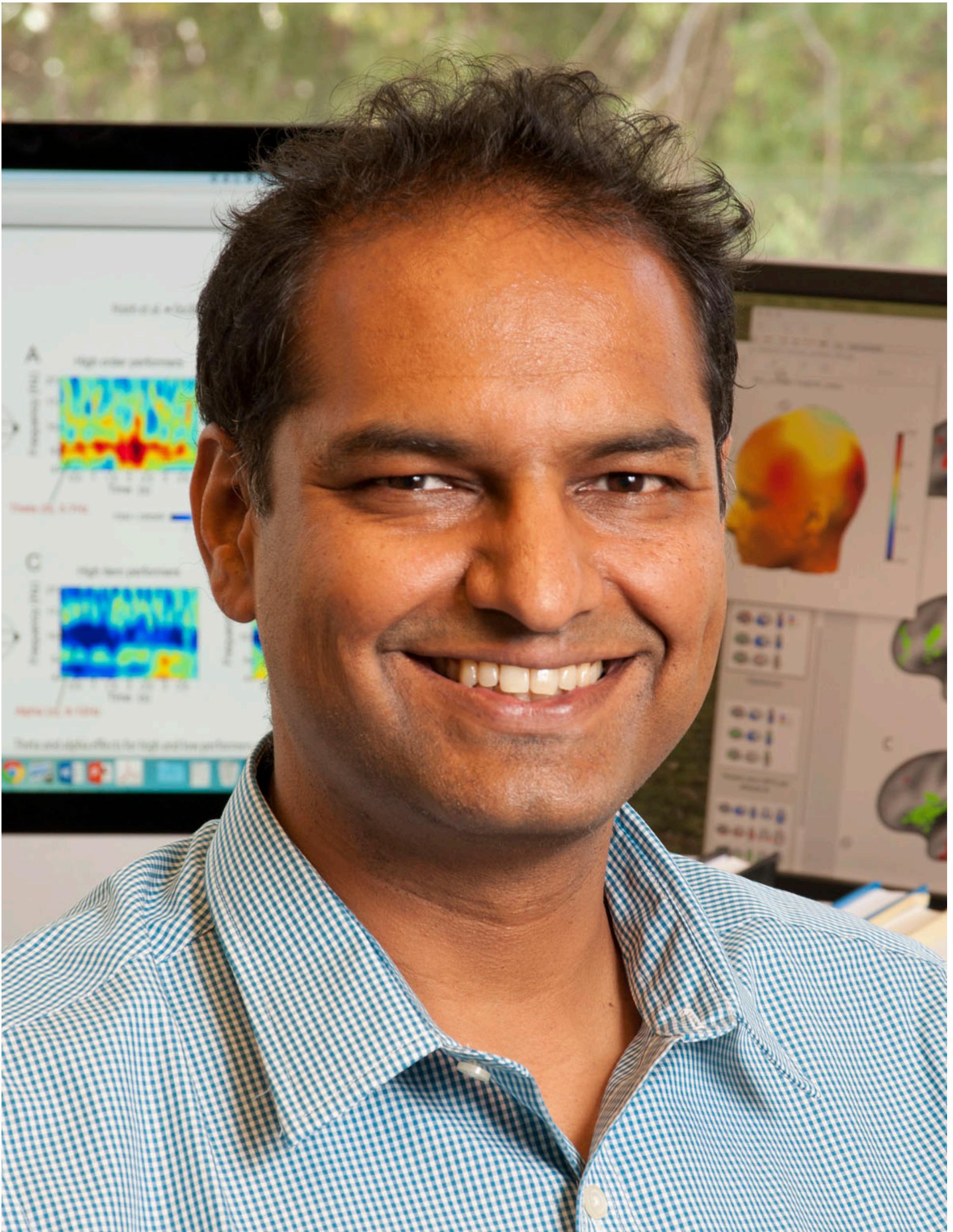


# SIPPS Journal Club

***Doubts about double dissociations between short- and long-term memory***

**Ranganath & Blumenfeld**

**Presenter: Halle R. Dimsdale-Zucker**







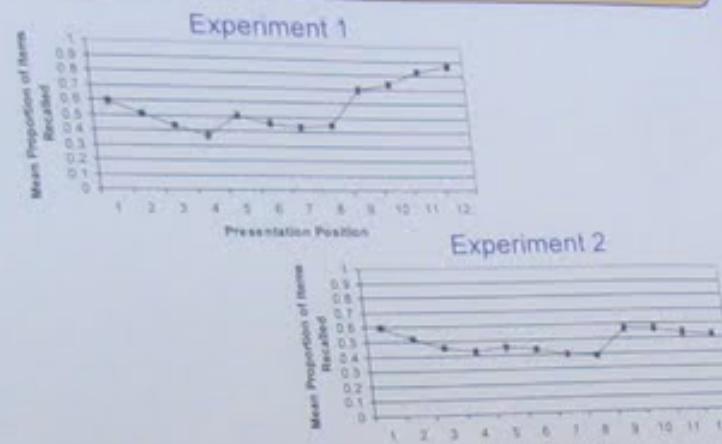


## ing between memory systems: False memories serial position

Kristin E. Flegal<sup>1</sup>, Alexandra S. Atkins<sup>2</sup>, & Patricia A. Reuter-Lorenz<sup>1</sup>  
<sup>1</sup>Psychology, University of Michigan, <sup>2</sup>Center for Cognitive Neuroscience, Duke University

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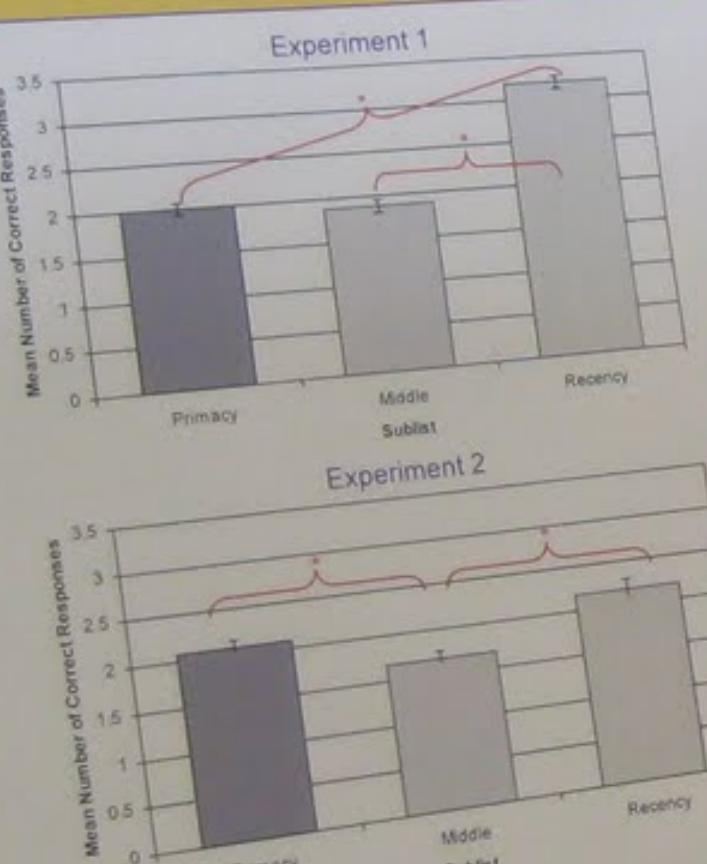
### SERIAL POSITION CURVES



### ERROR RESPONSES



### CORRECT RESPONSES



### CONCLUSIONS

Semantic false memories occurred for all subjects indicating semantic coding across serial position. A filled retention interval increased false memories for the recency list.

Both item-specific and meaning-based codes were evident for the recency list (STM) but in strength depending on other task demands.

We take this evidence to favor unitary models.

### REFERENCES

Atkins, A.S., & Reuter-Lorenz, P.A. (2008). False memory: Semantic familiarity or recency? *Memory & Cognition*, 36(1), 14-21.

Atkins, A.S., & Reuter-Lorenz, P.A. (2008). False memory: Semantic familiarity or recency? *Memory & Cognition*, 36(1), 14-21.

MEMORY  
<https://doi.org/10.1080/09658211.2018.1513039>

Routledge  
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Check for updates

## Serial position-dependent false memory effects\*

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# **classic ideas about STM/LTM**

- many early ideas derived from patient HM's deficits (and other neuropsychological patients)

# brief digression: patient HM



## In Defense of Suzanne Corkin

Howard Eichenbaum and Elizabeth Kensinger

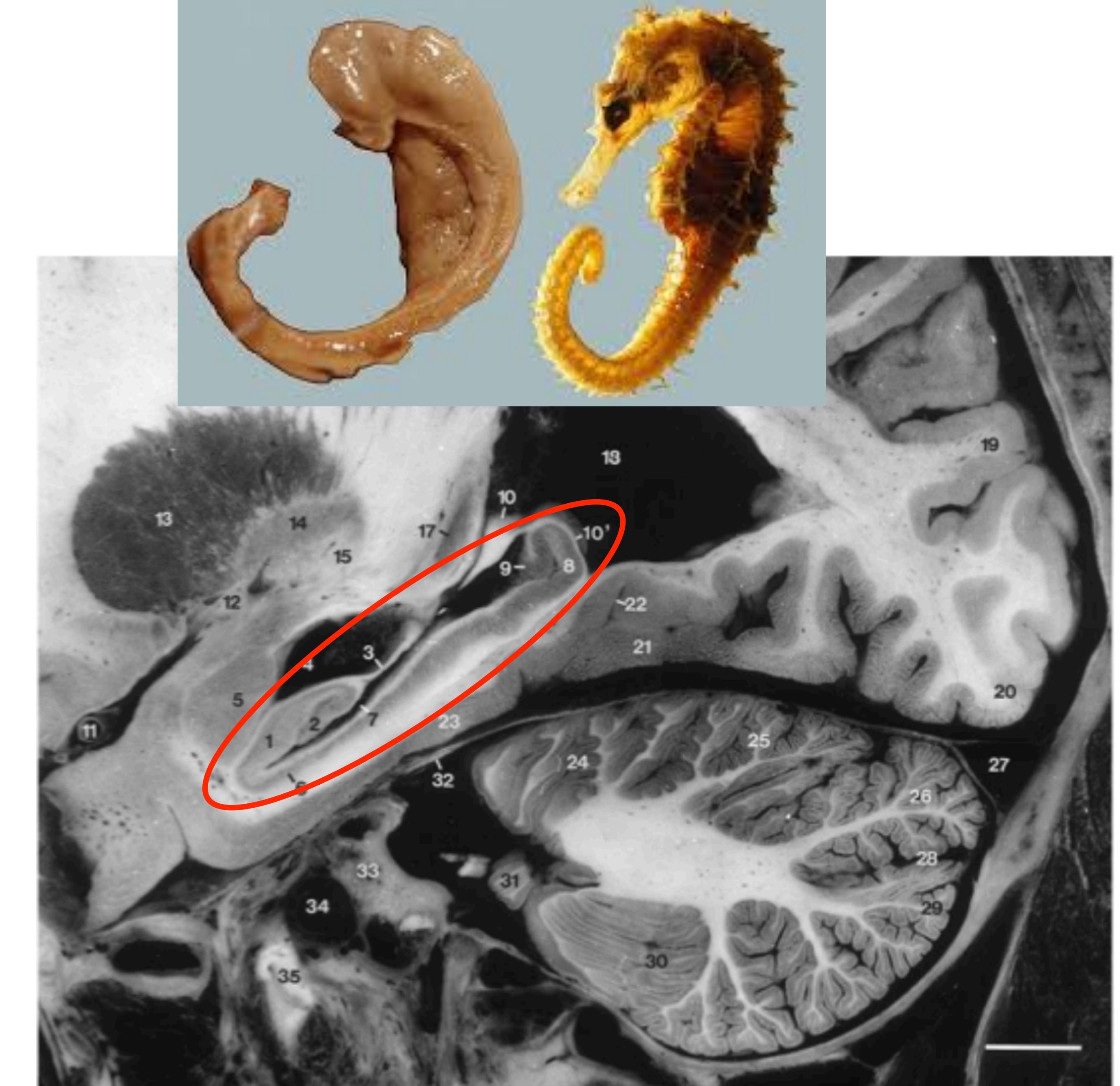
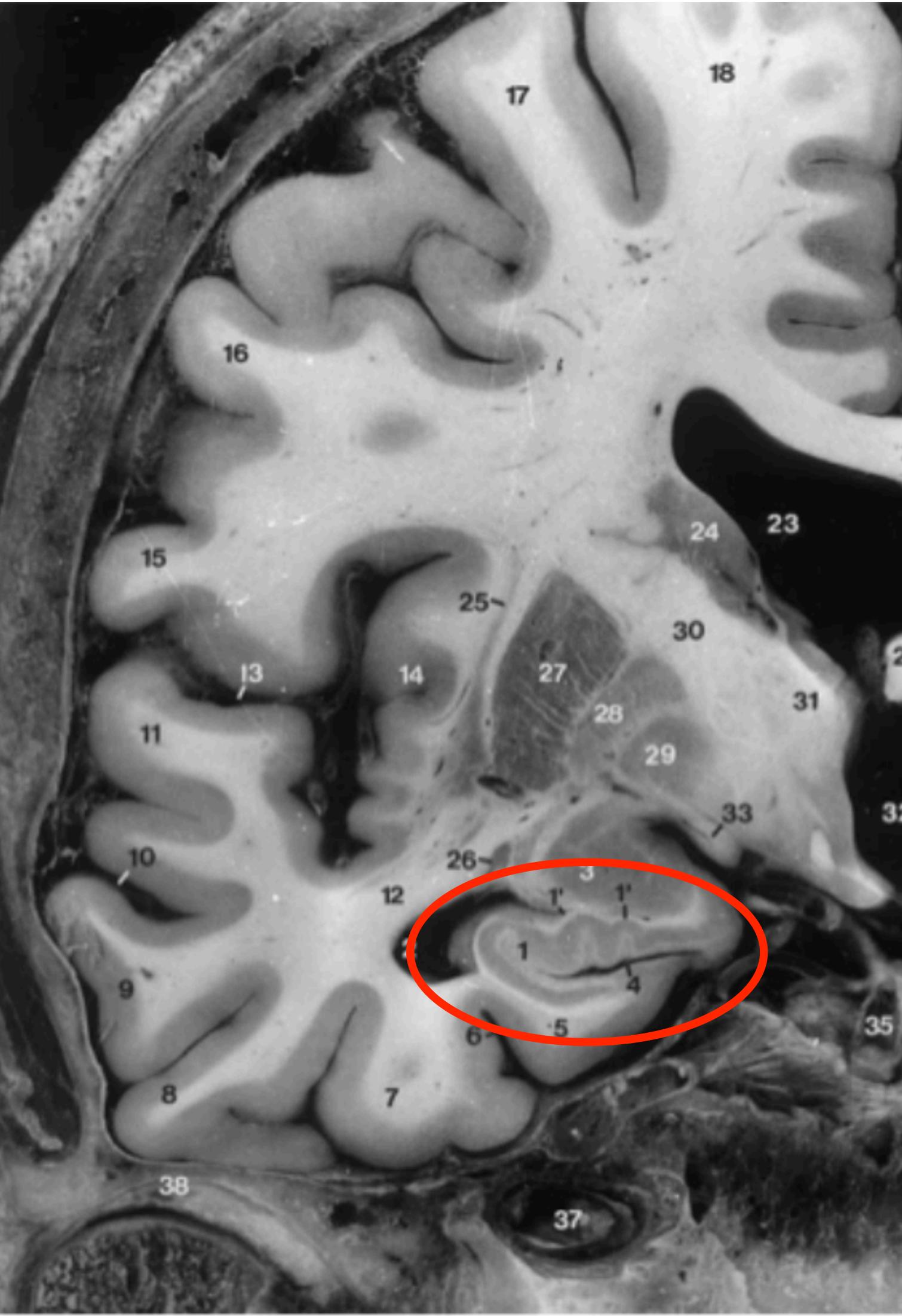
FEATURE

# The Brain That Couldn't Remember

The untold story of the fight over the legacy of "H.M." — the patient who revolutionized the science of memory.

<https://www.livescience.com/42896-slicing-of-the-brain-of-patient-hm.html>

# the hippocampus

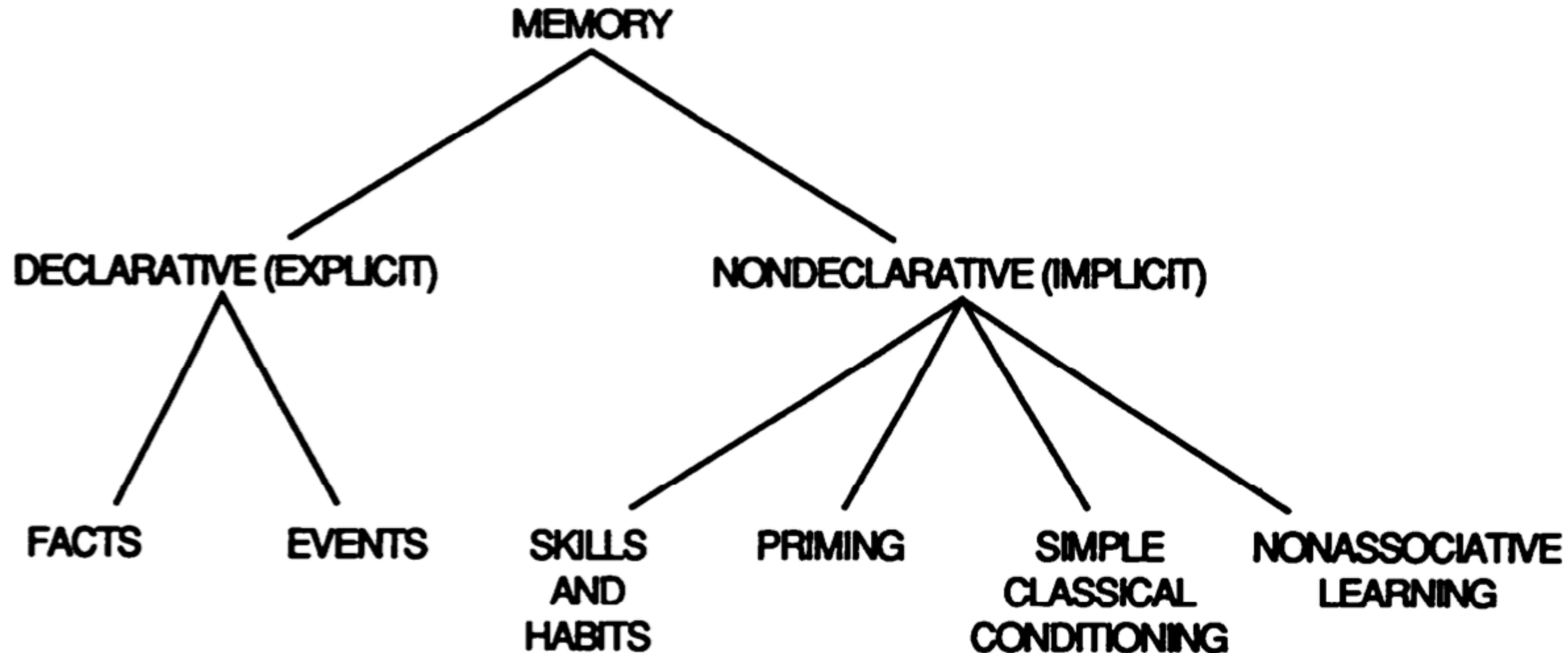


# why is patient HM so important to the field of memory?

- Patient HM first reported by Scoville and Milner (1957)
- foundational to the idea that there are different kinds of memory
  - patient HM had some long-term (e.g., childhood) memories (although not those from close to his surgery), but couldn't form new memories (e.g., learning the name of a new person)
  - he had some retrograde amnesia, but is primarily an example of anterograde amnesia
  - set up the idea that the hippocampus was critical for supporting memory
  - also set up the idea that memory is not just one thing (i.e., we have different types of memory)



# other memory theories



Squire & Zola-Morgan (1991)

# types of memory

- declarative memory
- implicit memory
- long-term memory
  - this is what is most classically associated with the hippocampus (and probably what you think of when someone says “memory”)
  - short-term (working) memory - the information that you can hold in mind; often includes some reference to being able to flexibly manipulate that information (e.g., remember phone number in order to dial it, do mental arithmetic)
  - episodic memory - memory for experiences
  - semantic memory - memory for facts

# why is this view too simplistic?

- other hippocampal amnesiacs are able to learn new information and form episodic memories
- brain imaging studies (like fMRI) have shown evidence for regions in addition to the hippocampus supporting declarative and episodic memory

**Table 1.3 Contrasts between two views of memory**

Topic	Prevailing view	Evolutionary accretion model <sup>a</sup>
Functions of cortical areas	Some areas function in memory, others in perception, and still others in “executive” or motor control	All areas function in memory, using specialized representations
Substrate of explicit (declarative) memory	Four cortical areas called “the medial temporal lobe”	Interactions among the navigation, feature, goal, and social-subjective systems <sup>b</sup>

# classic ideas about STM/LTM

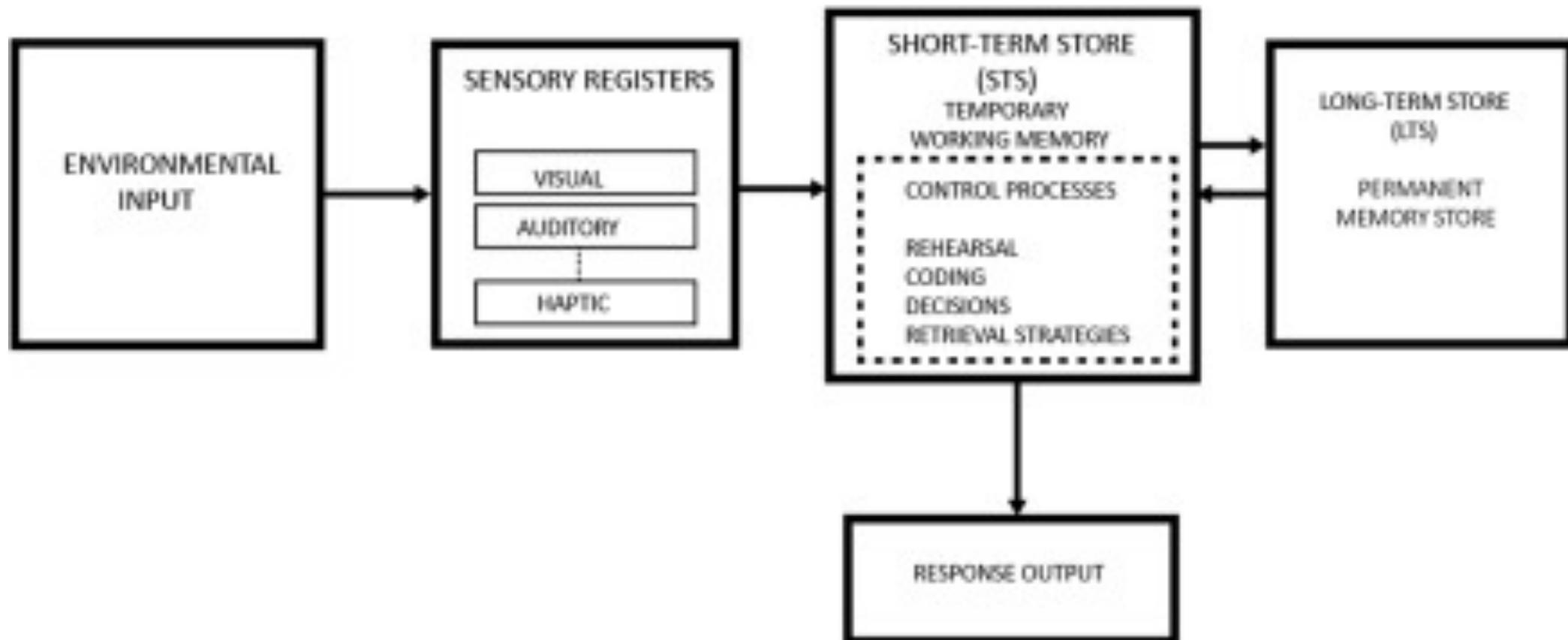
- many early ideas derived from patient HM's deficits (and other neuropsychological patients)
- LTM depends on the hippocampus
- STM...
  - could depend on prefrontal cortex (e.g., persistent spiking activity)
  - perceptual areas (e.g., paper mentioned inferior temporal lobe)
- STM/LTM distinction has generated lots of debate

# some ideas about STM

- STM has a “buffer” that (temporarily) stores/holds items in memory (Atkinson & Shiffrin (1966, 1968, 1971)
  - Baddeley’s working memory buffer model (Baddeley, 2000; Baddeley & Hitch, 1974)
- STM is an activated (sub)set of LTM (Oberauer, 2002, 2009) or simply the focus of attention (Cowan, 1988)

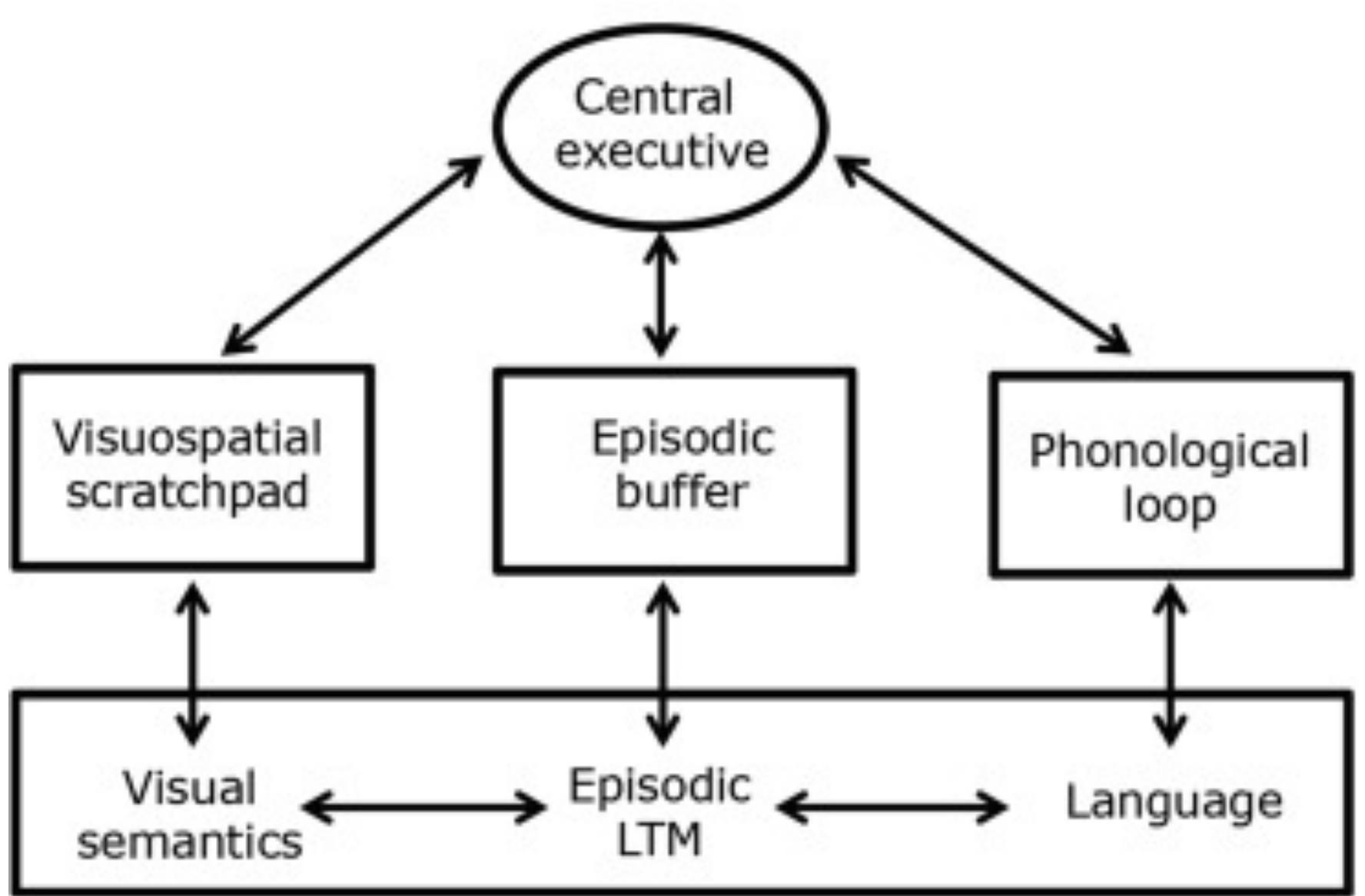
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## Atkinson &amp; Shiffrin



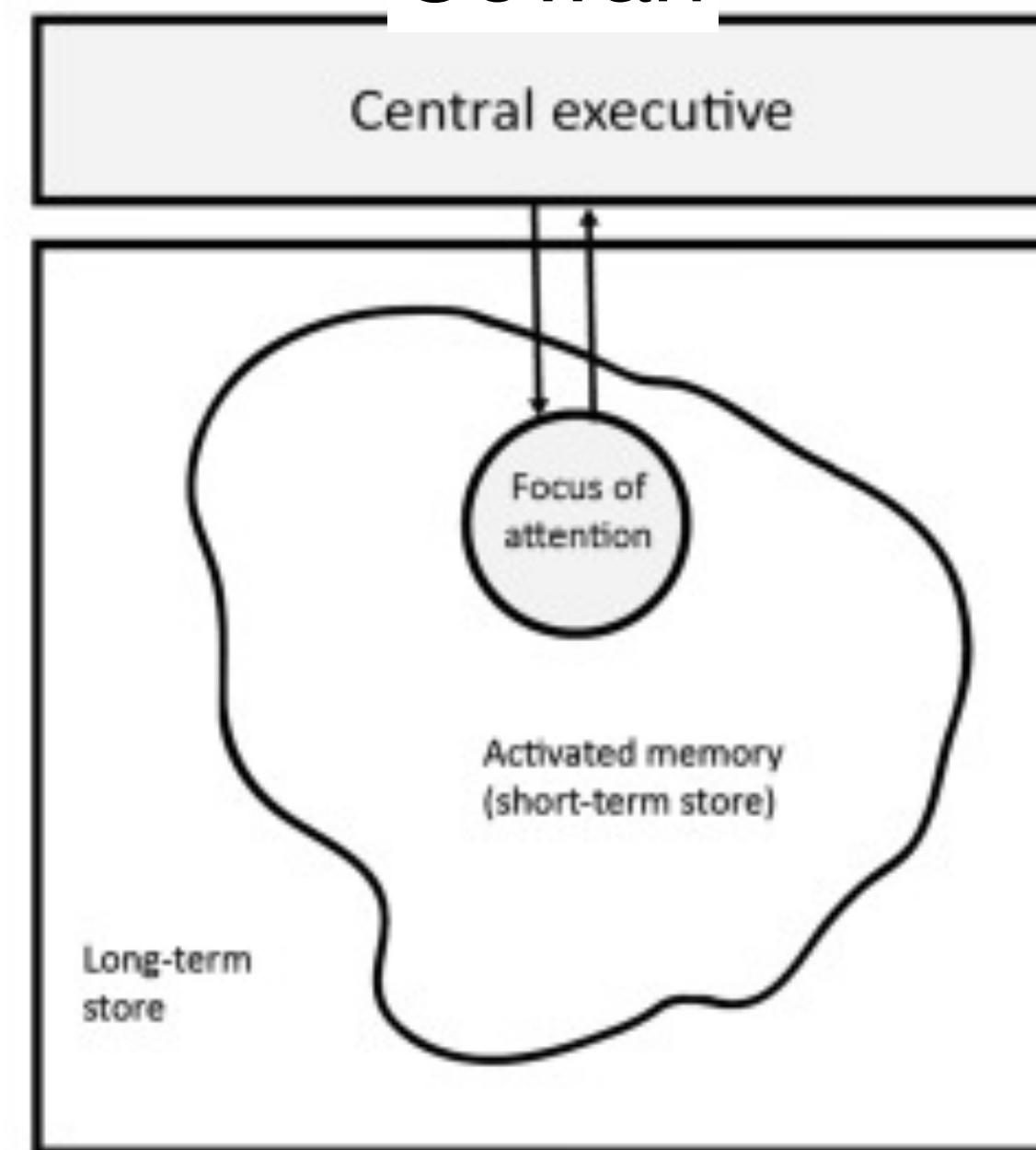
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## Baddeley



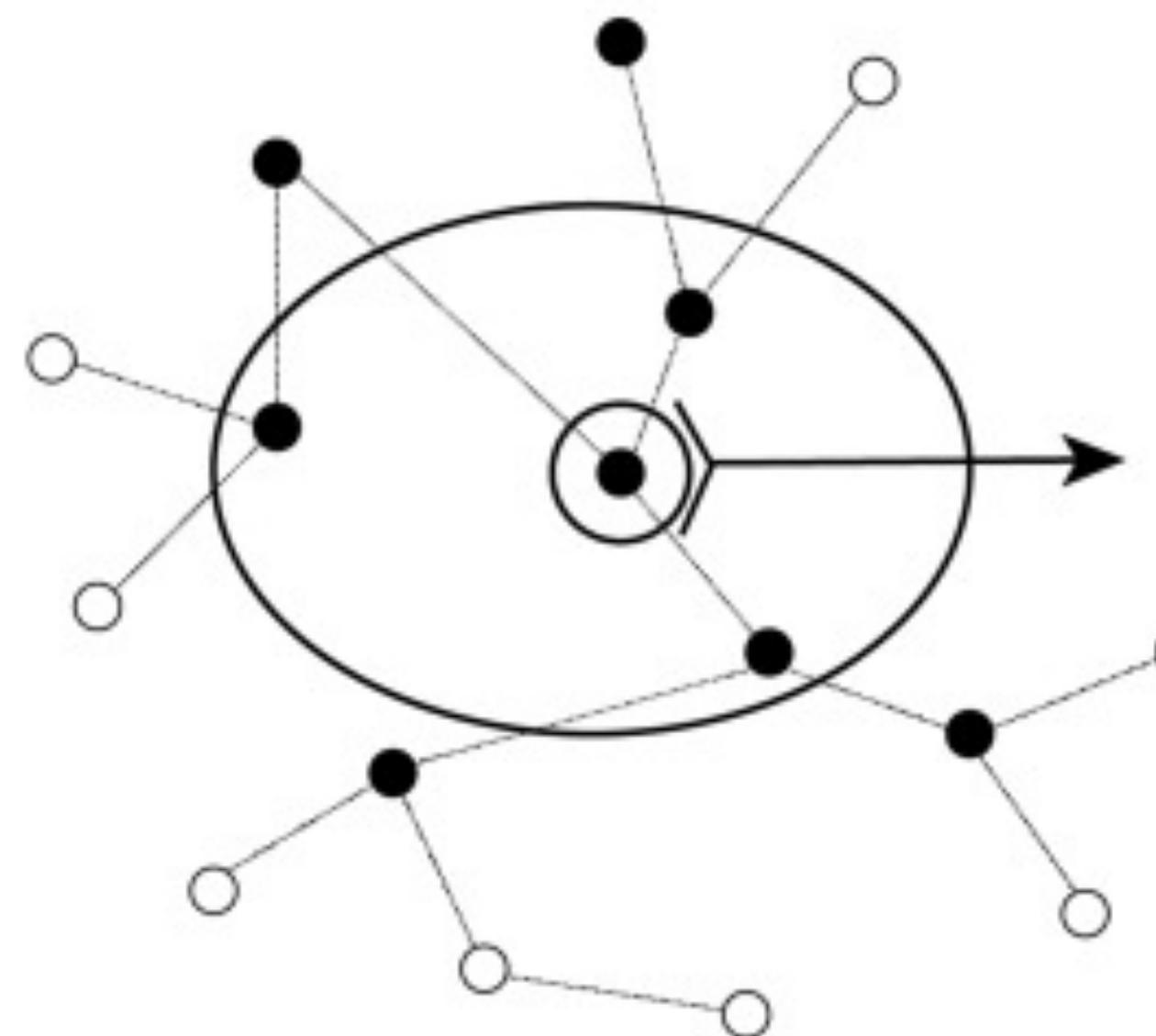
C

## Cowan



D

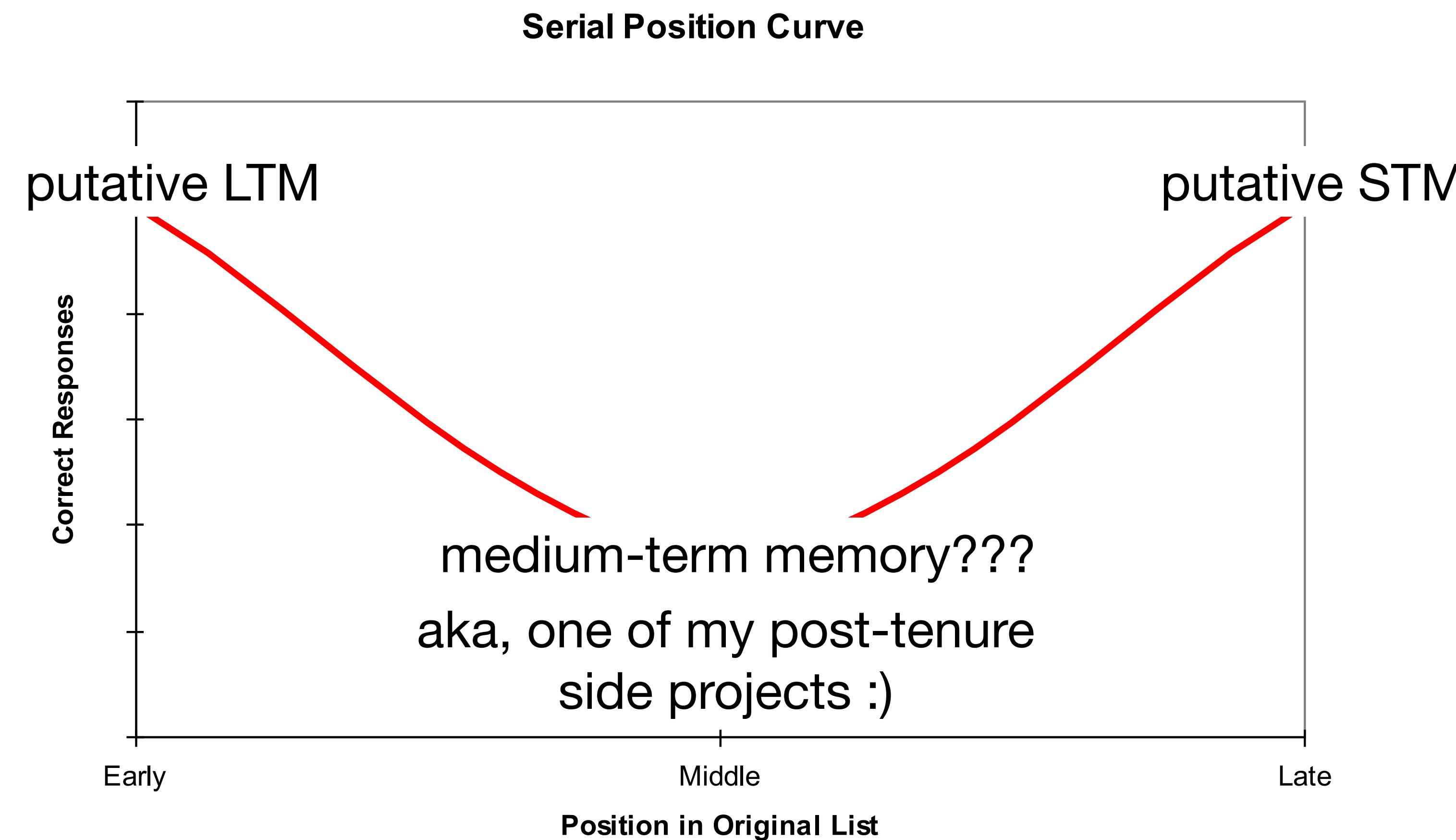
## Oberauer



# what is a “store”?

- one wrinkle (especially in early theories) was that it is unclear if a memory “store” needs to be a specific region that’s uniquely used for a given process
- can STM/LTM be different processes but not be associated with unique brain activity signatures?

# how can you study STM and LTM concurrently?



# how can you study STM and LTM concurrently?

- Amnesics (Milner, 1968)
- Interleaved time & forgetting (Postman & Phillips, 1965)
- Distraction (Baddeley, 2003)
- Error types across positions (Vallar & Shallice, 1990)

## Traditional DRM

bed  
rest  
awake  
tired  
dream  
wake  
snooze  
blanket  
doze  
snore  
nap  
drowsy

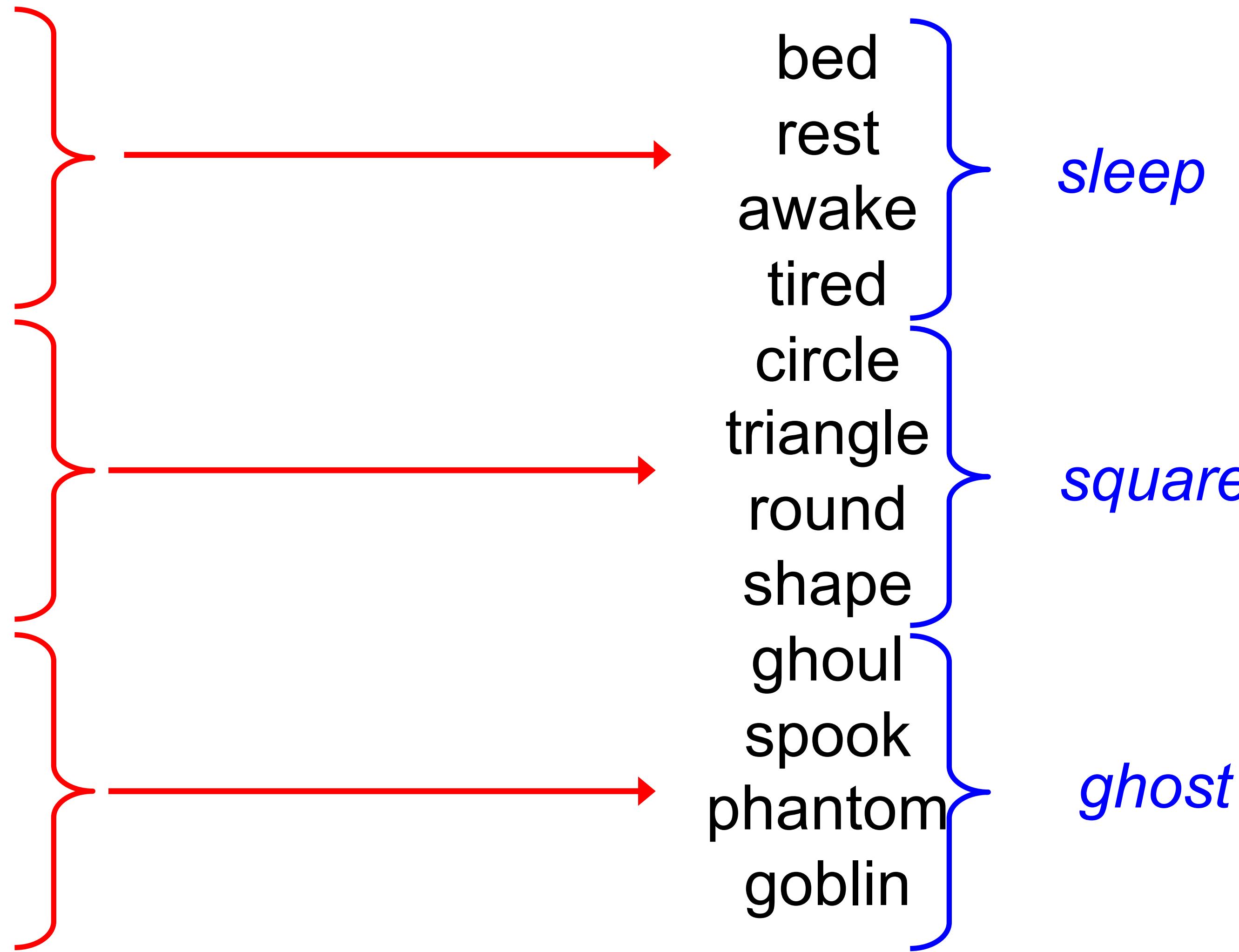
## S/LTM DRM Task

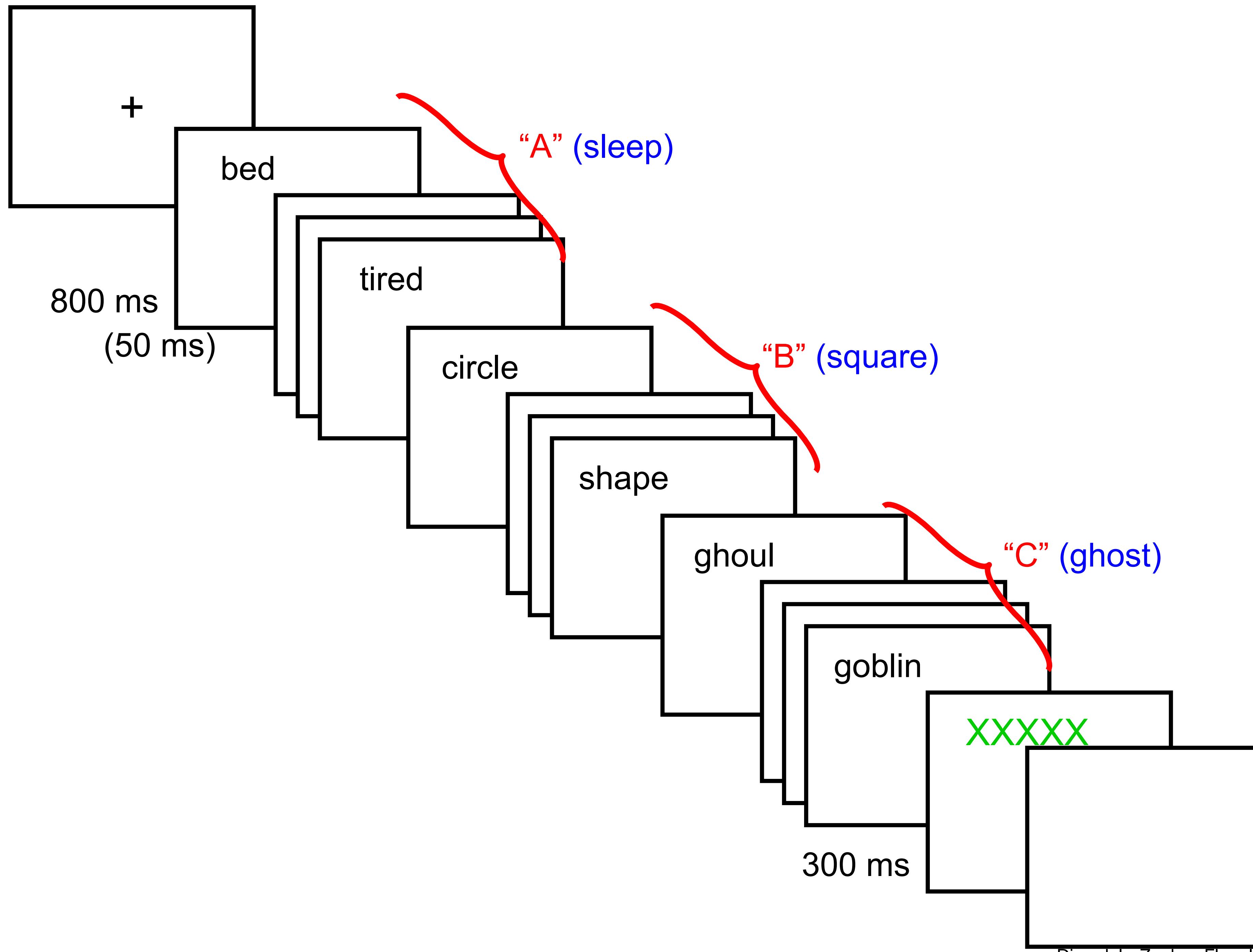
bed  
rest  
awake  
tired  
circle  
triangle  
round  
shape  
ghoul  
spook  
phantom  
goblin

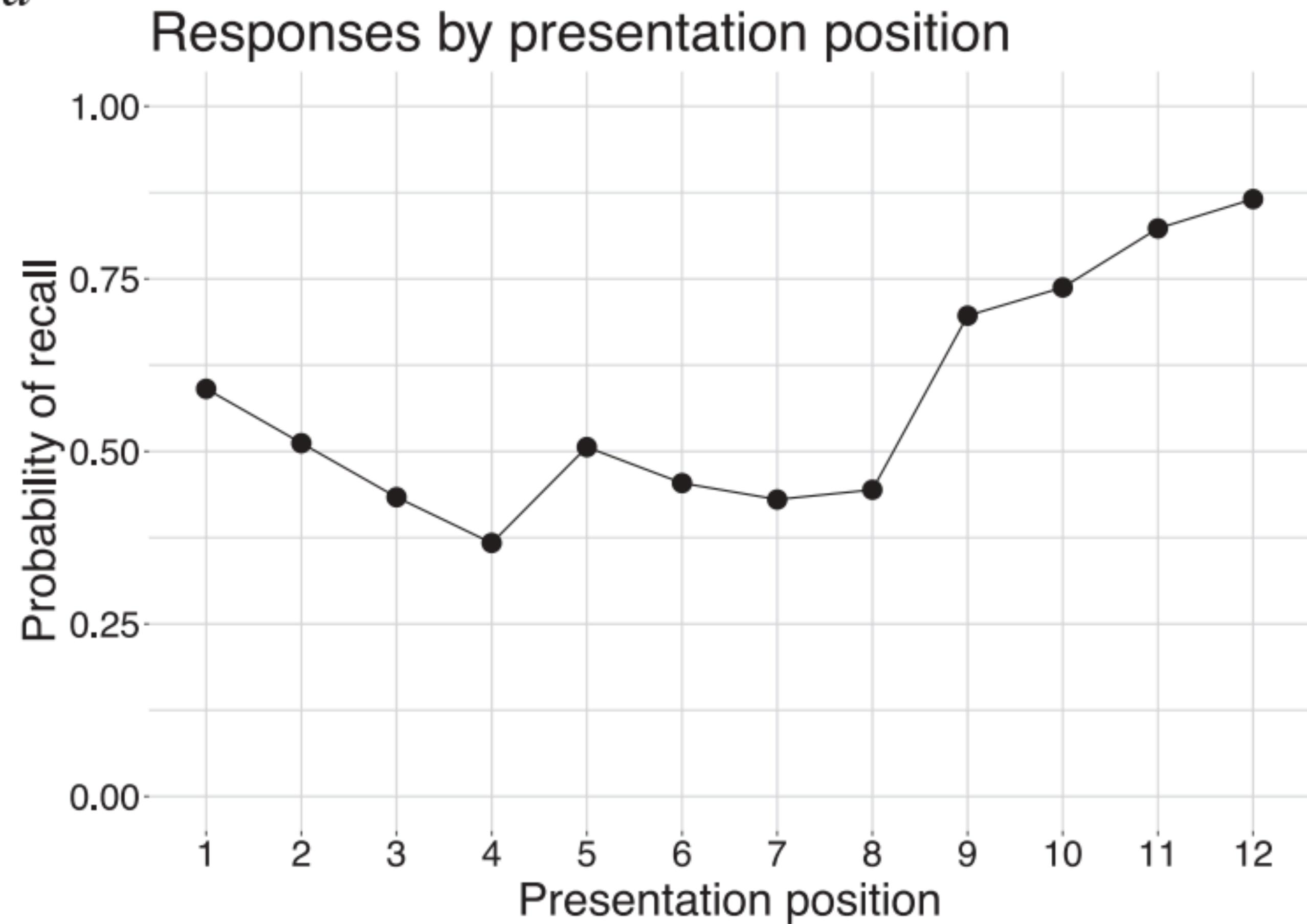
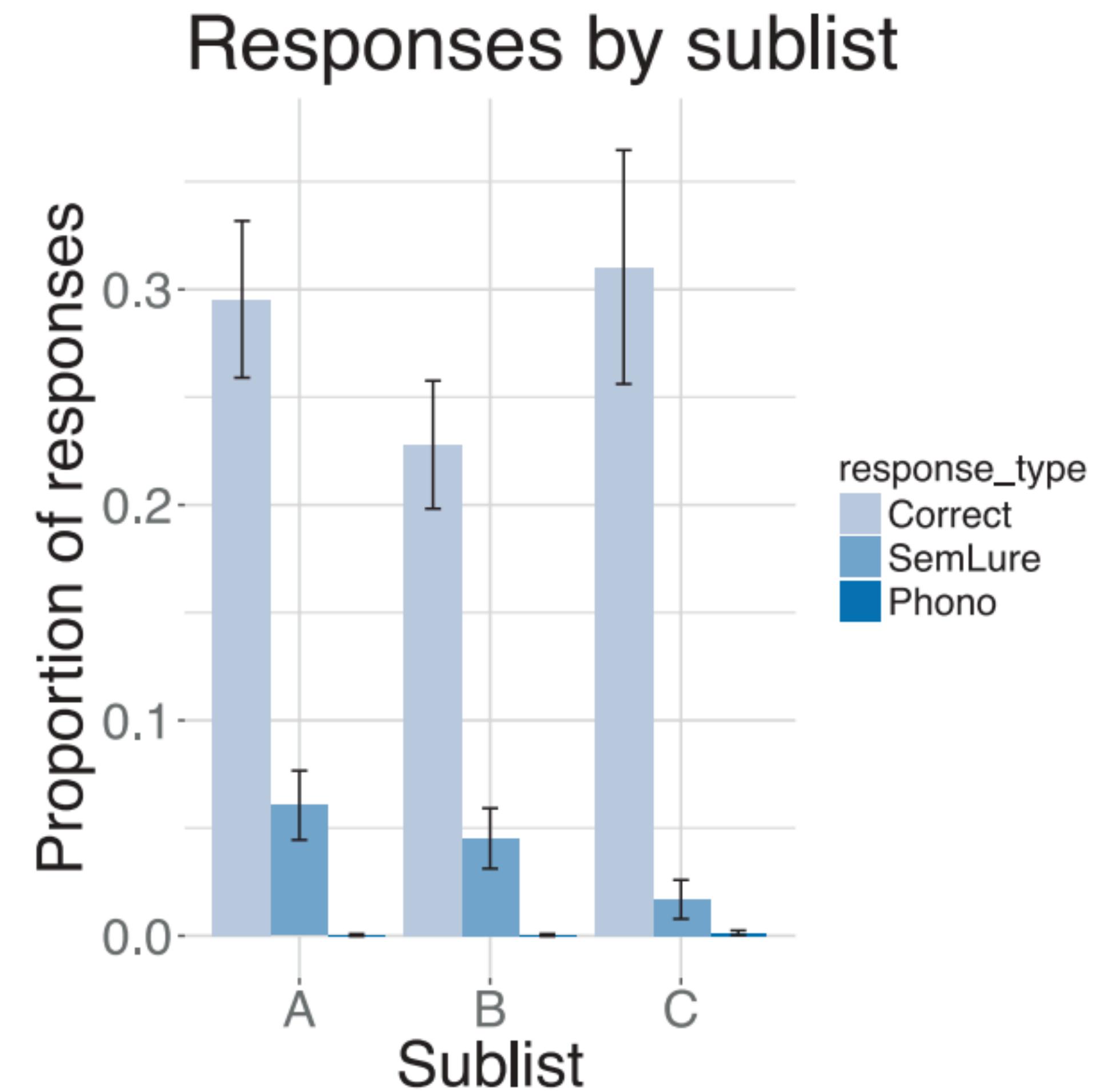
*sleep*

*square*

*ghost*





*a**a*

# where does this leave us?

- STM and LTM don't seem to be 100% the same thing
  - think: access to perceptual details immediately after learning vs. hours, days, weeks, months later
- but, it also seems overly simplistic to say they're completely separate
  - patient evidence
  - behavioral evidence (including my senior thesis)
  - similar brain regions implicated in both types of processes

**feedback survey**

# Post-workshop survey (anonymous)

**Link:** [https://cumc.co1.qualtrics.com/jfe/form/SV\\_9HVYLAL5iXvjEmq](https://cumc.co1.qualtrics.com/jfe/form/SV_9HVYLAL5iXvjEmq)



1. Select “Journal Club” and press arrow



**COLUMBIA UNIVERSITY  
IRVING MEDICAL CENTER**

Thank you for completing the SIPPS post-workshop survey. Your responses are completely CONFIDENTIAL and ANONYMOUS.

Workshop: Please select from the drop-down menu

- Coding basic
- Coding advanced
- Research skills
- Professional development
- Journal club

→

2. Select “Journal club (July 21)” and press arrow



**COLUMBIA UNIVERSITY  
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Journal club

- June 23
- July 7
- July 21**

# Thank you!!!



hdimsdalezucker@gmail.com

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