

New Research From Clinical Psychological Science

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Read about the latest research from *Clinical Psychological Science*:

[What Drives False Memories in Psychopathology? A Case for Associative Activation](#)

Henry Otgaar, Peter Muris, Mark L. Howe, and Harald Merckelbach

Memories play an influential role in both clinical and legal settings because memory anomalies are characteristic of posttraumatic stress disorder (PTSD) and depression. For example, PTSD has been shown to incorporate poorly elaborated and integrated memories, which may lead to problems with intentional recall, whereas depression has been linked to distinct autobiographical memory problems. Findings from past research on the effects of PTSD and depression on false memory have been inconsistent. The current review examines associative activation as the link between PTSD, depression, and spontaneous false memory. Associative activation theories conceptualize memory as containing representations or *nodes* that are interconnected by associative links. When information is encoded, activation can spread, triggering related information that may or may not have been part of the original experience. The authors examined the link between psychopathology (i.e., PTSD and depression) and false memories in two meta-analyses. The results indicated that individuals with these two conditions are at a greater risk of generating false memories — but only when exposed to negative or trauma-related material. The authors suggest that this type of material may map onto participants' knowledge base, thus allowing them to make rapid linkages to associated information.

[Negative Event Recall as a Vulnerability for Depression: Relationship Between Momentary Stress-Reactive Rumination and Memory for Daily Life Stress](#)

Samantha L. Connolly and Lauren B. Alloy

Rumination has been found to predict the onset, duration, and number of depressive episodes people experience. One theory explaining the connection between rumination and depression suggests that rumination leads to deeper encoding of negative stimuli and maintenance of negative stimuli in long-term memory. This in turn leads to increased recall of negative information and depressed mood. The researchers tested this hypothesis by having participants complete assessments of depression, verbal memory, and rumination. Participants then took part in a 7-day ecological momentary assessment (EMA) procedure in which they reported, four times a day, negative life events that had occurred to them since the previous reporting period, along with the intensity of the event. In a follow-up assessment completed after the EMA procedure, participants completed reports of common life events, depression, and verbal memory. Negative events followed by rumination were more likely to be recalled at the 2-week follow-up, and those who recalled more stressors had increased depressive symptoms. Memory for negative life events was not found to mediate the relationship between rumination and depressive symptoms. This study provides preliminary support for the influence of rumination on memory and

depressive symptoms.

[Improvements in Negative Parenting Mediate Changes in Children's Autonomic Responding Following a Preschool Intervention for ADHD](#)

Ziv Bell, Tiffany Shader, Carolyn Webster-Stratton, M. Jamila Reid, and Theodore P. Beauchaine

Children with externalizing disorders often display abnormal patterns of sympathetic- and parasympathetic-linked cardiac activity and reactivity. Recent research suggests that these patterns of physiological activity may be shaped by coercive family interactions. In this study, the researchers examined whether parenting serves as a mediator for changes in parasympathetic- and sympathetic-nervous system reactivity and activity after treatment for attention-deficit/hyperactivity disorder (ADHD). To examine this, children ages 4 to 6 with ADHD and their parents took part in the Incredible Years intervention. In this intervention, parents attend parenting training and support groups, and children take part in structured and unstructured group activities teaching anger management, emotional regulation, and appropriate social behaviors. Children's respiratory sinus arrhythmia (RSA), cardiac pre-ejection period (PEP), and behavioral interactions with their parent were assessed before and after the intervention. The researchers found that increases in resting RSA and greater PEP reactivity to incentives were mediated, in part, by reductions in negative parenting.

[Psychodynamic and Cognitive-Behavioral Therapies Are More Different Than You Think: Conceptualizations of Mental Problems and Consequences for Studying Mechanisms of Change](#)

Asle Hoffart and Sverre Urnes Johnson

Psychodynamic therapy and cognitive behavioral therapy are two interventions commonly used to treat a wide variety of mental-health disorders. In this article, the authors examine whether the kinds of theoretical models that are used to explain mental disorders in these interventions influence the ability to study mechanisms of change. The authors detail how the theories behind these interventions conceptualize social anxiety disorder (SAD); in psychodynamic therapy, it is viewed using an essentialist model, and in cognitive behavioral therapy, it is viewed using a mechanistic property cluster model. The authors then examine how treatment evolves from these conceptualizations and look at whether the mechanisms of change inherent to each intervention can be identified and tested. The authors find, among other things, that the main explanatory mechanism of SAD cannot be dissociated from symptoms in psychodynamic theory, and therefore explanatory mechanisms cannot be adequately tested. In contrast, the conceptualization of SAD in cognitive therapy is one that can be adequately tested. The authors suggest the need to leave essentialist viewpoints behind in favor of mechanistic property cluster models.