Greetings

This monthly mailing gives abstracts & links to thirty recently published CBT-relevant research studies (see further down this page). It also details ten December posts to an evidence-based blog on stress, health & wellbeing – see the calendar view. There are three posts on social anxiety, four on mindfulness, one on the links between insomnia & depression, one on an interesting development in therapeutic writing, and the usual monthly round-up of recent stress, health & wellbeing research.

The three posts on social anxiety are triggered by new research on other people’s often surprisingly “welcoming” reactions to someone’s physical symptoms of shyness. They are “Fear of blushing is more a problem of hyperawareness than of facial temperature”, “Particularly if you’re socially anxious, try to stay task-focused rather than self-focused” & “Encouraging recent research on social anxiety: being embarrassed can lead you to be judged more, not less, positively by others”.


There is a further post – “The links between sleep disturbance & depression” – that emerged from a workshop on “Overcoming insomnia using CBT” given by the sleep expert Professor Colin Espie. And then “An intriguing and encouraging development in therapeutic writing” describes an interesting and practical self-help method. Finally there is the “Research review” listing journal abstracts in four overlapping categories – thirty on Cognitive Behavioural Therapy (see below), eight on Compassion, nineteen on Depression, and thirty six on General Wellbeing covering a multitude of stress, health & wellbeing related subjects from self-compassion & wellbeing, whole grains & cancer risk, sleep deprivation & mood disorders, the effect of natural environments on health, relaxation methods & acupressure for labour pain, light therapy for antepartum depression and much more.

As I’ve mentioned before, this blog is intended as a free resource for people who are interested in stress, health & wellbeing. Its key feature is that I read a lot of emerging research and bring over 30 years’ experience as a medical doctor and psychotherapist to the “sifting-out-what’s-valuable” task. Going to the tag cloud will give you a searchable view of subjects I’ve touched on in the blog. There’s also a linked searchable list of over 250 good health-related websites that I’ve checked out, an 8-session MP3-recording Autogenic relaxation/meditation course, a broader Life skills for stress, health & wellbeing course and several hundred freely downloadable stress, health & wellbeing relevant handouts & questionnaires.

If this information isn’t of interest to you (or if I’ve contacted you at two different addresses) – simply reply to this email with “unsubscribe” in the subject line and I’ll take that email address off the mailing list. Similarly, if you know anybody who would like to be on the mailing list, let me know and I’m very happy to make sure they’re included.

With all good wishes for this coming year

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Background: Biological or genetic models of mental illness are commonly expected to increase tolerance towards people with mental illness, by reducing notions of responsibility and blame. Aims: To investigate whether biogenetic causal attributions of mental illness among the general public are associated with more tolerant attitudes, whether such attributions are related to lower perceptions of guilt and responsibility, to what extent notions of responsibility are associated with rejection of people who are mentally ill, and how prevalent notions of responsibility are among the general public with regard to different mental disorders. Method: A systematic review was conducted of representative population studies examining attitudes towards people with mental illness and beliefs about such disorders. Results: We identified 33 studies relevant to this review. Generally, biogenetic causal attributions were not associated with more tolerant attitudes; they were related to stronger rejection in most studies examining schizophrenia. No published study reported on associations of biogenetic causal attributions and perceived responsibility. The stereotype of self-responsibility was unrelated to rejection in most studies. Public images of mental disorder are generally dominated by the stereotypes of unpredictability and dangerousness, whereas responsibility is less relevant. Conclusions: Biogenetic causal models are an inappropriate means of reducing rejection of people with mental illness.


Many philosophical and contemplative traditions teach that "living in the moment" increases happiness. However, the default mode of humans appears to be that of mind-wandering, which correlates with unhappiness, and with activation in a network of brain areas associated with self-referential processing. We investigated brain activity in experienced meditators and matched meditation-naive controls as they performed several different meditations (Concentration, Loving-Kindness, Choiceless Awareness). We found that the main nodes of the default-mode network (medial prefrontal and posterior cingulate cortices) were relatively deactivated in experienced meditators across all meditation types. Furthermore, functional connectivity analysis revealed stronger coupling in experienced meditators between the posterior cingulate, dorsal anterior cingulate, and dorsolateral prefrontal cortices. These findings provide evidence for an alternative perspective and are consistent with a number of research findings on self-awareness and connectivily during meditation. Our findings demonstrate differences in the default-mode network that are consistent with decreased mind-wandering. As such, these provide a unique understanding of possible neural mechanisms of meditation.


Bereavement exclusion criteria for the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) major depressive episode (MDE) is to identify subjects with a modest, self-limited, "normal" depressive syndrome. One would therefore expect less severe depressive symptoms and a different and better outcome for bereaved subjects who were excluded from the diagnosis of MDE as compared to MDE controls. In a previous cross-sectional study, we have shown such expectations were not met. Herein, we further challenge the accuracy of the bereavement exclusion criterion regarding response to treatment. METHOD: In a database of 12,615 subjects seeking treatment for depression, 1,138 (9.0%) individuals met DSM-IV MDE criteria except the bereavement exclusion criterion. This sample was matched for age, gender, and income, and was composed of individuals with depressive episodes with 1,138 MDE patients. The bereavement exclusion and MDE groups were prospectively assessed for outcome after 6 weeks of treatment. Primary outcome measures included the number of DSM-IV MDE symptoms and the presence/absence of DSM-IV MDE Criterion A symptoms at follow-up. RESULTS: The bereavement exclusion individuals had higher levels of DSM-IV MDE symptoms (P = .005) and self-rated depression (P < .0001) than MDE controls. Both groups had a similar 6-week outcome: 37.7% versus 39.9%, respectively, were responders to treatment, and 80.1% versus 82.2% no longer had the MDE DSM-IV symptom criteria at follow-up (P = .33). CONCLUSIONS: The DSM-IV bereavement exclusion for MDE is inadequate according to response to treatment, at least in this sample of individuals seeking treatment for depressive symptoms. It is proposed that bereavement, just as any stressful event, could be noted but without its affecting the treatment decision.


Background: Cognitive-behavioural therapy (CBT)-based guided self-help (GSH) has been suggested to be an effective intervention for mild to moderate anxiety and depression, yet the evidence seems inconclusive, with some studies reporting that GSH is effective and others finding that GSH is ineffective. GSH differs in important respects from other levels of self-help, yet the literature regarding exclusively guided self-help interventions for anxiety and depression has not been reviewed systematically. Method: A literature search for randomized controlled trials (RCTs) examining CBT-based GSH interventions for anxiety and depressive disorders was conducted. Multiple electronic databases were searched; several journals spanning key disciplines were hand-searched; reference lists of included review articles were scanned and relevant first authors were contacted. Results: Thirteen studies met the inclusion criteria. Meta-analysis indicated the effectiveness of GSH at post-treatment was found. GSH was found to be as effective as face-to-face CBT in limited effectiveness at follow-up or among more clinically representative samples. Studies that reported greater effectiveness of GSH tended to be of lower methodological quality and generally involved participants who were self-selected rather than recruited through clinical referrals. Conclusions: Although there is support for the effectiveness of CBT-based GSH among media-recruited individuals, the finding that the reviewed RCTs had limited effectiveness within routine clinical practice demonstrates that the evidence is not conclusive. Further rigorous evidence based on clinical populations that examines longer-term outcomes is required before CBT-based GSH interventions can be deemed effective for adults accessing primary care services for treatment of anxiety and depression.


BACKGROUND AND OBJECTIVES: In traditional exposure therapy for phobias and anxiety disorders, reduction of fear responding is used as an index of learning. However, recent evidence in animal models suggests that sustained arousal and enhanced fear responding throughout exposure may actually predict better long-term outcomes (Rescasio, 2000). METHODS: The effects of sustained arousal during exposure were investigated in a clinical analog sample of 59 participants fearful of public speaking. Participants completed exposure with or without the presence of additional excitatory stimuli which were intended to enhance arousal and fear responding throughout exposure. RESULTS: Group assignment (exposure versus exposure with additional excitatory stimuli) did not significantly predict outcome at 1-week follow-up testing, as measured physiologically, subjectively, and behaviorally. A set of regression analyses investigating whether any exposure process measures predicted
outcome indicated that sustained arousal throughout exposure as well as variability in subjective fear responding throughout exposure (e.g., Kircanski et al., in press) predicted lower levels of fear at follow-up testing (p < 0.05; p < 0.001) after controlling for demographic variables as well as pre-exposure fear levels. LIMITATIONS: The excitatory stimuli used failed to produce the intended effects. However, some participants did maintain elevated arousal throughout exposure and this predicted better outcomes at 1-week follow-up testing. CONCLUSIONS: Sustained arousal throughout exposure as well as variability in subjective fear responding during exposure may be better predictors of long-term outcomes than habituation of fear across exposure.


Recent research has revealed that a person or team wearing red is more likely to win a physical contest than a person or team wearing another color. In the present research, we examined whether red influences perceptions of relative dominance and threat in an imagined same-sex competitive context, and did so attending to the distinction between wearing red oneself and viewing red on an opponent. Results revealed a bidirectional effect: wearing red enhanced perceptions of one's relative dominance and threat, and viewing an opponent in red enhanced perceptions of the opponent's relative dominance and threat. These effects were observed across sex, and participants seemed unaware of the influence of red on their responses. Our findings lead to practical suggestions regarding the use of colored attire in sport contexts, and add to an emerging, provocative literature indicating that red has a subtle but important influence on psychological functioning.


(Free full text available) It is commonly believed that men think about sex much more often than do women, but the empirical evidence in this area is fairly weak. By means of a golf tally counter, 283 college students kept track of their thoughts pertaining to food, sleep, or sex for one week. Males reported significantly more need-based cognitions overall, but there was no significant interaction between sex of participant and type of cognition recorded. Therefore, although these young men did think more about sex than young women, it was not only food and sleep, but also other cognitive needs, such as thoughts about eating and sleeping. Erotophilia and sexual desirability responding were significant predictors of frequency of sexual cognitions for women, but not for men. Overall, erotophilia was a better predictor of sexual cognition than was sex of participant. Taken as a whole, the results suggest that, although there may be a sex difference in sexual cognitions, it is smaller than is generally thought, and the reporting is likely influenced by sex role expectations.


One of the core assumptions of attachment theory is that attachment representations are stable over time. Unfortunately, the data on attachment stability have been ambiguous, and as a result, alternative theoretical perspectives have evolved to explain them. The objective of the present research was to evaluate alternative models of stability by studying adults in 2 intensive longitudinal investigations. Specifically, we assessed attachment representations in 1 sample (N = 203) daily over a 30-day period and in the other sample (N = 388) weekly over a year. Analyses show that the patterns of stability that exist in adult attachment are most consistent with a prototype model—a model assuming that there is a stable factor underlying temporary variations in attachment. Moreover, although the Big Five personality traits exhibited a pattern of stability that was similar to that of attachment, they did not account for the stability observed in attachment.

Gluck, T. M. and A. Maercker (2011). "The cultivation of mindfulness, the judgmental awareness of experiences in the present moment, produces beneficial effects on well-being and ameliorates psychiatric and stress-related symptoms. Mindfulness meditation has therefore increasingly been incorporated into psychotherapeutic interventions. Although the number of publications in the field has sharply increased over the last two decades, there is a paucity of theoretical reviews that integrate the existing literature into a comprehensive theoretical framework. In this article, we explore several theoretical fronts through which mindfulness meditation exerts its effects: (a) attention regulation, (b) body awareness, (c) emotion regulation (including reappraisal and exposure, extinction, and reconsolidation), and (d) change in perspective on the self. Recent empirical research, including practitioners’ self-reports and experimental data, provides evidence supporting these mechanisms. Functional and structural neuroimaging studies have begun to explore the neuroscientific processes underlying these components. Evidence suggests that mindfulness

(Free full text downloadable) BACKGROUND: Mindfulness has been shown to be effective in treating various medical and mental health conditions, and its integrative interventions have improved long-term outcomes of these treatments. It has also been shown, that brief mindfulness-based trainings are effective in reducing distress. There have been few web-based interventions incorporating mindfulness techniques in their manual and it remains unclear whether a brief web-based mindfulness intervention is feasible. METHODS: Out of 50 adults (different distress levels; exclusion criteria: <18 years, indication of psychotic or suicidal ideation in screening) who were recruited via e-mail and screened online, 49 were randomized into an immediate 2-weeks-treatment group (N = 28) or a waitlist-control group (N = 21), starting with a 2-week delay. Distress (BSI), perceived stress (PSQ), mindfulness (FMI), as well as mood and emotion regulation (PANAS/SEK-27) were measured at pre-, post- and 3-month follow-up (3MFU). Intention-to-treat analyses using MI for missing data and per-protocol analyses (>50% attendance) were performed. RESULTS: 26 participants of the treatment group completed post-measures. Most measures under ITT-analysis revealed no significant improvement for the treatment group, but trends with medium effect sizes for PSQ (d = 0.46) and PANASneg (d = 0.50) and a small, non-significant effect for FMI (d = 0.29). Per-protocol analyses for persons who participated over 50% of the time revealed significant treatment effects for PSQ (d = 0.72) and PANASneg (d = 0.77). Comparing higher distressed participants with lower distressed participants, highly distressed participants seemed to profit more of the training in terms of distress reduction (GSI, d = 0.85). Real change (RCI) occurred for PSQ in the treatment condition. Results also suggested that participants benefit from the intervention at 3MFU. CONCLUSION: This study of a brief web-based mindfulness training indicates that mindfulness can be taught online and may improve distress, perceived stress and negative affect for regular users. Although there were no significant improvements, but trends, for most measures under ITT, feasibility of such a program was demonstrated and also that persons continued to use techniques of the training in daily life.
practice is associated with neuroplastic changes in the anterior cingulate cortex, insula, temporo-parietal junction, fronto-limbic network, and default mode network structures. The authors suggest that the mechanisms described here work synergistically, establishing a process of enhanced self-regulation. Differentiating between these components seems useful to guide future basic research and to specifically target areas of development in the treatment of psychological disorders.


Unemployment is known to be associated with poor mental health, but it is not clear how strongly unemployment leads to onset of diagnosed clinical depression (causation), or if depression raises the risks of becoming unemployed (health selection), or indeed if both pathways operate. We therefore investigate the direction of associations between clinical depression and unemployment in a cross-cultural prospective cohort study. 10,059 consecutive general practice attendees (18-75 years) were recruited from six European countries and Chile between 2003 and 2004 and followed up at six, 12 and (in a subset) 24 months. The analysis sample was restricted to 3969 men and women who were employed or unemployed and seeking employment and had data on depression measures. The outcomes were depressive episodes, assessed using the Depression Section of the Composite International Diagnostic Interview (CIDI) and self-reported employment status. Among 3969 men and women with complete data on depression and unemployment, 10% (n = 393) had depression symptoms and a further 6% (n = 221) had major depression at 12 months. 11% (n = 423) of the sample were unemployed by 6 months. Participants who became unemployed between baseline and 6 months compared to those employed at both times had an adjusted relative risk ratio for 6-month depression of 1.58 (95% Confidence Interval 0.76, 3.27). Participants with depression at baseline and 6 months compared to neither time had an odds ratio for 6-month unemployment of 1.58 (95% Confidence Interval 0.97, 2.58). We found evidence that causation and (to a lesser extent) health selection raise the prevalence of depression in the unemployed. Unemployed adults are at particular risk for onset of major clinical depression and should be offered extra services or screened. Given the trend for adults with depression to perhaps be at greater risk of subsequent unemployment, employees with depressive symptoms should also be supported at work as a precautionary principle.


Individuals who are homozygous for the G allele of the rs53576 SNP of the oxytocin receptor (OXTR) gene tend to be more prosocial than carriers of the A allele. However, little is known about how these differences manifest behaviorally and whether they are readily detectable by outside observers, both critical questions in theoretical accounts of prosociality. In the present study, we used thin-slicing methodology to test the hypotheses that (i) individual differences in rs53576 genotype predict how nonverbal displays of affiliative cues are perceived by observers; and (ii) that the variation in targets' nonverbal displays of affiliative cues would account for these judgment differences. In line with predictions, we found that individuals homozygous for the G allele were judged to be more prosocial than carriers of the A allele. These differences were completely accounted for by variations in the expression of affiliative cues. Thus, individual differences in rs53576 are associated with behavioral manifestations of prosociality, which ultimately guide the judgments others make about the individual. And a comment on this research from e! Science News - http://esciencenews.com/articles/2011/11/15/is.a.stranger.trustworthy.youll.know.20.seconds - reads "There's definitely something to be said for first impressions. New research from the University of California, Berkeley, suggests it can take just 20 seconds to detect whether a stranger is genetically inclined to being trustworthy, kind or compassionate. The findings reinforce that healthy humans are wired to recognize strangers who may help them out in a tough situation ... "It's remarkable that complete strangers could pick up on who's trustworthy, kind or compassionate in 20 seconds when all they saw was a person sitting in a chair listening to someone talk," said Aleksandr Kogan, lead author of the study and a postdoctoral student at the University of Toronto at Mississauga ... The listeners who got the highest ratings for empathy, it turned out, possess a particular variation of the oxytocin receptor gene known as the GG genotype. "People can't see genes, so there has to be something going on at the genetic level," Kogan told the Daily News. "The AA genotype is like a genetic switch. It tells the brain to be more kind and compassionate. People with the GG version displayed more trustworthy behaviors -- more head nods, more eye contact, more smiling, more open body posture. And it was these behaviors that signaled kindness to the strangers." ... Kogan pointed out that having the AA or AG instead of the GG genotype does not mark a person as unsympathetic. "What ultimately makes us kind and cooperative is a mixture of numerous genetic and non-genetic factors. No one gene is doing the trick. What we found is that the people who had two copies of the G version displayed more trustworthy behaviors," Kogan said."


Background There is a long-standing belief that creativity is coupled with psychopathology. Aims To test this alleged association and to investigate whether any such association is the result of environmental or genetic factors. Method We performed a nested case-control study based on Swedish registries. The likelihood of holding a creative occupation in individuals who had received in-patient treatment for schizophrenia, bipolar disorder or unipolar depression between 1973 and 2003 and their relatives without such a diagnosis was compared with that of controls. Results Individuals with bipolar disorder and hebephrenia were more represented among relatives of people with schizophrenia or bipolar disorder than in the general population. But the increased risk in schizophrenia was not present among the relatives of people with bipolar disorder. Conclusion: A familial cosegregation of both schizophrenia and bipolar disorder with creativity is suggested.


Background: Autistic-like traits (ALTs), that is restrictions in spontaneous social interaction, communication and flexibility of interests and behaviors, were studied in two population-based Swedish twin studies, one in children and one in adults: (1) to examine whether the variability in ALTs is a meaningful risk factor for comorbid attention deficit hyperactivity disorder (ADHD), anxiety, conduct problems, depression and substance abuse, and (2) to assess whether common genetic and environmental susceptibilities can help to explain co-existence of ALTs and traits associated with such comorbid problems. Method: Two nationwide twin cohorts from Sweden (consisting of 11 222 children and 18 349 adults) were assessed by DSM-based symptom algorithms for autism. The twins were divided into six groups based on their degree of ALTs and the risk for concomitant mental health problems was calculated for each group. Genetic and environmental susceptibilities common to ALTs and the other problem types were examined using bivariate twin modeling. Results: In both cohorts, even the lowest degree of
ALTs increased the risk for all other types of mental health problems, and these risk estimates increased monotonically with the number of ALTs. For all conditions, common genetic and environmental factors could be discerned. Overall, the phenotypic correlation between ALTs and the traits examined were less pronounced in adulthood than in childhood and less affected by genetic compared with environmental factors. Conclusions: Even low-grade ALTs are relevant to clinical psychiatry as they increase the risk for several heterotypological mental health problems. The association is influenced partly by common genetic and environmental susceptibilities. Attention to co-existing ALTs is warranted in research on a wide range of mental disorders.


Background The clinical impact of telephone-delivered cognitive behavioral therapy (TCBT), exercise, or a combined intervention in primary care patients with chronic widespread pain (CWP) is unclear. Methods A total of 442 patients with CWP (meeting the American College of Rheumatology criteria) were randomized to receive 6 months of TCBT, graded exercise, combined intervention, or treatment as usual (TAU). The primary outcome, using a 7-point patient global assessment scale of change in health since trial enrollment (range: very much worse to very much better), was assessed at baseline and 6 months (intervention end) and 9 months after randomization. A positive outcome was defined as "much better" or "very much better." Data were analyzed using logistic regression according to the intention-to-treat principle. Results The percentages reporting a positive outcome at 6 and 9 months, respectively, were TAU group, 8% and 8%; TCBT group, 30% and 33%; exercise group, 35% and 24%; and combined intervention group, 37% and 37% (P < .001). After adjustment for age, sex, center, and baseline predictors of outcome, active interventions improved outcome compared with TAU: TCBT (6 months: odds ratio [OR], 5.0 [95% CI, 2.0-12.5]; 9 months: OR, 5.4 [95% CI, 2.3-12.8]), exercise (6 months: OR, 6.1 [95% CI, 2.5-15.1]; 9 months: OR, 3.6 [95% CI, 1.5-8.5]), and combined intervention (6 months: OR, 7.1 [95% CI, 2.9-17.2]; 9 months: OR, 6.2 [95% CI, 2.7-14.4]). At 6 and 9 months, combined intervention was associated with improvements in the 36-Item Short Form Health Questionnaire physical component score and a reduction in passive coping strategies. Conclusions on cost-effectiveness were sensitive to missing data. Conclusion TCBT was associated with substantial, statistically significant, and sustained improvements in patient global assessment.


Objectives. In mindfulness-based cognitive therapy (MBCT), it is proposed that training in mindfulness should reduce the tendency of formerly depressed patients to enter into ruminative thinking, thus reducing their risk of depressive relapse. However, data showing that rumination is associated with depressive relapse are lacking. Method. In an uncontrolled study with 24 formerly depressed patients, rumination was assessed with the Ruminative Response Scale. To assess the occurrence of relapse or recurrence, the Structured Clinical Interview for DSM-IV was administered 12 months after the end of the MBCT. Results. Rumination significantly decreased during the MBCT course. Post-treatment levels of rumination predicted the risk of relapse of major depressive disorder in the 12-month follow-up period even after controlling for numbers of previous episodes and residual depressive symptoms. Conclusions. The results provide preliminary evidence that rumination is important in the process of depressive relapse.


Government policy, like evaluations of clinical practice, indicates the growing importance of supervision in fostering practitioner development and in improving the fidelity of therapies. However, instruments with which to measure competent supervision are often problematic, thereby hampering these key activities (e.g. they are rare, rely on self-ratings by participants, and psychometric data can be limited). To contribute to progress, this paper reviews the current options for measuring competent clinical supervision by means of direct observation, a favoured approach within cognitive-behaviour therapy (CBT). We systematically reviewed 10 existing instruments that were designed to observe and quantify competent supervision, focusing on three broad criteria for sound measurement (i.e. an instrument’s Design, Implementation, and Yield: DIY). Suggestions for future research on instruments that can fulfil the functions that are provided distinctively through direct observation are outlined.


The present study examined the extent to which safety behaviors exacerbate symptoms of hypochondriasis (severe health anxiety). Participants were randomized into a safety behavior (n=100) or control condition (n=100). After a baseline period, participants in the safety behavior condition spent one week actively engaging in a clinically representative array of health-related safety behaviors on a daily basis, followed by a second week-long baseline period. Participants in the control condition monitored their normal use of safety behaviors. Compared to control participants, those in the safety behavior condition reported significantly greater increases in health anxiety, hypochondriacal beliefs, contamination fear, and avoidance responses to health-related behavioral tasks after the safety behavior manipulation. In contrast, general anxiety symptoms did not significantly differ between the two groups as a function of the manipulation. Mediational analyses were consistent with the hypothesis that changes in the frequency of health-related thoughts mediated the effects of safety behaviors on health anxiety. These findings offer a possible explanation of how safety behaviors are associated with increases in health anxiety, perhaps by fostering catastrophic thoughts about health. The implications of these findings for the conceptualization of hypochondriasis as an anxiety disorder are discussed.


Although considerable evidence shows that affective symptoms and personality traits demonstrate moderate to high relative stabilities during adolescence and early adulthood, there has been little work done to examine differential stability among these constructs or to study the manner in which the stability of these constructs is expressed. The present study used a three-year longitudinal design in an adolescent/young adult sample to examine the stability of depression symptoms, social phobia symptoms, specific phobia symptoms, neuroticism, and extraversion. When considering one-, two-, and three-year durations, anxiety and personality stabilities were generally similar and typically greater than the stability of depression. Comparison of various representations of a latent variable trait-state-occasion (TSO) model revealed that whereas the full TSO model was the best representation for depression, a trait-stability model was the most parsimonious of the best-fitting models for the anxiety and personality constructs. Over three years, the percentages of variance explained by the trait component for the anxiety and personality constructs (73-84%) were significantly greater than that explained by the trait component for.
Background: Panic disorder (PD) is a heterogeneous syndrome that can present with a variety of symptom profiles that potentially reflect distinct etiologic pathways. The present study represents the most comprehensive examination of phenotypic variance in PD with and without agoraphobia for the purpose of identifying clinically relevant and etiologically meaningful subtypes. Method: Latent class (LC) and factor mixture analysis were used to examine panic symptom data ascertained from three national epidemiologic surveys [Epidemiological Catchment Area (ECA), National Comorbidity Study (NCS), National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), Wave 1], a twin study [Virginia Adult Twin Study of Psychiatric and Substance Use Disorders (VATSPSUUD)] and a clinical trial (Cross-National Collaborative Panic Study [CNPCS]). Results: Factor mixture models (versus LC) generally provided better fit to panic symptom data and suggested two panic classes for the ECA, VATSPSUUD and CNPCS, with one class typified by prominent respiratory symptoms. The NCS yielded two classes, but suggested both qualitative and quantitative differences. The more contemporary NESARC sample supported a two and three class model, with the three class model suggesting two variants of respiratory panic. The NESARC’s three class model continued to provide the best fit when the model was restricted to a more severe form of PD/panic disorder with agoraphobia.

Conclusions: Results from epidemiologic and clinical samples suggest two panic subtypes, with one subtype characterized by a respiratory component and a second class typified by general somatic symptoms. Results are discussed in light of their relevance to the etiopathogenesis of PD.


http://www.psychosomaticmedicine.org/content/73/9/817.abstract

Objectives.Treatments of female sexual dysfunction have been largely unsuccessful because they do not address the psychological and physiological processes that underlie female sexual negativity. Mindfulness training is aimed at changing these negative meanings. This study explores the effect of mindfulness meditation training on interoceptive awareness and the three categories of known barriers to healthy sexual functioning: attention, self-judgment, and clinical symptoms. Methods Forty-four college students (30 women) participated in either a 12-week course containing a “meditation laboratory” or an active control course with similar content or laboratory format. Interoceptive awareness was measured by reaction time in rating physiological response to sexual stimuli. Psychological barriers were assessed with self-reported measures of mindfulness and psychological well-being. Results Women who participated in the meditation training became significantly faster at registering their physiological responses (interoceptive awareness) to sexual stimuli compared with active controls (F(1,28) = 5.45, p = .03, np2 = 0.15). Female meditators also improved their scores on attention (t = 4.42, df = 11, p = .001), self-judgment, (t = 3.1, df = 11, p = .01), and symptoms of anxiety (t = −3.17, df = 11, p = .009) and depression (t = −2.13, df = 11, p = .001). Improvements in interoceptive awareness were correlated with improvements in the psychological barriers to healthy sexual functioning (r = −.44 for attention, r = −.42 for self-judgment, and r = 0.49 for anxiety; all p < .05). Conclusions Mindfulness-based improvements in interoceptive awareness highlight the potential of mindfulness training as a treatment of female sexual dysfunction.


BACKGROUND: Most patients with anxiety disorders receive their care from primary care practitioners (PCPs). The purpose of this study was to evaluate quality of and patient satisfaction with primary care health for anxiety disorders. METHOD: A survey was performed among 1,004 outpatients with anxiety disorders (diagnosed according to DSM-IV) referred by their PCPs from 17 primary care clinical settings (3 of which were university-affiliated) in 4 regions of the United States for panic disorder (PD) and/or agoraphobia. Research institutions were the University of Washington at Seattle, the University of California at San Diego and Los Angeles, and the University of Arkansas for Medical Sciences at Little Rock. Enrollment took place between June 2006 and April 2008. Patients were contacted by telephone after enrollment to provide information about previous care received (during the 6 months prior to referral) and satisfaction with that care. Quality-of-care indicators were self-reported type, dose, and duration of anti-anxiety medication treatment and self-reported psychotherapy with cognitive-behavioral therapy (CBT) elements. RESULTS: A total of 576 patients (57.4%) had received an appropriate antianxiety medication in the previous 6 months, but only 289 patients (29.4% of 983 who answered this question) had received the medication at adequate dose for at least 2 months. A total of 465 patients (46.3%) had received some counseling with at least 1 element of CBT, but only 213 patients (21.2%) had received counseling with a strong (3+ elements) CBT focus. Overall, 416 patients (41.4%) had received quality pharmacotherapy or psychotherapy, and 81 patients (8.1%) had received both. Only 432 patients (44.8% of 964 who answered this question) were at least somewhat satisfied with their mental health care. Receipt of quality psychotherapy was the sole positive predictor (adjusted odds ratio = 2.71; 95% CI, 1.94-3.80; P < .0005) of satisfaction with mental health care for anxiety. Moreover, there was a dose-response relationship between the number of CBT elements consistently delivered and satisfaction with care (test for trend, z = 4.06, P < .0005). CONCLUSIONS: Despite recognition of these patients’ anxiety disorders and referral by their PCPs to an anxiety treatment study, fewer than half of the patients had in the prior 6 months received quality pharmacologic and/or psychosocial mental health care. Receipt of CBT-oriented, quality psychosocial (but not pharmacologic) care showed a strong dose-response relationship with satisfaction with mental health care.


Intrusive images occur in many disorders and, as well as causing distress, they frequently represent important negative meanings about the self, other people, or the world. Imagery rescripting describes a set of therapeutic techniques that are aimed at changing these negative meanings. This special series focuses on when and how to do imagery rescripting in posttraumatic stress disorder, social phobia, depression, eating disorders, and personality disorders. These five articles contain a detailed guide on how to use imagery rescripting in the respective disorders and advice on how to tackle problems that can arise. The sixth and final article describes a qualitative research study on patients’ experiences of imagery in the early parts of a schema-focused therapy trial.
Objective To establish associations between physical exercise during leisure time and prevalence, incidence and course of mental disorders. Method Data were derived from the Netherlands Mental Health Survey and Incidence Study, a 3-wave cohort study in a representative sample (N = 7,076) of Dutch adults. Mental disorders were assessed with the Composite International Diagnostic Interview. Physical activity was established by the number of hours per week people spent on taking physical exercise. Results Physical exercise was negatively associated with presence and first-onset of mood and anxiety disorders after adjustment for confounders. Evidence for a dose–response relationship between exercise levels and mental health was not found. Among those with mental disorder at baseline, exercise participants were more likely to recover from their illness (OR 1.47) compared to their counterparts who did not take exercise. Conclusion Physical exercise is beneficial to mental health, but it remains uncertain whether this association truly reflects a causal effect of exercise.


A large body of research has documented the interference-debilitating effects of stereotype threat for individuals, but there is a paucity of research exploring interpersonal consequences of stereotype threat. Two experiments tested the hypothesis that stereotype threat would change the style in which women communicate. Results indicate that women who experience stereotype threat regarding leadership abilities react against the stereotype by adopting a more masculine communication style. Study 2 provides evidence that self-affirmation eliminates this effect of stereotype threat on women's communication styles. A third study demonstrates an ironic consequence of this effect of stereotype threat on women's communication—when women under stereotype threat adopt a more masculine communication style, they are rated as less warm and likeable, and evaluators indicate less willingness to comply with their requests. Theoretical and practical implications of these findings are discussed.


Over the past century, academic performance has become the gatekeeper to institutions of higher education, shaping career paths and individual life trajectories. Accordingly, much psychological research has focused on identifying predictors of academic performance, with intelligence and effort emerging as core determinants. In this article, we propose expanding on the traditional predictors by adding two higher-order variables. A series of path models based on a meta-analytically derived correlation matrix showed that (a) intelligence is the single most powerful predictor of academic performance; (b) the effects of intelligence on academic performance are not mediated by personality traits; (c) intelligence, Conscientiousness (as marker of effort), and Typical Intellectual Engagement (as marker of intellectual curiosity) are direct, correlated predictors of academic performance; and (d) the additive predictive effect of the personality traits of intellectual curiosity and effort rival that of the influence of intelligence. Our results highlight that a “hungry mind” is a core determinant of individual differences in academic achievement.


Recent developments in CBT emphasize the promotion of psychological flexibility to improve daily functioning for people with a wide range of health conditions. In particular, one of these approaches, Acceptance and Commitment Therapy (ACT), has been studied for treatment of chronic pain. While trials have provided good support for treatment effectiveness through follow-ups of a few months, the longer term outcome effects are less well studied. The present study examined the long-term (3-year) outcome of 108 patients with chronic pain who examined outcomes three years after treatment completion and included analyses of two key treatment processes, acceptance of pain and values-based action. Overall, results indicated significant improvements in emotional and physical functioning relative to the start of treatment, as well as good maintenance of treatment gains relative to an earlier follow-up assessment. Effect size statistics were generally medium or large. At the three-year follow-up, 64.8% of patients had reliably improved in at least one key domain. Improvements in acceptance of pain and values-based action were associated with improvements in outcome measures. A “treatment responder” analysis, using variables collected at pre-treatment and shorter term follow-up, failed to identify predictors of response. We also report results pertaining to the growing literature on the importance of motivation to the growing literature on improving adherence to the effectiveness of ACT for chronic pain and yields evidence for both statistical and clinical significance of improvements over a three-year period.


A person who is asked to think aloud while trying not to think about a white bear will typically mention the bear once a minute. So how can people suppress unwanted thoughts? This article examines a series of indirect thought suppression techniques and therapies that have been explored for their efficacy as remedies for unwanted thoughts of all kinds and that offer some potential as means for effective suppression. The strategies that have some promise include focused distraction, stress and load avoidance, thought postponement, exposure and paradoxical approaches, acceptance and commitment, meditation, mindfulness, focused breathing, attention training, self-affirmation, hypnosis, and disclosure and writing. Many of these strategies entail thinking about and accepting unwanted thoughts rather than suppressing them—and so, setting free the bears.


The study compared the effects of Acceptance and Commitment Therapy (ACT) with Tinnitus Retraining Therapy (TRT) on tinnitus impact in a randomised controlled trial. Sixty-four normal hearing subjects with tinnitus were randomised to one of the active treatments or a wait-list control (WLC). The ACT treatment consisted of 10 weekly 60 min sessions. The TRT treatment consisted of one 150 min session, one 30 min follow-up and continued daily use of wearable sound generators for a recommended period of at least 8 h/day for 18 months. Assessments were made at baseline, 10 weeks, 6 months and 18 months. At 10 weeks, results showed a superior effect of ACT in comparison with the WLC regarding tinnitus impact (Cohen's d = 1.04), problems with sleep and anxiety. The results were mediated by tinnitus acceptance. A comparison between the active treatments, including all assessment points, revealed significant differences in favour of ACT regarding tinnitus impact (Cohen's d = 0.75) and problems with sleep. At 6 months, reliable improvement on the main outcome measure was found for 54.5% in the ACT condition and 20% in the TRT condition. The results suggest that ACT can reduce tinnitus distress and impact in a group of normal hearing tinnitus patients.


This study explores the lived experience of anorexia nervosa from the perspective of those who use pro-recovery websites for eating disorders. Fourteen people participated in an online focus group or an e-interview. Data were analysed using
Interpretative phenomenological analysis. Participants described their disorder as a functional tool for avoiding and coping with negative emotions, changing their identity and obtaining control. A central theme was the experience of an anorexic voice with both demonic and friendly qualities. This voice felt like an external entity that criticised individuals and sometimes dominated their sense of self, particularly as anorexia nervosa got worse. Applying dialogical theory suggests a new model of anorexia nervosa, where the anorexic voice is a self-critical position, which disagrees with and attempts to dominate the more rational self. It is suggested that to move on from anorexia nervosa, the individual needs to address his/her anorexic voice and develop a new dominant position that accepts and values his/her sense of self. The excellent BPS blog - http://bps-research-digest.blogspot.com/2011/11/recovering-patients-descr-2010.html - comments "People with anorexia find comfort in their illness at first, but then it becomes over-powering and they end up battling for control of their own minds. That’s according to Sarah Williams and Marie Reid, who conducted an online focus group and email interviews with 14 people recovering from anorexia nervosa, aged 21 to 50 and including two men. A consistent theme to emerge was that anorexia at first provided a sense of control and identity. The participants recalled enjoying striving for perfection. They saw thinness as an ideal that was within their means to reach. “Anorexia became a friend,” said Natalie*. “When I was alone ... I knew that at least I had A,” Jon said: “It was a way to control what was happening to me on a day to day basis, and also my weight.” Eventually though, rather than being a solution, anorexia became a problem all of its own. Said Lisa: “I call my anorexia ‘the demon’ who controls my thoughts, feelings, emotions and actions.” Jon: “It’s like there are two people in my head: the part that knows what needs to be done and the part of me that is trying to lead me astray. Ana is the part that is leading me astray and dominates me.” “Having developed the anorexic voice, participants came to feel that it was to an extent split from their authentic selves,” said Williams and Reid. The research pair explained how their findings, placed in the context of similar results from past studies, provided useful ideas for therapeutic intervention. In particular, they suggested the need for recovering anorexia clients to acknowledge other positions beyond the anorexia voice and their own authentic self. “Wellness cannot simply be the absence of anorexia nervosa symptoms because this can intensify the inner battle with the anorexic voice,” they said. Williams and Reid advised using therapy to help build clients’ sense of self. “This study suggests that this means developing the self beyond an ambivalent conflict between the authentic self and the anorexic voice,” they said. “This would allow a new more positive dominant position to develop.” One approach that may be particularly suitable, according to Williams and Reid, is emotion-focused therapy (EFT). A technique used in EFT is for clients to address an empty chair, which represents their critical “anorexia voice”. With the aid of the therapist, this can lead to a softening of the anorexic critic and the fostering of a new dominant position in the self. However, the researchers cautioned that there are “as yet ... no studies investigating the efficacy of externalisation techniques such as those used in EFT and this warrants further attention.”