

36 bhma abstracts, december '11

Thirty six abstracts covering a multitude of stress, health & wellbeing related subjects including 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.

(2011; Andreescu, Glick et al. 2011; Bastian, Loughnan et al. 2011; Buehler and O'Brien 2011; Demir, Özen et al. 2011; Escuriex and Labbé 2011; Gervais 2011; Gervais, Shariff et al. 2011; Gigantesco, Stazi et al. 2011; Gollwitzer, Oettingen et al. 2011; Guéguen and Lamy 2011; Hudson, Dodd et al. 2011; Hughes 2011; Kendall, Taylor et al. 2011; Klimstra, Frijns et al. 2011; Leamy, Bird et al. 2011; Lucassen, Merry et al. 2011; Miller, Lachman et al. 2011; Mongrain, Chin et al. 2011; Nauman, Janszky et al. 2011; Parks 2011; Posner, Brown et al. 2011; Preschl, Maercker et al. 2011; Reme, Stahl et al. 2011; Schneider, Konijn et al. 2011; Schneiderman, Zilberstein-Kra et al. 2011; Seery 2011; Sorokowska, Sorokowski et al. 2011; Stanaway, Gnjidic et al. 2011; Tyrer, Cooper et al. 2011; Uysal, Lin et al. 2011; Vaillancourt and Sharma 2011; Walton and Dweck 2011; Warner and Vroman 2011; Wise 2011; Wortman and Wood 2011)

(2011). "The Fraction of Cancer Attributable to Lifestyle and Environmental Factors in the UK in 2010." *British Journal of Cancer*. <http://www.nature.com/bjc/journal/v105/n2s/index.html>.

This free 92 page full text supplement of the British Journal of Cancer contains sixteen articles as well as an editorial and foreword - the latter by Richard Peto, who writes: *"This supplement provides up-to-date estimates of the numbers (and percentages) of new cancer cases in the UK that are attributable to factors that have been established by international consensus as potentially avoidable causes of the disease. It therefore offers a useful guide to the relative importance of different preventive interventions ... The most important among these is continuation of the significant reduction in tobacco exposure. Next in importance are reductions in obesity and in heavy alcohol consumption, and certain other dietary changes. Each of these four main strategies for cancer control would also substantially reduce the burden of other non-communicable diseases, particularly cardiovascular, diabetic, renal and hepatic disease. Whether, and to what extent, changes in these major causes of cancer can be achieved is another consideration. Thus, for example, although substantial progress has been made in reducing the number of young people who start smoking, and in helping those who smoke to escape their addiction in time to avoid most of the risk of premature death, tobacco still remains the most important avoidable cause of cancer, responsible for almost 20% of all cases of cancer (and, although this supplement does not quantify cancer mortality, for about 25% of all deaths from cancer, plus similar numbers of deaths from other diseases). Taken together, the causative factors reviewed in this supplement account for an estimated 43% of all new cases of cancer in the UK (approximately 134 000 new cases in 2010), and about 50% of all cancer deaths. Most of these cases of cancer (excluding a few thousand due to the natural background of ionising radiation, or due to certain infections that are currently neither preventable nor treatable) could have been prevented by methods that would also prevent many premature deaths from other non-communicable disease. Over the past 40 years in the UK, the probability of death before the age of 70 years has been halved, and over the next few decades it could be halved again by continued improvements in the treatment of disease and by paying appropriate attention to the few major avoidable causes of disease. This supplement will help focus the attention of researchers, individuals and policy makers on the relative importance of the currently known causes of cancer."*

Andreescu, C., R. M. Glick, et al. (2011). "Acupuncture for the treatment of major depressive disorder: a randomized controlled trial." *J Clin Psychiatry* **72**(8): 1129-1135. <http://www.ncbi.nlm.nih.gov/pubmed/21672495>.

BACKGROUND: Over 50% of patients with major depressive disorder (MDD) either do not tolerate or do not respond to antidepressant medications. Several preliminary studies have shown the benefits of acupuncture in the treatment of depression. We sought to determine whether a 2-point electroacupuncture protocol (verum acupuncture) would be beneficial for MDD, in comparison to needling at nonchannel scalp points with sham electrostimulation (control acupuncture). METHOD: Fifty-three subjects aged 18-80 years, recruited via advertisement or referral, were included in the primary analysis of our randomized controlled trial, which was conducted from March 2004 through May 2007 at UPMC Shadyside, Center for Complementary Medicine, in Pittsburgh, Pennsylvania. Inclusion criteria were mild or moderate MDD (according to the Structured Clinical Interview for DSM-IV Axis I Disorders) and a score of 14 or higher on the Hamilton Depression Rating Scale (HDRS). Exclusion criteria included severe MDD, seizure disorder or risk for seizure disorder, psychosis, bipolar disorder, chronic MDD, treatment-resistant MDD, and history of substance abuse in the prior 6 months. Patients were randomized to receive twelve 30-minute sessions of verum versus control acupuncture over 6 to 8 weeks. The HDRS was the primary outcome measure. The UKU Side Effect Rating Scale was used to assess for adverse effects. RESULTS: Twenty-eight subjects were randomized to verum electroacupuncture and 25 to control acupuncture. The 2 groups did not differ with regard to gender, age, or baseline severity of depression. Both groups improved, with mean (SD) absolute HDRS score decreases of -6.6 (5.9) in the verum group and -7.6 (6.6) in the control group, corresponding to 37.5% and 41.3% relative decreases from baseline. There were no serious adverse events associated with either intervention, and endorsement of adverse effects was similar in the 2 groups. CONCLUSIONS: We were unable to demonstrate a specific effect of electroacupuncture. Electroacupuncture and control acupuncture were equally well tolerated, and both resulted in similar absolute and relative improvement in depressive symptoms as measured by the HDRS.

Bastian, B., S. Loughnan, et al. (2011). "Don't Mind Meat? The Denial of Mind to Animals Used for Human Consumption." *Personality and Social Psychology Bulletin*. <http://psp.sagepub.com/content/early/2011/10/06/0146167211424291.abstract>.

Many people like eating meat, but most are reluctant to harm things that have minds. The current three studies show that this dissonance motivates people to deny minds to animals. Study 1 demonstrates that animals considered appropriate for human consumption are ascribed diminished mental capacities. Study 2 shows that meat eaters are motivated to deny minds to food animals when they are reminded of the link between meat and animal suffering. Finally, Study 3 provides direct support for our dissonance hypothesis, showing that expectations regarding the immediate consumption of meat increase mind denial. Moreover, this mind denial in turn reduces negative affect associated with dissonance. The findings highlight the role of dissonance reduction in facilitating the practice of meat eating and protecting cultural commitments.

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."

Demir, M., A. Özen, et al. (2011). "I Matter to My Friend, Therefore I am Happy: Friendship, Mattering, and Happiness." *Journal of Happiness Studies* **12**(6): 983-1005. <http://dx.doi.org/10.1007/s10902-010-9240-8>.

Decades of empirical research have shown that friendship experiences are an essential predictor of happiness. However, what might account for the relationship between friendship and happiness? Two studies investigated perceived mattering (Marshall, *J Adolesc* 24:473-490, 2001) as a mediator of the association between friendship quality and happiness. Study 1 showed that perceived mattering to one's best friend mediated the relationship between friendship and happiness. Study 2 replicated the findings of the first study and showed that mattering in friendships accounts for the role of friendship quality in happiness across the three closest friendships of the individual. The results are discussed in terms of the theoretical importance of understanding how friendship is related to happiness.

Escuriex, B. and E. Labbé (2011). "Health care providers' mindfulness and treatment outcomes: A critical review of the research literature." *Mindfulness (N Y)* **2**(4): 242-253. <http://dx.doi.org/10.1007/s12671-011-0068-z>.

A systematic and critical review of the research literature evaluated studies on whether mindfulness-based training for health care providers improves their psychosocial functioning. In addition, studies were critiqued that examined whether health care providers who either practice mindfulness or possess greater levels of mindfulness experience better results with their patients than those possessing lower levels of mindfulness or those who do not engage in formal mindfulness practices. Published literature was found using PsychInfo, PubMed, and Ovid electronic databases, as well as by looking through the reference section of relevant articles. Search keywords used were "therapist mindfulness," "outcome(s)," "client outcome(s)," "therapeutic alliance," "mindful therapist," "mindfulness," "therapist training," "health care professionals," "empathy," "therapist empathy," and combinations of these terms. There was no date restriction placed on the searches prior to 2011. Twenty studies met the inclusion criteria. The results tentatively indicate that mental health and health care providers benefit from mindfulness training with no negative results reported. The results are inconclusive as to whether those trained in formal mindfulness practices or who possess higher levels of mindfulness have better treatment outcomes than those who do not. Additional research using randomized controlled designs is needed to further evaluate the role of health care providers' mindfulness in treatment outcomes.

Gervais, W. M. (2011). "Finding the faithless: perceived atheist prevalence reduces anti-atheist prejudice." *Pers Soc Psychol Bull* **37**(4): 543-556. <http://www.ncbi.nlm.nih.gov/pubmed/21343437>.

Although prejudice is typically positively related to relative outgroup size, four studies found converging evidence that perceived atheist prevalence reduces anti-atheist prejudice. Study 1 demonstrated that anti-atheist prejudice among religious believers is reduced in countries in which atheists are especially prevalent. Study 2 demonstrated that perceived atheist prevalence is negatively associated with anti-atheist prejudice. Study 3 demonstrated a causal relationship: Reminders of atheist prevalence reduced explicit distrust of atheists. These results appeared distinct from intergroup contact effects. Study 4 demonstrated that prevalence information decreased implicit atheist distrust. The latter two experiments provide the first evidence that mere prevalence information can reduce prejudice against any outgroup. These findings offer insights about anti-atheist prejudice, a poorly understood phenomenon. Furthermore, they suggest both novel directions for future prejudice research and potential interventions that could reduce a variety of prejudices.

Gervais, W. M., A. F. Shariff, et al. (2011). "Do you believe in atheists? Distrust is central to anti-atheist prejudice." *J Pers Soc Psychol* **101**(6): 1189-1206. <http://www.ncbi.nlm.nih.gov/pubmed/22059841>.

Recent polls indicate that atheists are among the least liked people in areas with religious majorities (i.e., in most of the world). The sociofunctional approach to prejudice, combined with a cultural evolutionary theory of religion's effects on

cooperation, suggest that anti-atheist prejudice is particularly motivated by distrust. Consistent with this theoretical framework, a broad sample of American adults revealed that distrust characterized anti-atheist prejudice but not anti-gay prejudice (Study 1). In subsequent studies, distrust of atheists generalized even to participants from more liberal, secular populations. A description of a criminally untrustworthy individual was seen as comparably representative of atheists and rapists but not representative of Christians, Muslims, Jewish people, feminists, or homosexuals (Studies 2-4). In addition, results were consistent with the hypothesis that the relationship between belief in God and atheist distrust was fully mediated by the belief that people behave better if they feel that God is watching them (Study 4). In implicit measures, participants strongly associated atheists with distrust, and belief in God was more strongly associated with implicit distrust of atheists than with implicit dislike of atheists (Study 5). Finally, atheists were systematically socially excluded only in high-trust domains; belief in God, but not authoritarianism, predicted this discriminatory decision-making against atheists in high trust domains (Study 6). These 6 studies are the first to systematically explore the social psychological underpinnings of anti-atheist prejudice, and converge to indicate the centrality of distrust in this phenomenon.

Gigantesco, A., M. A. Stazi, et al. (2011). "Psychological well-being (PWB): a natural life outlook? An Italian twin study on heritability of PWB in young adults." *Psychological Medicine* **41**(12): 2637-2649. <http://dx.doi.org/10.1017/S0033291711000663>.

Background: To date, the genetic and environmental architecture of the dimensions of psychological well-being (PWB) remains unexplored. Method: PWB of 742 twins aged 23–24 years and enrolled in the Italian Twin Registry was assessed with the three-item version of Ryff's Scales of Psychological Well-Being (SPWB). These scales include items for evaluating the PWB dimensions of self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. A twin design was used to obtain correlations in the PWB dimensions for monozygotic (MZ) and dizygotic (DZ) twins and to estimate the contribution of genetic and environmental factors to variation and covariation in the dimensions. Results: Genetic factors explained moderate to substantial proportions of variance in the six SPWB dimensions, with heritability estimates between 37% and 64%. The estimates of genetic correlations were very high (range 0.77–0.99), indicating that genetic factors that influence the expression of the different dimensions of PWB may be shared to a large extent. Non-shared environmental correlations ranged from substantial to high, with the exception of the correlation between autonomy and the dimensions of purpose in life, self-acceptance and personal growth. Conclusions: This study presents a twin analysis of PWB measured by the SPWB dimensions; it was found that both genes and non-shared environment play a role in individual differences. The genetic and non-shared environmental correlations between SPWB dimensions suggest that common underlying genetic and non-shared environmental factors influence the expression of the different facets of PWB.

Gollwitzer, A., G. Oettingen, et al. (2011). "Mental contrasting facilitates academic performance in school children." *Motivation and Emotion* **35**(4): 403-412. <http://dx.doi.org/10.1007/s11031-011-9222-0>.

Two brief intervention studies tested whether teaching students to mentally contrast a desired future with its present reality resulted in better academic performance than teaching students to only think about the desired future. German elementary school children (N = 49; Study 1) and US middle school children (N = 63; Study 2) from low-income neighborhoods who were taught mental contrasting achieved comparatively higher scores in learning foreign language vocabulary words after 2 weeks or 4 days, respectively. Results have implications for research on the self-regulation of commitment to solve assigned tasks in classroom settings, and for increasing academic performance in school children in low-income areas.

Guéguen, N. and L. Lamy (2011). "The effect of the word "love" on compliance to a request for humanitarian aid: An evaluation in a field setting." *Social Influence* **6**(4): 249-258. <http://dx.doi.org/10.1080/15534510.2011.627771>.

In 14 bakeries we tested the effect of different messages associated with a fundraising solicitation. An opaque moneybox was placed near the cash register with a message explaining on a first line that the solicitation was for a humanitarian project for African children conducted by students. On the second line the words "DONATING = LOVING" (loving condition), "DONATING = HELPING" (helping condition), or no inscription (control) appeared. The second line was changed each day and for each bakery according to a random distribution. Results showed that more donations were made in the loving condition compared to the two others, whereas there was no difference between the helping and the control conditions. The results are explained using the spreading activation theory.

Hudson, J. L., H. F. Dodd, et al. (2011). "Temperament and family environment in the development of anxiety disorder: Two-year follow-up." *Journal of the American Academy of Child and Adolescent Psychiatry* **50**(12): 1255-1264.e1251. <http://linkinghub.elsevier.com/retrieve/pii/S0890856711008318?showall=true>.

Behavioral inhibition (BI) in early childhood is associated with increased risk for anxiety. The present research examines BI alongside family environment factors, specifically maternal negativity and overinvolvement, maternal anxiety, and mother-child attachment, with a view to providing a broader understanding of the development of child anxiety. Participants were 202 children classified at age 4 years as either behaviorally inhibited (N = 102) or behaviorally uninhibited (N = 100). Family environment, BI and child anxiety were assessed at baseline and child anxiety and BI were assessed again 2 years later when participants were 6 years of age. After controlling for baseline anxiety, BI participants were significantly more likely to meet criteria for a diagnosis of social phobia and generalized anxiety disorder at follow-up. Path analysis suggested that maternal anxiety significantly affected child anxiety over time, even after controlling for the effects of BI and baseline anxiety. No significant paths from parenting or attachment to child anxiety were found. Maternal overinvolvement was significantly associated with BI at follow-up. At age 4 years, BI, child anxiety, maternal anxiety, and maternal overinvolvement represent risk factors for anxiety at age 6 years. Furthermore, overinvolved parenting increases risk for BI at age 6, which may then lead to the development of anxiety in later childhood.

Hughes, C. W. (2011). "Objective assessment of suicide risk: Significant improvements in assessment, classification, and prediction." *American Journal of Psychiatry* **168**(12): 1233-1234. <http://dx.doi.org/10.1176/appi.ajp.2011.11091362>.

(Free full text editorial) Assessment of suicidal behavior and risk remains a source of apprehension for clinicians, clinical researchers, and the pharmaceutical industry. This apprehension has been exacerbated by U.S. Food and Drug Administration (FDA) "black box" warnings for antidepressants used with children and adolescents and by an increasingly litigious society. Much has been learned about risk factors and predicting suicide in the past decade, as succinctly summarized in a recent commentary by Brent (+1), who suggested that the field should be moving on to researching prevention, concomitant health risks such as substance abuse, and causal mechanisms. Even with this progress, however, dissemination of new precision measurements and training to improve suicide assessment lags behind (+2). Well-designed, precisely defined instruments for suicide assessment lessen apprehension about identifying potential suicidal behavior and increase precision in diagnosis as well as in treatment, prediction of risk, and monitoring of suicidal behavior, for clinicians, researchers, and the pharmaceutical industry (+3). In this

issue, Posner et al. (+4) describe the psychometric properties of a new instrument, the Columbia–Suicide Severity Rating Scale (C-SSRS).

Kendall, T., C. Taylor, et al. (2011). "Longer term management of self harm: summary of NICE guidance." *BMJ* **343**. <http://www.bmj.com/content/343/bmj.d7073>.

Self harm is common but its prevalence may be underestimated because many studies rely on self report. In a study of 17 countries an average of 2.7% of adults reported self harm. A survey in the United Kingdom of 15-16 year olds estimated that more than 10% of girls and 3% of boys had self harmed in the previous year. Self harm and psychiatric disorder are strongly associated. Importantly, once a person has self harmed, the likelihood that he or she will die by suicide increases 50 to 100 times, with 1 in 15 dying by suicide within nine years of the index episode. The UK suicide rate is 17.5 for males and 5.2 for females per 100 000 population, which is nearly 10 times the homicide rate. Understanding and helping people who self harm is therefore likely to be an important part of an effective suicide prevention strategy. This article summarises the most recent recommendations from the National Institute for Health and Clinical Excellence (NICE) on the longer term management of self harm. This guideline is intended to complement the earlier NICE guideline on the short term management of self harm (treatment within the first 48 hours after an episode of self harm).

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.

Leamy, M., V. Bird, et al. (2011). "Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis." *British Journal of Psychiatry* **199**(6): 445-452. <http://bjp.rcpsych.org/content/199/6/445.abstract>.

Background: No systematic review and narrative synthesis on personal recovery in mental illness has been undertaken. Aims: To synthesise published descriptions and models of personal recovery into an empirically based conceptual framework. Method: Systematic review and modified narrative synthesis. Results: Out of 5208 papers that were identified and 366 that were reviewed, a total of 97 papers were included in this review. The emergent conceptual framework consists of: (a) 13 characteristics of the recovery journey; (b) five recovery processes comprising: connectedness; hope and optimism about the future; identity; meaning in life; and empowerment (giving the acronym CHIME); and (c) recovery stage descriptions which mapped onto the transtheoretical model of change. Studies that focused on recovery for individuals of Black and minority ethnic (BME) origin showed a greater emphasis on spirituality and stigma and also identified two additional themes: culturally specific facilitating factors and collectivist notions of recovery. Conclusions: The conceptual framework is a theoretically defensible and robust synthesis of people's experiences of recovery in mental illness. This provides an empirical basis for future recovery-oriented research and practice.

Lucassen, M. F., S. N. Merry, et al. (2011). "Sexual attraction, depression, self-harm, suicidality and help-seeking behaviour in New Zealand secondary school students." *Aust N Z J Psychiatry* **45**(5): 376-383. <http://www.ncbi.nlm.nih.gov/pubmed/21361850>.

OBJECTIVE: To describe the sexual attractions of New Zealand secondary school students and investigate the associations between sexual attraction and self-reported depression, self-harm, suicidality and help-seeking behaviour. METHOD: Multiple logistic regression was used to examine the associations between sexual attraction and depressive symptoms, suicidality, self-harming and help-seeking behaviours in a nationally representative secondary school health and well-being survey, undertaken in 2007. RESULTS: Of the students surveyed, 92% were attracted to the opposite sex, 1% to the same sex, 3% to both sexes, 2% were not sure and 2% were attracted to neither sex. Students who were attracted to the same or to both sexes consistently had higher prevalence estimates of depression ($p < 0.0001$), suicidality ($p < 0.0001$) and self-harming ($p < 0.0001$). Odds ratios were highest for students who reported they were attracted to both sexes for depressive symptoms (OR 3.7, 95%CI 2.8-4.7), self-harm (OR 5.8, 95%CI 4.4-7.6) and attempted suicide (OR 7.0, 95%CI 5.2-9.4). Students not exclusively attracted to the opposite sex were more likely to report having seen a health professional for an emotional worry and were more likely to have difficulty accessing help for emotional concerns. CONCLUSIONS: The study findings highlight significant mental health disparities faced by students attracted to the same or both sexes, with those attracted to both sexes appearing particularly vulnerable. There is a vital need to ensure primary care and mental health services have the capacity and capability to screen and provide appropriate responsive care for youth who are attracted to the same or both sexes.

Miller, G. E., M. E. Lachman, et al. (2011). "Pathways to resilience." *Psychological Science* **22**(12): 1591-1599. <http://pss.sagepub.com/content/22/12/1591.abstract>.

Children raised in families with low socioeconomic status (SES) go on to have high rates of chronic illness in adulthood. However, a sizable minority of low-SES children remain healthy across the life course, which raises questions about the factors associated with, and potentially responsible for, such resilience. Using a sample of 1,205 middle-aged Americans, we explored whether two characteristics—upward socioeconomic mobility and early parental nurturance—were associated with resilience to the health effects of childhood disadvantage. The primary outcome in our analyses was the presence of metabolic syndrome in adulthood. Results revealed that low childhood SES was associated with higher prevalence of metabolic syndrome at midlife, independently of traditional risk factors. Despite this pattern, half the participants raised in low-SES households were free of metabolic syndrome at midlife. Upward social mobility was not associated with resilience to metabolic syndrome. However, results were consistent with a buffering scenario, in which high levels of maternal nurturance offset the metabolic consequences of childhood disadvantage.

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.

Nauman, J., I. Janszky, et al. (2011). "Temporal changes in resting heart rate and deaths from ischemic heart disease." *JAMA: The Journal of the American Medical Association* **306**(23): 2579-2587. <http://jama.ama-assn.org/content/306/23/2579.abstract>.

Context Resting heart rate (RHR) has long been recognized as an independent predictor of cardiovascular risk. However, whether temporal changes in RHR influence the risk of death from ischemic heart disease (IHD) in the general population is not known. Objective To assess the association of long-term longitudinal changes in RHR with the risk of dying from IHD. Design, Settings, and Participants A prospective cohort study of 13 499 men and 15 826 women without known cardiovascular disease in Norway. Resting heart rate was measured on 2 occasions around 10 years apart in the Nord-Trøndelag County Health Study. The second RHR measurement was obtained between August 1995 and June 1997, with subsequent mortality follow-up until December 31, 2008. A total of 60 participants were lost to follow-up, all due to emigration from Norway. Using Cox regression analyses, adjusted hazard ratios (AHRs) were estimated of death from IHD related to changes in RHR over time. In a corresponding analysis, death from all causes also was assessed. Results During a mean (SD) of 12 (2) years of follow-up, 3038 people died, and 388 deaths were caused by IHD. An increase in RHR was associated with increased risk of death from IHD. Compared with participants with a RHR of less than 70 beats/min at both measurements (8.2 deaths/10 000 person-years), the AHR was 1.9 (95% CI, 1.0-3.6) for participants with a RHR of less than 70 beats/min at the first measurement but greater than 85 beats/min at the second measurement (17.2 deaths/10 000 person-years). For participants with RHRs between 70 and 85 beats/min at the first measurement and greater than 85 beats/min at the second measurement (17.4 deaths/10 000 person-years), the AHR was 1.8 (95% CI, 1.2-2.8). The association of change in RHR with IHD mortality was not linear ($P = .003$ for quadratic trend), suggesting that a decrease in RHR showed no general mortality benefit. Excluding the first 3 years of follow-up did not substantially alter the findings. The associations for total mortality were similar but generally weaker than those observed for IHD mortality. Conclusion Among men and women without known cardiovascular disease, an increase in RHR over a 10-year period was associated with increased risk of death from IHD and also for all-cause mortality.

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.

Posner, K., G. K. Brown, et al. (2011). "The Columbia-Suicide Severity Rating Scale: Initial validity and internal consistency findings from three multisite studies with adolescents and adults." *Am J Psychiatry* **168**(12): 1266-1277. <http://www.ncbi.nlm.nih.gov/pubmed/22193671>.

OBJECTIVE: Research on suicide prevention and interventions requires a standard method for assessing both suicidal ideation and behavior to identify those at risk and to track treatment response. The Columbia-Suicide Severity Rating Scale (C-SSRS) was designed to quantify the severity of suicidal ideation and behavior. The authors examined the psychometric properties of the scale. METHOD: The C-SSRS's validity relative to other measures of suicidal ideation and behavior and the internal consistency of its intensity of ideation subscale were analyzed in three multisite studies: a treatment study of adolescent suicide attempters (N=124); a medication efficacy trial with depressed adolescents (N=312); and a study of adults presenting to an emergency department for psychiatric reasons (N=237). RESULTS: The C-SSRS demonstrated good convergent and divergent validity with other multi-informant suicidal ideation and behavior scales and had high sensitivity and specificity for suicidal behavior classifications compared with another behavior scale and an independent suicide evaluation board. Both the ideation and behavior subscales were sensitive to change over time. The intensity of ideation subscale demonstrated moderate to strong internal consistency. In the adolescent suicide attempters study, worst-point lifetime suicidal ideation on the C-SSRS predicted suicide attempts during the study, whereas the Scale for Suicide Ideation did not. Participants with the two highest levels of ideation severity (intent or intent with plan) at baseline had higher odds for attempting suicide during the study. CONCLUSIONS: These findings suggest that the C-SSRS is suitable for assessment of suicidal ideation and behavior in clinical and research settings.

Preschl, B., A. Maercker, et al. (2011). "The working alliance in a randomized controlled trial comparing online with face-to-face cognitive-behavioral therapy for depression." *BMC Psychiatry* **11**(1): 189. <http://www.biomedcentral.com/1471-244X/11/189>.

(Free full text available) BACKGROUND: Although numerous efficacy studies in recent years have found internet-based interventions for depression to be effective, there has been scant consideration of therapeutic process factors in the online setting. In face-to-face therapy, the quality of the working alliance explains variance in treatment outcome. However, little is yet known about the impact of the working alliance in internet-based interventions, particularly as compared with face-to-face therapy. METHODS: This study explored the working alliance between client and therapist in the middle and at the end of a cognitive-behavioral intervention for depression. The participants were randomized to an internet-based treatment group (n = 25) or face-to-face group (n = 28). Both groups received the same cognitive behavioral therapy over an 8-week timeframe. Participants completed the Beck Depression Inventory (BDI) post-treatment and the Working Alliance Inventory at mid- and post-treatment. Therapists completed the therapist version of the Working Alliance Inventory at post-treatment. RESULTS: With the exception of therapists' ratings of the tasks subscale, which were significantly higher in the online group, the two groups' ratings of the working alliance did not differ significantly. Further, significant correlations were found between clients' ratings of the working alliance and therapy outcome at post-treatment in the online group and at both mid- and post-treatment in the face-to-face group. Correlation analysis revealed that the working alliance ratings did not significantly predict the BDI residual gain score in either group. CONCLUSIONS: Contrary to what might have been expected, the working alliance in the online group

was comparable to that in the face-to-face group. However, the results showed no significant relations between the BDI residual gain score and the working alliance ratings in either group.

Reme, S. E., D. Stahl, et al. (2011). "Mediators of change in cognitive behaviour therapy and mebeverine for irritable bowel syndrome." *Psychological Medicine* **41**(12): 2669-2679. <http://dx.doi.org/10.1017/S0033291711000328>.

Background: Cognitive behaviour therapies (CBTs) have through several trials been demonstrated to reduce symptoms and disability in irritable bowel syndrome (IBS) patients, but the mechanisms responsible for the changes are still unknown. The aim of this study was to test a theoretical model of CBT and investigate if cognitions and/or behaviour mediated the changes seen in CBT for IBS. Method: To assess for possible mediating effects, we applied path analysis to the dataset of 149 diagnosed participants randomized to mebeverine hydrochloride plus CBT or mebeverine hydrochloride alone. Primary outcome was symptom severity, while secondary outcomes were work and social adjustment and anxiety. Results: The path analyses supported mediational paths for all outcomes. Changes in behaviour and cognitions mediated all three outcomes, with models placing behaviour change 'upstream' of cognition change having best fit. The analyses of model fits revealed best fit for the anxiety model and hence provide increased confidence in the causal model of anxiety. Conclusions: Changes in behaviour and cognitions mediate the change in CBT given to IBS patients. The results strengthen the validity of a theoretical model of CBT by confirming the interaction of cognitive, emotional and behavioural factors in IBS.

Schneider, I. K., E. A. Konijn, et al. (2011). "A healthy dose of trust: The relationship between interpersonal trust and health." *Personal Relationships* **18**(4): 668-676. <http://dx.doi.org/10.1111/j.1475-6811.2010.01338.x>.

The positive effects of trust are manifold. Recent research has shown that trust levels may even influence physical health. The current work explores this issue and aims to shed light on the mechanisms underlying the relationship between trust and health in a 5-wave longitudinal data set. Results showed that trust was positively related to physical health: Participants report fewer health problems when they trust their partner more, replicating earlier findings. More importantly, symptoms of anxiety and depression mediate the effect of trust on self-reported health. Finally, results of residual lagged analyses show that earlier levels of trust predict later symptoms of anxiety and depression symptoms, in turn predicting changes in physical health symptoms over time.

Schneiderman, I., Y. Zilberstein-Kra, et al. (2011). "Love alters autonomic reactivity to emotions." *Emotion* **11**(6): 1314-1321. <http://www.ncbi.nlm.nih.gov/pubmed/22142209>.

Periods of bond formation are accompanied by physiological and emotional changes, yet, little is known about the effects of falling in love on the individual's physiological response to emotions. We examined autonomic reactivity to the presentation of negative and positive films in 112 young adults, including 57 singles and 55 new lovers who began a romantic relationship 2.5 months prior to the experiment. Autonomic reactivity was measured by Respiratory Sinus Arrhythmia (RSA) to two baseline emotionally neutral films, two negative films, and two positive films. Results demonstrated that RSA in singles decreased during the presentation of negative emotions, indicating physiological stress response. However, no such decrease was found among new lovers, pointing to more optimal vagal regulation during the period of falling in love. Autonomic reactivity, indexed by RSA decrease from the positive to the negative films, was greater among singles as compared to lovers, suggesting that love buffers against autonomic stress and facilitates emotion regulation. Findings suggest that vagal regulation may be one mechanism through which love and attachment reduce stress and promote well-being and health.

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 Wrocław, 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. Gnjdjic, 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.

Tyrer, P., S. Cooper, et al. (2011). "Prevalence of health anxiety problems in medical clinics." *Journal of Psychosomatic Research* **71**(6): 392-394. <http://www.sciencedirect.com/science/article/pii/S002239991100211X>.

Objectives To determine the prevalence of significant health anxiety (hypochondriasis) in patients aged 16-75 in cardiology, respiratory medicine, neurological, endocrine and gastrointestinal clinics in general hospitals in London, Middlesex and North Nottinghamshire. **Method** The Health Anxiety Inventory (HAI) (short form) was administered to patients attending the five clinics over a 21 month period and all those who scored 20 or more invited to take part in a further assessment for a randomised controlled trial. **Results** Of 43,205 patients attending the clinics 28,991 (67.1%) were assessed and of these, after exclusion of ineligible patients 5747 (19.8%) had significant health anxiety. 444 subsequently agreed to take part in a randomised controlled trial of treatment. The prevalence levels varied by clinic with neurology (24.7%) having the highest prevalence followed by respiratory medicine (20.9%), gastroenterology (19.5%), cardiology (19.1%), and endocrinology (17.5%). **Conclusion** Abnormal health anxiety is common and a significant problem in those attending medical clinics and deserves greater awareness.

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.

Vaillancourt, T. and A. Sharma (2011). "Intolerance of sexy peers: intrasexual competition among women." *Aggress Behav* **37**(6): 569-577. <http://www.ncbi.nlm.nih.gov/pubmed/21932332>.

Intrasexual competition among males of different species, including humans, is well documented. Among females, far less is known. Recent nonexperimental studies suggest that women are intolerant of attractive females and use indirect aggression to derogate potential rivals. In Study 1, an experimental design was used to test the evolutionary-based hypothesis that women would be intolerant of sexy women and would censure those who seem to make sex too readily available. Results provide strong empirical support for intrasexual competition among women. Using independent raters, blind to condition, we found that almost all women were rated as reacting negatively ("bitchy") to an attractive female confederate when she was dressed in a sexually provocative manner. In contrast, when she was dressed conservatively, the same confederate was barely noticed by the participants. In Study 2, an experimental design was used to assess whether the sexy female confederate from

Study 1 was viewed as a sexual rival by women. Results indicated that as hypothesized, women did not want to introduce her to their boyfriend, allow him to spend time alone with her, or be friends with her. Findings from both studies are discussed in terms of evolutionary theory.

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

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 ...

Warner, R. and K. Vroman (2011). "Happiness Inducing Behaviors in Everyday Life: An Empirical Assessment of "The How of Happiness"." *Journal of Happiness Studies* **12**(6): 1063-1082. <http://dx.doi.org/10.1007/s10902-010-9245-3>.

The frequency of Happiness Inducing Behaviors (HIB) was assessed in a survey of 903 university students; measures of Big Five personality traits and happiness were also obtained. Students reported engaging in many HIBs about 1–3 times per week. Analysis of HIB yielded three factors: Positive/Proactive Behaviors; Spiritual Behaviors; and Physical Health Behaviors. Positive/Proactive behaviors predicted significant additional variance in happiness beyond the variance predictable from Big Five personality traits. Mediation analysis suggested that effects of Big Five traits on happiness may be mediated to varying degrees by engagement in Positive/Proactive Behaviors and Physical Health Behaviors. Additional analyses examined possible moderation of the association between HIB and happiness by gender and Big Five traits; the strength of association between behavior and happiness did not differ between women and men, or across people with different scores on Big Five traits. This study provides additional evidence that naturally occurring behaviors are predictive of happiness in everyday life and confirms earlier findings about the degree to which behaviors mediate effects of Big Five traits on happiness.

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.

Wortman, J. and D. Wood (2011). "The personality traits of liked people." *Journal of Research in Personality* **45**(6): 519-528. <http://www.sciencedirect.com/science/article/pii/S0092656611000985>.

There is surprisingly little understanding of how personality traits are associated with being generally liked by others after adolescence (Ozer & Benet-Martinez, 2006). We examined the relationship between self-reported personality traits and being generally liked in young adulthood in Greek organizations and freshman dormitories. We found a high level of consistency in which traits were associated with being liked. We examined the relationship between liked and socially desirable traits, using a recent theory on agency and communion (Wojciszke, Abele, & Baryla, 2009). Results help to create a personality profile of the person who is more liked by others, especially pointing to the importance of communal characteristics that are associated with behavior benefiting others.