

We Must Reduce the Trauma of Medical Diagnoses

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At some point in your life, you will likely experience the anxiety of sitting in a hospital room, waiting for a serious medical diagnosis. Even those lucky enough to avoid that situation will likely accompany a loved one—a parent, grandparent or child—who is receiving the news. You might remember the stiffness of the chair, the pattern of the hospital gown or the doctor's folded hands. Whatever the diagnosis—cancer, Alzheimer's disease, diabetes or even COVID-19—the event is not one you will easily forget.

Powerful emotional experiences such as this one can develop into flashbulb memories: recollections that are highly salient and appear as vivid as a snapshot. Most of us who lived through the assassination of President John F. Kennedy or 9/11 are confident we can pinpoint precisely where we were when we found out about the event. These memories are not perfect—[they are distorted like any other recollection](#). Yet when they recount the experience, people describe it as if it happened yesterday. And these memories influence our [personal identity, social bonds, decision-making and behaviors](#) over time. After the 2013 Boston Marathon bombing, for example, those who witnessed [acts of heroism](#) and remembered them in detail were more likely to [engage in helping behaviors](#) such as donating blood or supporting Boston-related charities, even months after the attack.

In a recent study we demonstrated that for some individuals, a medical diagnosis event does [create a flashbulb memory that endures for years](#) after the fact. But our findings also showed that the intensity of these memories and the emotions associated with them depend on the doctor's delivery, which either softens the impact or prolongs the pain. Medical professionals would be wise to carefully consider how they convey such news.

For our study, we surveyed more than 300 mothers, recruited through support groups on social media, who had received a diagnosis of Down syndrome for their child. The mothers ranged in age from 21 to 79 years and had been given the diagnosis between 52 years and one month ago. In the survey, they wrote a narrative describing in detail how they were informed their child had Down syndrome—incorporating as many specifics as they could about the day, location, weather, time and other features. These narratives were coded and rated using the [Flashbulb Memory Checklist](#) (FBMC) for specificity. The mothers also responded to a series of statements from the [Autobiographical Memory Questionnaire](#) (AMQ) to indicate the perceived intensity, vividness, rehearsal, confidence and valence of their diagnosis memory. Finally, they answered a series of questions about their interactions with medical staff at the time of the diagnosis to determine how these conversations affected their recollection of the event.

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