

New Research From *Clinical Psychological Science*

January 28, 2020



[Disgust Theory Through the Lens of Psychiatric Medicine](#)

Caroline R. Amoroso, Eleanor K. Hanna, Kevin S. LaBar, Jana Schaich Borg, Walter Sinnott-Armstrong, and Nancy L. Zucker

Amoroso and colleagues examine disgust abnormalities that underlie some psychiatric disorders to evaluate current theories and develop a model of disgust. The current theories, the *cultural evolution model* and the *adaptationist model*, propose the same disgust elicitors (food, body products, animals, interpersonal contact, hygiene, death, body-envelope violations—such as wounds—sex, and morality) but differ regarding how they break down the elicitors into domains. Amoroso and colleagues analyzed whether individuals with subtype contamination of obsessive-compulsive disorder, body-injury-injection phobia, or sexual-trauma-based posttraumatic stress disorder show sensitivity to elicitors that fall in the same domain, according to each theory. They found that the theories do not make accurate predictions regarding what elicitors should cause disgust in each pathology. Instead, they found that a model of disgust that includes a *food-disgust* domain, a *pathogen-disgust* domain (including body products, animals, interpersonal contact, and hygiene), a *danger/empathy* domain (including death and body-envelope violations), a *sexual-disgust* domain, and a *moral-disgust* domain seems to explain disgust in psychiatric disorders in a more compelling way. Amoroso and colleagues propose that this model might help clinicians identify and protect individuals who may be at increased risk of developing specific psychiatric disorders, given their elevated disgust sensitivity to a set of elicitors.

[Changes in Positive and Negative Affect During Pharmacological Treatment and Cognitive Therapy for Major Depressive Disorder: A Secondary Analysis of Two Randomized Controlled Trials](#)

Barnaby D. Dunn, Ramaris E. German, Gabi Khazanov, Colin Xu, Steven D. Hollon, and Robert J. DeRubeis

Dunn and colleagues explored how well different treatments change the main symptoms of major

depressive disorder (MDD): heightened depressed mode (negative affectivity; NA) and diminished interest or pleasure (positive affectivity; PA). They analyzed data from one randomized control trial in which patients with MDD received 16 weeks of antidepressant medication (ADM) or cognitive therapy (CT) and another one in which patients were treated until remission with ADM or a combination of ADM and CT. For all types of trial and treatment, patients showed more PA deficits than NA elevations at intake, and during treatment, there was a smaller amelioration of PA than NA, with PA disturbances remaining more pronounced after treatment than NA disturbances. These findings suggest that ADM, CT, and ADM and CT combined are better at decreasing NA than at increasing PA in individuals with depression. Dunn and colleagues suggest that MDD might be better treated if therapies could target PA as effectively as they do NA, especially because diminished interest and pleasure predict functional impairments and suicide rates.

Feeling Empathically Toward Other People and the Self: The Role of Perspective Shifting in Emotion Sharing and Self-Reassurance

Chui-De Chiu, Hau Ching Ng, Wing Ki Kwok, and Marieke S. Tollenaar

Chiu and colleagues examined the role of flexibly shifting perspectives, a cognitive characteristic of empathizing with other people's emotions, in the acceptance of one's own emotions when negative thoughts about the self arise. Participants completed measures of self-reassurance and self-criticism and a test on their tendency to share other people's emotions. To measure their flexibility of perspective shifting, participants performed a visual task in which they judged whether a circle was to the left or to the right of a central rectangle, either from their perspective or from the perspective of the rectangle (i.e., as if they faced themselves). Participants who were able to quickly shift from the "rectangle perspective" to their self-perspective, showing a more flexible perspective taking, scored higher on self-reassurance and emotion sharing and lower on self-criticism. These findings indicate that the ability to reassure the self and to empathize with other people might involve flexibility in perspective shifting. Chiu and colleagues propose that resuming a self-judging perspective after being in the position of being judged may help individuals to be in touch with their emotions and lead to resilience when confronted with adverse situations

Deconstructing Individual Differences in Long-Term Personality Disorder and Trait Change

William C. Woods, Aidan G. C. Wright, Andrew E. Skodol, Leslie C. Morey, and Christopher J. Hopwood

Different assessment methods may lead to different conclusions about the severity of impairment and symptom changes in personality pathologies, this research suggests. Woods and colleagues assessed participants in the Collaborative Longitudinal Personality Disorder Study, who provided data at baseline, after 2 years, and after 4 years. They used structured interviews and self-reports to evaluate personality pathology and functioning impairment. Specifically, Woods et al. used a person-centered statistical approach that compared individuals' profiles at one point in time with the same individuals' profiles at other points in time. Results indicated a distinction between the level of overall impairment (number of symptoms reported) and how personality disorders manifested (the types of symptoms reported). However, interviewer-rated changes were mostly driven by impairment change whereas self-

reports were more sensitive to changes in symptoms. These findings support the existence of shared and unique factors in personality pathology and highlight the influence of assessment methods on models of pathology—conclusions about personality disorders seem constrained by measurement methods. Moreover, practitioners who wish to focus on the description of their patients' pathological profiles might want to choose self-report measures, whereas practitioners who wish to focus on identification of impairment reduction might want to use structured interviews

Aberrant Cost–Benefit Integration During Effort-Based Decision Making Relates to Severity of Substance Use Disorders

Allison M. Stuppy-Sullivan, Joshua W. Buckholtz, and Arielle Baskin-Sommers

Individuals with more severe substance use disorders (SUDs) may have difficulty integrating multiple decision variables (e.g., probability, effort, uncertainty) when making decisions that require choosing how much effort to invest to obtain a valued outcome, this research suggests. Stuppy-Sullivan and colleagues examined a sample containing a large number of individuals with SUDs. They used a self-report questionnaire to identify whether individuals' substance use was evoked by a desire to avoid negative affect or a desire to enhance positive affect. Participants' delay discounting was measured in a task in which they chose between a larger amount of money available after a delay or a smaller amount of money available immediately. The researchers also administered the Effort Expenditure for Rewards Task (EEfRT), which measures the extent to which participants are willing to incur greater effort costs to obtain larger rewards (e.g., whether they prefer to perform a harder task for a higher rewards or an easier task for a smaller reward). Participants with more severe SUDs were less likely to use information about expected value (trade-off between effort and reward) in the EEfRT task. Participants whose severity of use was related to avoiding negative affect or who were more sensitive to delay costs (i.e., having to wait longer for a reward) were the least sensitive to expected value in the EEfRT task. These findings indicate that aberrant decision-making preferences may contribute to the maintenance of more severe SUDs and suggest that avoidance of negative affect may constrain the integration of decision variables during effort-based choice among individuals with SUDs.