

Editorial

Autobiographical memory and emotional disorder: A special issue of *Memory*

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For those suffering from emotional disorders such as post-traumatic stress disorder (PTSD) or depression, aspects of the personal past can dominate conscious experience in tenacious and toxic ways. Memories of distressing autobiographical experiences can intrude into awareness as thoughts or images, as flashbacks or nightmares, each laden with unwanted and painful affect. These forms of remembering often “feel” very different from memories of less distressing aspects of the personal past, suggesting that they may have a distinct phenomenology. Such emotional disorders are characterised by repertoires of behaviours aimed at dealing with these powerful memories—reminders are avoided, attempts to suppress the intrusions are chronic, and behavioural patterns are adapted to bring about short-term relief in spite of long-term detriment.

For some, this struggle with the autobiographical past seems, on the face of it, to be successful. Specific memories of distressing events become elusive even during effortful recall (J. M. G. Williams et al., 2007). A minority of individuals seem to experience amnesia for highly salient and traumatic events to which objective evidence testifies they have been exposed (e.g., L. M. Williams, 1994). As with the phenomenology, there is a suggestion that such amnesia for salient

personal material may be uniquely restricted to such highly emotive experiences.

These issues and questions are at the forefront of current research into the nature of emotional disorder. The purpose behind this special issue of *Memory* is to draw together some of the leading investigators engaged in this endeavour to share recent findings, theories, and opinions about how these issues and questions can be addressed and what some of the answers might be.

This special issue focuses on two broad themes already highlighted in the preamble. The first is the nature of autobiographical remembering of the personal past—what are the characteristics of such memories? And to what extent are they phenomenologically distinct from other types of autobiographical remembering? These questions are addressed directly with respect to trauma memories in the paper by Chris Brewin, which provides an update on the research in this area. The trauma theme is continued by Speckens and colleagues, who investigate different types of remembering in patients with PTSD who have been referred for psychological treatment. Pasupathi considers the interesting question of whether the narrative content of personal memories is different for memories that have been previously disclosed to others in

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comparison with memories that are “collaboratively remembered”. Finally, Meiser-Stedman and colleagues report the development of a self-report measure—the Trauma Memory Quality Questionnaire (TMQQ)—to assess the distinct phenomenological qualities of trauma memories in children and young people.

The second theme concerns varieties of difficulties in remembering emotional experiences from the personal past. In a target article, Richard McNally presents a provocative critical appraisal of Jennifer Freyd’s Betrayal Trauma Theory (Freyd, 1996)—the view that the inability to remember traumatic personal experiences from childhood arises from a betrayal of the child by significant others (prototypically, through abuse), and from the child’s need to preserve family relationships in the service of personal survival. The gauntlet thrown down by McNally is picked up in a scholarly and robust reply to his target critique by Freyd and colleagues. These controversial issues regarding amnesia for trauma-related material are also reflected upon in Brewin’s review paper.

Three further papers examine the phenomenon of over-general autobiographical memory in PTSD and depression (J. M. G. Williams et al., 2007). Over-general memory refers to the relative difficulty such patients have in recalling specific memories from the past when cued to do so in laboratory settings. Both Crane et al. and Spinhoven et al. explore the idea that this over-general effect may result from the retrieval process for specific memories being hijacked if particular cue words map onto depressed patients’ dysfunctional schemas, resulting in a failure to recall specific memories to those cues (Dalgleish et al., 2003). The final paper by

Schönfeld and colleagues examines links between attempted suppression of trauma memories and over-general recall in patients with PTSD.

Study of the voluntary and involuntary recall of extremely distressing events is revealing aspects of human memory that are not apparent in standard laboratory studies with healthy volunteers. It is also suggesting new ways of conceptualising psychological therapies in terms of influencing how positive and negative memories compete for retrieval (Brewin, 2006). It seems increasingly likely that many psychological disorders are dependent on how negative life events are encoded and how the resultant memories are brought under control. Understanding why those control processes sometimes fail, and how control can be restored, promises to add greatly to our ability to treat psychological disorder.

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