

New Research From *Clinical Psychological Science*

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[Neuroticism and Interpretive Bias as Risk Factors for Anxiety and Depression](#)

Meghan Vinograd, Alexander Williams, Michael Sun, et al.

Neuroticism might be a weak risk factor for symptoms of depression and anxiety, this research suggests. It also shows that neuroticism is related to interpretive negative bias (i.e., a tendency to focus on negative aspects of information), which is what might lead to the association between neuroticism and depression and anxiety. Young adults who scored higher on neuroticism showed more broad-general distress but not fears or anhedonia (the inability to feel pleasure) and apprehension. However, those with higher neuroticism also tended to interpret social scenarios more negatively than those with lower neuroticism.

[The Masking of Mourning: Social Disconnection After Bereavement and Its Role in Psychological Distress](#)

Kirsten V. Smith, Jennifer Wild, and Anke Ehlers

Social disconnection appears to be associated with high psychological distress after losing someone close. Smith and colleagues tested the Oxford Grieg-Social Disconnection Scale (OG-SD) in a sample of bereaved individuals and found that the scale appears to validly measure their negative interpretation of others' reactions to their grief expression, altered social self (including emotional suppression), and safety in solitude. A second sample completed the OG-SD and measures of prolonged grief disorder, posttraumatic stress disorder, and depression 0 to 6 months following loss and 6 to 12 months after the initial post-loss treatment. Results indicated that when social disconnection declined over time, psychological distress also declined.

[Using Positive Emotion Training With Maltreated Youths to Reduce Anger Bias and Physical Aggression](#)

Kelli L. Dickerson, Jennifer L. Skeem, Lina Montoya, and Jodi A. Quas

Emotion training might be an effective intervention for maltreated youths at risk for aggression and justice-system involvement. Participants—youths aged 8–17 who had been removed from home because of maltreatment and aggressive tendencies—received positive emotion training. In this computerized training, they identified emotional expressions and received feedback to encourage their recognition of happiness over anger in ambiguous facial expressions. Up to one week after training, the researchers assessed the youths’ levels of physical aggressiveness via self-reports and reports from the staff at the residential facility. The intervention successfully reduced the youths’ bias to perceive anger and somewhat reduced their aggressiveness.

[Effects of Maternal Depression and Mother-Child Relationship Quality in Early Childhood on Neural Reactivity to Rejection and Peer Stress in Adolescence: A 9-Year Longitudinal Study](#)

Autumn Kujawa, Kodi B. Arfer, Megan C. Finsaas, Ellen M. Kessel, Emma Mumper, and Daniel N. Klein

Kujawa and colleagues assessed 3-year-olds and their mothers using an observational parenting measure and an interview with the mothers. Nine years later, the researchers assessed the now 12-year-olds’ neural responses and self-reported stress reaction to peer acceptance and rejection. Those who had a lower quality relationship with their mother at age 3 showed more neural reactivity to rejection and higher peer stress at age 12. This effect was associated with maternal depression. These findings might be relevant to understanding the contribution of disruptions in social functioning to the mother-child transmission of depression.

[Bidirectional Associations Between Inflammatory Biomarkers and Depressive Symptoms in Adolescents: Potential Causal Relationships](#)

Daniel P. Moriarity, Marin M. Kautz, Naoise Mac Giollabhui, et al.

What is the relationship between physical inflammation and depressive symptoms? Moriarity and colleagues assessed the depressive symptoms that adolescents reported and the inflammatory biomarkers present in their blood samples across time. The researchers found that an inflammatory biomarker (tumor necrosis factor ?) predicted change in total depressive symptoms, but depressive symptoms did not predict change in biomarkers. Specifically, increases in some biomarkers predicted increases in specific symptoms, such as dysphoria. These findings suggest that treatments with anti-inflammatory properties might be beneficial for treating depression symptoms, specifically dysphoria.

[Absolutist Words From Search Volume Data Predict State-Level Suicide Rates in the United States](#)

Jais Adam-Troian and Thomas Arciszewski



Absolutist thinking might be connected to suicide, this research suggests. Adam-Troian and Arciszewski created an online Absolutist Thinking Index (ATI) by searching query data (i.e., Google Trends time series) for the use of absolutist words (e.g., “completely,” “totally”). They found that between 2004 and

2017, when the ATI was higher, suicide rates in the United States were also higher. Hence, these findings suggest that a collective measure of absolutist thinking may be used to predict suicide rates.

[Latent Trait, Latent-Trait State, and a Network Approach to Mental Problems and Their Mechanisms of Change](#)

Asle Hoffart and Sverre Urnes Johnson

In this theoretical study, the authors examine how a latent-trait approach and a network conceptualization of mental problems account for mental problems' features and mechanisms of change. According to a latent-trait approach, underlying trait-like disorders can explain some features of mental problems (e.g., the latent trait "social anxiety disorder" is thought to underlie multiple problems, including anxiety and fear of social situations). However, the latent-trait approach results in global clinical recommendations and hardly addresses mechanisms of change. In the network-conceptualization approach, clinical disorders are seen as a causal network of observable problems and symptoms. The authors propose an extended network approach that can result in specific clinical recommendations that consider both causal latent traits and mechanisms.