Editorial

Implicit cognitive processes in psychopathology: An introduction

Abstract

Implicit or automatic processes are important in understanding the etiology and maintenance of psychopathological problems. In order to study implicit processes in psychopathology, measures are needed that are valid and reliable when applied to clinical problems. One of the main topics in this special issue concerns the development and validation of new or modified implicit tests in different domains of psychopathology. The other main topic concerns the prediction of clinical outcomes and new ways to directly influence implicit processes in psychopathology. We summarize the contributions to this special issue and discuss how they further our knowledge of implicit processes in psychopathology and how to measure them.
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1. Introduction

The past decades have witnessed a surge in psychological research on implicit cognitive processes, in a variety of research areas including memory (e.g., Squire, 1992), learning (e.g., Cleermans, in press), and social cognition (e.g., Bargh, 2005). Common to these different areas of research is an attempt to assess processes that are not readily captured by conscious introspection or cannot easily be controlled, but that nevertheless influence behavior. These processes are often called implicit. Although there is some debate about what the term ''implicit'' actually refers to, it might be most parsimonious to regard it as equivalent to the term ''automatic'' (De Houwer, 2006). Hence, implicit processes are processes that possess at least some of the features of automatic processes; for instance, they are difficult to control, are efficient or effortless, can occur unintentionally or outside of conscious awareness (see Bargh, 1994; Moors & De Houwer, 2006). The promise for psychological science in general is that these processes may drive important behaviors in everyday life.

Implicit processes might be particularly important in psychopathology. Because many forms of psychopathology are characterised by a lack of intentional control or by their

irrational nature, it is likely that implicit processes are particularly important in the ethiology or maintenance of psychopathology. In addition, implicit processes are believed to be often affective in nature (e.g., Gawronski, Hofmann, & Wilbur, 2006) and emotion dysregulation is pivotal in psychopathology. New measures of implicit cognitive processes offer the hope of a better understanding of central processes in psychopathology that are not necessarily rational and that are sometimes difficult to understand, both for the patient and for the therapist. For example, it may help us to understand why people continue a variety of dysfunctional behaviors despite knowing that they should refrain from these actions, such as avoiding a harmless spider or a benign social situation, or continuing addictive behaviors that cause harm.

Attempting to assess implicit processes involved in psychopathology is in itself not new, and goes back to Freud's free association methods and the use of projective tests, such as the famous thematic apperception test (TAT, see for a review McClelland, Koestner, & Weinberger, 1989). However, these methods were typically limited in that there was extensive opportunity for strategic, deliberative processing to influence performance on these tests. While we acknowledge that no method is process pure, and most paradigms capture a range of processes with both implicit and explicit components (see Conrey, Sherman, Gawronski, Hugenberg, & Groom, 2005; Jacoby, 1991), recent advances in cognitive science have led to far greater understanding and ability to isolate various features of implicit processing. Newly developed measures, such as the IAT (Greenwald, McGhee, & Schwartz, 1998), affective priming (Fazio 2001; Hermans, De Houwer, & Eelen, 2001) or the visual-probe test (MacLeod, Mathews, & Tata, 1986), are all firmly rooted in experimental psychology and great efforts have been undertaken to optimize experimental control (a far stretch from free association on the couch[1]). Implicit measures, like the ones used in this special issue, can be loosely subdivided in relation to the underlying processes they aim to assess: attentional processes (e.g., visual probe, MacLeod et al., 1986; emotional Stroop, Williams, Mathews, & MacLeod, 1996), appraisals or interpretations of ambiguous situations (e.g., Eysenck, Mogg, May, Richards & Mathews, 1991), or memory associations (e.g., first association methods, Stacy, 1997; affective priming, Fazio, 2001; IAT and later varieties such as the Go/No Go Association Task or GNAT, Nosek & Banaji, 2001, and the extrinsic affective Simon task or EAST, De Houwer, 2003).

In order to study implicit processes in psychopathology, measures are needed that are valid and reliable when applied to clinical problems. Hence, this special issue devotes considerable space to the development and validation of new or modified implicit tests. This emphasis on assessment is represented in the first six papers here (De Houwer & De Bruycker, 2007; Jongen, Smulders, Ranson, Arts, & Krabbendam, 2007; Rinck & Becker, 2007; Schrooten & Smulders, 2007; Shook, Fazio, & Vasey, 2007; Teachman, 2007; Phaf & Kan, 2007). In addition, implicit measures can help to increase our understanding of the functional relationship between implicit processes and psychopathology. For instance, implicit cognition measures can be used to predict treatment outcomes (e.g., Cox, Hogan, Kristian, & Race, 2002; Teachman & Woody, 2003), or to investigate whether an existing treatment has a differential impact on implicit versus explicit cognitive processes (e.g., Teachman & Smith-Janik, 2005; Teachman & Woody, 2003;

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[1]We note, however, that more controlled methods of assessing first associations have proven valuable in memory research and in applications to psychopathology (e.g., Stacy, 1997; Stacy et al., 2006).