

# 36 bhma abstracts, july '12

Thirty six abstracts covering a multitude of stress, health & wellbeing related subjects including fear of childbirth & duration of labour, physical punishment & subsequent mental disorders, powerful effects of meditation on preventing respiratory infections, vitamin D dose requirements, the benefits of self-transcendent values affirmations, Facebook smiles & prediction of life satisfaction, voice pitch & sense of power, friendship network characteristics & sense of wellbeing, and much more.

(Adams, Eberhard-Gran et al. 2012; Afifi, Mota et al. 2012; Anderson, Kraus et al. 2012; Archontaki, Lewis et al. 2012; Barrett, Hayney et al. 2012; Bischoff-Ferrari, Willett et al. 2012; Brown, McLaughlin et al. 2012; Burson, Crocker et al. 2012; Chen, Berger et al. 2012; Chuang, Norat et al. 2012; Dykiert, Bates et al. 2012; Galéra, Bouvard et al. 2012; Goswami 2012; Gulliver, Griffiths et al. 2012; Jakobsen, Hansen et al. 2012; Kelleher, Keeley et al. 2012; Lagiou, Sandin et al. 2012; Leander, Chartrand et al. 2012; Lewis 2012; Magee, Heaven et al. 2012; Metzler, Sanders et al. 2012; Mikulincer, Shaver et al. 2012; Moeller, Robinson et al. 2012; Mostofsky, Rice et al. 2012; Pilling and Anderson 2012; Rhebergen, Lamers et al. 2012; Riek and Mania 2012; Rimer, Dwan et al. 2012; Savani and Rattan 2012; Seder and Oishi 2012; Sneed, Cohen et al. 2012; Steger and Samman 2012; Stel, Dijk et al. 2012; Swift and Greenberg 2012; Swift, Greenberg et al. 2012; Thompson and McCabe 2012; van der Horst and Coffé 2012)

Adams, S. S., M. Eberhard-Gran, et al. (2012). **"Fear of childbirth and duration of labour: A study of 2206 women with intended vaginal delivery."** *BJOG: An International Journal of Obstetrics & Gynaecology* 119(10): 1238-1246.

<http://dx.doi.org/10.1111/j.1471-0528.2012.03433.x>

Objective To assess the association between fear of childbirth and duration of labour. Design A prospective study of women from 32 weeks of gestation through to delivery. Setting Akershus University Hospital, Norway. Population A total of 2206 pregnant women with a singleton pregnancy and intended vaginal delivery during the period 2008–10. Methods Fear of childbirth was assessed by the Wijma Delivery Expectancy Questionnaire (W-DEQ) version A at 32 weeks of gestation, and defined as a W-DEQ sum score  $\geq 85$ . Information on labour duration, use of epidural analgesia and mode of delivery was obtained from the maternal ward electronic birth records. Main outcome measures Labour duration in hours: from 3–4 cm cervical dilatation and three uterine contractions per 10 minutes lasting  $\geq 1$  minute, until delivery of the child. Results Fear of childbirth (W-DEQ sum score  $\geq 85$ ) was present in 7.5% (165) of women. Labour duration was significantly longer in women with fear of childbirth compared with women with no such fear using a linear regression model (crude unstandardised coefficient 1.54; 95% confidence interval 0.87–2.22, corresponding to a difference of 1 hour and 32 minutes). After adjustment for parity, counselling for pregnancy concern, epidural analgesia, labour induction, labour augmentation, emergency caesarean delivery, instrumental vaginal delivery, offspring birthweight and maternal age, the difference attenuated, but remained statistically significant (adjusted unstandardised coefficient 0.78; 95% confidence interval 0.20–1.35, corresponding to a 47-minute difference). Conclusion Duration of labour was longer in women with fear of childbirth than in women without fear of childbirth.

Afifi, T. O., N. P. Mota, et al. (2012). **"Physical punishment and mental disorders: Results from a nationally representative us sample."** *Pediatrics*. <http://pediatrics.aappublications.org/content/early/2012/06/27/peds.2011-2947.abstract>

(Available in free full text) BACKGROUND: The use of physical punishment is controversial. Few studies have examined the relationship between physical punishment and a wide range of mental disorders in a nationally representative sample. The current research investigated the possible link between harsh physical punishment (ie, pushing, grabbing, shoving, slapping, hitting) in the absence of more severe child maltreatment (ie, physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, exposure to intimate partner violence) and Axis I and II mental disorders. METHODS: Data were from the National Epidemiologic Survey on Alcohol and Related Conditions collected between 2004 and 2005 (N = 34 653). The survey was conducted with a representative US adult population sample (aged  $\geq 20$  years). Statistical methods included logistic regression models and population-attributable fractions. RESULTS: Harsh physical punishment was associated with increased odds of mood disorders, anxiety disorders, alcohol and drug abuse/dependence, and several personality disorders after adjusting for sociodemographic variables and family history of dysfunction (adjusted odds ratio: 1.36–2.46). Approximately 2% to 5% of Axis I disorders and 4% to 7% of Axis II disorders were attributable to harsh physical punishment. CONCLUSIONS: Harsh physical punishment in the absence of child maltreatment is associated with mood disorders, anxiety disorders, substance abuse/dependence, and personality disorders in a general population sample. These findings inform the ongoing debate around the use of physical punishment and provide evidence that harsh physical punishment independent of child maltreatment is related to mental disorders.

Anderson, C., M. W. Kraus, et al. (2012). **"The local-ladder effect."** *Psychological Science* 23(7): 764-771.

<http://pss.sagepub.com/content/23/7/764.abstract>

Dozens of studies in different nations have revealed that socioeconomic status only weakly predicts an individual's subjective well-being (SWB). These results imply that although the pursuit of social status is a fundamental human motivation, achieving high status has little impact on one's SWB. However, we propose that sociometric status—the respect and admiration one has in face-to-face groups (e.g., among friends or coworkers)—has a stronger effect on SWB than does socioeconomic status. Using correlational, experimental, and longitudinal methodologies, four studies found consistent evidence for a local-ladder effect: Sociometric status significantly predicted satisfaction with life and the experience of positive and negative emotions. Longitudinally, as sociometric status rose or fell, SWB rose or fell accordingly. Furthermore, these effects were driven by feelings of power and social acceptance. Overall, individuals' sociometric status matters more to their SWB than does their socioeconomic status. *The 'Greater Good' website - <http://tinyurl.com/d84exdd> - comments "Money really can't buy happiness, research shows. Instead, a new study suggests, those pursuing a happier life would be smart to sharpen their social skills. In a series of four experiments, researchers found that it is the level of respect and admiration we receive from peers—not overall wealth or success—that more likely predicts happiness. They refer to this level of respect and admiration as our "sociometric status," as opposed to socioeconomic status (SES). In one experiment, 80 college students from 14 different student groups rated how much they respected and admired the other people in their group, and how respected and admired they felt themselves; they also answered questions about their family's income and their own level of happiness. The results, published in the journal Psychological Science, show that people with higher sociometric status reported greater happiness, whereas their socioeconomic status was not linked to their happiness. In a similar experiment, more than 300 people answered questions about the respect and admiration they received within their friends, family, and work circles. They also reported their personal sense of power in those social circles, and how liked and accepted they felt, along with their income and happiness. Again, people of high sociometric status were much more likely to be happy than were people of high SES. Through their data analysis, the researchers also found that these people were happier because they felt a greater sense of power and acceptance within*

their groups. "Where people stand in their local hierarchy matters to their happiness," they write. But does feeling respected and admired actually cause people to be feel happier—or could it be that people admire peers who project happiness? The researchers addressed that question in two additional experiments. In one, they manipulated people's sense of status by asking them to compare themselves to people who were much more or much less respected and admired than they were. Other participants had to compare themselves to people who had much more or much less wealth, education, and professional success. Then all participants had to think about how their "similarities and differences" might come into play if they were to interact with these imaginary others. In this case, people temporarily made to feel like they were of higher sociometric status were happier than people made to feel like they were of lower sociometric status, regardless of their actual status outside of the experiment. By contrast, people made to feel like they had high socioeconomic status were not happier than people made to feel like they had low SES. The results strongly suggest that feeling respected and admired can actually cause our happiness to increase, whereas feeling wealthy (without also feeling respected) doesn't carry the same effect. In the final part of the study, the researchers tracked 156 MBA students, following them from shortly before their business school graduation through nine months after graduation. For many of these students, their graduation brought a change in sociometric status—someone admired on campus, for instance, could be disrespected at his or her post-graduate job, even if his or her income went up. The results show that as the students' sociometric status rose or fell, their happiness level rose or fell accordingly; in fact, changes to their sociometric status were much more strongly linked to happiness than were changes to their socioeconomic status. The findings echo past research finding that income has surprisingly little effect on happiness, says Cameron Anderson, a professor at the University of California, Berkeley's Haas School of Business and the lead author of the study. Instead, Anderson and his colleagues' research suggests that what really matters is the respect, admiration, and feelings of power we get from others within our face-to-face groups. "You don't have to be rich to be happy, but instead be a valuable contributing member to your groups," says Anderson. "What makes a person high in status in a group is being engaged, generous with others, and making self sacrifices for the greater good."

Archontaki, D., G. J. Lewis, et al. (2012). **"Genetic influences on psychological well-being: A nationally representative twin study."** *Journal of Personality*: n/a-n/a. <http://dx.doi.org/10.1111/j.1467-6494.2012.00787.x>

OBJECTIVE: Psychological well-being, or eudaimonia, features strongly in theories of human development and thriving. However, the factors of eudaimonia are debated, and their genetic architecture has not been studied in detail. METHOD: A classical twin design was used to decompose behavioral variance into genetic and environmental components implemented in a multi-group, multivariate structural equation modeling framework. Subjects were 837 pairs of adult US twins from the nationally representative MIDUS II sample. Psychological well-being was measured using the 42-item Ryff Psychological Well-being Scale, which assesses autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. RESULTS: Substantial genetic influences were observed on all components of well-being. Attempts to model these 6-factors as reflecting a single common psychological mechanism gave a poor fit to the data. The best-fitting model supported the existence of five distinct genetic effects. Effects of shared-environment were weak and non-significant. Unique-environment effects for all measures were mostly trait specific. CONCLUSIONS: These results indicate that psychological well-being is underpinned by a general genetic factor influencing self-control, and four underlying biological mechanisms enabling the psychological capabilities of purpose, agency, growth, and positive social relations.

Barrett, B., M. S. Hayney, et al. (2012). **"Meditation or exercise for preventing acute respiratory infection: A randomized controlled trial."** *The Annals of Family Medicine* 10(4): 337-346. <http://www.annfam.org/content/10/4/337.abstract>

PURPOSE This study was designed to evaluate potential preventive effects of meditation or exercise on incidence, duration, and severity of acute respiratory infection (ARI) illness. METHODS Community-recruited adults aged 50 years and older were randomized to 1 of 3 study groups: 8-week training in mindfulness meditation, matched 8-week training in moderate-intensity sustained exercise, or observational control. The primary outcome was area-under-the-curve global illness severity during a single cold and influenza season, using the Wisconsin Upper Respiratory Symptom Survey (WURSS-24) to assess severity. Health care visits and days of missed work were counted. Nasal wash collected during ARI illness was assayed for neutrophils, interleukin-8, and viral nucleic acid. RESULTS Of 154 adults randomized into the study, 149 completed the trial (82% female, 94% white, mean age 59.3 ± 6.6 years). There were 27 ARI episodes and 257 days of ARI illness in the meditation group (n = 51), 26 episodes and 241 illness days in the exercise group (n = 47), and 40 episodes and 453 days in the control group (n = 51). Mean global severity was 144 for meditation, 248 for exercise, and 358 for control. Compared with control, global severity was significantly lower for meditation (P = .004). Both global severity and total days of illness (duration) trended toward being lower for the exercise group (P=.16 and P=.032, respectively), as did illness duration for the meditation group (P=.034). Adjusting for covariates using zero-inflated multivariate regression models gave similar results. There were 67 ARI-related days-of-work missed in the control group, 32 in the exercise group (P = .041), and 16 in the meditation group (P < .001). Health care visits did not differ significantly. Viruses were identified in 54% of samples from meditation, 42% from exercise, and 54% from control groups. Neutrophil count and interleukin-8 levels were similar among intervention groups. CONCLUSIONS Training in meditation or exercise may be effective in reducing ARI illness burden.

Bischoff-Ferrari, H. A., W. C. Willett, et al. (2012). **"A pooled analysis of vitamin D dose requirements for fracture prevention."** *New England Journal of Medicine* 367(1): 40-49. <http://www.nejm.org/doi/full/10.1056/NEJMoa1109617>

BACKGROUND: The results of meta-analyses examining the relationship between vitamin D supplementation and fracture reduction have been inconsistent. METHODS: We pooled participant-level data from 11 double-blind, randomized, controlled trials of oral vitamin D supplementation (daily, weekly, or every 4 months), with or without calcium, as compared with placebo or calcium alone in persons 65 years of age or older. Primary end points were the incidence of hip and any nonvertebral fractures according to Cox regression analyses, with adjustment for age group, sex, type of dwelling, and study. Our primary aim was to compare data from quartiles of actual intake of vitamin D (including each individual participant's adherence to the treatment and supplement use outside the study protocol) in the treatment groups of all trials with data from the control groups. RESULTS: We included 31,022 persons (mean age, 76 years; 91% women) with 1111 incident hip fractures and 3770 nonvertebral fractures. Participants who were randomly assigned to receive vitamin D, as compared with those assigned to control groups, had a nonsignificant 10% reduction in the risk of hip fracture (hazard ratio, 0.90; 95% confidence interval [CI], 0.80 to 1.01) and a 7% reduction in the risk of nonvertebral fracture (hazard ratio, 0.93; 95% CI, 0.87 to 0.99). By quartiles of actual intake, reduction in the risk of fracture was shown only at the highest intake level (median, 800 IU daily; range, 792 to 2000), with a 30% reduction in the risk of hip fracture (hazard ratio, 0.70; 95% CI, 0.58 to 0.86) and a 14% reduction in the risk of any nonvertebral fracture (hazard ratio, 0.86; 95% CI, 0.76 to 0.96). Benefits at the highest level of vitamin D intake were fairly consistent across subgroups defined by age group, type of dwelling, baseline 25-hydroxyvitamin D level, and additional calcium intake. CONCLUSIONS: High-dose vitamin D supplementation (≥800 IU daily) was somewhat favorable in the prevention of hip fracture and any nonvertebral fracture in persons 65 years of age or older.

Brown, W. J., D. McLaughlin, et al. (2012). **"Physical activity and all-cause mortality in older women and men."** *British Journal of Sports Medicine* 46(9): 664-668. <http://bjsm.bmj.com/content/46/9/664.abstract>

Background Regular physical activity is associated with reduced risk of mortality in middle-aged adults; however, associations between physical activity and mortality in older people have been less well studied. The objective of this study was to compare relationships between physical activity and mortality in older women and men. Methods The prospective cohort design involved 7080 women aged 70–75 years and 11 668 men aged 65–83 years at baseline, from two Australian cohorts – the Australian Longitudinal Study on Women's Health and the Health in Men Study. Self-reported low, moderate and vigorous intensity physical activity, socio-demographic, behavioural and health characteristics were assessed in relation to all-cause mortality from the National Death Index from 1996 to 2009; the median follow-up of 10.4 (women) and 11.5 (men) years. Results There were 1807 (25.5%) and 4705 (40.3%) deaths in women and men, respectively. After adjustment for behavioural risk factors, demographic variables and self-reported health at baseline, there was an inverse dose – response relationship between physical activity and all-cause mortality. Compared with women and men who reported no activity, there were statistically significant lower hazard ratios for women who reported any activity and for men who reported activities equivalent to at least 300 metabolic equivalent.min/week. Risk reductions were 30–50% greater in women than in men in every physical activity category. Conclusions Physical activity is inversely associated with all-cause mortality in older men and women. The relationship is stronger in women than in men, and there are benefits from even low levels of activity.

Burson, A., J. Crocker, et al. (2012). **"Two types of value-affirmation: Implications for self-control following social exclusion."** *Social psychological and personality science* 3(4): 510-516. <http://spp.sagepub.com/content/3/4/510.abstract>

The authors tested the hypothesis that affirming self-transcendent values attenuates negative consequences of self-threat better than affirming self-enhancement values. If value-affirmation buffers against threat because it bolsters the self, then affirming either a self-transcendent or self-enhancement value should similarly prevent typical decreased self-control after exclusion. However, if value-affirmations buffer the effects of threat because they promote self-transcendence, then affirming values related to self-transcendence should provide a better buffer against decreased self-control after exclusion. Ninety-two undergraduate students received either intentional or unintentional social exclusion. Participants then affirmed either a self-transcendent or self-enhancement value, or wrote about their daily routine. Consistent with predictions, participants ate more cookies when they were intentionally rather than unintentionally excluded; this effect was attenuated by affirming an important value, especially a self-transcendent value. This suggests that value-affirmation may be a particularly effective method of coping with self-threats when it increases self-transcendence.

Chen, K. W., C. C. Berger, et al. (2012). **"Meditative therapies for reducing anxiety: A systematic review and meta-analysis of randomized controlled trials."** *Depress Anxiety* 29(7): 545-562. <http://www.ncbi.nlm.nih.gov/pubmed/22700446>

BACKGROUND: Anxiety disorders are among the most common psychiatric disorders and meditative therapies are frequently sought by patients with anxiety as a complementary therapy. Although multiple reviews exist on the general health benefits of meditation, no review has focused on the efficacy of meditation for anxiety specifically. METHODS: Major medical databases were searched thoroughly with keywords related to various types of meditation and anxiety. Over 1,000 abstracts were screened, and 200+ full articles were reviewed. Only randomized controlled trials (RCTs) were included. The Boutron (Boutron et al., 2005: J Clin Epidemiol 58:1233-1240) checklist to evaluate a report of a nonpharmaceutical trial (CLEAR-NPT) was used to assess study quality; 90% of the authors were contacted for additional information. Review Manager 5 was used for meta-analysis. RESULTS: A total of 36 RCTs were included in the meta-analysis (2,466 observations). Most RCTs were conducted among patients with anxiety as a secondary concern. The study quality ranged from 0.3 to 1.0 on the 0.0-1.0 scale (mean = 0.72). Standardized mean difference (SMD) was -0.52 in comparison with waiting-list control ( $p < .001$ ; 25 RCTs), -0.59 in comparison with attention control ( $p < .001$ ; seven RCTs), and -0.27 in comparison with alternative treatments ( $p < .01$ ; 10 RCTs). Twenty-five studies reported statistically superior outcomes in the meditation group compared to control. No adverse effects were reported. CONCLUSIONS: This review demonstrates some efficacy of meditative therapies in reducing anxiety symptoms, which has important clinical implications for applying meditative techniques in treating anxiety. However, most studies measured only improvement in anxiety symptoms, but not anxiety disorders as clinically diagnosed.

Chuang, S.-C., T. Norat, et al. (2012). **"Fiber intake and total and cause-specific mortality in the European Prospective Investigation into Cancer and Nutrition cohort."** *Am J Clin Nutr* 96(1): 164-174. <http://www.ajcn.org/content/96/1/164.abstract>

Background: Previous studies have shown that high fiber intake is associated with lower mortality. However, little is known about the association of dietary fiber with specific causes of death other than cardiovascular disease (CVD). Objective: The aim of this study was to assess the relation between fiber intake, mortality, and cause-specific mortality in a large European prospective study of 452,717 men and women. Design: HRs and 95% CIs were estimated by using Cox proportional hazards models, stratified by age, sex, and center and adjusted for education, smoking, alcohol consumption, BMI, physical activity, total energy intake, and, in women, ever use of menopausal hormone therapy. Results: During a mean follow-up of 12.7 y, a total of 23,582 deaths were recorded. Fiber intake was inversely associated with total mortality (HR per 10-g/d increase: 0.90; 95% CI: 0.88, 0.92); with mortality from circulatory (HR per 10-g/d increase: 0.90 and 0.88 for men and women, respectively), digestive (HR: 0.61 and 0.64), respiratory (HR: 0.77 and 0.62), and non-CVD noncancer inflammatory (HR: 0.85 and 0.80) diseases; and with smoking-related cancers (HR: 0.86 and 0.89) but not with non-smoking-related cancers (HR: 1.05 and 0.97). The associations were more evident for fiber from cereals and vegetables than from fruit. The associations were similar across BMI and physical activity categories but were stronger in smokers and participants who consumed >18 g alcohol/d. Conclusions: Higher fiber intake is associated with lower mortality, particularly from circulatory, digestive, and non-CVD noncancer inflammatory diseases. Our results support current recommendations of high dietary fiber intake for health maintenance.

Dykiert, D., T. C. Bates, et al. (2012). **"Predicting mortality from human faces."** *Psychosomatic Medicine* 74(6): 560-566. <http://www.psychosomaticmedicine.org/content/74/6/560.abstract>

Objective To investigate whether and to what extent mortality is predictable from facial photographs of older people. Methods High-quality facial photographs of 292 members of the Lothian Birth Cohort 1921, taken at the age of about 83 years, were rated in terms of apparent age, health, attractiveness, facial symmetry, intelligence, and well-being by 12 young-adult raters. Cox proportional hazards regression was used to study associations between these ratings and mortality during a 7-year follow-up period. Results All ratings had adequate reliability. Concurrent validity was found for facial symmetry and intelligence (as determined by correlations with actual measures of fluctuating asymmetry in the faces and Raven Standard Progressive Matrices score, respectively), but not for the other traits. Age as rated from facial photographs, adjusted for sex and chronological age, was a significant predictor of mortality (hazard ratio = 1.36, 95% confidence interval = 1.12–1.65) and remained significant even after controlling for concurrent, objectively measured health and cognitive ability, and the other



ratings. Health as rated from facial photographs, adjusted for sex and chronological age, significantly predicted mortality (hazard ratio = 0.81, 95% confidence interval = 0.67–0.99) but not after adjusting for rated age or objectively measured health and cognition. Rated attractiveness, symmetry, intelligence, and well-being were not significantly associated with mortality risk. Conclusions Rated age of the face is a significant predictor of mortality risk among older people, with predictive value over and above that of objective or rated health status and cognitive ability.

Galéra, C., M.-P. Bouvard, et al. (2012). **"Childhood attention problems and socioeconomic status in adulthood: 18-year follow-up."** *The British Journal of Psychiatry* 201(1): 20-25. <http://bjp.rcpsych.org/content/201/1/20.abstract>

Background Attention-deficit hyperactivity disorder (ADHD) has been associated with socioeconomic difficulties later in life. Little research in this area has been based on longitudinal and community studies. Aims To examine the relationship between childhood attention problems and socioeconomic status 18 years later. Method Using a French community sample of 1103 youths followed from 1991 to 2009, we tested associations between childhood attention problems and socioeconomic status between ages 22 and 35 years, adjusting for potential childhood and family confounders. Results Individuals with high levels of childhood attention problems were three times more likely to experience subsequent socioeconomic disadvantage than those with low levels of attention problems (odds ratio 3.44, 95% CI 1.72–6.92). This association remained statistically significant even after adjusting for childhood externalising problems, low family income, parental divorce and parental alcohol problems. Conclusions This longitudinal community-based study shows an association between childhood attention problems and socioeconomic disadvantage in adulthood. Taking into account ADHD and associated difficulties could help reduce the long-term socioeconomic burden of the disorder.

Goswami, H. (2012). **"Social relationships and children's subjective well-being."** *Social Indicators Research* 107(3): 575-588. <http://dx.doi.org/10.1007/s11205-011-9864-z>

The quality of relationships is now recognised as an important aspect of children's subjective well-being. This article focuses on both positive and negative quality of relationships. It includes six areas of children's relationships—family, neighbourhood adults, positive affect friendship, negative affect friendship, experiences of being bullied by other young people, and being treated unfairly by adults and analyses their association with children's subjective well-being. Data for this study were obtained from a national survey among 4,673 children in secondary schools across England. Children's relationships with their family, friends (positive affect) and neighbourhood adults appear to increase their well-being, whereas, negative aspects of friendship relations, experiences of being bullied and treated unfairly by adults is proved to decrease young people's well-being. Relationships with family, positive relations with friends and experience of being bullied appear to have respectively the first, second and third highest effect on children's subjective well-being. Although the influence was low, children's relationships with neighbourhood adults, their experiences of being treated unfairly by adults and their negative relations with friends contributed significantly to explaining variations of their subjective well-being. These findings are discussed in the context of previous empirical studies and theories on social relationships and subjective well-being. Suggestions for future research are also put forward.

Gulliver, A., K. Griffiths, et al. (2012). **"A systematic review of help-seeking interventions for depression, anxiety and general psychological distress."** *BMC Psychiatry* 12(1): 81. <http://www.biomedcentral.com/1471-244X/12/81>

BACKGROUND: Depression and anxiety are treatable disorders, yet many people do not seek professional help. Interventions designed to improve help-seeking attitudes and increase help-seeking intentions and behaviour have been evaluated in recent times. However, there have been no systematic reviews of the efficacy or effectiveness of these interventions in promoting help-seeking. Therefore, this paper reports a systematic review of published randomised controlled trials targeting help-seeking attitudes, intentions or behaviours for depression, anxiety, and general psychological distress. METHODS: Studies were identified through searches of PubMed, PsycInfo, and the Cochrane database in November 2011. Studies were included if they included a randomised controlled trial of at least one intervention targeting help-seeking for depression or anxiety or general psychological distress, and contained extractable data on help-seeking attitudes or intentions or behaviour. Studies were excluded if they focused on problems or conditions other than the target (e.g., substance use, eating disorder). RESULTS: Six published studies of randomised controlled trials investigating eight different interventions for help-seeking were identified. The majority of trials targeted young adults. Mental health literacy content was effective ( $d = .12$  to  $.53$ ) in improving help-seeking attitudes in the majority of studies at post-intervention, but had no effect on help-seeking behaviour ( $d = .01, .02$ ). There was less evidence for other intervention types such as efforts to destigmatise or provide help-seeking source information. CONCLUSIONS: Mental health literacy interventions are a promising method for promoting positive help-seeking attitudes, but there is no evidence that it leads to help-seeking behaviour. Further research investigating the effects of interventions on attitudes, intentions, and behaviour is required.

Jakobsen, J. C., J. L. Hansen, et al. (2012). **"Effects of cognitive therapy versus interpersonal psychotherapy in patients with major depressive disorder: A systematic review of randomized clinical trials with meta-analyses and trial sequential analyses."** *Psychological Medicine* 42(07): 1343-1357. <http://dx.doi.org/10.1017/S0033291711002236>

Background Major depressive disorder afflicts an estimated 17% of individuals during their lifetime at tremendous suffering and cost. Cognitive therapy and interpersonal psychotherapy are treatment options, but their effects have only been limitedly compared in systematic reviews. Method Using Cochrane systematic review methodology we compared the benefits and harm of cognitive therapy versus interpersonal psychotherapy for major depressive disorder. Trials were identified by searching the Cochrane Library's CENTRAL, Medline via PubMed, EMBASE, PsycInfo, and Science Citation Index Expanded until February 2010. Continuous outcome measures were assessed by mean difference and dichotomous outcomes by odds ratio. We conducted trial sequential analysis to control for random errors. Results We included seven trials randomizing 741 participants. All trials had high risk of bias. Meta-analysis of the four trials reporting data at cessation of treatment on the Hamilton Rating Scale for Depression showed no significant difference between the two interventions [mean difference  $-1.02$ , 95% confidence interval (CI)  $-2.35$  to  $0.32$ ]. Meta-analysis of the five trials reporting data at cessation of treatment on the Beck Depression Inventory showed comparable results (mean difference  $-1.29$ , 95% CI  $-2.73$  to  $0.14$ ). Trial sequential analysis indicated that more data are needed to definitively settle the question of a differential effect. None of the included trial reported on adverse events. Conclusions Randomized trials with low risk of bias and low risk of random errors are needed, although the effects of cognitive therapy and interpersonal psychotherapy do not seem to differ significantly regarding depressive symptoms. Future trials should report on adverse events.

Kelleher, I., H. Keeley, et al. (2012). **"Clinicopathological significance of psychotic experiences in non-psychotic young people: Evidence from four population-based studies."** *The British Journal of Psychiatry* 201(1): 26-32. <http://bjp.rcpsych.org/content/201/1/26.abstract>

Background Epidemiological research has shown that hallucinations and delusions, the classic symptoms of psychosis, are far more prevalent in the population than actual psychotic disorder. These symptoms are especially prevalent in childhood

and adolescence. Longitudinal research has demonstrated that psychotic symptoms in adolescence increase the risk of psychotic disorder in adulthood. There has been a lack of research, however, on the immediate clinicopathological significance of psychotic symptoms in adolescence. Aims To investigate the relationship between psychotic symptoms and non-psychotic psychopathology in community samples of adolescents in terms of prevalence, co-occurring disorders, comorbid (multiple) psychopathology and variation across early v. middle adolescence. Method Data from four population studies were used: two early adolescence studies (ages 11–13 years) and two mid-adolescence studies (ages 13–16 years). Studies 1 and 2 involved school-based surveys of 2243 children aged 11–16 years for psychotic symptoms and for emotional and behavioural symptoms of psychopathology. Studies 3 and 4 involved in-depth diagnostic interview assessments of psychotic symptoms and lifetime psychiatric disorders in community samples of 423 children aged 11–15 years. Results Younger adolescents had a higher prevalence (21–23%) of psychotic symptoms than older adolescents (7%). In both age groups the majority of adolescents who reported psychotic symptoms had at least one diagnosable non-psychotic psychiatric disorder, although associations with psychopathology increased with age: nearly 80% of the mid-adolescence sample who reported psychotic symptoms had at least one diagnosis, compared with 57% of the early adolescence sample. Adolescents who reported psychotic symptoms were at particularly high risk of having multiple co-occurring diagnoses. Conclusions Psychotic symptoms are important risk markers for a wide range of non-psychotic psychopathological disorders, in particular for severe psychopathology characterised by multiple co-occurring diagnoses. These symptoms should be carefully assessed in all patients.

Lagiou, P., S. Sandin, et al. (2012). **"Low carbohydrate-high protein diet and incidence of cardiovascular diseases in Swedish women: Prospective cohort study."** *BMJ* 344: e4026. <http://www.ncbi.nlm.nih.gov/pubmed/22735105>

OBJECTIVE: To study the long term consequences of low carbohydrate diets, generally characterised by concomitant increases in protein intake, on cardiovascular health. DESIGN: Prospective cohort study. SETTING: Uppsala, Sweden. PARTICIPANTS: From a random population sample, 43 396 Swedish women, aged 30–49 years at baseline, completed an extensive dietary questionnaire and were followed-up for an average of 15.7 years. MAIN OUTCOME MEASURES: Association of incident cardiovascular diseases (ascertained by linkage with nationwide registries), overall and by diagnostic category, with decreasing carbohydrate intake (in tenths), increasing protein intake (in tenths), and an additive combination of these variables (low carbohydrate-high protein score, from 2 to 20), adjusted for intake of energy, intake of saturated and unsaturated fat, and several non-dietary variables. RESULTS: A one tenth decrease in carbohydrate intake or increase in protein intake or a 2 unit increase in the low carbohydrate-high protein score were all statistically significantly associated with increasing incidence of cardiovascular disease overall (n=1270)-incidence rate ratio estimates 1.04 (95% confidence interval 1.00 to 1.08), 1.04 (1.02 to 1.06), and 1.05 (1.02 to 1.08). No heterogeneity existed in the association of any of these scores with the five studied cardiovascular outcomes: ischaemic heart disease (n=703), ischaemic stroke (n=294), haemorrhagic stroke (n=70), subarachnoid haemorrhage (n=121), and peripheral arterial disease (n=82). CONCLUSIONS: Low carbohydrate-high protein diets, used on a regular basis and without consideration of the nature of carbohydrates or the source of proteins, are associated with increased risk of cardiovascular disease.

Leander, N. P., T. L. Chartrand, et al. (2012). **"You give me the chills."** *Psychological Science* 23(7): 772–779. <http://pss.sagepub.com/content/23/7/772.abstract>

In the research reported here, we investigated how suspicious nonverbal cues from other people can trigger feelings of physical coldness. There exist implicit standards for how much nonverbal behavioral mimicry is appropriate in various types of social interactions, and individuals may react negatively when interaction partners violate these standards. One such reaction may be feelings of physical coldness. Participants in three studies either were or were not mimicked by an experimenter in various social contexts. In Study 1, participants who interacted with an affiliative experimenter reported feeling colder if they were not mimicked than if they were, and participants who interacted with a task-oriented experimenter reported feeling colder if they were mimicked than if they were not. Studies 2 and 3 demonstrated that it was not the amount of mimicry per se that moderated felt coldness; rather, felt coldness was moderated by the inappropriateness of the mimicry given implicit standards set by individual differences (Study 2) and racial differences (Study 3). Implications for everyday subjective experience are discussed.

Lewis, G. (2012). **"Exercise & depression: Authors' reply to Davies and colleagues, Donnelly, and Pilling and Anderson."** *BMJ* 345. <http://www.bmj.com/content/345/bmj.e4500>

Our study compared a physical activity intervention plus usual care with usual care alone. The intervention did not improve depressive symptoms compared with usual care. As many correspondents have stated, we did not evaluate "exercise" or even "physical activity" but the effect of our intervention on depression. The headline that "exercise is no help for depression" clearly goes beyond our findings and is not the conclusion given in our paper. But we recognise that statements on the press release and in interviews might have led to different conclusions. We can conclude that our intervention should not be adopted for treating depression. We also think that advice to be physically active is unlikely to improve depressive symptoms because our more intensive facilitated intervention was ineffective. However, our intervention that encouraged choice and autonomy led to a sustained increase in self reported physical activity. Being given advice to be physically active is not the same as following that advice. Many people report that physical activity can improve their mood and a randomised controlled study provides an "average effect." We still do not know if physical activity of the "right" intensity, duration, or frequency might benefit depression. Neither do we know whether certain subgroups would benefit, or who they might be. We also found no evidence of greater effectiveness in the less severe forms of depression mentioned by the National Institute for Health and Clinical Excellence guidelines. Commentators have been interested in a range of questions, only one of which our study dealt with. For those confused by the headlines, please read our paper. There are many outstanding questions about the possible therapeutic role of physical activity in depression. However, our results are clear cut. Giving advice to be more physically active, even with the support of a facilitator, did not improve depressive symptoms.

Magee, C. A., P. C. L. Heaven, et al. (2012). **"Personality change predicts self-reported mental and physical health."** *Journal of Personality*: n/a-n/a. <http://dx.doi.org/10.1111/j.1467-6494.2012.00802.x>

Objective Personality dimensions are known to predict mortality and other health outcomes, but almost no research has assessed the effects of changes in personality traits on physical and mental health outcomes. In this article, we examined the effects of changes in the Big Five personality dimensions on health as assessed by the Short Form Health Survey (SF-36). Method Respondents were 11,105 Australian adults aged 20–79 years (52.7% female). Latent difference score modeling was used to examine whether personality change over a four-year period was associated with mental and physical health, and whether these effects were moderated by birth cohort. Results Increases in C and E were found to be associated with improved mental and physical health, whereas increased N was linked with poorer health. The nature of these associations varied significantly by birth cohort. Conclusion The findings have implications for understanding how changes in personality traits over time are related to health, and could be used to aid the development of effective health promotion strategies targeted to specific personality traits and birth cohorts.

Metzler, C. W., M. R. Sanders, et al. (2012). **"Using consumer preference information to increase the reach and impact of media-based parenting interventions in a public health approach to parenting support."** *Behavior Therapy* 43(2): 257-270. <http://www.sciencedirect.com/science/article/pii/S0005789411000918>

Within a public health approach to improving parenting, the mass media offer a potentially more efficient and affordable format for directly reaching a large number of parents with evidence-based parenting information than do traditional approaches to parenting interventions that require delivery by a practitioner. Little is known, however, about factors associated with parents' interest in and willingness to watch video messages about parenting. Knowledge of consumer preferences could inform the effective design of media interventions to maximize parental engagement in the parenting messages. This study examined parents' preferred formats for receiving parenting information, as well as family sociodemographic and child behavior factors that predict parents' ratings of acceptability of a media-based parenting intervention. An ethnically diverse sample of 162 parents of children ages 3-6 years reported their preferences for various delivery formats for parenting information and provided feedback on a prototype episode of a video-format parenting program based on the Triple P Positive Parenting Program. Parents reported the strongest preference for self-administered delivery formats such as television, online programs, and written materials; the least preferred formats were home visits, therapists, and multiweek parenting groups. Parents' ratings of engagement, watchability, and realism of the prototype parenting episode were quite strong. Parents whose children exhibited clinical levels of problem behaviors rated the episode as more watchable, engaging, and realistic. Mothers also rated the episodes as more engaging and realistic than did fathers. Lower income marginally predicted higher watchability ratings. Minority status and expectations of future problems did not predict acceptability ratings. The results suggest that the episode had broad appeal across groups.

Mikulincer, M., P. R. Shaver, et al. (2012). **"An attachment perspective on therapeutic processes and outcomes."** *Journal of Personality*: n/a-n/a. <http://dx.doi.org/10.1111/j.1467-6494.2012.00806.x>

Over the past decade there has been an explosion of interest in clinical applications of attachment theory. In the present paper, we briefly describe John Bowlby's model of therapeutic change, the therapeutic relationship, and the therapist's role in emotional healing. We then review empirical evidence for three key propositions in Bowlby's model. First, a client's sense of security during therapy is crucial for facilitating therapeutic work. Second, a therapist's own sense of security contributes to positive therapeutic outcomes. Third, attachment insecurities can be effectively reduced in therapy, and movement toward greater attachment security is central to achieving favorable therapeutic outcomes. In sum, research evidence confirms the importance of establishing what Bowlby called a safe haven and a secure base within a therapeutic relationship.

Moeller, S. K., M. D. Robinson, et al. (2012). **"The big chill: Interpersonal coldness and emotion-labeling skills."** *Journal of Personality* 80(3): 703-724. <http://dx.doi.org/10.1111/j.1467-6494.2011.00738.x>

Interpersonally cold (relative to warm) individuals may be less skilled in inferring the emotional states of others, a factor that should contribute to their poorer social relationships. Systematic support for this hypothesis was obtained in 4 studies (total N = 434 undergraduates) involving diverse emotion- and affect-decoding tasks. Specifically, relatively cold individuals exhibited lower accuracy in decoding emotional facial expressions (Study 1), in labeling the emotions of others from audio and video clips (Study 2), in predicting the emotions of others from social scenario descriptions (Study 3), and in the normative accuracy of their word evaluations (Study 4). Altogether, the results demonstrate that cold individuals appear broadly deficient in linking emotion and affect to relevant environmental stimuli. Implications of the findings for understanding the nature and correlates of interpersonal coldness are discussed.

Mostofsky, E., M. S. Rice, et al. (2012). **"Habitual coffee consumption and risk of heart failure / clinical perspective."** *Circulation: Heart Failure* 5(4): 401-405. <http://circheartfailure.ahajournals.org/content/5/4/401.abstract>

Background—There have been discrepant findings on the association between coffee consumption and risk of incident heart failure. Methods and Results—We conducted a systematic review and a dose-response meta-analysis of prospective studies that assessed the relationship between habitual coffee consumption and the risk of heart failure. We searched electronic databases (MEDLINE, Embase, and CINAHL) from January 1966 through December 2011, with the use of a standardized protocol. Eligible studies were prospective cohort studies that examined the association of coffee consumption with incident heart failure. Five independent prospective studies of coffee consumption and heart failure risk, including 6522 heart failure events and 140 220 participants, were included in the meta-analysis. We observed a statistically significant J-shaped relationship between coffee and heart failure. Compared with no consumption, the strongest inverse association was seen for 4 servings/day and a potentially higher risk at higher levels of consumption. There was no evidence that the relationship between coffee and heart failure risk varied by sex or by baseline history of myocardial infarction or diabetes. Conclusions—Moderate coffee consumption is inversely associated with risk of heart failure, with the largest inverse association observed for consumption of 4 servings per day.

Pilling, S. and I. Anderson (2012). **"Exercise & depression: Tread adds little to the evidence."** *BMJ* 345. <http://www.bmj.com/content/345/bmj.e4490>

The TREAD trial claims that physical exercise does not improve mood. The trial, however, has serious limitations. The National Institute for Health and Clinical Excellence recommends structured group physical activity to treat subthreshold and mild-moderate depression. TREAD did not evaluate this intervention but aimed to increase physical activity, through the use of physical activity facilitators, to such a level that it improves mood. Given a 9% increase in activity in the intervention arm, the absence of improvement in mood may result from the limited change in physical activity compared with the control group (high at 43%). The average score on the Beck depression inventory at trial entry was 32.1, placing most trial participants within the moderate-severe range. Evidence suggests that moderate-severe depression is unlikely to benefit from physical activity, and that the intervention was not appropriate for most participants. In addition, 59% and 53% in the intervention and control arms, respectively, received antidepressants, which may account for a large proportion of the improvement. The authors conclude that an "increase in physical activity will not increase . . . chances of recovery from depression." This is a premature conclusion that could deprive patients of effective treatment. The findings suggest that for moderate-severe depression the combination of physical activity and antidepressants may be no more effective than antidepressants alone. For these patients, combined antidepressants and cognitive behavioural therapy would probably produce a significant improvement (recovery rates of over 50%) compared with the 28.2% recovery rate reported in the intervention arm in TREAD. We believe the evidence still supports the use of exercise in subthreshold and mild-moderate depression; despite claims to the contrary, TREAD adds little to that evidence.

Rhebergen, D., F. Lamers, et al. (2012). **"Course trajectories of unipolar depressive disorders identified by latent class growth analysis."** *Psychological Medicine* 42(07): 1383-1396. <http://dx.doi.org/10.1017/S0033291711002509>



Background Current classification of unipolar depression reflects the idea that prognosis is essential. However, do DSM categories of major depressive disorder (MDD), dysthymic disorder (Dysth) and double depression (DD=MDD+Dysth) indeed adequately represent clinically relevant course trajectories of unipolar depression? Our aim was to test DSM categories (MDD, Dysth and DD) in comparison with empirically derived prognostic categories, using a prospectively followed cohort of depressed patients. Method A large sample (n=804) of out-patients with unipolar depression were derived from a prospective cohort study, the Netherlands Study of Depression and Anxiety (NESDA). Using latent class growth analysis (LCGA), empirically derived 2-year course trajectories were constructed. These were compared with DSM diagnoses and a wider set of putative predictors for class membership. Results Five course trajectories were identified, ranging from mild severity and rapid remission to high severity and chronic course trajectory. Contrary to expectations, more than 50% of Dysth and DD were allocated to classes with favorable course trajectories, suggesting that current DSM categories do not adequately represent course trajectories. The class with the most favorable course trajectory differed on several characteristics from other classes (younger age, more females, less childhood adversity, less somatic illnesses, lower neuroticism, higher extraversion). Older age, earlier age of onset and lower extraversion predicted poorest course trajectory. Conclusions MDD, Dysth and DD did not adequately match empirically derived course trajectories for unipolar depression. For the future classification of unipolar depression, it may be wise to retain the larger, heterogeneous category of unipolar depression, adopting cross-cutting dimensions of severity and duration to further characterize patients.

Riek, B. M. and E. W. Mania (2012). **"The antecedents and consequences of interpersonal forgiveness: A meta-analytic review."** *Personal Relationships* 19(2): 304-325. <http://dx.doi.org/10.1111/j.1475-6811.2011.01363.x>

This article examines the antecedents and outcomes of forgiveness. The interpersonal forgiveness literature is qualitatively reviewed. Antecedents to forgiveness are classified by their proximity to forgiveness based on M. E. McCullough and colleagues, (1998) framework. From most distal to most proximal these antecedents are personality, relationship factors, offense-specific factors, and social-cognitive factors including empathy. The association of these antecedents and several consequences of forgiveness are quantitatively examined in meta-analyses. All investigated variables were significantly related to forgiveness. Empathy was a stronger correlate of forgiveness than any other non-social-cognitive antecedent except for trait agreeableness. Methodological factors and the average age of subjects moderated the relationship between forgiveness and some of its correlates. Implications and future directions are considered.

Rimer, J., K. Dwan, et al. (2012). **"Exercise for depression."** *Cochrane Database Syst Rev* 7: CD004366. <http://www.ncbi.nlm.nih.gov/pubmed/22786489>

BACKGROUND: Depression is a common and important cause of morbidity and mortality worldwide. Depression is commonly treated with antidepressants and/or psychotherapy, but some people may prefer alternative approaches such as exercise. There are a number of theoretical reasons why exercise may improve depression. This is an update of an earlier review first published in 2009. OBJECTIVES: To determine the effectiveness of exercise in the treatment of depression. Our secondary outcomes included drop-outs from exercise and control groups, costs, quality of life and adverse events. SEARCH METHODS: We searched the Cochrane Depression, Anxiety and Neurosis (CCDAN) Review Group's Specialised Register (CCDANCTR), CENTRAL, MEDLINE, EMBASE, Sports Discus and PsycINFO for eligible studies (to February 2010). We also searched [www.controlled-trials.com](http://www.controlled-trials.com) in November 2010. The CCDAN Group searched its Specialised Register in June 2011 and potentially eligible trials were listed as 'awaiting assessment'. SELECTION CRITERIA: Randomised controlled trials in which exercise was compared to standard treatment, no treatment or a placebo treatment in adults (aged 18 and over) with depression, as defined by trial authors. We excluded trials of postnatal depression. DATA COLLECTION AND ANALYSIS: For this update, two review authors extracted data on outcomes at the end of the trial. We used these data to calculate effect sizes for each trial using Hedges' g method and a standardised mean difference (SMD) for the overall pooled effect, using a random-effects model. Where trials used a number of different tools to assess depression, we included the main outcome measure only in the meta-analysis. We systematically extracted data on adverse effects and two authors performed the 'Risk of bias' assessments. MAIN RESULTS: Thirty-two trials (1858 participants) fulfilled our inclusion criteria, of which 30 provided data for meta-analyses. Randomisation was adequately concealed in 11 studies, 12 used intention-to-treat analyses and nine used blinded outcome assessors. For the 28 trials (1101 participants) comparing exercise with no treatment or a control intervention, at post-treatment analysis the pooled SMD was -0.67 (95% confidence interval (CI) -0.90 to -0.43), indicating a moderate clinical effect. However, when we included only the four trials (326 participants) with adequate allocation concealment, intention-to-treat analysis and blinded outcome assessment, the pooled SMD was -0.31 (95% CI -0.63 to 0.01) indicating a small effect in favour of exercise. There was no difference in drop-outs between exercise and control groups. Pooled data from the seven trials (373 participants) that provided long-term follow-up data also found a small effect in favour of exercise (SMD -0.39, 95% CI -0.69 to -0.09). Of the six trials comparing exercise with cognitive behavioural therapy (152 participants), the effect of exercise was not significantly different from that of cognitive therapy. There were insufficient data to determine risks, costs and quality of life. Five potentially eligible studies identified by the search of the CCDAN Specialised Register in 2011 are listed as 'awaiting classification' and will be included in the next update of this review. AUTHORS' CONCLUSIONS: Exercise seems to improve depressive symptoms in people with a diagnosis of depression when compared with no treatment or control intervention, however since analyses of methodologically robust trials show a much smaller effect in favour of exercise, some caution is required in interpreting these results.

Savani, K. and A. Rattan (2012). **"A choice mind-set increases the acceptance and maintenance of wealth inequality."** *Psychological Science* 23(7): 796-804. <http://pss.sagepub.com/content/23/7/796.abstract>

Wealth inequality has significant psychological, physiological, societal, and economic costs. In six experiments, we investigated how seemingly innocuous, culturally pervasive ideas can help maintain and further wealth inequality. Specifically, we tested whether the concept of choice, which is deeply valued in American society, leads Americans to act in ways that perpetuate wealth inequality. Thinking in terms of choice, we argue, activates the belief that life outcomes stem from personal agency, not societal factors, and thereby leads people to justify wealth inequality. The results showed that highlighting the concept of choice makes people less disturbed by facts about existing wealth inequality in the United States, more likely to underestimate the role of societal factors in individuals' successes, less likely to support the redistribution of educational resources, and less likely to support raising taxes on the rich—even if doing so would help resolve a budget deficit crisis. These findings indicate that the culturally valued concept of choice contributes to the maintenance of wealth inequality.

Seder, J. P. and S. Oishi (2012). **"Intensity of smiling in facebook photos predicts future life satisfaction."** *Social Psychological and Personality Science* 3(4): 407-413. <http://spp.sagepub.com/content/3/4/407.abstract>

Does the extent to which people are smiling in their Facebook photos predict future life satisfaction? In two longitudinal studies, the authors showed that smile intensity coded from a single Facebook profile photograph from male and female participants' first semester at college was a robust predictor of self-reported life satisfaction 3.5 years later—as they were about to graduate from college. Controlling for first-semester life satisfaction, the authors also determined that smile intensity was a

unique predictor of changes in life satisfaction over time. In addition, the authors demonstrated that the results were not due to extraversion or to sex differences in smile intensity. Finally, the authors showed that participants who exhibited a more intense smile in their Facebook photo had better social relationships during their first semester at college and that the association between smile intensity and life satisfaction 3.5 years later was partially mediated by first-semester social relationships satisfaction.

Sneed, R. S., S. Cohen, et al. (2012). **"Parenthood and host resistance to the common cold."** *Psychosomatic Medicine* 74(6): 567-573. <http://www.psychosomaticmedicine.org/content/74/6/567.abstract>

Objective To determine whether parenthood predicts host resistance to the common cold among healthy volunteers experimentally exposed to a common cold virus. Methods Participants were 795 healthy volunteers (age range = 18–55 years) enrolled in one of three viral-challenge studies conducted from 1993 to 2004. After reporting parenthood status, participants were quarantined, administered nasal drops containing one of four common cold viruses, and monitored for the development of a clinical cold (infection in the presence of objective signs of illness) on the day before and for 5 to 6 days after exposure. All analyses included controls for immunity to the experimental virus (prechallenge specific antibody titers), viral strain, season, age, sex, race/ethnicity, marital status, body mass, study, employment status, and education. Results Parents were less likely to develop colds than nonparents were (odds ratio [OR] = 0.48, 95% confidence interval [CI] = 0.31–0.73). This was true for both parents with one to two children (OR = 0.52, 95% CI = 0.33–0.83) and three or more children (OR = 0.39, 95% CI = 0.22–0.70). Parenthood was associated with a decreased risk of colds for both those with at least one child living at home (OR = 0.46, 95% CI = 0.24–0.87) and those whose children all lived away from home (OR = 0.27, 95% CI = 0.12–0.60). The relationship between parenthood and colds was not observed in parents aged 18 to 24 years but was pronounced among older parents. Conclusions Parenthood was associated with greater host resistance to common cold viruses.

Steger, M. F. and E. Samman (2012). **"Assessing meaning in life on an international scale: Psychometric evidence for the meaning in life questionnaire-short form among Chilean households."** *International Journal Of Wellbeing* 2(3): 182-195. <http://www.internationaljournalofwellbeing.org/index.php/ijow/index>

(Free full text available) Several research projects have endeavored to articulate parsimonious and comprehensive accounts of wellbeing. A set of core concepts is seen to be emerging, including the psychological wellbeing module of the Oxford Poverty and Human Development Initiative's international research on poverty. One of the core components of wellbeing according to this initiative and others is meaning in life. The present study focuses on a psychometric evaluation of a short measure of meaning in life to be used in international measurement of wellbeing, using data from a nationally-representative sample of households in Chile (N = 1,997). The factor structure of the Meaning in Life Questionnaire-Short Form (MLQ-SF) was confirmed, and shown to be invariant across gender and age. The items of the MLQ-SF formed a factor that was distinct from the items of other wellbeing measures that were assessed (psychological needs, life satisfaction, and domain satisfaction). Scores on the MLQ-SF were reliable in this sample, and correlated in the expected directions with other wellbeing indicators. We conclude that the MLQ-SF shows distinct promise as a measure of a core component of wellbeing—meaning in life—in international research.

Stel, M., E. v. Dijk, et al. (2012). **"Lowering the pitch of your voice makes you feel more powerful and think more abstractly."** *Social psychological and personality science* 3(4): 497-502. <http://spp.sagepub.com/content/3/4/497.abstract>

Voice pitch may not only influence the listeners but also the speakers themselves. Based on the theories of embodied cognition and previous research on power, we tested whether lowering their pitch leads people to feel more powerful and think more abstractly. In three experiments, participants received instructions to read a text out loud with either a lower or a higher voice than usual. Subsequently, feelings of power (Experiments 1 and 2) and abstract thinking (Experiment 3) were assessed. Participants who lowered their voice pitch perceived themselves more as possessing more powerful traits (Experiments 1 and 2) and had a higher level of abstract thinking (Experiment 3) compared to participants who raised their voice pitch.

Swift, J. K. and R. P. Greenberg (2012). **"Premature discontinuation in adult psychotherapy: A meta-analysis."** *J Consult Clin Psychol* 80(4): 547-559. <http://www.ncbi.nlm.nih.gov/pubmed/22506792>

Objective: Premature discontinuation from therapy is a widespread problem that impedes the delivery of otherwise effective psychological interventions. The most recent comprehensive review found an average dropout rate of 47% across 125 studies (Wierzbicki & Pekarik, 1993); however, given a number of changes in the field over the past 2 decades, an updated meta-analysis is needed to examine the current phenomenon of therapy dropout. Method: A series of meta-analyses and meta-regressions were conducted in order to identify the rate at which treatment dropout occurs and predictors of its occurrence. This review included 669 studies representing 83,834 clients. Results: Averaging across studies using a random effects model, the weighted dropout rate was 19.7%, 95% CI [18.7%, 20.7%]. Further analyses, also using random effects models, indicated that the overall dropout rate was moderated by client diagnosis and age, provider experience level, setting for the intervention, definition of dropout, type of study (efficacy vs. effectiveness), and other design variables. Dropout was not moderated by orientation of therapy, whether treatment was provided in an individual or group format, and a number of client demographic variables. Conclusions: Although premature discontinuation is occurring at a lower rate than what was estimated 20 years ago (Wierzbicki & Pekarik, 1993), it is still a significant problem, with about 1 in every 5 clients dropping out of therapy. Special efforts should be made to decrease premature discontinuation, particularly with clients who are younger, have a personality or eating disorder diagnosis, and are seen by trainee clinicians.

Swift, J. K., R. P. Greenberg, et al. (2012). **"Practice recommendations for reducing premature termination in therapy."** *Professional Psychology: Research and Practice* 43(4): 379-387. doi: 10.1037/a0028291

Premature termination from therapy is a significant problem frequently encountered by practicing clinicians of all types. In fact, a recent meta-analytic review (J. K. Swift & R. P. Greenberg, 2012, Premature discontinuation in adult psychotherapy: A meta-analysis. *Journal of Consulting and Clinical Psychology*. doi:10.1037/a0028226) of 669 studies found that approximately 20% of all clients drop out of treatment prematurely, with higher rates among some types of clients and in some settings. Although this dropout rate is lower than previously estimated, a significant number of clients are still prematurely terminating, and thus further research toward a solution is warranted. Here we present a conceptualization of premature termination based on perceived and anticipated costs and benefits and review 6 practice strategies for reducing premature termination in therapy. These strategies include providing education about duration and patterns of change, providing role induction, incorporating client preferences, strengthening early hope, fostering the therapeutic alliance, and assessing and discussing treatment progress.

Thompson, L. and R. McCabe (2012). **"The effect of clinician-patient alliance and communication on treatment adherence in mental health care: A systematic review."** *BMC Psychiatry* 12(1): 87. <http://www.biomedcentral.com/1471-244X/12/87>



(Free full text available) **BACKGROUND:** Nonadherence to mental health treatment incurs clinical and economic burdens. The clinician-patient relationship presents a point of intervention. This alliance is negotiated through clinical communication. However, recent medical reviews of communication and adherence exclude studies of psychiatric patients. The following review examines the impact of clinician-patient alliance and communication on adherence in mental health and the specific mechanisms that result in patient engagement. **METHODS:** In December 2010, a systematic search was conducted in Pubmed, PsychInfo, Web of Science, Cochrane Library, Embase and Cinahl and yielded 6672 titles. A secondary hand search was performed in relevant journals, grey literature and reference. **RESULTS:** 23 studies met the inclusion criteria for the review. The methodological quality overall was moderate. 17 studies reported positive associations with adherence, only four of which employed intervention designs. 10 studies examined the association between clinician-patient alliance and adherence. Subjective ratings of clinical communication styles and messages were assessed in 12 studies. 1 study examined the association between objectively rated communication and adherence. Meta-analysis was not possible due to heterogeneity of methods. Findings were presented as a narrative synthesis. **CONCLUSIONS:** Clinician-patient alliance and communication are associated with more favourable patient adherence. Further research of observer rated communication would better facilitate the application of findings in clinical practice. Establishing agreement on the tasks of treatment, utilising collaborative styles of communication and discussion of treatment specifics may be important for clinicians in promoting cooperation with regimens. These findings align with those in health communication. However, the benefits of shared decision making for adherence in mental health are less conclusive than in general medicine.

van der Horst, M. and H. Coffé (2012). **"How friendship network characteristics influence subjective well-being."** *Social Indicators Research* 107(3): 509-529. <http://dx.doi.org/10.1007/s11205-011-9861-2>

(Available in free full text) This article explores how friendship network characteristics influence subjective well-being (SWB). Using data from the 2003 General Social Survey of Canada, three components of the friendship network are differentiated: number of friends, frequency of contact, and heterogeneity of friends. We argue that these characteristics shape SWB through the benefits they bring. Benefits considered are more social trust, less stress, better health, and more social support. Results confirm that higher frequency of contacts and higher number of friends, as well as lower heterogeneity of the friendship network are related to more social trust, less stress, and a better health. Frequency of contact and number of friends, as well as more heterogeneity of the friendship network increase the chance of receiving help from friends. With the exception of receiving help from friends, these benefits are in turn related to higher levels of SWB. Only the frequency of meeting friends face-to-face has a remaining positive direct influence on SWB.