

36 bhma abstracts, april '12

Thirty six abstracts covering a multitude of stress, health & wellbeing related subjects including the psychological effects of what we wear, alcohol-use disorder leading to depression, the importance of continuity when seeing a GP, assessing "risk literacy", coffee consumption & disease risk, benefits of mortality awareness, should introverts act more like extraverts, time perspective & wellbeing, and much more.

(Adam and Galinsky ; Bernardi, Faraone et al. 2012; Bodenmann and Randall 2012; Boschloo, van den Brink et al. 2012; Buchman, Boyle et al. 2012; Burgess, Andiappan et al. 2012; Chauhan, Bankart et al. 2012; Clark, Pike et al. 2012; Cokely, Galesic et al. 2012; Floegel, Pischon et al. 2012; Gauthier and Gagliese 2012; Holwerda, Beekman et al. 2012; Jack, Garrod et al. 2012; Johnston and Milne 2012; Kashdan, Sherman et al. 2012; King, Horner et al. 2012; Koivumaa-Honkanen, Kaprio et al. 2012; Kurth 2012; Levin, Dallago et al. 2012; Lindfors, Unge et al. 2012; Masuda and Sortheix 2012; Prazak, Critelli et al. 2012; Roest, Zuidersma et al. 2012; Slepian, Masicampo et al. 2012; Spitzer, Bouchain et al. 2012; Stanford, Durkin et al. 2012; Taylor, Marshall et al. 2012; Vail, Juhl et al. 2012; Weinstein, Ryan et al. 2012; Weiss, Murray et al. 2012; Wilson, Segawa et al. 2012; Yamamoto, Kondo et al. 2012; Zeidner, Matthews et al. 2012; Zelenski, Santoro et al. 2012; Zhang, Howell et al. 2012; Zuidersma, Ormel et al. 2012)

Adam, H. and A. D. Galinsky **"Encllothed cognition."** *Journal of Experimental Social Psychology*(0).

<http://www.sciencedirect.com/science/article/pii/S0022103112000200>

(Free full text at <http://tinyurl.com/7tec9b4>) We introduce the term "encllothed cognition" to describe the systematic influence that clothes have on the wearer's psychological processes. We offer a potentially unifying framework to integrate past findings and capture the diverse impact that clothes can have on the wearer by proposing that encllothed cognition involves the co-occurrence of two independent factors—the symbolic meaning of the clothes and the physical experience of wearing them. As a first test of our encllothed cognition perspective, the current research explored the effects of wearing a lab coat. A pretest found that a lab coat is generally associated with attentiveness and carefulness. We therefore predicted that wearing a lab coat would increase performance on attention-related tasks. In Experiment 1, physically wearing a lab coat increased selective attention compared to not wearing a lab coat. In Experiments 2 and 3, wearing a lab coat described as a doctor's coat increased sustained attention compared to wearing a lab coat described as a painter's coat, and compared to simply seeing or even identifying with a lab coat described as a doctor's coat. Thus, the current research suggests a basic principle of encllothed cognition—it depends on both the symbolic meaning and the physical experience of wearing the clothes. (For some fun potential implications of this work, see <http://positivepsychologynews.com/news/emily-vanssonenberg/2012052122126>).

Bernardi, S., S. V. Faraone, et al. (2012). **"The lifetime impact of attention deficit hyperactivity disorder: Results from the national epidemiologic survey on alcohol and related conditions (NESARC)."** *Psychological Medicine* 42(04): 875-887. <http://dx.doi.org/10.1017/S003329171100153X>

Background The aim of the study was to present nationally representative data on the lifetime independent association between attention deficit hyperactivity disorder (ADHD) and psychiatric co-morbidity, correlates, quality of life and treatment seeking in the USA. Method Data were derived from a large national sample of the US population. Face-to-face surveys of more than 34 000 adults aged 18 years and older residing in households were conducted during the 2004–2005 period. Diagnoses of ADHD, Axis I and II disorders were based on the Alcohol Use Disorder and Associated Disabilities Interview Schedule-DSM-IV version. Results ADHD was associated independently of the effects of other psychiatric co-morbidity with increased risk of bipolar disorder, generalized anxiety disorder, post-traumatic stress disorder, and narcissistic, histrionic, borderline, antisocial and schizotypal personality disorders. A lifetime history of ADHD was also associated with increased risk of engaging in behaviors reflecting lack of planning and deficient inhibitory control, with high rates of adverse events, lower perceived health, social support and higher perceived stress. Fewer than half of individuals with ADHD had ever sought treatment, and about one-quarter had ever received medication. The average age of first treatment contact was 18.40 years. Conclusions ADHD is common and associated with a broad range of psychiatric disorders, impulsive behaviors, greater number of traumas, lower quality of life, perceived social support and social functioning, even after adjusting for additional co-morbidity. When treatment is sought, it is often in late adolescence or early adulthood, suggesting the need to improve diagnosis and treatment of ADHD.

Bodenmann, G. and A. K. Randall (2012). **"Common factors in the enhancement of dyadic coping."** *Behavior Therapy* 43(1): 88-98. <http://www.sciencedirect.com/science/article/pii/S0005789411000864>

(Available in free full text) Stress and coping are important constructs in understanding the dynamics of close relationships. Couple therapy and marital distress prevention approaches have become increasingly focused on these variables to gain knowledge of how stress and coping may impact the quality and stability of close relationships. In this paper, we outline couple's coping enhancement training (CCET) and the coping-oriented couple's therapy (COCT); both, couple interventions derived from stress and coping research. We address specific features of each approach and report data on their efficacy and effectiveness. We also examine both the common and specific factors that may play a role in the effectiveness of these approaches.

Boschloo, L., W. van den Brink, et al. (2012). **"Alcohol-use disorder severity predicts first-incident of depressive disorders."** *Psychological Medicine* 42(04): 695-703. <http://dx.doi.org/10.1017/S0033291711001681>

Background Previous studies suggest that alcohol-use disorder severity, defined by the number of criteria met, provides a more informative phenotype than dichotomized DSM-IV diagnostic measures of alcohol use disorders. Therefore, this study examined whether alcohol-use disorder severity predicted first-incident depressive disorders, an association that has never been found for the presence or absence of an alcohol use disorder in the general population. Method In a national sample of persons who had never experienced a major depressive disorder (MDD), dysthymia, manic or hypomanic episode (n=27 571), we examined whether a version of DSM-5 alcohol-use disorder severity (a count of three abuse and all seven dependence criteria) linearly predicted first-incident depressive disorders (MDD or dysthymia) after 3-year follow-up. Wald tests were used to assess whether more complicated models defined the relationship more accurately. Results First-incident of depressive disorders varied across alcohol-use disorder severity and was 4.20% in persons meeting no alcohol-use disorder criteria versus 44.47% in persons meeting all 10 criteria. Alcohol-use disorder severity significantly predicted first-incident of depressive disorders in a linear fashion (odds ratio 1.14, 95% CI 1.06–1.22), even after adjustment for sociodemographics, smoking status and predisposing factors for depressive disorders, such as general vulnerability factors, psychiatric co-morbidity and subthreshold depressive disorders. This linear model explained the relationship just as well as more complicated models. Conclusions Alcohol-

use disorder severity was a significant linear predictor of first-incident depressive disorders after 3-year follow-up and may be useful in identifying a high-risk group for depressive disorders that could be targeted by prevention strategies.

Buchman, A. S., P. A. Boyle, et al. (2012). **"Total daily physical activity and the risk of AD and cognitive decline in older adults."** *Neurology* 78(17): 1323-1329. <http://www.ncbi.nlm.nih.gov/pubmed/22517108>

OBJECTIVE: Studies examining the link between objective measures of total daily physical activity and incident Alzheimer disease (AD) are lacking. We tested the hypothesis that an objective measure of total daily physical activity predicts incident AD and cognitive decline. METHODS: Total daily exercise and nonexercise physical activity was measured continuously for up to 10 days with actigraphy (Actical(R); Philips Healthcare, Bend, OR) from 716 older individuals without dementia participating in the Rush Memory and Aging Project, a prospective, observational cohort study. All participants underwent structured annual clinical examination including a battery of 19 cognitive tests. RESULTS: During an average follow-up of about 4 years, 71 subjects developed clinical AD. In a Cox proportional hazards model adjusting for age, sex, and education, total daily physical activity was associated with incident AD (hazard ratio = 0.477; 95% confidence interval 0.273-0.832). The association remained after adjusting for self-report physical, social, and cognitive activities, as well as current level of motor function, depressive symptoms, chronic health conditions, and APOE allele status. In a linear mixed-effect model, the level of total daily physical activity was associated with the rate of global cognitive decline (estimate 0.033, SE 0.012, $p = 0.007$). CONCLUSIONS: A higher level of total daily physical activity is associated with a reduced risk of AD.

Burgess, M., M. Andiappan, et al. (2012). **"Cognitive behaviour therapy for chronic fatigue syndrome in adults: Face to face versus telephone treatment - a randomized controlled trial."** *Behavioural and Cognitive Psychotherapy* 40(02): 175-191. <http://dx.doi.org/10.1017/S1352465811000543>

Background: Previous research has shown that face to face cognitive behaviour therapy (CBT) is an effective treatment for chronic fatigue syndrome (CFS)/Myalgic Encephalomyelitis (ME). However, some patients are unable to travel to the hospital for a number of reasons. Aims: The aim of this study was to assess whether face to face CBT was more effective than telephone CBT (with face to face assessment and discharge appointment) for patients with CFS. Method: Patients aged 18-65 were recruited from consecutive referrals to the Chronic Fatigue Syndrome (CFS) Research and Treatment Unit at The South London and Maudsley NHS Trust in London. Participants were randomly allocated to either face to face CBT or telephone CBT by a departmental administrator. Blinding of participants and care givers was inappropriate for this trial. A parallel-groups randomised controlled trial was used to compare the two treatments. The primary outcomes were physical functioning and fatigue. Results: Significant improvements in the primary outcomes of physical functioning and fatigue occurred and were maintained to one year follow-up after discharge from treatment. Improvements in social adjustment and global outcome were noted and patient satisfaction was similar in both groups. Conclusions: Results from this study indicate that telephone CBT with two face to face appointments is a mild to moderately effective treatment for CFS and may be offered to patients where face to face treatment is not a viable option. Despite these encouraging conclusions, dropout was relatively high and therapists should be aware of this potential problem.

Chauhan, M., M. J. Bankart, et al. (2012). **"Characteristics of general practices associated with numbers of elective admissions."** *Journal of Public Health*. <http://jpubhealth.oxfordjournals.org/content/early/2012/03/23/pubmed.fds024.abstract>

Background In England both emergency (unplanned) and non-emergency (elective) hospital admissions have been increasing. Some elective admissions are potentially avoidable. Aim: to identify the characteristics of general practices and patients associated with elective admissions. Methods A cross-sectional study, in Leicestershire, England, was conducted using admission data (2006-07 and 2007-08). Practice characteristics (list size, distance from principal hospital, quality and outcomes framework score and general practitioner (GP) patient access survey data) and patient characteristics (age, ethnicity and deprivation and gender) were used as predictors of elective hospital admissions in a negative binomial regression model. Results Practices with a higher proportion of patients aged 65 years or greater and of white ethnicity had higher rates of elective hospital admissions. Practices with more male patients and with more patients reporting being able to consult a particular GP had fewer elective hospital admissions. For 2007-08 practices with a larger list size were associated with higher elective hospital admissions. Quality and outcomes framework performance did not predict admission numbers. Conclusions As for unplanned admissions, elective admissions increase as being able to consult a particular GP declines. Interventions to improve continuity should be investigated. Practices face major problems in managing the increased need for planned care as the population ages. (And the BMJ - <http://www.bmj.com/content/344/bmj.e2911> - commented "A study has found that a 1% rise in the proportion of patients able to see a particular GP was associated with a reduction of 7.6 elective admissions a year in the average sized practice for 2006-7 and 3.1 elective admissions for 2007-8. Allowing patients access to their preferred GP could lead to major savings for practices ... ")

Clark, C., C. Pike, et al. (2012). **"The contribution of work and non-work stressors to common mental disorders in the 2007 adult psychiatric morbidity survey."** *Psychological Medicine* 42(04): 829-842. <http://dx.doi.org/10.1017/S0033291711001759>

Background Evidence for an effect of work stressors on common mental disorders (CMD) has increased over the past decade. However, studies have not considered whether the effects of work stressors on CMD remain after taking co-occurring non-work stressors into account. Method Data were from the 2007 Adult Psychiatric Morbidity Survey, a national population survey of participants ≥ 16 years living in private households in England. This paper analyses data from employed working age participants (N=3383: 1804 males; 1579 females). ICD-10 diagnoses for depressive episode, generalized anxiety disorder, obsessive compulsive disorder, agoraphobia, social phobia, panic or mixed anxiety and depression in the past week were derived using a structured diagnostic interview. Questionnaires assessed self-reported work stressors and non-work stressors. Results The effects of work stressors on CMD were not explained by co-existing non-work stressors. We found independent effects of work and non-work stressors on CMD. Job stress, whether conceptualized as job strain or effort-reward imbalance, together with lower levels of social support at work, recent stressful life events, domestic violence, caring responsibilities, lower levels of non-work social support, debt and poor housing quality were all independently associated with CMD. Social support at home and debt did not influence the effect of work stressors on CMD. Conclusions Non-work stressors do not appear to make people more susceptible to work stressors; both contribute to CMD. Tackling workplace stress is likely to benefit employee psychological health even if the employee's home life is stressful but interventions incorporating non-work stressors may also be effective.

Cokely, E. T., M. Galesic, et al. (2012). **"Measuring risk literacy: The Berlin numeracy test."** *Judgment and Decision Making* 7(1): 25-47. <http://journal.sjdm.org/11/11808/jdm11808.html>

We introduce the Berlin Numeracy Test, a new psychometrically sound instrument that quickly assesses statistical numeracy and risk literacy. We present 21 studies (n=5336) showing robust psychometric discriminability across 15 countries (e.g., Germany, Pakistan, Japan, USA) and diverse samples (e.g., medical professionals, general populations, Mechanical Turk web panels). Analyses demonstrate desirable patterns of convergent validity (e.g., numeracy, general cognitive abilities),

discriminant validity (e.g., personality, motivation), and criterion validity (e.g., numerical and non-numerical questions about risk). The Berlin Numeracy Test was found to be the strongest predictor of comprehension of everyday risks (e.g., evaluating claims about products and treatments; interpreting forecasts), doubling the predictive power of other numeracy instruments and accounting for unique variance beyond other cognitive tests (e.g., cognitive reflection, working memory, intelligence). The Berlin Numeracy Test typically takes about three minutes to complete and is available in multiple languages and formats, including a computer adaptive test that automatically scores and reports data to researchers (www.riskliteracy.org). The online forum also provides interactive content for public outreach and education, and offers a recommendation system for test format selection. Discussion centers on construct validity of numeracy for risk literacy, underlying cognitive mechanisms, and applications in adaptive decision support.

Floegel, A., T. Pischon, et al. (2012). **"Coffee consumption and risk of chronic disease in the European prospective investigation into cancer and nutrition (EPIC) – Germany study."** *Am J Clin Nutr* 95(4): 901-908. <http://www.ajcn.org/content/95/4/901.abstract>

Background: Early studies suggested that coffee consumption may increase the risk of chronic disease. Objective: We investigated prospectively the association between coffee consumption and the risk of chronic diseases, including type 2 diabetes (T2D), myocardial infarction (MI), stroke, and cancer. Design: We used data from 42,659 participants in the European Prospective Investigation into Cancer and Nutrition (EPIC)–Germany study. Coffee consumption was assessed by self-administered food-frequency questionnaire at baseline, and data on medically verified incident chronic diseases were collected by active and passive follow-up procedures. HRs and 95% CIs were calculated with multivariate Cox regression models and compared by competing risk analysis. Results: During 8.9 y of follow-up, we observed 1432 cases of T2D, 394 of MI, 310 of stroke, and 1801 of cancer as first qualifying events. Caffeinated (HR: 0.94; 95% CI: 0.84, 1.05) or decaffeinated (HR: 1.05; 95% CI: 0.84, 1.31) coffee consumption (≥ 4 cups/d compared with < 1 cup/d; 1 cup was defined as 150 mL) was not associated with the overall risk of chronic disease. A lower risk of T2D was associated with caffeinated (HR: 0.77; 95% CI: 0.63, 0.94; P-trend 0.009) and decaffeinated (HR: 0.70; 95% CI: 0.46, 1.06; P-trend: 0.043) coffee consumption (≥ 4 cups/d compared with < 1 cup/d), but cardiovascular disease and cancer risk were not. The competing risk analysis showed no significant differences between the risk associations of individual diseases. Conclusion: Our findings suggest that coffee consumption does not increase the risk of chronic disease, but it may be linked to a lower risk of T2D.

Gauthier, L. R. and L. Gagliese (2012). **"Bereavement interventions, end-of-life cancer care, and spousal well-being: A systematic review."** *Clinical Psychology: Science and Practice* 19(1): 72-92. <http://dx.doi.org/10.1111/j.1468-2850.2012.01275.x>

(Free full text available) Recent comprehensive reviews have concluded that there is little evidence for the effectiveness of bereavement interventions. These reviews have not been limited to investigations of bereavement services for spouses of patients with cancer. This systematic review examined the evidence from 10 articles reporting on eight studies examining outcomes of bereavement interventions and adjustment to bereavement following specialized end-of-life patient care for spouses of patients with cancer. Patient end-of-life interventions may positively influence bereavement outcomes for spouses, but based on the available evidence, it is difficult to draw definitive conclusions about the effectiveness of bereavement group interventions for spouses of patients with cancer. Methodologically rigorous studies with larger sample sizes are required to determine the effectiveness of these interventions.

Holwerda, T. J., A. T. F. Beekman, et al. (2012). **"Increased risk of mortality associated with social isolation in older men: Only when feeling lonely? Results from the Amsterdam study of the elderly (AMSTEL)."** *Psychological Medicine* 42(04): 843-853. <http://dx.doi.org/10.1017/S0033291711001772>

Background Loneliness has a significant influence on both physical and mental health. Few studies have investigated the possible associations of loneliness with mortality risk, impact on men and women and whether this impact concerns the situation of being alone (social isolation), experiencing loneliness (feeling lonely) or both. The current study investigated whether social isolation and feelings of loneliness in older men and women were associated with increased mortality risk, controlling for depression and other potentially confounding factors. Method In our prospective cohort study of 4004 older persons aged 65–84 years with a 10-year follow-up of mortality data a Cox proportional hazard regression analysis was used to test whether social isolation factors and feelings of loneliness predicted an increased risk of mortality, controlling for psychiatric disorders and medical conditions, cognitive functioning, functional status and sociodemographic factors. Results At 10 years follow-up, significantly more men than women with feelings of loneliness at baseline had died. After adjustment for explanatory variables including social isolation, the mortality hazard ratio for feelings of loneliness was 1.30 [95% confidence interval (CI) 1.04–1.63] in men and 1.04 (95% CI 0.90–1.24) in women. No higher risk of mortality was found for social isolation. Conclusions Feelings of loneliness rather than social isolation factors were found to be a major risk factor for increasing mortality in older men. Developing a better understanding of the nature of this association may help us to improve quality of life and longevity, especially in older men.

Jack, R. E., O. G. B. Garrod, et al. (2012). **"Facial expressions of emotion are not culturally universal."** *Proceedings of the National Academy of Sciences* 109(19): 7241-7244. <http://www.pnas.org/content/109/19/7241.abstract>

(Available in free full text) Since Darwin's seminal works, the universality of facial expressions of emotion has remained one of the longest standing debates in the biological and social sciences. Briefly stated, the universality hypothesis claims that all humans communicate six basic internal emotional states (happy, surprise, fear, disgust, anger, and sad) using the same facial movements by virtue of their biological and evolutionary origins [Susskind JM, et al. (2008) *Nat Neurosci* 11:843–850]. Here, we refute this assumed universality. Using a unique computer graphics platform that combines generative grammars [Chomsky N (1965) MIT Press, Cambridge, MA] with visual perception, we accessed the mind's eye of 30 Western and Eastern culture individuals and reconstructed their mental representations of the six basic facial expressions of emotion. Cross-cultural comparisons of the mental representations challenge universality on two separate counts. First, whereas Westerners represent each of the six basic emotions with a distinct set of facial movements common to the group, Easterners do not. Second, Easterners represent emotional intensity with distinctive dynamic eye activity. By refuting the long-standing universality hypothesis, our data highlight the powerful influence of culture on shaping basic behaviors once considered biologically hardwired. Consequently, our data open a unique nature–nurture debate across broad fields from evolutionary psychology and social neuroscience to social networking via digital avatars.

Johnston, L. H. and D. L. Milne (2012). **"How do supervisees learn during supervision? A grounded theory study of the perceived developmental process."** *The Cognitive Behaviour Therapist* 5(01): 1-23. <http://dx.doi.org/10.1017/S1754470X12000013>

To contribute to a model of CBT supervision, we interpreted supervisees' understanding of the processes involved in their receipt of supervision. Second, we assessed the utility of a Grounded Theory Methodology (GTM) to study supervision.

Supervisees were interviewed about their experiences of supervision, within a cross-sectional, qualitative design. In-depth, face-to-face individual interviews were conducted with seven trainee clinical psychologists. Their perceptions of supervision were analysed by means of a constructivist revision of GTM. A conceptual model is presented, to show the learning process from the perspective of the supervisees. This suggests that the receipt of supervision was experienced against a developmental backdrop involving a progression along two continua: competency and awareness. A set of core processes (Reflection, Socratic Information Exchange, Scaffolding, Supervisory Alliance) were thought to interact, enabling appropriate learning across developmental stages. This was thought to facilitate movement through individualized Zones of Proximal Development (ZPD). The fidelity construct of 'receipt' is complex and does not lend itself to quantification and measurement using a positivistic approach. By contrast, GTM was a useful methodology to use in this context. Further research using a similar methodology may further contribute to a model of CBT supervision.

Kashdan, T. B., R. A. Sherman, et al. (2012). **"How are curious people viewed and how do they behave in social situations? From the perspectives of self, friends, parents, and unacquainted observers."** *J Pers.*

<http://www.ncbi.nlm.nih.gov/pubmed/22583101>

Objective. People who are open and curious orient their lives around an appreciation of novelty and a strong urge to explore, discover, and grow. Researchers have recently shown that being an open, curious person is linked to healthy social outcomes. Method. To better understand the benefits (and liabilities) of being a curious person, we used a multi-method design of social behavior to assess the perspectives of multiple informants including self, friends, and parents, and behavior coded from direct observations in unstructured social interactions. Results. We found an impressive degree of convergence among self, friends, and parent reports of curiosity, and observer-rated behavioral correlates of curiosity. A curious personality was linked to a wide range of adaptive behaviors including tolerance of anxiety and uncertainty, positive emotional expressiveness, initiation of humor and playfulness, unconventional thinking, and a non-defensive, non-critical attitude. Conclusions. This characterization of curious people provides insights into mechanisms underlying associated healthy social outcomes.

King, N. A., K. Horner, et al. (2012). **"Exercise, appetite and weight management: Understanding the compensatory responses in eating behaviour and how they contribute to variability in exercise-induced weight loss."** *British Journal of Sports Medicine* 46(5): 315-322. <http://bjsm.bmj.com/content/46/5/315.abstract>

Does exercise promote weight loss? One of the key problems with studies assessing the efficacy of exercise as a method of weight management and obesity is that mean data are presented and the individual variability in response is overlooked. Recent data have highlighted the need to demonstrate and characterise the individual variability in response to exercise. Do people who exercise compensate for the increase in energy expenditure via compensatory increases in hunger and food intake? The authors address the physiological, psychological and behavioural factors potentially involved in the relationship between exercise and appetite, and identify the research questions that remain unanswered. A negative consequence of the phenomena of individual variability and compensatory responses has been the focus on those who lose little weight in response to exercise; this has been used unreasonably as evidence to suggest that exercise is a futile method of controlling weight and managing obesity. Most of the evidence suggests that exercise is useful for improving body composition and health. For example, when exercise-induced mean weight loss is <1.0 kg, significant improvements in aerobic capacity (+6.3 ml/kg/min), systolic (-6.00 mm Hg) and diastolic (-3.9 mm Hg) blood pressure, waist circumference (-3.7 cm) and positive mood still occur. However, people will vary in their responses to exercise; understanding and characterising this variability will help tailor weight loss strategies to suit individuals.

Koivumaa-Honkanen, H., J. Kaprio, et al. (2012). **"Self-reported life satisfaction and alcohol use: A 15-year follow-up of healthy adult twins."** *Alcohol and Alcoholism*.

<http://alcalc.oxfordjournals.org/content/early/2012/01/02/alcalc.agr151.abstract>

Aims: To study the bidirectional relationships between life satisfaction (LS) and alcohol use. Methods: Health questionnaires were administered in 1975, 1981 and 1990 to a population-based sample of healthy Finnish twins aged 18-45 at baseline (n = 14,083). These included a LS scale and three indicators for adverse alcohol use: binge drinking, passing out and high consumption (women/men $\geq 400/800$ g/month). In longitudinal analyses, logistic regression, pair-wise case-control analyses and growth models were applied. Results: All alcohol indicators increased the age-adjusted risk of becoming dissatisfied regardless of study period [binge drinking odds ratio (OR)1975-1990 = 1.29; 95% confidence interval (CI) 1.12-1.50; high consumption OR1975-1990 = 1.60; 1.29-1.99 and passing out OR1981-1990 = 2.01; 1.57-2.57]. Also, the dissatisfied had an increased subsequent risk for adverse alcohol use. The risk for passing out due to drinking (OR1975-1990 = 1.50; 1.22-1.86) was increased regardless of study period, while high consumption (OR1975-1981 = 1.97; 1.40-2.77; OR1981-1990 = 2.48; 1.50-4.12) and binge drinking (OR1975-1981 = 1.37; 1.12-1.67) showed some variation by the study period. Predictions remained after multiple adjustments. Longitudinally, high consumption predicted dissatisfaction somewhat more strongly than vice versa. The change/levels within the whole range of LS and alcohol consumption were only slightly associated in the entire study population. Conclusion: Life dissatisfaction and adverse alcohol use reciprocally predict each other prospectively. The heavier the alcohol use the stronger the relationship.

Kurth, T. (2012). **"Aspirin and cancer prevention."** *BMJ* 344. <http://www.bmj.com/content/344/bmj.e2480>

More evidence, but still not enough to support an aspirin a day for all adults: When Eichengrün and colleagues at dye manufacturer Friedrich Bayer & Co synthesised acetylsalicylic acid in 1897 the success story of aspirin began, and its potential applications are still being revealed. It is well established that aspirin reduces pain, limits the inflammatory response, and reduces cardiovascular disease but that it can lead to major bleeding events and gastrointestinal upset. For several years increasing numbers of studies have suggested a benefit of aspirin on the occurrence of polyps and colorectal cancer. Potential beneficial effects on other common cancer types have also been reported. Two recently published large scale studies have provided additional evidence that low dose aspirin reduces the incidence of cancer, death from cancer, and cancer metastasis ... The findings of the two recent studies are compelling and strongly suggest that, at least for specific subgroups, daily low dose aspirin could reduce cancer related outcomes. However, can we now argue that everyone should take a daily aspirin? Should we conclude that because daily aspirin has confirmed benefits on cardiovascular disease and now seems to be effective in preventing cancer, two of the major contributors to mortality and morbidity in the general population, we should be more proactive in getting people to take daily aspirin? ... Too many questions remain unanswered to warrant a recommendation to treat all adults with low dose aspirin to prevent cancer. However, the increasing evidence that aspirin may interfere with the pathogenesis of at least some cancers is compelling and should motivate further targeted research at the population level. Efforts to study the effect of low dose aspirin on cancer occurrence should include the application of appropriate causal modelling to observational data, in addition to the identification of subgroups of patients who would benefit most and those in whom adverse effects of aspirin are most likely to occur. Research should focus on plausible interactions of specific biological mechanisms, including biomarkers and genetic information. Until then, doctors should continue to make decisions on long term treatment with low dose aspirin in individual patients by carefully balancing risks and benefits.

Levin, K., L. Dallago, et al. (2012). **"The association between adolescent life satisfaction, family structure, family affluence and gender differences in parent-child communication."** *Social Indicators Research* 106(2): 287-305. <http://dx.doi.org/10.1007/s11205-011-9804-y>

The study sought to examine young people's life satisfaction in the context of the family environment, using data from the 2006 HBSC: WHO-collaborative Study in Scotland (N = 5,126). Multilevel linear regression analyses were carried out for 11-, 13- and 15-year old boys and girls, with outcome measure r-dit-transformed life satisfaction. The study found there to be a relationship between family structure and life satisfaction for boys and girls aged 13 and 15 years. Family affluence mediated this relationship, however the extent of this mediation depended both on age and gender. For both boys and girls at all ages, life satisfaction was more strongly associated with parent-child communication than with family structure or family affluence. After adjustment for risk/health behaviours and attitudes towards peers and school, family structure remained significant for boys aged 13 years only. Whereas difficult parent-child communication acted as a risk factor of low life satisfaction for boys and girls, easy communication acted as protective factor among girls only.

Lindfors, P., P. Unge, et al. (2012). **"Long-term effects of hypnotherapy in patients with refractory irritable bowel syndrome."** *Scandinavian Journal of Gastroenterology* 47(4): 414-421. <http://informahealthcare.com/doi/abs/10.3109/00365521.2012.658858>

Objective. Gut-directed hypnotherapy is considered to be an effective treatment in irritable bowel syndrome (IBS) but few studies report the long-term effects. This retrospective study aims to evaluate the long-term perceived efficacy of gut-directed hypnotherapy given outside highly specialized hypnotherapy centers. Methods. 208 patients, who all had received gut-directed hypnotherapy, were retrospectively evaluated. The Subjective Assessment Questionnaire (SAQ) was used to measure changes in IBS symptoms, and patients were classified as responders and non-responders. Patients were also asked to report changes in health-care seeking, use of drugs for IBS symptoms, use of alternative non-pharmacological treatments, and if they still actively used hypnotherapy. Results. Immediately after hypnotherapy, 103 of 208 patients (49%) were responders and 75 of these (73%) had improved further at the follow-up 2-7 years after hypnotherapy (mean 4 years). A majority of the responders still used hypnotherapy on a regular basis at follow-up (73%), and the responders reported a greater reduction in health-care seeking than non-responders. A total of 87% of all patients reported that they considered gut-directed hypnotherapy to be worthwhile, and this differed between responders and non-responders (100% vs. 74%; $p < 0.0001$). Conclusion. This long-term follow-up study indicates that gut-directed hypnotherapy in refractory IBS is an effective treatment option with long-lasting effects, also when given outside highly specialized hypnotherapy centers. Apart from the clinical benefits, the reduction in health-care utilization has the potential to reduce the health-care costs.

Masuda, A. and F. Sorthex (2012). **"Work-family values, priority goals and life satisfaction: A seven year follow-up of mba students."** *Journal of Happiness Studies*: 1-14. <http://dx.doi.org/10.1007/s10902-011-9310-6>

The present research takes a motivational approach to examine the work-family interface and well-being. We report a longitudinal study which shows that giving priority to family goals over work and leisure goals lead to higher life satisfaction after 7 years from reporting such goals. Additionally, this effect was mediated by family satisfaction. We also found that family priority goals led to higher life satisfaction in time 1 only when people also reported high levels of family values. This interaction was not significant when predicting life satisfaction at time 2. Instead, family values uniquely predicted life satisfaction at time 2. Contrary to our expectations work values did not moderate the work priority goals and life satisfaction relationship either at time 1 nor time 2. However, results showed that individuals who prioritized and valued work over family reported lower levels of life satisfaction at time 1. This effect was not found at time 2. We used self-determination theory to develop our hypothesis.

Prazak, M., J. Critelli, et al. (2012). **"Mindfulness and its role in physical and psychological health."** *Applied Psychology: Health and Well-Being* 4(1): 91-105. <http://dx.doi.org/10.1111/j.1758-0854.2011.01063.x>

(Free full text available) This study examined the relationships of mindfulness, a form of focused self-awareness, with physical and psychological health. Mindfulness was measured in terms of four stable forms of awareness: Observe, an awareness of internal and external stimuli; Describe, an ability to verbally express thoughts clearly and easily; Act with Awareness, the tendency to focus on present tasks with undivided attention; and Accept without Judgment, the tendency to take a nonjudgmental attitude toward one's own thoughts and emotions. These aspects of mindfulness were explored in relation to both physical health, which consisted of heart rate variability, a measure of overall cardiovascular health, and psychological health, which consisted of flourishing, existential well-being, negative affect, and social well-being in a sample of 506 undergraduate students. Individuals high in mindfulness showed better cardiovascular health and psychological health.

Roest, A. M., M. Zuidersma, et al. (2012). **"Myocardial infarction and generalised anxiety disorder: 10-year follow-up."** *The British Journal of Psychiatry* 200(4): 324-329. <http://bjp.rcpsych.org/content/200/4/324.abstract>

Background: Few studies have addressed the relationship between generalised anxiety disorder and cardiovascular prognosis using a diagnostic interview. Aims: To assess the association between generalised anxiety disorder and adverse outcomes in patients with myocardial infarction. Method: Patients with acute myocardial infarction (n = 438) were recruited between 1997 and 2000 and were followed up until 2007. Current generalised anxiety disorder and post-myocardial infarction depression were assessed with the Composite International Diagnostic Interview. The end-point consisted of all-cause mortality and cardiovascular-related readmissions. Results: During the follow-up period, 198 patients had an adverse event. Generalised anxiety disorder was associated with an increased rate of adverse events after adjustment for age and gender (hazard ratio: 1.94; 95% confidence interval: 1.14-3.30; $P = 0.01$). Additional adjustment for measures of cardiac disease severity and depression did not change the results. Conclusions: Generalised anxiety disorder was associated with an almost twofold increased risk of adverse outcomes independent demographic and clinical variables and depression.

Slepian, M. L., E. J. Masicampo, et al. (2012). **"The physical burdens of secrecy."** *J Exp Psychol Gen*. <http://www.ncbi.nlm.nih.gov/pubmed/22390267>

The present work examined whether secrets are experienced as physical burdens, thereby influencing perception and action. Four studies examined the behavior of people who harbored important secrets, such as secrets concerning infidelity and sexual orientation. People who recalled, were preoccupied with, or suppressed an important secret estimated hills to be steeper, perceived distances to be farther, indicated that physical tasks would require more effort, and were less likely to help others with physical tasks. The more burdensome the secret and the more thought devoted to it, the more perception and action were influenced in a manner similar to carrying physical weight. Thus, as with physical burdens, secrets weigh people down. *The BPS Research Blog* - <http://www.bps-research-digest.blogspot.co.uk/2012/04/secrets-leave-us-physically-encumbered.html> - comments "We talk metaphorically of secrets as great weights that must be carried through life like a heavy burden. Consistent with the ever-growing literature on embodied cognition, a new study shows how secrets affect perception and action, as if their keepers are encumbered, literally. A first study used participants recruited online via Amazon's Mechanical Turk website. Those

asked to write a recollection about a big secret rated a hill, depicted head-on, as being steeper than participants who wrote about a trivial secret. This matches previous research (pdf) showing that people who are physically encumbered tend to rate hills as steeper. By contrast, the big secret vs. small secret groups didn't differ on other measures, such as their rating of the sturdiness of a table. Next, 36 undergrads threw a small beanbag at a target located just over two and a half meters away. Those who'd been asked to recall a meaningful secret threw their beanbag further, on average, than those asked to recall a trivial secret. It's as if they perceived the target to be further away, consistent with prior research showing that people who are physically encumbered tend to overestimate spatial distances. In a penultimate study, forty participants who'd recently been unfaithful to their partners were recruited via Amazon. Those who said the secret of their infidelity was a burden (it bothered them, affected them and they thought about it a lot) tended to rate physical tasks, such as carrying shopping upstairs, as requiring more physical effort and energy than those who were unburdened by their infidelity. Ratings of non-physical tasks, by contrast, did not vary between the groups. Finally, keeping a significant secret (in this case not revealing one's homosexuality whilst being video-interviewed) led gay male participants to be less likely to agree to help the researchers move some books; keeping a trivial secret (concealing one's extraversion) had no such effect. Michael Slepian and his colleagues said their findings showed how carrying a secret leads to the experience of being weighed down. They don't think the findings can be explained by the mental effort of keeping a secret - for example, past research has shown that cognitive load prompts people to underestimate, not overestimate, physical distances. The researchers warned about the health implications of their findings. "We suggest that concealment ... leads to greater physical burden and perhaps eventually physical overexertion, exhaustion, and stress," they said."

Spitzer, C., M. Bouchain, et al. (2012). **"Childhood trauma in multiple sclerosis: A case-control study."** *Psychosomatic Medicine* 74(3): 312-318. <http://www.psychosomaticmedicine.org/content/74/3/312.abstract>

Objective To investigate the association between childhood trauma and multiple sclerosis (MS) by comparing histories of child abuse and neglect between patients with MS and adults from the general population in a cross-sectional case-control study. Previous research has demonstrated a connection between MS and a variety of emotional stressors, but childhood trauma, which is known to have long-lasting negative consequences for physical health decades into adulthood, has not been studied. **Methods** The self-reported Childhood Trauma Questionnaire for the assessment of emotional, physical, and sexual abuse and emotional and physical neglect was administered to 234 patients with definite MS and 885 adults from the general population. **Results** After adjusting for sociodemographic factors and current depression, patients with MS scored significantly higher in all Childhood Trauma Questionnaire subscales apart from physical abuse and neglect than adults from the general population. Adjusted odds ratios for these types of childhood trauma were higher in the MS group than in controls, ranging from 2.0 for emotional neglect (95% confidence interval = 1.3–3.2) to 3.4 for emotional abuse (95% confidence interval = 2.0–5.7). Although childhood trauma was not associated with the degree of current MS-related disability, patients with MS with histories of physical and/or sexual abuse had significantly higher relapse rates than patients without early-life stress. **Conclusions** Our findings suggest an association between childhood trauma and MS in this cross-sectional study. Larger prospective longitudinal studies are needed to clarify the relationship between early-life stress and the risk for MS in genetically susceptible individuals.

Stanford, F. C., M. W. Durkin, et al. (2012). **"Determining levels of physical activity in attending physicians, resident and fellow physicians and medical students in the USA."** *British Journal of Sports Medicine* 46(5): 360-364. <http://bjsm.bmj.com/content/46/5/360.abstract>

Objective Evidence suggests that the level of physical activity of physicians can be correlated directly with physician counselling patterns about this behaviour. Our objective was to determine if medical students, resident and fellow physicians and attending physicians meet the physical activity guidelines set forth by the US Department of Health and Human Services. **Methods** A representative cross-sectional web-based survey was conducted in June 2009–January 2010 throughout the USA (N=1949). Using the short form of the International Physical Activity Questionnaire, the authors gathered demographical data and information related to physical activity, the level of training, the number of work hours per week, body mass index (BMI), confidence about counselling about physical activity and frequency with which the physical activity is encouraged to his/her patients. **Results** Based on the 1949 respondents, attending physicians (84.8%) and medical students (84%) were more likely than resident (73.2%) and fellow physicians (67.9%) to meet physical activity guidelines. **Conclusion** Physicians and medical students engage in more physical activity and tend to have a lower BMI than the general population. Resident and fellow physicians engage in less physical activity than attending physicians and medical students.

Taylor, R. E., T. Marshall, et al. (2012). **"Insecure attachment and frequent attendance in primary care: A longitudinal cohort study of medically unexplained symptom presentations in ten UK general practices."** *Psychological Medicine* 42(04): 855-864. <http://dx.doi.org/10.1017/S0033291711001589>

Background In primary care frequent attenders with medically unexplained symptoms (MUS) pose a clinical and health resource challenge. We sought to understand these presentations in terms of the doctor–patient relationship, specifically to test the hypothesis that such patients have insecure emotional attachment. **Method** We undertook a cohort follow-up study of 410 patients with MUS. Baseline questionnaires assessed adult attachment style, psychological distress, beliefs about the symptom, non-specific somatic symptoms, and physical function. A telephone interview following consultation assessed health worry, general practitioner (GP) management and satisfaction with consultation. The main outcome was annual GP consultation rate. **Results** Of consecutive attenders, 18% had an MUS. This group had a high mean consultation frequency of 5.24 [95% confidence interval (CI) 4.79–5.69] over the follow-up year. The prevalence of insecure attachment was 28 (95% CI 23–33) %. A significant association was found between insecure attachment style and frequent attendance, even after adjustment for sociodemographic characteristics, presence of chronic physical illness and baseline physical function [odds ratio (OR) 1.96 (95% CI 1.05–3.67)]. The association was particularly strong in those patients who believed that there was a physical cause for their initial MUS [OR 9.52 (95% CI 2.67–33.93)]. A possible model for the relationship between attachment style and frequent attendance is presented. **Conclusions** Patients with MUS who attend frequently have insecure adult attachment styles, and their high consultation rate may therefore be conceptualized as pathological care-seeking behaviour linked to their insecure attachment. Understanding frequent attendance as pathological help seeking driven by difficulties in relating to caregiving figures may help doctors to manage their frequently attending patients in a different way.

Vail, K. E., J. Juhl, et al. (2012). **"When death is good for life: Considering the positive trajectories of terror management."** *Personality and Social Psychology Review*. <http://psr.sagepub.com/content/early/2012/04/05/1088868312440046.abstract>

Research derived from terror management theory (TMT) has shown that people's efforts to manage the awareness of death often have deleterious consequences for the individual and society. The present article takes a closer look at the conceptual foundations of TMT and considers some of the more beneficial trajectories of the terror management process. The awareness of mortality can motivate people to enhance their physical health and prioritize growth-oriented goals; live up to positive standards and beliefs; build supportive relationships and encourage the development of peaceful, charitable

communities; and foster open-minded and growth-oriented behaviors. The article also tentatively explores the potential enriching impact of direct encounters with death. Overall, the present analysis suggests that although death awareness can, at times, generate negative outcomes, it can also function to move people along more positive trajectories and contribute to the good life. *MedicalXpress* - <http://medicalxpress.com/news/2012-04-death-good-life.html> - comments: "Thinking about death can actually be a good thing. An awareness of mortality can improve physical health and help us re-prioritize our goals and values, according to a new analysis of recent scientific studies. Even non-conscious thinking about death – say walking by a cemetery – could prompt positive changes and promote helping others. Past research suggests that thinking about death is destructive and dangerous, fueling everything from prejudice and greed to violence. Such studies related to terror management theory (TMT), which posits that we uphold certain cultural beliefs to manage our feelings of mortality, have rarely explored the potential benefits of death awareness. "This tendency for TMT research to primarily deal with negative attitudes and harmful behaviors has become so deeply entrenched in our field that some have recently suggested that death awareness is simply a bleak force of social destruction," says Kenneth Vail of the University of Missouri, lead author of the new study in the online edition of *Personality and Social Psychology Review* this month. "There has been very little integrative understanding of how subtle, day-to-day, death awareness might be capable of motivating attitudes and behaviors that can minimize harm to oneself and others, and can promote well-being." In constructing a new model for how we think about our own mortality, Vail and colleagues performed an extensive review of recent studies on the topic. They found numerous examples of experiments both in the lab and field that suggest a positive side to natural reminders about mortality. For example, Vail points to a study by Matthew Gailliot and colleagues in *Personality and Social Psychology Bulletin* in 2008 that tested how just being physically near a cemetery affects how willing people are to help a stranger. "Researchers hypothesized that if the cultural value of helping was made important to people, then the heightened awareness of death would motivate an increase in helping behaviors," Vail says. The researchers observed people who were either passing through a cemetery or were one block away, out of sight of the cemetery. Actors at each location talked near the participants about either the value of helping others or a control topic, and then some moments later, another actor dropped her notebook. The researchers then tested in each condition how many people helped the stranger. "When the value of helping was made salient, the number of participants who helped the second confederate with her notebook was 40% greater at the cemetery than a block away from the cemetery," Vail says. "Other field experiments and tightly controlled laboratory experiments have replicated these and similar findings, showing that the awareness of death can motivate increased expressions of tolerance, egalitarianism, compassion, empathy, and pacifism." For example, a 2010 study by Immo Fritsche of the University of Leipzig and co-authors revealed how increased death awareness can motivate sustainable behaviors when pro-environmental norms are made salient. And a study by Zachary Rothschild of the University of Kansas and co-workers in 2009 showed how an increased awareness of death can motivate American and Iranian religious fundamentalists to display peaceful compassion toward members of other groups when religious texts make such values more important. Thinking about death can also promote better health. Recent studies have shown that when reminded of death people may opt for better health choices, such as using more sunscreen, smoking less, or increasing levels of exercise. A 2011 study by D.P. Cooper and co-authors found that death reminders increased intentions to perform breast self-exams when women were exposed to information that linked the behavior to self-empowerment. One major implication of this body of work, Vail says, is that we should "turn attention and research efforts toward better understanding of how the motivations triggered by death awareness can actually improve people's lives, rather than how it can cause malady and social strife." Write the authors: "The dance with death can be a delicate but potentially elegant stride toward living the good life."

Weinstein, N., W. S. Ryan, et al. (2012). "**Parental autonomy support and discrepancies between implicit and explicit sexual identities: Dynamics of self-acceptance and defense.**" *J Pers Soc Psychol* 102(4): 815-832. <http://www.ncbi.nlm.nih.gov/pubmed/22288529>

When individuals grow up with autonomy-thwarting parents, they may be prevented from exploring internally endorsed values and identities and as a result shut out aspects of the self perceived to be unacceptable. Given the stigmatization of homosexuality, individuals perceiving low autonomy support from parents may be especially motivated to conceal same-sex sexual attraction, leading to defensive processes such as reaction formation. Four studies tested a model wherein perceived parental autonomy support is associated with lower discrepancies between self-reported sexual orientation and implicit sexual orientation (assessed with a reaction time task). These indices interacted to predict anti-gay responding indicative of reaction formation. Studies 2-4 showed that an implicit/explicit discrepancy was particularly pronounced in participants who experienced their fathers as both low in autonomy support and homophobic, though results were inconsistent for mothers. Findings of Study 3 suggested contingent self-esteem as a link between parenting styles and discrepancies in sexual orientation measures.

Weiss, M., C. Murray, et al. (2012). "**A randomized controlled trial of CBT therapy for adults with ADHD with and without medication.**" *BMC Psychiatry* 12(1): 30. <http://www.ncbi.nlm.nih.gov/pubmed/22480189>

(Free full text available & additionally 61pp treatment manual available from authors) BACKGROUND: Previous studies of psychological treatment in adults with ADHD have not controlled for medication status and include either medicated participants or mixed samples of medicated and unmedicated participants. The objective of this study is to examine whether use of medication improves outcome of therapy. METHOD: This was a secondary analysis comparing 23 participants randomized to CBT and Dextroamphetamine vs. 25 participants randomized to CBT and placebo. Both patients and investigators were blind to treatment assignment. Two co-primary outcomes were used: ADHD symptoms on the ADHD-RS-Inv completed by the investigator and improvement in functioning as reported by the patient on the Sheehan Disability Scale. RESULTS: Both groups showed robust improvement in both symptoms and functioning, but the use of medication did not significantly improve outcome over and above use of CBT and placebo. CONCLUSION: This study replicates previous work demonstrating that CBT is an effective treatment for ADHD in adults. Within the limits of this pilot, secondary analysis we were not able to demonstrate that medication significantly augments the outcome of CBT therapy for adults with ADHD.

Wilson, R. S., E. Segawa, et al. (2012). "**Influence of late-life cognitive activity on cognitive health.**" *Neurology* 78(15): 1123-1129. <http://www.ncbi.nlm.nih.gov/pubmed/22491864>

OBJECTIVE: To test the hypothesis that late-life participation in mentally stimulating activities affects subsequent cognitive health. METHODS: Analyses are based on 1,076 older persons without dementia at study onset participating in a longitudinal cohort study. They completed annual clinical evaluations for a mean of 4.9 years. Each evaluation included administration of a self-report scale about participation in mentally stimulating activities and a battery of cognitive performance tests. Previously established measures of cognitively stimulating activity and cognitive function were derived. We assessed the temporal sequence of activity changes in relation to functional changes in a series of cross-lagged panel models adjusted for age, sex, and education. RESULTS: During the observation period, cognitive activity participation (estimate of mean annual change = -0.066, SE = 0.005, $p < 0.001$) and cognitive functioning (estimate = -0.077, SE = 0.005, $p < 0.001$) declined at rates that were moderately correlated ($r = 0.44$, $p < 0.001$). The level of cognitive activity in a given year predicted the level of global cognitive function in the following year, but the level of global cognition did not predict the subsequent level of cognitive activity participation. Cognitive activity showed the same pattern of unidirectional associations with measures of episodic and

semantic memory, but its associations with working memory were bidirectional. CONCLUSIONS: The results suggest that more frequent mental stimulation in old age leads to better cognitive functioning.

Yamamoto, T., K. Kondo, et al. (2012). **"Association between self-reported dental health status and onset of dementia: A 4-year prospective cohort study of older Japanese adults from the aichi gerontological evaluation study (ages) project."** *Psychosomatic Medicine* 74(3): 241-248. <http://www.psychosomaticmedicine.org/content/74/3/241.abstract>

Objectives Studies have shown that people with cognitive impairment have poor dental health. However, the direction of causality remains unknown. This prospective cohort study aimed to determine the association between four self-reported dental health variables and dementia onset in older Japanese people. Methods Analysis was conducted on 4425 residents 65 years or older. Four self-reported dental health variables included the number of teeth and/or use of dentures, ability to chew, presence/absence of a regular dentist, and taking care of dental health. Data were collected using self-administered questionnaires given in 2003. Records of dementia onset during 2003 to 2007 were obtained from municipalities in charge of the public long-term care insurance system. Age, income, body mass index, present illness, alcohol consumption, exercise, and forgetfulness were used as covariates. Results Dementia onset was recorded in 220 participants. Univariate Cox proportional hazards models showed significant associations between the dental health variables and dementia onset. In models fully adjusted for all covariates, hazard ratios (95% confidence intervals) of dementia onset of respondents were as follows: 1.85 (1.04–3.31) for those with few teeth and without dentures; 1.25 (0.81–1.93) for those who could not chew very well; 1.44 (1.04–2.01) for those who did not have a regular dentist; and 1.76 (0.96–3.20) for those who did not take care of their dental health. Conclusions Few teeth without dentures and absence of a regular dentist, not poor mastication and poor attitudes toward dental health, were associated with higher risk of dementia onset in the older Japanese cohort even after adjustment for available covariates.

Zeidner, M., G. Matthews, et al. (2012). **"The emotional intelligence, health, and well-being nexus: What have we learned and what have we missed?"** *Applied Psychology: Health and Well-Being* 4(1): 1-30. <http://dx.doi.org/10.1111/j.1758-0854.2011.01062.x>

(Free full text available) This paper reviews the claimed pivotal role of emotional intelligence (EI) in well-being and health. Specifically, we examine the utility of EI in predicting health and well-being and point to future research issues that the field might profitably explore. EI is predictive of various indicators of well-being, as well as both physical and psychological health, but existing research has methodological limitations including over-reliance on self-report measures, and neglect of overlap between EI and personality measures. Interventions focusing on emotional perception, understanding and expression, and emotion regulation, seem potentially important for improving health and well-being, but research on EI has not yet made a major contribution to therapeutic practice. Future research, using a finer-grained approach to measurement of both predictors and criteria might most usefully focus on intra- and inter-personal processes that may mediate effects of EI on health. A video abstract of this article can be viewed at http://www.youtube.com/watch?v=2_8JZX1Uc4k.

Zelenski, J. M., M. S. Santoro, et al. (2012). **"Would introverts be better off if they acted more like extraverts? Exploring emotional and cognitive consequences of counterdispositional behavior."** *Emotion* 12(2): 290-303. <http://www.ncbi.nlm.nih.gov/pubmed/21859197>

People enjoy acting extraverted, and this seems to apply equally across the dispositional introversion-extraversion dimension (Fleeson, Malanos, & Achille, 2002). It follows that dispositional introverts might improve their happiness by acting more extraverted, yet little research has examined potential costs of this strategy. In two studies, we assessed dispositions, randomly assigned participants to act introverted or extraverted, and examined costs-both emotional (concurrent negative affect) and cognitive (Stroop performance). Results replicated and extended past findings suggesting that acting extraverted produces hedonic benefits regardless of disposition. Positive affect increased and negative affect did not, even for participants acting out of character. In contrast, we found evidence that acting counterdispositionally could produce poor Stroop performance, but this effect was limited to dispositional extraverts who were assigned to act introverted. We suggest that the positive affect produced by introverts' extraverted behavior may buffer the potentially depleting effects of counterdispositional behavior, and we consider alternative explanations. We conclude that dispositional introverts may indeed benefit from acting extraverted more often and caution that dispositional extraverts may want to adopt introverted behavior strategically, as it could induce cognitive costs or self-regulatory depletion more generally.

Zhang, J., R. Howell, et al. (2012). **"Comparing three methods to measure a balanced time perspective: The relationship between a balanced time perspective and subjective well-being."** *Journal of Happiness Studies*: 1-16. <http://dx.doi.org/10.1007/s10902-012-9322-x>

The goals of this study were to determine the relations between having a balanced time perspective (BTP) with various measures of subjective well-being (SWB) and to test how various operationalizations of a BTP might impact the relation between having a BTP and SWB. We operationalized a balanced time perspective using: (a) Drake et al.'s Time Soc 17(1):47–61, (2008) cut-off-point method, (b) Boniwell et al.'s J Posit Psychol 5(1):24–40, (2010) suggestion of using a hierarchical cluster analysis, and (c) a deviation from a balanced time perspective (DBTP; Stolarski et al. Time Soc, 2011). The results demonstrated that having a BTP is related to increased satisfaction with life, happiness, positive affect, psychological need satisfaction, self-determination, vitality, and gratitude as well as decreased negative affect. Also, the DBTP was the best predictor of SWB. We discuss why individuals with a BTP are likely to be happier in life. *MedicalXpress* - <http://medicalxpress.com/news/2012-04-people-perspective-content.html> - comments "Do you look fondly at the past, enjoy yourself in the present, and strive for future goals? If you hold these time perspectives simultaneously—and don't go overboard on any one of them—you're likely to be a happy person. A new study by San Francisco State University researcher Ryan Howell and his colleagues demonstrates that having this sort of "balanced time perspective" can make people feel more vital, more grateful, and more satisfied with their lives. Their findings are reported online in the *Journal of Happiness Studies*. "If you are too extreme or rely too much on any one of these perspectives, it becomes detrimental, and you can get into very destructive types of behaviors," Howell said. "It is best to be balanced in your time perspectives." While it may seem obvious that people who have a positive attitude about their past, enjoy the present, and focus on goals for the future would be the happiest, Howell said that a sense of well-being depends on the balance between these elements. "If you're really dominant in one type of perspective, you're very limited in certain situations," he added. "To deal well when you walk into any situation, you need to have cognitive flexibility. That is probably why people with a balanced time perspective are happiest." It can be fine to have fond memories of childhood, for instance, but spending too much time remembering the past can keep you from enjoying the present. It might be great to treat yourself to a nice dinner, but "living in the moment" like that every night could keep you from achieving future goals. There is some evidence that people can "rebalance" their time perspectives, Howell said, while noting that "there hasn't been a lot of work that's tried to change time perspectives explicitly." But in general, "if you're too future-oriented, it might be good to give yourself a moment to sit back and enjoy the present," Howell suggested. "If you're too hedonistic and living for the moment, maybe it's time to start planning some future goals." Howell directs *The Personality and*

Well-Being Lab. He and his graduate students at SF State are collecting data on time perspectives through their *Beyond the Purchase* website at <http://www.beyondthepurchase.org>. They hope their results will help individuals to extend the benefits of a balanced time perspective into the area of consumer choice. The site contains a variety of short quizzes and surveys on purchasing habits and values and how they relate to happiness. "The site is open to anyone who wants to learn more about their spending habits," Howell said, "and put themselves in a place where they can make better consumer choices." "We would expect that people with certain time perspectives would be much more likely to make consumer choices that fall either in the more experiential or more materialistic side of things," said Howell, who is preparing a new study on the topic."

Zuidersma, M., J. Ormel, et al. (2012). **"An increase in depressive symptoms after myocardial infarction predicts new cardiac events irrespective of depressive symptoms before myocardial infarction."** *Psychological Medicine* 42(04): 683-693. <http://dx.doi.org/10.1017/S0033291711001784>

Background Depression after myocardial infarction (MI) is associated with poor cardiovascular prognosis. There is some evidence that specifically depressive episodes that develop after the acute event are associated with poor cardiovascular prognosis. The aim of the present study was to evaluate whether an increase in the number of depressive symptoms after MI is associated with new cardiac events. Method In 442 depressed and 325 non-depressed MI patients the Composite International Diagnostic Interview interview to assess post-MI depression was extended to evaluate the presence of the ICD-10 depressive symptoms just before and after the MI. The effect of an increase in number of depressive symptoms during the year following MI on new cardiac events up to 2.5 years post-MI was assessed with Cox regression analyses. Results Each additional increase of one symptom was significantly associated with a 15% increased risk of new cardiac events, and this was stronger for non-depressed than for depressed patients. This association was independent of baseline cardiac disease severity. There was no interaction with the number of depressive symptoms pre-MI. Conclusions Our findings suggest that an increase in depressive symptoms after MI irrespective of the state of depression pre-MI explains why post-MI depression is associated with poor cardiovascular prognosis. Also increases in depressive symptoms after MI resulting in subthreshold depression should be evaluated as a prognostic marker. Whether potential mechanisms such as cardiac disease severity or inflammation underlie the association remains to be clarified.