

February 8, 2012 – fortieth mailing

An evidence-based blog on stress, health & wellbeing (January posts)

Greetings

The ten January posts to this evidence-based blog on stress, health & wellbeing are detailed in the [calendar view](#). There are three posts on mindfulness, three on emotion-focused therapy, a couple on a personal slant on integrative psychotherapy, one on sleep, and one on the usual monthly round-up of recent stress, health & wellbeing research. I've also added a dozen topical general interest research abstracts to the end of this email. For some readers these will be written in scientific gobbledygook, but others may find fascinating nuggets of new information relevant to stress, health & wellbeing.

The three posts on mindfulness extend the series [begun in December](#) written to provide support for anyone using (or prescribing) Mark Williams & Danny Penman's excellent recent book *"Mindfulness: a practical guide to finding peace in a frantic world"* as a (guided) self-help training in mindfulness practice. The posts are ["Using Williams & Penman's book 'Mindfulness: a practical guide' as a self-help resource \(5th post\) – third week's practice"](#), ["Using Williams & Penman's book ... \(6th post\) – fourth week's practice"](#) and ["Using Williams & Penman's book ... \(7th post\) – fifth week's practice"](#).

Several therapeutic interventions that have been developed in emotion-focused therapy (EFT) have now been incorporated into CBT (for example in schema work & in compassionate mind training). I am attending a series of EFT training workshops and the most recent is discussed in the three posts ["Emotion-focused therapy workshop series: narrative therapy & trauma processing"](#), ["EFT workshop series: the importance of processing 'hot cognitions' & feelings"](#) and ["EFT workshop series: two chair conflict dialogues"](#).

I have been "doing therapy" in one form or another for 38 years. Although CBT forms the backbone of my approach, I thought it might be an interesting exercise to reflect on the synthesis that has evolved over the years – hence the two posts ["My brand new 'two-seven-two' model of integrative psychotherapy! \(1st post\)"](#) and ["My brand new 'two-seven-two' model of integrative psychotherapy! \(2nd post\)"](#).

There is a further post in the series I have been writing about sleep. The title is self-explanatory – ["Is short duration sleep a problem or is it just disturbed sleep that leads to increased mortality? A personal exploration"](#). Finally there is the ["Research review"](#) listing journal abstracts in four overlapping categories – thirty on *Cognitive Behavioural Therapy*, twelve on *Compassion*, twenty two on *Depression*, and thirty six on *General Wellbeing* covering a multitude of stress, health & wellbeing related subjects from cancer & lifestyle, mothers' wellbeing & part-time work, friendship, love, suicide risk, assessing personality by smell, how fast the "Grim Reaper" walks, intolerance of sexy peers 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 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

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Buehler, C. and M. O'Brien (2011). "Mothers' part-time employment: Associations with mother and family well-being." *Journal of Family Psychology* **25**(6): 895-906. <http://psycnet.apa.org/journals/fam/25/6/895/>.

Abstract The associations between mothers' part-time employment and mother well-being, parenting, and family functioning were examined using seven waves of the NICHD Study of Early Child Care and Youth Development data (N = 1,364), infancy through middle childhood. Concurrent comparisons were made between families in which mothers were employed part time and both those in which mothers were not employed and those in which mothers were employed full time. Using multivariate analysis of covariance with extensive controls, results indicated that mothers employed part time had fewer depressive symptoms during the infancy and preschool years and better self-reported health at most time points than did nonemployed mothers. Across the time span studied, mothers working part time tended to report less conflict between work and family than those working full time. During their children's preschool years, mothers employed part time exhibited more sensitive parenting than did other mothers, and at school age were more involved in school and provided more learning opportunities than mothers employed full time. Mothers employed part time reported doing a higher proportion of child care and housework than mothers employed full time. Part-time employment appears to have some benefits for mothers and families throughout the child rearing years. *MedicalXpress* - <http://medicalxpress.com/news/2011-12-moms-stay-at-home.html> - comments "Mothers with jobs tend to be healthier and happier than moms who stay at home during their children's infancy and pre-school years, according to a new study published by the American Psychological Association. Researchers analyzed National Institute for Child Health and Human Development Study of Early Child Care and Youth Development data, beginning in 1991 with interviews of 1,364 mothers shortly after their child's birth and including subsequent interviews and observations spanning more than 10 years. The findings were published in the December issue of APA's *Journal of Family Psychology*. "In all cases with significant differences in maternal well-being, such as conflict between work and family or parenting, the comparison favored part-time work over full-time or not working," said lead author Cheryl Buehler, PhD, professor of human development and family studies, at the University of North Carolina at Greensboro. "However, in many cases the well-being of moms working part time was no different from moms working full time." For example, mothers employed part time reported better overall health and fewer symptoms of depression than stay-at-home moms, while there were no reported differences in general health or depressive symptoms between moms employed part time and those who worked full time, the study said. The part-time and full-time working moms also showed no significant differences when it came to the women's perception that their employment supported family life, including their ability to be a better parent, the authors wrote. The analysis found that mothers employed part time were just as involved in their child's school as stay-at-home moms, and more involved than moms who worked full time. In addition, mothers working part time appeared more sensitive with their pre-school children and they provided more learning opportunities for toddlers than stay-at-home moms and moms working full time. Particularly in tough economic times, employers looking for cost savings hire part-time employees because they typically do not receive the same level of benefits, such as health insurance, training and career advancement, the authors pointed out. "Since part-time work seems to contribute to the strength and well-being of families, it would be beneficial to employers if they provide fringe benefits, at least proportionally, to part-time employees as well as offer them career ladders through training and promotion," said study co-author Marion O'Brien, PhD, professor of human development and family studies, also of the University of North Carolina at Greensboro. Mothers who participated in the study were from 10 locations across the U.S., and included 24 percent ethnic minorities, 1 percent without a high school degree, and 14 percent single parents. The number of mothers employed part time was fairly consistent at about 25 percent of the total over the span of the study, although mothers moved in and out of part-time work. Part-time employment was defined as between one and 32 hours per week. The study's limitations included the fact that only one child in the family was included and its exclusive focus on work hours, according to the authors. They recommended that future research include other employment-related factors such as professional status, scheduling flexibility, work commitment and shift schedules."

Duckitt, K. (2011). "Exercise during pregnancy." *BMJ* **343**.

Eat for one, exercise for two. With the start of the London 2012 Olympics less than a year away, athletes such as Paula Radcliffe and the Canadian heptathlete, Jessica Zelinka, remind us that it is possible not only to return to world class competition after having a baby but also to continue training—albeit with some modifications—throughout pregnancy. The prevalence of obesity is increasing: in 2007, 24% of women in the United Kingdom aged 16 and over were obese compared with only 16% in 1993. One of the aims of the London 2012 Olympic bid was to encourage the whole population to become more physically active. This should include pregnant women too ... Recent recommendations suggest that, in the absence of medical or obstetric complications, either 30 minutes or more of moderate exercise a day on most, if not all, days of the week, or 30 minutes of moderate intensity activity a day, should be the targets in pregnancy. This recommendation slightly exceeds but is not dissimilar to the most recent advice to UK adults of at least 150 minutes of activity a week.⁴ Not all women achieve these levels of activity before pregnancy, and activity often decreases during pregnancy. The amount of exercise performed is often proportional to the woman's concerns about safety. Both the Royal College of Obstetricians and Gynaecologists - <http://www.rcog.org.uk/womens-health/clinical-guidance/recreational-exercise-and-pregnancy> - and American College of Obstetricians and Gynecologists - http://www.acog.org/For_Patients - have excellent patient information leaflets that cover which types of exercise are recommended in pregnancy and which should be avoided. Precise guidance is given on the level of exertion and relevant precautions. Exercise in pregnancy has the same beneficial health outcomes as in non-pregnant women. It also relieves many of the minor ailments of pregnancy, such as tiredness, leg oedema, back pain, constipation, and nausea. It does not increase the risk of miscarriage and can help prevent and control gestational diabetes. Exercise also helps prevent excessive weight gain in pregnancy, and women who exercise during pregnancy are more likely to exercise after the birth and therefore lose the weight gained during pregnancy. Return to pre-pregnancy weight between pregnancies helps reduce the risk of obesity later in life. There seems no doubt that moderate intensity exercise during pregnancy is safe for uncomplicated pregnancies, but there is continuing debate about vigorous and longer periods of exercise. A study in a Danish cohort of 85,139 pregnant women found a significant link between high levels of exercise in early pregnancy (>270 minutes a week) and the risk of severe pre-eclampsia, although the absolute risk was still low at 1.1-1.3%. There was no link between exercise at the currently recommended levels (210 minutes a week) and severe pre-eclampsia.

Farrer, L., H. Christensen, et al. (2011). "Internet-based CBT for depression with and without telephone tracking in a national helpline: randomised controlled trial." *PLoS One* **6**(11): e28099. <http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0028099>.

(Free full text available) BACKGROUND: Telephone helplines are frequently and repeatedly used by individuals with chronic mental health problems and web interventions may be an effective tool for reducing depression in this population. AIM: To evaluate the effectiveness of a 6 week, web-based cognitive behaviour therapy (CBT) intervention with and without proactive weekly telephone tracking in the reduction of depression in callers to a helpline service. METHOD: 155 callers to a national helpline service with moderate to high psychological distress were recruited and randomised to receive either Internet CBT plus weekly telephone follow-up; Internet CBT only; weekly telephone follow-up only; or treatment as usual. RESULTS: Depression was lower in participants in the web intervention conditions both with and without telephone tracking compared to the treatment as usual condition both at post intervention and at 6 month follow-up. Telephone tracking provided by a lay telephone counsellor did not confer any additional advantage in terms of symptom reduction or adherence. CONCLUSIONS: A web-based CBT program is effective both with and without telephone tracking for reducing depression in callers to a national helpline.

Klimstra, T. A., T. Frijns, et al. (2011). "Come rain or come shine: individual differences in how weather affects mood." *Emotion* **11**(6): 1495-1499. <http://www.ncbi.nlm.nih.gov/pubmed/21842988>.

There is a widespread belief that weather affects mood. However, few studies have investigated this link, and even less is known about individual differences in people's responses to the weather. In the current study, we sought to identify weather reactivity types by linking self-reported daily mood across 30 days with objective weather data. We identified four distinct types among 497 adolescents and replicated these types among their mothers. The types were labeled Summer Lovers (better mood with warmer and sunnier weather), Unaffected (weak associations between weather and mood), Summer Haters (worse mood with warmer and sunnier weather), and Rain Haters (particularly bad mood on rainy days). In addition, intergenerational concordance effects were found for two of these types, suggesting that weather reactivity may run in the family. Overall, the large individual differences in how people's moods were affected by weather reconciles the discrepancy between the generally held beliefs that weather has a substantive effect on mood and findings from previous research indicating that effects of weather on mood are limited or absent.

Mongrain, M., J. Chin, et al. (2011). "Practicing compassion increases happiness and self-esteem." *Journal of Happiness Studies* **12**(6): 963-981. <http://dx.doi.org/10.1007/s10902-010-9239-1>.

The current study examined the effect of practicing compassion towards others over a 1 week period. Participants (N = 719) were recruited online, and were assigned to a compassionate action condition or a control condition which involved writing about an early memory. Multilevel modeling revealed that those in the compassionate action condition showed sustained gains in happiness (SHI; Seligman et al. in *Am Psychol* 60:410-421, 2005) and self-esteem (RSES; Rosenberg in *Society and the adolescent self-image*. Princeton University Press, Princeton, 1965) over 6 months, relative to those in the control condition. Furthermore, a multiple regression indicated that anxiously attached individuals (ECR; Brennan et al. 1998) in the compassionate action condition reported greater decreases in depressive symptoms following the exercise period. These results suggest that practicing compassion can provide lasting improvements in happiness and self-esteem, and may be beneficial for anxious individuals in the short run.

Parks, A. C. (2011). "The state of positive psychology in higher education: Introduction to the special issue." *The Journal of Positive Psychology* **6**(6): 429-431. <http://dx.doi.org/10.1080/17439760.2011.637729>

(Free full text editorial) Over the last decade, the field of positive psychology has experienced rapid growth and expansion. We have seen significant theoretical advancements, have developed myriad techniques for increasing happiness, and have made major strides in the dissemination of both research and practice to the general public. In no area of application has positive psychology flourished more, however, than in higher education. More departments than ever are offering courses in positive psychology, and demand for these courses is consistently high. Graduate programs offering concentrations in positive psychology have appeared both at the masters and doctoral level. Educational institutions have expressed interest in using principles of positive psychology to inform institutional structure, faculty development, and pedagogy. Positive psychology has been taught and applied in higher education for almost as long as it has existed as a field, and yet, with few exceptions, there is little in the way of published literature that brings all of these developments together. It is this observation that motivated this special issue on Positive Psychology in Higher Education.

Seery, M. D. (2011). "Resilience." *Current Directions in Psychological Science* **20**(6): 390-394. <http://cdp.sagepub.com/content/20/6/390.abstract>.

When adverse life events occur, people often suffer negative consequences for their mental health and well-being. More adversity has been associated with worse outcomes, implying that the absence of life adversity should be optimal. However, some theory and empirical evidence suggest that the experience of facing difficulties can also promote benefits in the form of greater propensity for resilience when dealing with subsequent stressful situations. I review research that demonstrates U-shaped relationships between lifetime adversity exposure and mental health and well-being, functional impairment and health care utilization in chronic back pain, and responses to experimentally induced pain. Specifically, a history of some lifetime adversity predicts better outcomes than not only a history of high adversity but also a history of no adversity. This has important implications for understanding resilience, suggesting that adversity can have benefits. *MedicalXpress* - <http://medicalxpress.com/news/2011-12-traumatic-tough.html> - comments "Your parents were right: Hard experiences may indeed make you tough. Psychological scientists have found that, while going through many experiences like assault, hurricanes, and bereavement can be psychologically damaging, small amounts of trauma may help people develop resilience. "Of course, everybody's heard the aphorism, 'Whatever does not kill you makes you stronger,'" says Mark D. Seery of the University at Buffalo. His paper on adversity and resilience appears in the December issue of *Current Directions in Psychological Science*, a journal of the Association for Psychological Science. But in psychology, he says, a lot of ideas that seem like common sense aren't supported by scientific evidence. Indeed, a lot of solid psychology research shows that having miserable life experiences is bad for you. Serious events, like the death of a child or parent, a natural disaster, being physically attacked, experiencing sexual abuse, or being forcibly separated from your family, can cause psychological problems. In fact, some research has suggested that the best way to go through life is having nothing ever happen to you. But not only is that unrealistic, it's not necessarily healthy, Seery says. In one study, Seery and his colleagues found that people who experienced many traumatic life events were more distressed in general—but they also found that people who had experienced no negative life events had similar problems. The people with the best outcomes were those who had experienced some negative events. Another study found that people with chronic back pain were able to get around better if they had experienced some serious adversity, whereas people with either a lot of adversity or none at all were more impaired. One possibility for this pattern is that people who have been through difficult experiences have had a chance to develop their ability to cope. "The idea is that negative life experiences can toughen people, making them better able to manage subsequent difficulties," Seery says. In addition, people

who get through bad events may have tested out their social network, learning how to get help when they need it. This research isn't telling parents to abuse their kids so they'll grow up to be well-adjusted adults, Seery says. "Negative events have negative effects," he says. "I really look at this as being a silver lining. Just because something bad has happened to someone doesn't mean they're doomed to be damaged from that point on."

Sorokowska, A., P. Sorokowski, et al. (2011). "Does personality smell? Accuracy of personality assessments based on body odour." *European Journal of Personality*: n/a-n/a. <http://dx.doi.org/10.1002/per.848>.

People are able to assess some personality traits of others based on videotaped behaviour, short interaction or a photograph. In our study, we investigated the relationship between body odour and the Big Five personality dimensions and dominance. Sixty odour samples were assessed by 20 raters each. The main finding of the presented study is that for a few personality traits, the correlation between self-assessed personality of odour donors and judgments based on their body odour was above chance level. The correlations were strongest for extraversion (.36), neuroticism (.34) and dominance (.29). Further analyses showed that self-other agreement in assessments of neuroticism slightly differed between sexes and that the ratings of dominance were particularly accurate for assessments of the opposite sex. *MedicalXpress* - <http://medicalxpress.com/news/2011-12-people-personality-body-odor.html> - commented "An interesting study conducted by Polish researchers Agnieszka Sorokowska, Piotr Sorokowski and Andrzej Szmajke, of the University of Wroclaw, has found that people are able to guess a person's type of personality to a reasonable extent, simply by smelling them, or their clothes. The team did some testing with volunteers, as they describe in their study published in the *European Journal of Personality*, and found that people could guess another's personality through odors at least as well as they could when shown videos of people in action. To find out just how well people can gauge personality types through smelling odors given off by other people's bodies, the team asked 60 people, half men and half women to wear plain white t-shirts while they slept, for three nights in a row. Each was asked to not use perfumes, soap or deodorants and to not smoke or eat or drink things that affect body odor, such as onions or garlic. Each of the participants were also given personality tests before the t-shirt wearing part of the study began, to assess personality types. At the end of the three days, the t-shirts were all collected and put into non-clear, labeled plastic bags. Then, two hundred volunteers, half men and half women, were enlisted to sniff the bags and offer their opinions on personality type based on nothing but the odors wafting from the bags. Each volunteer sniffed just six bags to avoid becoming inured presumably and each bag was sniffed by twenty sniffers to get a large enough sample to avoid coincidence. After all was said and done, those doing the sniffing were able to guess whether the person who had emitted the odor was anxious, outgoing or dominant at least as well as people in a previous study had been able to do watching videos of people interacting with others. Also interesting was that the sniffers were particularly adept at picking up dominant personality types from odors that came from someone of the opposite gender. While clearly not at a hundred percent, the researchers indicate the study shows that there is something going on regarding how much a person sweats and under what conditions as well as a correlation between the components in sweat and personality traits and that other people are able to pick up on those differences when in their vicinity. Thus, the results are actually two-fold. The first is that people apparently give off personality clues when sweating, and second, that people are able to not only smell the differences in people, but make judgments about them based on what they smell."

Stanaway, F. F., D. Gnjjidic, et al. (2011). "How fast does the Grim Reaper walk? Receiver operating characteristics curve analysis in healthy men aged 70 and over." *BMJ* **343**(d7679).

Objective To determine the speed at which the Grim Reaper (or Death) walks. Design Population based prospective study. Setting Older community dwelling men living in Sydney, Australia. Participants 1705 men aged 70 or more participating in CHAMP (Concord Health and Ageing in Men Project). Main outcome measures Walking speed (m/s) and mortality. Receiver operating characteristics curve analysis was used to calculate the area under the curve for walking speed and determine the walking speed of the Grim Reaper. The optimal walking speed was estimated using the Youden index (sensitivity+specificity-1), a common summary measure of the receiver operating characteristics curve, and represents the maximum potential effectiveness of a marker. Results The mean walking speed was 0.88 (range 0.15-1.60) m/s. The highest Youden index (0.293) was observed at a walking speed of 0.82 m/s (2 miles (about 3 km) per hour), corresponding to a sensitivity of 63% and a specificity of 70% for mortality. Survival analysis showed that older men who walked faster than 0.82 m/s were 1.23 times less likely to die (95% confidence interval 1.10 to 1.37) than those who walked slower (P=0.0003). A sensitivity of 1.0 was obtained when a walking speed of 1.36 m/s (3 miles (about 5 km) per hour) or greater was used, indicating that no men with walking speeds of 1.36 m/s or greater had contact with Death. Conclusion The Grim Reaper's preferred walking speed is 0.82 m/s (2 miles (about 3 km) per hour) under working conditions. As none of the men in the study with walking speeds of 1.36 m/s (3 miles (about 5 km) per hour) or greater had contact with Death, this seems to be the Grim Reaper's most likely maximum speed; for those wishing to avoid their allotted fate, this would be the advised walking speed.

Uysal, A., H. L. Lin, et al. (2011). "The association between self-concealment from one's partner and relationship well-being." *Personality and Social Psychology Bulletin*. <http://psp.sagepub.com/content/early/2011/11/22/0146167211429331.abstract>.

In two studies the authors examined whether self-concealment from one's partner is associated with lower relationship well-being. In Study 1, participants who were in a romantic relationship (N = 165) completed an online survey. Self-concealment from one's partner was associated with lower relationship satisfaction and commitment. Furthermore, results were consistent with this relationship being mediated by autonomy and relatedness needs. In Study 2, couples (N = 50) completed daily records for 14 consecutive days. Multilevel analyses indicated that daily self-concealment from one's partner was associated with daily relationship satisfaction, commitment, and conflict. Lagged analyses also showed that self-concealment from one's partner predicted lower relationship well-being on the following day. Moreover, results supported that thwarted basic needs mediated the association between daily self-concealment and relationship well-being. Finally, actor-partner interdependence model over time analyses indicated that, apart from one's own self-concealment, one's partner's self-concealment was associated negatively with one's own relationship well-being.

Walton, G. and C. Dweck (2011). Willpower: It's in your head. *New York Times*.

http://www.nytimes.com/2011/11/27/opinion/sunday/willpower-its-in-your-head.html?_r=2

Is willpower an illusion? Is the traditional notion of a deep mental reservoir of strength a fiction? In recent years, the popular answer has been yes. Our abilities, according to this argument, are constrained by the narrow limits of our biology. In her 2008 book, "Health at Every Size," the nutritionist Linda Bacon argues that, because of how the brain's hypothalamus works, it is a "myth" that anyone can will himself to lose weight by maintaining a diet. "It's not your fault!" she writes. "Biology is so powerful it can 'make' you break that diet." This year, in their book "Willpower: Rediscovering the Greatest Human Strength," the social psychologist Roy F. Baumeister and the *New York Times* science writer John Tierney survey a large body of scientific research to conclude that willpower is limited and depends on a continuous supply of the simple sugar glucose. When glucose is depleted, you fall prey to impulse shopping, affairs and cookies. The solution? "Try to get some glucose in you," Mr. Tierney told NPR. Such theories have an obvious appeal: attributing failures of willpower to our fixed biological limits justifies

our procrastination as well as our growing waistlines. Not only that, we also get to consume more sugar. But are these theories correct? We don't think so. In research that we conducted with the psychologist Veronika Job, we confirmed that willpower can indeed be quite limited — but only if you believe it is. When people believe that willpower is fixed and limited, their willpower is easily depleted. But when people believe that willpower is self-renewing — that when you work hard, you're energized to work more; that when you've resisted one temptation, you can better resist the next one — then people successfully exert more willpower. It turns out that willpower is in your head ...

Wise, J. (2011). "A third of all cancers in the UK are potentially preventable, finds review." **BMJ** **343**.
<http://www.bmj.com/content/343/bmj.d7999>.

A third (more than 100 000 cases) of all cancers in the United Kingdom are caused by just four risk factors and are potentially preventable, concludes a comprehensive review of the evidence. The researchers estimated that 106 845 cancers in the UK in 2010 were associated with smoking, poor diet, alcohol, and excess weight. And when all 14 lifestyle and environmental risk factors were included, this figure rose to 134 000 or (43% of the total). The review, published as a supplement in the British Journal of Cancer (http://info.cancerresearchuk.org/groups/cr_common/@nre/@new/@pre/documents/generalcontent/cr_080626.pdf), found that 45% of all cancers in men and 40% in women could be prevented. The review looked at all the available evidence together with the latest (2010) estimates of cancer incidence.