

# New Research From Clinical Psychological Science

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Read about the latest research published in *Clinical Psychological Science*:

## [A Unified Model of Depression: Integrating Clinical, Cognitive, Biological, and Evolutionary Perspectives](#)

*Aaron T. Beck and Keith Bredemeier*

Over the last several decades, research in many domains has advanced the scientific understanding of different aspects of depression. The authors of this article aim to integrate these findings into a comprehensive theoretical account of the disorder. In this unified model, depression is conceptualized as an adaptation to the perceived loss of a vital resource. Individuals who are at risk for severe depression because of genetic or environmental factors are more likely to hold negative beliefs about the self, the world, and the future, and they may construe the loss as insurmountable. These negative beliefs trigger consistent emotions (e.g., sadness, anhedonia) and behavioral and physiological responses (e.g., withdrawal, inactivity) that may have been adaptive at one time, helping individuals to conserve energy after having suffered a critical loss of resources. In a modern context, however, this “depression program” is maladaptive, reinforcing the negative beliefs that contribute to depression in the first place.

## [Selective Mapping of Psychopathy and Externalizing to Dissociable Circuits for Inhibitory Control](#)

*Alexandra M. Rodman, Erik K. Kastman, Hayley M. Dorfman, Arielle Baskin-Sommers, Kent A. Kiehl, Joseph P. Newman, and Joshua Buckholtz*

Despite the significance of antisocial behavior as a risk factor for costly criminal offending, relatively little is known about its underlying cognitive and neurobiological mechanisms. Two dimensions — externalizing traits (e.g., impulsivity, reactive aggression) and psychopathy (e.g., lack of remorse, interpersonal manipulation) — are thought to be important contributors to antisocial behavior. In this study, incarcerated offenders completed a battery of clinical and neuropsychological assessments. Then, while undergoing functional magnetic resonance imaging scans, the participants engaged in a modified version of the Eriksen flanker task to measure their attentional and inhibitory control. Offenders who scored higher on psychopathy traits showed increased activity in the brain region associated with directed attention, while those who scored higher on externalizing measures showed reduced activity in the brain region associated with inhibitory control. The findings provide neurobiological evidence of two distinct dimensions of antisocial behavior.

*Joshua W. Buckholtz — [a 2016 Janet Taylor Spence Award recipient](#) — will speak in the symposium “Antisocial Behavior: Implications for Identifying Etiological Mechanisms, Refining Assessment, and Developing Novel Treatments” at the [28th APS Annual Convention](#) May 26-29 in Chicago, Illinois, USA.*

## [Dare to Approach: Single Dose Testosterone Administration Promotes Threat Approach in Patients With Social Anxiety Disorder](#)

*Dorien Enter, Philip Spinhoven, and Karin Roelofs*

Experiencing intense fear in relation to social situations is a core feature of social anxiety disorder (SAD). Individuals who suffer from SAD often show avoidant behavior, which perpetuates the fear response. Research suggests that the testosterone may help regulate responding in social contexts, reducing fear and promoting approach behavior. In a double-blind, randomized, placebo-controlled study, female participants who met clinical criteria for SAD were given a dose of testosterone or placebo. They then performed a computer-based approach-avoidance task, responding to happy, angry, and neutral facial expressions by pulling (approach behavior) or pushing (avoidance behavior) a joystick. Compared with those who received the placebo, participants who received testosterone were relatively faster at pulling rather than pushing the joystick when responding to angry faces, suggesting an increase in approach behavior. The findings need to be replicated across multiple contexts, but they suggest that testosterone may have clinical applications as a component of therapy for SAD.