

New Research From Clinical Psychological Science

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

[Lateral Eye Movements Increase False Memory Rates](#)

Sanne T. L. Houben, Henry Otgaar, Jeffrey Roelofs, and Harald Merckelbach

Performing eye movements while retrieving traumatic events reduces the vividness and emotionality of these events. Yet we know little about possible downsides of using this method. In one study, the authors explored the effect of eye movements on susceptibility to false memories. Participants watched a video of a car crash as if they were eyewitnesses. Afterward, participants watched a stationary point on the screen or followed a moving point with their eyes while thinking about the video. Participants then read a narrative containing false statements about the video. In a final recognition test, participants who performed eye movements by following the moving point accepted the false statements contained in the narrative more often than participants who watched the stationary point and did not perform eye movements. These results show that performing eye movements while retrieving traumatic events decreases eyewitness accuracy and increases susceptibility to misinformation.

[Rigidly Applied Rules? Revisiting Inflexibility in Obsessive Compulsive Disorder Using Multilevel Meta-Analysis](#)

Isaac Fradkin, Asher Y. Strauss, Maayan Pereg, and Jonathan D. Huppert

Models of obsessive compulsive disorder (OCD) have used evidence from underperformance in shifting tasks to suggest a link between OCD and inflexibility. In this meta-analysis, the authors explore whether underperformance in shifting tasks of patients with OCD shows inflexibility or other nonspecific processes. Fradkin and colleagues analyzed 75 studies comparing the performance of control subjects and patients with OCD in different shifting tasks. In a novel approach, the authors compared flexibility scores in these shifting tasks with control-task scores measuring other processes. The underperformance of patients with OCD could not be attributed to inflexibility, defying the idea that OCD involves

flexibility deficits. People with OCD do not seem impaired by inflexibility in changing behaviors when necessary, but other behavioral dysregulations or nonspecific processes might cause underperformance in shifting tasks.

[Cognitive Control in Depression: Toward Clinical Models Informed by Cognitive Neuroscience](#)

Ivan Grahek, Jonas Everaert, Ruth M. Krebs, and Ernst H. W. Koster

People who are depressed show dysfunctions of the mental processes that allow adaptation of cognition and behavior to one's current goals (cognitive control). Evidence shows that improving cognitive control can reduce depressive symptoms. Thus, the authors examine the current views of cognitive control in depression and propose the integration of cognitive neuroscience into clinical models. Most current models of depression assume that cognitive control is attenuated in depression but do not offer an explanation of the causes and nature of control dysfunctions. The authors suggest that depressed individuals show deficits in cognitive control because of an impaired ability to detect when, for how long, and with what intensity to engage in controlled processing. By focusing on the ability to detect the need for control, on the role of motivation, and on a flexibility-stability balance, the authors argue for a move from a descriptive to a mechanistic understanding of the role of cognitive control in depression.