17 compassion abstracts september/november '13

Currently the Compassion SIG covers four overlapping areas - Self Compassion, General Compassion, Compassion in Close Relationships and Compassion in the Therapeutic Relationship. Here are seventeen recent relevant research abstracts:

(Benikhlef, L'Haridon et al. 2013; Bergomi, Tschacher et al. 2013; Boellinghaus, Jones et al. 2013; Campbell, Overall et al. 2013; Chen, Waters et al. 2013; Churchill, Moore et al. 2013; Coan, Kasle et al. 2013; Crane and Kuyken 2013; Desrosiers, Klemanski et al. 2013; Kearney, Malte et al. 2013; Krieger, Altenstein et al. 2013; Mikulincer, Shaver et al. 2013; Pantell, Rehkopf et al. 2013; Pinto-Gouveia, Castilho et al. 2013; Przybylski and Weinstein 2013; Roos and Werbart 2013; Tran, Gluck et al. 2013)

Benikhlef, L., F. L'Haridon, et al. (2013). ***"Perception of soft mechanical stress in arabidopsis leaves activates disease resistance."*** BMC Plant Biology 13(1): 133. http://www.biomedcentral.com/1471-2229/13/133

So maybe tree-hugging & leaf-stroking are good for plants!!! (Free full text available) BACKGROUND: In a previous study we have shown that wounding of Arabidopsis thaliana leaves induces a strong and transient immunity to Botrytis cinerea, the causal agent of grey mould. Reactive oxygen species (ROS) are formed within minutes after wounding and are required for wound-induced resistance to B. cinerea. RESULTS: In this study, we have further explored ROS and resistance to B. cinerea in leaves of A. thaliana exposed to a soft form of mechanical stimulation without overt tissue damage. After gentle mechanical sweeping of leaf surfaces, a strong resistance to B. cinerea was observed. This was preceded by a rapid change in calcium concentration and a release of ROS, accompanied by changes in cuticle permeability, induction of the expression of genes typically associated with mechanical stress and release of biologically active diffusates from the surface. This reaction to soft mechanical stress (SMS) was fully independent of jasmonate (JA signaling). In addition, leaves exposed soft mechanical stress released a biologically active product capable of inducing resistance to B. cinerea in wild type control leaves. CONCLUSION: Arabidopsis can detect and convert gentle forms of mechanical stimulation into a strong activation of defense against the virulent fungus B. cinerea ... Plants are exposed to various forms of mechanical stress caused by rain, snow, wind, animals, pathogens or plants themselves. Such mechanical stimuli induce responses in the plant that were shown in many cases to have an adaptive value. A classical example is the response of trees to wind that results in shorter and thicker trunks. Reaction or compression wood is an anatomical consequence of sensing mechanical stress with subsequent lignification of cell walls. Plants also respond to a more delicate mechanical stress referred to as touch that leads to nastic or tropic responses (thigmonasty or thigmotropism). Classical examples include the folding of Mimosa pudica's leaflets, the leaf closure of the Venus fly trap or the coiling of tendrils. Such stimuli lead to visible responses such as a reorientation of organs or changes in shape allowing catching an insect or improved anchorage. The response of plants to mechanical stimuli can also be more discrete without any apparent overt changes. For example, mechanical stress associated with damage or wounds can lead to increased resistance to insects or fungal pathogens ... In this study, we have further explored the responses of A. thaliana such as ROS and resistance to B. cinerea in leaves that are subjected to more gentle form of mechanical stimulation.

Bergomi, C., W. Tschacher, et al. (2013). ***"The assessment of mindfulness with self-report measures: Existing scales and open issues."*** Mindfulness (N Y) 4(3): 191-202. http://dx.doi.org/10.1007/s12671-012-0110-9

During recent years, mindfulness-based approaches have been gaining relevance for treatment in clinical populations. Correspondingly, the empirical study of mindfulness has steadily grown; thus, the availability of valid measures of the construct is critically important. This paper gives an overview of the current status in the field of self-report assessment of mindfulness. All eight currently available and validated mindfulness scales (for adults) are evaluated, with a particular focus on their virtues and limitations and on differences among them. It will be argued that none of these scales may be a fully adequate measure of mindfulness, as each of them offers unique advantages but also disadvantages. In particular, none of them seems to provide a comprehensive assessment of all aspects of mindfulness in samples from the general population. Moreover, some scales may be particularly indicated in investigations focusing on specific populations such as clinical samples (Cognitive and Affective Mindfulness Scale, Southampton Mindfulness Questionnaire) or meditators (Freiburg Mindfulness Inventory). Three main open issues are discussed: (1) the coverage of aspects of mindfulness in questionnaires; (2) the nature of the relationships between these aspects; and (3) the validity of self-report measures of mindfulness. These issues should be considered in future developments in the self-report assessment of mindfulness.

Boellinghaus, I., F. W. Jones, et al. (2013). ***"Cultivating self-care and compassion in psychological therapists in training: The experience of practicing loving-kindness meditation."*** Training and Education in Professional Psychology. http://psycnet.apa.org/index.cfm?fa=buy.optionToBuy&id=2013-24405-001

Given significant rates of psychological distress in practicing psychological therapists, including those in training, there is a need to cultivate self-care and compassion during therapy training. Emerging research has suggested that loving-kindness meditation (LKM) increases well-being and compassion, thus, making it a potential tool to foster self-care in trainee therapists (TT). However, studies have also suggested difficulties in engaging with LKM. This study aimed to explore in-depth how a sample of TT experiences a course of LKM, using interpretative phenomenological analysis. Twelve TT who had previously attended a mindfulness-based cognitive therapy course took part in a six-session LKM course and were interviewed about their experience. Five master themes were identified: (a) engaging with the practice, (b) impact on self, (c) impact on relationships, (d) bringing compassion into the therapy room, and (e) integrating LKM into life. Participants perceived LKM to have led to increased self-awareness, compassion for self and others, and therapeutic presence and skills. At the same time, LKM was experienced as emotionally challenging. The findings suggest that it may be useful to offer LKM to TT as an approach to enhancing self-care and compassion, but that it should be taught with care, given its potential emotional impact. Moreover, the findings provide a platform for future quantitative research in this area.

Campbell, L., N. C. Overall, et al. (2013). ***"Inferring a partner's ideal discrepancies: Accuracy, projection, and the communicative role of interpersonal behavior."*** J Pers Soc Psychol 105(2): 217-233. http://www.ncbi.nlm.nih.gov/pubmed/23713702

Guided by the ideal standards model (Simpson, Fletcher, & Campbell, 2001), we tested in 2 studies whether (a) individuals were accurate when inferring how closely they matched their romantic partner's ideal standards, (b) such accurate inferences explained why people are more satisfied when they more closely match their partner's ideals, and (c) accurate

inferences are generated via the partner's behavior during conflict interactions. Both members of dating and/or married couples were recruited for each study. In both studies, people's inferences into how closely they matched their partner's ideals were based on a blend of accuracy and projection processes. Individuals were also less satisfied when they failed to match their partner's ideal standards (as rated by their partner), and, as predicted, this effect was mediated by people's accurate inferences regarding how closely they matched their partner's ideals. In Study 2, spouses were also video-recorded while they attempted to resolve an important marital conflict. As predicted, Partner A's prediscussion ideal discrepancies predicted pre- to postdiscussion changes in Partner B's inferences, and this effect was partly mediated by the observed interpersonal behaviors of Partner A. Results from these dyadic data analyses suggest that people do have accurate insight into the extent to which they match their partner's ideal standards, and these inferences are generated, in part, by the way the partner behaves toward the self during diagnostic conflict interactions.

Chen, C. K., H. S. Waters, et al. (2013). ***"The secure base script and the task of caring for elderly parents: Implications for attachment theory and clinical practice."*** Attachment & Human Development 15(3): 332-348. http://dx.doi.org/10.1080/14616734.2013.782658

This study explores links between adults? attachment representations and the task of caring for elderly parents with dementia. Participants were 87 adults serving as primary caregivers of a parent or parent-in-law with dementia. Waters and Waters? (2006) Attachment Script Assessment was adapted to assess script-like attachment representation in the context of caring for their elderly parent. The quality of adult?elderly parent interactions was assessed using the Level of Expressed Emotions Scale (Cole & Kazarian, 1988) and self-report measures of caregivers' perception of caregiving as difficult. Caregivers? secure base script knowledge predicted lower levels of negative expressed emotion. This effect was moderated by the extent to which participants experienced caring for elderly parents as difficult. Attachment representations played a greater role in caregiving when caregiving tasks were perceived as more difficult. These results support the hypothesis that attachment representations influence the quality of care that adults provide their elderly parents. Clinical implications are discussed.

Churchill, R., T. H. Moore, et al. (2013). ***"'Third wave' cognitive and behavioural therapies versus treatment as usual for depression."*** Cochrane Database Syst Rev 10: CD008705. http://www.ncbi.nlm.nih.gov/pubmed/24142810

BACKGROUND: So-called 'third wave' cognitive and behavioural therapies represent a new generation of psychological therapies that are increasingly being used in the treatment of psychological problems. However, the effectiveness and acceptability of third-wave cognitive and behavioural therapy (CBT) approaches as treatment for acute depression remain unclear. OBJECTIVES: 1. To examine the effects of all third wave CBT approaches compared with treatment as usual/waiting list/attention placebo/psychological placebo control conditions for acute depression.2. To examine the effects of different third wave CBT approaches (ACT, compassionate mind training, functional analytic psychotherapy, dialectical behaviour therapy, MBCT, extended behavioural activation and metacognitive therapy) compared with treatment as usual/waiting list/attention placebo/psychological placebo control conditions for acute depression.3. To examine the effects of all third wave CBT approaches compared with different types of comparators (treatment as usual, no treatment, waiting list, attention placebo, psychological placebo) for acute depression. SEARCH METHODS: We searched the Cochrane Depression Anxiety and Neurosis Group Trials Specialised Register (CCDANCTR to 01/01/12), which includes relevant randomised controlled trials from The Cochrane Library (all years), EMBASE, (1974-), MEDLINE (1950-) and PsycINFO (1967-). We also searched CINAHL (May 2010) and PSYNDEX (June 2010) and reference lists of the included studies and relevant reviews for additional published and unpublished studies. An updated search of CCDANCTR restricted to search terms relevant to third wave CBT therapies was conducted in March 2013 (CCDANCTR to 01/02/13). SELECTION CRITERIA: Randomised controlled trials that compared third wave CBT therapies with control conditions for acute depression in adults. DATA COLLECTION AND ANALYSIS: Two review authors independently identified studies, assessed trial quality and extracted data. Study authors were contacted for additional information when required. We rated the quality of evidence using GRADE methods. MAIN RESULTS: Four small studies (224 participants) were included in the review. Little information was provided about the process of allocating participants to groups. None of the studies used independent outcome assessors, and evidence suggested researcher allegiance towards the active treatments. The four studies examined a diversity of third wave CBT approaches (extended behavioural activation, acceptance and commitment therapy and competitive memory training) and control conditions. None of the studies conducted follow-up assessments. The results showed a significant difference in clinical response rates in favour of third wave CBT when compared with treatment as usual (TAU) conditions (three studies, 170 participants, risk ratio (RR) 0.51, 95% confidence interval (CI) 0.27 to 0.95; very low quality). No significant difference in treatment acceptability based on dropout rates was found between third wave CBT approaches and TAU (four studies, 224 participants, RR 1.01, 95% CI 0.08 to 12.30; very low quality). Both analyses showed substantial statistical heterogeneity. AUTHORS' CONCLUSIONS: Very low quality evidence suggests that third wave CBT approaches appear to be more effective than treatment as usual in the treatment of acute depression. The very small number of available studies and the diverse types of interventions and control comparators, together with methodological limitations, limit the ability to draw any conclusions on their effect in the short term or over a longer term. The increasing popularity of third wave CBT approaches in clinical practice underscores the importance of completing further studies of third wave CBT approaches in the treatment of acute depression, on a short- and long-term basis, to provide evidence of their effectiveness to policy-makers, clinicians and users of services.

Coan, J. A., S. Kasle, et al. (2013). ***"Mutuality and the social regulation of neural threat responding."*** Attachment & Human Development 15(3): 303-315. http://dx.doi.org/10.1080/14616734.2013.782656

Recent studies have shown that the presence of a caring relational partner can attenuate neural responses to threat. Here we report reanalyzed data from Coan, Schaefer, and Davidson (2006), investigating the role of relational mutuality in the neural response to threat. Mutuality reflects the degree to which couple members show mutual interest in the sharing of internal feelings, thoughts, aspirations, and joys - a vital form of responsiveness in attachment relationships. We predicted that wives who were high (versus low) in perceived mutuality, and who attended the study session with their husbands, would show reduced neural threat reactivity in response to mild electric shocks. We also explored whether this effect would depend on physical contact (hand-holding). As predicted, we observed that higher mutuality scores corresponded with decreased neural threat responding in the right dorsolateral prefrontal cortex and supplementary motor cortex. These effects were independent of hand-holding condition. These findings suggest that higher perceived mutuality corresponds with decreased self-regulatory effort and attenuated preparatory motor activity in response to threat cues, even in the absence of direct physical contact with social resources.

Crane, R. and W. Kuyken (2013). ***"The implementation of mindfulness-based cognitive therapy: Learning from the uk health service experience."*** Mindfulness (N Y) 4(3): 246-254. http://dx.doi.org/10.1007/s12671-012-0121-6

(Free full text available) Mindfulness-based cognitive therapy (MBCT) is an effective depression prevention programme for people with a history of recurrent depression. In the UK, the National Institute for Clinical Excellence (NICE) has suggested that MBCT is a priority for implementation. This paper explores the exchange, synthesis and application of evidence and

guidance on MBCT between the academic settings generating the evidence and delivering practitioner training and the practice settings where implementation takes place. Fifty-seven participants in a workshop on MBCT implementation in the NHS were asked for their experience of facilitators and obstacles to implementation, and a UK-wide online survey of 103 MBCT teachers and stakeholders was conducted. While MBCT is starting to become available in the NHS, this is rarely part of a strategic, coherent or appropriately resourced approach. A series of structural, political cultural, educational, emotional and physical/technological obstacles and facilitators to implementation were identified. Nearly a decade since NICE first recommended MBCT, only a small number of mental health services in the UK have systematically implemented the guidance. Guiding principles for implementation are set out. We offer an implementation resource to facilitate the transfer of MBCT knowledge into action.

Desrosiers, A., D. H. Klemanski, et al. (2013). ***"Mapping mindfulness facets onto dimensions of anxiety and depression."*** Behavior Therapy 44(3): 373-384. http://www.sciencedirect.com/science/article/pii/S0005789413000087

Mindfulness has been associated with anxiety and depression, but the ways in which specific facets of mindfulness relate to symptoms of anxiety and depression remains unclear. The purpose of the current study was to investigate associations between specific facets of mindfulness (e.g., observing, describing, nonjudging, acting with awareness, and nonreactivity) and dimensions of anxiety and depression symptoms (e.g., anxious arousal, general distress-anxiety, general distress-depression, and anhedonic depression) while controlling for shared variance among variables. Participants were 187 treatment-seeking adults. Mindfulness was measured using the Five Facet Mindfulness Questionnaire and symptoms of depression and anxiety were measured using the Mood and Anxiety Symptom Questionnaire. Bivariate correlations showed that all facets of mindfulness were significantly related to all dimensions of anxiety and depression, with two exceptions: describing was unrelated to general distress-anxiety, and observing was unrelated to all symptom clusters. Path analysis was used to simultaneously examine associations between mindfulness facets and depression and anxiety symptoms. Significant and marginally significant pathways were retained to construct a more parsimonious model and model fit indices were examined. The parsimonious model indicated that nonreactivity was significantly inversely associated with general distress anxiety symptoms. Describing was significantly inversely associated with anxious arousal, while observing was significantly positively associated with it. Nonjudging and nonreactivity were significantly inversely related to general distress-depression and anhedonic depression symptomatology. Acting with awareness was not significantly associated with any dimensions of anxiety or depression. Findings support associations between specific facets of mindfulness and dimensions of anxiety and depression and highlight the potential utility of targeting these specific aspects of mindfulness in interventions for anxiety and mood disorders.

Kearney, D. J., C. A. Malte, et al. (2013). ***"Loving-kindness meditation for posttraumatic stress disorder: A pilot study."*** Journal of Traumatic Stress 26(4): 426-434. http://dx.doi.org/10.1002/jts.21832

Loving-kindness meditation is a practice designed to enhance feelings of kindness and compassion for self and others. Loving-kindness meditation involves repetition of phrases of positive intention for self and others. We undertook an open pilot trial of loving-kindness meditation for veterans with posttraumatic stress disorder (PTSD). Measures of PTSD, depression, self-compassion, and mindfulness were obtained at baseline, after a 12-week loving-kindness meditation course, and 3 months later. Effect sizes were calculated from baseline to each follow-up point, and self-compassion was assessed as a mediator. Attendance was high; 74% attended 9–12 classes. Self-compassion increased with large effect sizes and mindfulness increased with medium to large effect sizes. A large effect size was found for PTSD symptoms at 3-month follow-up ($d = -0.89$), and a medium effect size was found for depression at 3-month follow-up ($d = -0.49$). There was evidence of mediation of reductions in PTSD symptoms and depression by enhanced self-compassion. Overall, loving-kindness meditation appeared safe and acceptable and was associated with reduced symptoms of PTSD and depression. Additional study of loving-kindness meditation for PTSD is warranted to determine whether the changes seen are due to the loving-kindness meditation intervention versus other influences, including concurrent receipt of other treatments.

Krieger, T., D. Altenstein, et al. (2013). ***"Self-compassion in depression: Associations with depressive symptoms, rumination, and avoidance in depressed outpatients."*** Behavior Therapy 44(3): 501-513. http://www.sciencedirect.com/science/article/pii/S0005789413000397

Self-compassion involves being kind to oneself when challenged with personal weaknesses or hardship and has been claimed to be associated with resilience in various areas. So far, there are only a handful of studies that investigate self-compassion and its relation to clinical depression. Therefore, the principal goals of the present study were (a) to compare self-compassion in clinically depressed patients and never-depressed subjects, (b) to investigate self-compassion and its relation to cognitive-behavioral avoidance and rumination in depressed outpatients, and (c) to investigate rumination and avoidance as mediators of the relationship between self-compassion and depressive symptoms. One hundred and forty-two depressed outpatients and 120 never-depressed individuals from a community sample completed a self-report measure of self-compassion along with other measures. Results indicate that depressed patients showed lower levels of self-compassion than never-depressed individuals, even when controlled for depressive symptoms. In depressed outpatients, self-compassion was negatively related to depressive symptoms, symptom-focused rumination, as well as cognitive and behavioral avoidance. Additionally, symptom-focused rumination and cognitive and behavioral avoidance mediated the relationship between self-compassion and depressive symptoms. These findings extend previous research on self-compassion, its relation to depression, as well as processes mediating this relationship, and highlight the importance of self-compassion in clinically depressed patients. Since depressed patients seem to have difficulties adopting a self-compassionate attitude, psychotherapists are well advised to explore and address how depressed patients treat themselves.

Mikulincer, M., P. R. Shaver, et al. (2013). ***"Can security-enhancing interventions overcome psychological barriers to responsiveness in couple relationships?"*** Attachment & Human Development 15(3): 246-260. http://dx.doi.org/10.1080/14616734.2013.782653

Recent studies have shown that both dispositional and experimentally enhanced attachment security facilitate compassion and altruism. Here we report findings from a laboratory experiment, replicated in two countries (Israel and the United States), testing the hypotheses that (a) increased security (accomplished through subliminal priming) fosters caregiving behavior toward a romantic partner who discloses a personal problem, and (b) this increased security overcomes barriers to responsiveness induced by mental depletion. We gathered data on participants? attachment insecurities, randomly assigned them to one of four mental depletion (yes, no) and priming (security, neutral) conditions, and coded their behavior in an interaction with their romantic partner who was disclosing a personal problem. Dispositional attachment insecurities and manipulated mental depletion adversely affected caregiving, but security priming overrode the detrimental effects of both mental depletion and attachment insecurity in both Israel and the United States.

Pantell, M., D. Rehkopf, et al. (2013). ***"Social isolation: A predictor of mortality comparable to traditional clinical risk factors."*** American Journal of Public Health: e1-e7. http://dx.doi.org/10.2105/AJPH.2013.301261

Objectives. We explored the relationship between social isolation and mortality in a nationally representative US sample and compared the predictive power of social isolation with that of traditional clinical risk factors. Methods. We used data on 16,849 adults from the Third National Health and Nutrition Examination Survey and the National Death Index. Predictor variables were 4 social isolation factors and a composite index. Comparison predictors included smoking, obesity, elevated blood pressure, and high cholesterol. Unadjusted Kaplan-Meier tables and Cox proportional hazards regression models controlling for sociodemographic characteristics were used to predict mortality. Results. Socially isolated men and women had worse unadjusted survival curves than less socially isolated individuals. Cox models revealed that social isolation predicted mortality for both genders, as did smoking and high blood pressure. Among men, individual social predictors included being unmarried, participating infrequently in religious activities, and lacking club or organization affiliations; among women, significant predictors were being unmarried, infrequent social contact, and participating infrequently in religious activities. Conclusions. The strength of social isolation as a predictor of mortality is similar to that of well-documented clinical risk factors. Our results suggest the importance of assessing patients' level of social isolation. *[Commentary in Medscape reads: Social isolation is a risk factor for premature death that rivals more traditional mortality risk factors of smoking and high blood pressure, a study shows. Investigators at the University of California Berkeley–University of San Francisco Joint Medical Program in San Francisco found that social isolation predicted mortality for both sexes, as did smoking and high blood pressure. The "power of isolation as a marker of poor health cannot be ignored," lead investigator Matthew Pantell, MD, and colleagues write. The study was published online September 12 in the American Journal of Public Health. More Social Isolation, Increased Mortality: According to investigators, although clinicians routinely monitor biological risk factors, they rarely assess patients' social isolation or engagement. "Understanding the relative predictive value of social isolation with respect to mortality would contribute to a fuller understanding of potentially modifiable risk factors," the authors write. For the study, the researchers analyzed data on 16,849 adults participating in the Third National Health and Nutrition Examination Survey (NHANES III) and the National Death Index. The researchers used the Social Network Index (SNI) to measure social isolation. Participants received a score of 0 or 1 for each SNI domain (marital status, frequency of contact with other people, participation in religious activities, and participation in other club or organization activities). Scores ranged from 0 to 4, with 0 representing the highest level of social isolation and 4 representing the lowest level. The researchers found that low SNI scores (indicating greater social isolation) were predictive of mortality among men (hazard ratio [HR], 1.62; 95% confidence interval [CI], 1.29 - 2.02) and were associated with a risk for mortality similar to that of smoking (HR, 1.72; 95% CI, 1.48 - 2.00) and higher than that of high blood pressure (HR = 1.16; 95% CI, 1.02 - 1.32). Similarly, social isolation was also an important predictor of mortality among women (HR, 1.75; 95% CI, 1.38 - 2.23), as were smoking (HR, 1.86; 95% CI, 1.64 - 2.12) and high blood pressure (HR, 1.32; 95% CI, 1.17 - 1.48). "Gradients in risk were observed for women and men, with increasing isolation associated with a greater risk of mortality," the researchers write. Modifiable Risk Factor: Given overlapping hazard ratios, social isolation factors are "not necessarily better" predictors than traditional factors, but they are "at least equally important. Sensitivity analyses confirmed the strength of the predictive value of social isolation for both men and women," they note. In models incorporating all of the clinical and individual social variables assessed, unmarried status and infrequent religious activity predicted mortality among both men and women. In addition, lack of group memberships predicted mortality among men, and infrequent social contact predicted mortality among women. "Our results emphasize the value of identifying social isolation as a potentially modifiable risk factor" for premature death, the researchers write. In reality, however, a patient's social history is often "inadequately" explored in healthcare encounters. The researchers believe 4 brief questions included in the modified SNI scale, or a similar set of questions, could help clinicians identify individuals at higher risk for mortality. "In a busy clinical setting, adding these items to standardized screening questions administered electronically or by nonmedical clinic staff and highlighting patients' responses for the physician when a threshold is reached would not add substantially to clinician burden, and it could potentially help in discerning which patients have worse health outcomes and targeting those patients for increased surveillance," the authors conclude.]*

Pinto-Gouveia, J., P. Castilho, et al. (2013). ***"Centrality of shame memories and psychopathology: The mediator effect of self-criticism."*** Clinical Psychology: Science and Practice 20(3): 323-334. http://dx.doi.org/10.1111/cpsp.12044

Research has shown that the centrality of shame memories is related to psychopathological symptoms. However, little is known about the role of self-criticism on this association. The current study explored a mediator model in which self-criticism was hypothesized to mediate the relationship between centrality of shame memories and depressive symptoms, and between centrality of shame memories and paranoid beliefs. A battery of self-report instruments measuring centrality of shame memory (CES), forms (FSCRS) and functions (FSCS) of self-criticism, depressive symptoms (DASS-42), and paranoid beliefs (GPS) was administered to 204 participants from the general community population. Results showed did centrality of shame memories played an important role in depressive symptoms and paranoid beliefs. Only in depression did measures of self-criticism act as a mediator between centrality of shame and depressive symptomatology. These findings point to the distinct role that self-criticism plays on the relationship between shame memories and depressive and paranoid symptoms, adding to current evolutionary approaches on these two psychopathological features.

Przybylski, A. K. and N. Weinstein (2013). ***"Can you connect with me now? How the presence of mobile communication technology influences face-to-face conversation quality."*** Journal of Social and Personal Relationships 30(3): 237-246. http://spr.sagepub.com/content/30/3/237.abstract

Recent advancements in communication technology have enabled billions of people to connect over great distances using mobile phones, yet little is known about how the frequent presence of these devices in social settings influences face-to-face interactions. In two experiments, we evaluated the extent to which the mere presence of mobile communication devices shape relationship quality in dyadic settings. In both, we found evidence they can have negative effects on closeness, connection, and conversation quality. These results demonstrate that the presence of mobile phones can interfere with human relationships, an effect that is most clear when individuals are discussing personally meaningful topics. *[The BPS Digest - http://bps-research-digest.blogspot.co.uk/2012/09/how-mere-presence-of-mobile-phone.html - comments: "You sit down for a chat with a new acquaintance but before you're even started they've placed their phone carefully on the table in front of them. Why? Are they waiting for a call? Do they just enjoy marvelling at its chic plastic beauty? Either way, a new study suggests this familiar habit could be interfering with our attempts to socialise. Andrew Przybylski and Netta Weinstein asked 34 pairs of strangers to spend 10 minutes chatting to each other about "an interesting event that occurred to you over the past month". The participants sat on chairs in a private booth and for half of them, close by but out of their direct line of view, a mobile phone was placed on a table-top. For the other pairs, there was a note-book in place of the phone. After they'd finished chatting, the participants answered questions about the partner they'd met. The ones who'd chatted with a phone visible nearby, as opposed to a notebook, were less positive. For example, they were less likely to agree with the statement "It is likely that my partner and I could become friends if we interacted a lot". They also reported feeling less closely related to their conversational partner. A second study with a fresh set of participants was similar, but this time some of the 34 pairs of strangers chatted about a mundane topic, whilst others chatted about "the most meaningful events of the past year." Again, some of them did this with a phone placed nearby, others with a notebook in the same position. For participants with the notebook visible nearby, having a more meaningful conversation (as opposed to a casual one) boosted their feelings of closeness and their trust in their*

conversational partner. But this extra intimacy was missing for the participants for whom a mobile phone was visible. When the researchers debriefed the participants afterwards they seemed to be unaware of the effects of the mobile phone, suggesting its adverse effects were at a non-conscious level. Why should the mere presence of a mobile phone interfere with feelings of social intimacy in this way? Przybylski and Weinstein can't be sure, but they think that modern mobile phones might trigger in the mind automatic thoughts about wider social networks, which has the effect of crowding out face-to-face conversations. Considered in this way, the present findings are an extension of the wider literature on what's known as non-conscious priming (for example, the presence of a brief-case makes people more competitive). A weakness of the study is that the researchers didn't compare the effects of the presence of a mobile phone against an old-fashioned land-line phone, or other forms of technology. So it's not clear how specific the effect is to mobile phones. Also, as the authors acknowledge, this is just a preliminary observation that poses all sorts of future questions requiring further research. For example, did the presence of a mobile phone alter the behaviour and conversational style of the participants, or did it merely change their perceptions of the social experience? Would the effects be the same for people who are already in a close relationship? But for now, Przybylski and Weinstein concluded: "These results indicate that mobile communication devices may, by their mere presence, paradoxically hold the potential to facilitate as well as to disrupt human bonding and intimacy."]

Roos, J. and A. Werbart (2013). ***"Therapist and relationship factors influencing dropout from individual psychotherapy: A literature review."*** Psychotherapy Research 23(4): 394-418. http://dx.doi.org/10.1080/10503307.2013.775528

Among potential predictors of dropout, client variables are most thoroughly examined. This qualitative literature review examines the current state of knowledge about therapist, relationship and process factors influencing dropout. Databases searches identified 44 relevant studies published January 2000?June 2011. Dropout rates varied widely with a weighted rate of 35%. Fewer than half of the studies directly addressed questions of dropout rates in relation to therapist, relationship or process factors. Therapists' experience, training and skills, together with providing concrete support and being emotionally supportive, had an impact on dropout rates. Furthermore, the quality of therapeutic alliance, client dissatisfaction and pre-therapy preparation influenced dropout. To reduce dropout rates, therapists need enhanced skills in building and repairing the therapeutic relationship.

Tran, U. S., T. M. Gluck, et al. (2013). ***"Investigating the five facet mindfulness questionnaire (ffmq): Construction of a short form and evidence of a two-factor higher order structure of mindfulness."*** J Clin Psychol 69(9): 951-965. http://www.ncbi.nlm.nih.gov/pubmed/23784693

OBJECTIVES: Past research of the Five Facet Mindfulness Questionnaire (FFMQ) lacks clear results regarding its factorial validity, item fitting, mindfulness in the general population, and on the higher order structure of mindfulness. We derived an alternative two-factor higher order structure for the FFMQ, delineating the attentional and experiential aspects of mindfulness. METHOD: Data of 640 persons from the Austrian community were used for primary analyses, and data of 333 Austrian students were used for cross-validation. Confirmatory analyses and exploratory structural equation modeling (ESEM) were utilized to investigate psychometric and structural properties. Associations with related variables and indicators of mental health were examined. RESULTS: Confirmatory models fitted only poorly on the full 39-item FFMQ. Fit was acceptable in an abridged 20-item version in both samples. The Nonreact scale had only weak psychometric properties. ESEM analyses suggested a good fit of two higher order factors and revealed structural differences between the samples. Beneficial effects of mindfulness appeared to be uniquely associated with the experiential aspects of mindfulness. Strategies of emotion regulation showed differential associations with the two higher order factors in the two samples. CONCLUSIONS: Our findings are relevant both with regard to conceptual issues on mindfulness and the assessment of mindfulness with the FFMQ. Replications in meditating samples and in patients are needed.