

# New Research From *Clinical Psychological Science*

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## [Cognitive and Affective Mediators of Alcohol-Facilitated Intimate-Partner Aggression](#)

*Christopher I. Eckhardt et al.*

Aggressive cognitions (i.e., stated intentions to cause harm or instigate confrontation) appear to underlie the association between alcohol intoxication and intimate-partner aggression. Before participating in a lab task involving apparent provocation by their partners, heavy drinkers with a history of intimate-partner aggression consumed a beverage with enough alcohol to produce levels of breath alcohol concentration between 0.08% and 0.12%. During the task, a hidden camera recorded participants' facial expressions and verbalizations. Results indicated that alcohol intoxication elicited aggressive cognitions (e.g., "Why don't you try saying that to my face?") but not necessarily negative affect or angry facial expressions in response to verbal and physical (i.e., via shocks) provocation that participants believed their partners had inflicted on them. This was followed by intimate-partner aggression, measured by the intensity and duration of shocks participants wanted to inflict on their partner.

## [Is Burnout a Depressive Condition? A 14-Sample Meta-Analytic and Bifactor Analytic Study](#)

*Renzo Bianchi et al.*

Burnout appears to be a form of job-related depression, this research suggests. Bianchi and colleagues examined the overlap between burnout and depression in more than 12,000 individuals from various countries and with different occupations. They found that the core dimension of burnout—exhaustion—was more closely associated with depressive symptoms than with the other dimensions of burnout (detachment and efficacy). The association between exhaustion and depression was strong and consistent across countries and occupations, suggesting that burnout overlaps with depression. Thus, burnout appears to be a job-related form of depression rather than a separate condition.

## [Research Strategies to Discern Active Psychological Therapy Components: A Scoping Review](#)

*Patty Leijten, John R. Weisz, and Frances Gardner*



Leijten and colleagues review 208 studies evaluating specific therapy components that contribute to therapy goals. The studies used seven research strategies, including expert opinion, shared components, associations between the presence of components and therapy effects, microtrials, and factorial experiments. Leijten and colleagues explain and analyze these strategies and suggest a need to emphasize experimental trials and to expand efforts to locate components within process-based and principle-guided psychotherapy. They also suggest the need for a coherent science of therapy components rather than the proliferation of innovative stand-alone studies.

### [Symptom Descriptions in Psychopathology: How Well Are They Working for Us?](#)

*Carolyn E. Wilshire, Tony Ward, and Samuel Clack*

Wilshire and colleagues identify five questions about the nature of symptoms and their role in understanding mental illness, including the symptoms' construct, how to describe them, and their role in advancing the understanding of psychopathology. The authors compare how different theoretical frameworks—the Diagnostic and Statistical Manual of Mental Disorders, the symptom-network-modeling approach, and the Cambridge model of symptom formation—address these questions. Wilshire and colleagues conclude that understanding and unpacking the constructs underlying symptoms is crucial to theoretical progress.

### [Alternative Models of Psychopathology: The Diagnostic and Statistical Manual of Mental Disorders, the Hierarchical Taxonomy of Psychopathology, Research Domain Criteria, Network Analysis, the Cambridge Model, and the Five-Factor Model](#)

*Thomas A. Widiger*

In this Commentary on Wilshire et al. (2021), Widiger agrees with the need to research symptoms rather than syndromes. Here, he extends Wilshire et al.'s comparisons to models such as the Hierarchical Taxonomy of Psychopathology, Research Domain Criteria, and the five-factor model. He agrees with their support for the use of alternatives to the Diagnostic and Statistical Manual of Mental Disorders, but he does not especially favor the Cambridge model, in which symptoms are interpreted across multiple phases and shaped by cognitive and social factors, as the best alternative.

### [Symptoms and Their Relationship to Diagnosis: A Commentary on “Symptom Descriptions in Psychopathology: How Well Are They Working for Us?” \(Wilshire et al., 2021\)](#)

*John B. Saunders*

In this Commentary on Wilshire et al. (2021), Saunders provides context from the perspective of addictive disorders and his involvement in the development of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and the 10th revision of the International Classification of Diseases. Saunders explains the purpose of diagnosis and describes the importance of considering symptoms and their contributions to diagnoses. He explains that some approaches, such as the DSM-5, do not focus on individual symptoms and instead prioritize diagnosis because overwhelming research would still be needed to assess all symptoms that apply to mental disorders.

## [Symptoms as Black Boxes: Time to Look Inside the Box](#)

*Carolyn E. Wilshire, Tony Ward, and Samuel Clack*

Wilshire and colleagues respond to Widiger's and Saunders's Commentaries on their 2021 article. They start by clarifying that they did not intend to criticize the Diagnostic and Statistical Manual of Mental Disorders and did not attempt to advance the Cambridge model as its replacement. Instead, their central thesis was that in most current approaches, symptoms are thinly characterized and need more detailed clarification. They emphasize that researchers need to study symptoms as constructs to adequately explain mental disorders.