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Self-Criticism and Self-Compassion as Mediators of the Relationship between Alexithymia and Postpartum Depressive Symptoms*

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Postpartum depression (PPD) is common after birth and can have a profound effect on women and their families. It is therefore important to understand the conditions and factors that lead to the occurrence and maintenance of PPD. The first aim of the current study was to identify whether there is a relationship between alexithymia and postpartum depressive symptoms (PPDS) in a sample of Romanian mothers. The second aim was to explore whether self-criticism and self-compassion mediate the relationship between alexithymia and PPDS. The current cross-sectional study included 307 mothers with babies aged between four weeks and one year. The results show that alexithymia, self-compassion, self-criticism, PPDS all correlated with one another, and self-criticism, self-compassion and alexithymia are significant predictors of PPDS. Moreover, self-criticism and self-compassion mediated the relationship between alexithymia and PPDS. A psychological therapy that increases self-compassion and reduces alexithymia and self-criticism may be beneficial for preventing symptoms of PPD.

Keywords: alexithymia, self-criticism, self-compassion, postpartum depressive symptoms

Highlights:

• The frequency of mothers with postpartum depressive symptoms was 73.6%.

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Author contributions. Ana-Maria Andrei: Conceptualization, Formal analysis, Investigation, Writing-Original draft; Rebecca Webb: Validation, Resources, Writing-Review & Editing, Visualization; Violeta Enea: Conceptualization, Project administration, Writing-Review & Editing, Supervision.

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- Self-criticism, low self-compassion, and alexithymia were significant predictors of PPDS.
- Self-criticism and self-compassion mediated the relationship between alexithymia and PPDS.

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Dark, Dissatisfied and Disengaged: Propensity towards Marital Infidelity, the Dark Triad, Marital Satisfaction and the Mediating Role of Moral Disengagement*

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Past research found various immoral conducts that people with higher levels of the Dark Triad traits are more inclined to engage in, including infidelity. Marital dissatisfaction has also emerged as a factor of unfaithful behaviors. However, the psychological dynamics of the effects of these personality and relational factors on infidelity are less clear. This study examined the potential mediational role of the use of moral disengagement strategies for justifying infidelity in the relationships between the Dark Triad traits and marital satisfaction, on the one hand, and the tendency towards unfaithful behaviors, on the other, in married participants (N = 241). Results indicate that psychopathy, narcissism and marital dissatisfaction are related to stronger tendencies towards infidelity, and that these effects are partially (in the case of psychopathy and marital dissatisfaction) or totally (in the case of narcissism) mediated by the tendency to morally justify unfaithful acts. No unique direct or indirect effect of Machiavellianism emerged as significant, while men were found to be more inclined towards unfaithful conduct. These findings highlight the importance of the skewed and self-lenient moral judgments fostered by the Dark Triad traits and marital dissatisfaction, which legitimize one's infidelity and thus renders it more likely.

Keywords: Dark Triad, infidelity, moral disengagement, marital satisfaction, moral judgments

Highlights:

- This study investigated factors of infidelity in a sample of married participants.
- Moral disengagement was examined as a potential mediator of these effects.

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- High psychopathy and narcissism are related to a stronger tendency towards infidelity.
- Marital dissatisfaction is also associated to a higher propensity towards infidelity.
- These relationships are mediated by the inclination to morally justify infidelity.

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Creating and Testing the Effectiveness of Hypothetical Scenarios Which Elicit Anger and Hurt in Romantic Relational Contexts*

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Researchers interested in emotions and romantic relationships have long been struggling to find efficient and reliable emotion elicitation techniques. In this article, we present the work of creating and testing the effectiveness of hypothetical scenarios that elicit anger and hurt in romantic relational contexts. In study one, two hypothetical scenarios for each emotion were created using the most frequent categories of recalled affective events. Further on, we tested their effectiveness in eliciting anger or hurt in three different phases. In study two, 337 participants, aged between 18 and 40 (M = 19.93; SD = 3.17), read the scenarios and rated them according to several criteria such as arousal, discreteness, positive and negative induced affectivity. We found that our hypothetical scenarios were effective on discreteness, arousal, and positive and negative affect for eliciting anger and hurt in the contexts of romantic relationships.

Keywords: hypothetical scenario, anger, hurt, emotion elicitation techniques, romantic relationships

Highlights:

- Creation and testing of a new emotion elicitation tool.
- The new tool, i.e. hypothetical scenarios, was proved to be efficient in eliciting anger and hurt in romantic contexts.
- The hypothetical scenarios have a good level of ecological validity and standardization.
- The hypothetical scenarios have theoretical and practical implications.

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What Is Remembered?: The Recall of Health-related Information in Cyberchondria and Health Anxiety*

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Cyberchondria is excessive online seeking of health-related information followed by distress. We aimed to examine the effects of cyberchondria and the credibility of the health-related sources on recall, and to investigate cyberchondria as a mediator between health anxiety (HA) and recall. Participants (N = 194) read about an alleged disease from sources of various credibility (high, low, neutral), filled in the HA Questionnaire and the Short Cyberchondria Scale, and recalled the information. No effect of source credibility on recall was found. Participants with high cyberchondria recalled more information, even when HA was controlled. Better recall in high HA was mediated by cyberchondria. A direct effect of HA on recall was found only for distorted recall of health information. This indicates different recall patterns in people with high HA depending on their cyberchondria, probably due to elaborated health schemas in cyberchondria, and to the disregard of source credibility in persons with high HA and low cyberchondria.

Keywords: memory recall, memory distortion, source credibility, cyberchondria, health anxiety

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Declaration of competing interests. The authors declare that they have no conflict of interests. Ethics approval. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. An informed consent was obtained from all participants.

Data availability. The data that support the findings of this study are available from the corresponding author upon reasonable request

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Highlights:

- Similar recall in cyberchondria and health anxiety regardless of source credibility.
- Recall is higher and more accurate in high vs. low cyberchondria.
- Cyberchondria mediates the relation of health anxiety and recall.
- People with higher health anxiety are more prone to cyberchondria.

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Gender Differences in Nightmare Characteristics Following Trauma*

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Gender is one of the well-recognized risk factors for idiopathic nightmares, but rarely connected to posttraumatic nightmare characteristics. Thus, this study aims to test gender differences in (posttraumatic) nightmare characteristics after controlling for trauma-related psychopathology in a large sample of people who experienced trauma. Research participants were 707 soldiers (mean age 31.3 years, 19.5% women) admitted to a hospital-based treatment program for veterans who completed extensive assessments consisting of clinical interviews and self-rating measures with respect to socio-demographic characteristics and psychopathology, as well as dream-related variables. Results indicate no gender differences with respect to nightmare frequency, psychophysical and emotional involvement, reorientation, and dream recall after awakening. Differences between men and women in the amount of replicative content are fully, and in case of nightmare related impairment, explained mainly by the presence of PTSD diagnosis, nightmare frequency, and age. This study questions the significance of gender as a risk factor or predictor of specific (posttraumatic) nightmare characteristics in traumatized and military samples. Further research needs to test if our findings are restricted to military contexts or can be generalized to civilian samples.

Keywords: PTSD, nightmares, military, gender, replicativeness

Declaration of Conflicting Interests: The authors declare that there is no conflict of interest. Ethics approval: The study was approved by the Institutional Review Board of the International Psychoanalytic University Berlin, Germany

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Highlights:

- Male and female soldiers do not differ on the majority of nightmare characteristics.
- Gender doesn't predict replicativeness beyond the PTSD, nightmare frequency, and age.
- Male soldiers might experience more nightmare-related problems in everyday functioning.

Gender Differences and Posttraumatic Nightmares

Nightmares are defined as disturbing mental experiences that generally occur during REM sleep and often result in awakening (according to the International classification of sleep disorders – 2nd version (ICSD-2)). They are associated with the emotional burden (referred to as nightmare distress) and suicidality (Nadorff et al., 2014) and considered to be emotionally the most intense type of dreaming (Levin & Nielsen, 2007). In the study on large community sample, up to 5% of the general population report to suffer from nightmares, typically defined as at least one nightmare per week (Schredl, 2010). Among the well-established risk factors for nightmares are age and gender (Schredl & Reinhard, 2011), traumatic events, and related psychopathology (Wittmann et al., 2007) and personality traits (e.g., neuroticism in Schredl et al., 2003). Namely, the frequency of recurrent nightmares increases in women and youngers, i.e., reported in 2 to 30% of children (Wiechers et al., 2011). Other populations with elevated nightmare incidences are psychiatric patients with percentages ranging from 16 to 70% depending on the psychiatric diagnosis, e.g., 27.7% in patients without PTSD (Swart et al., 2013) and 50–70% in PTSD patients (Wittmann et al., 2007).

Gender Differences in Nightmares Characteristics

Gender proved to be an important predictor of nightmare characteristics, such as frequency and distress. In a large German community sample, women reported higher nightmare prevalence than men, with an effect size of d = 0.18 (Schredl, 2010). A meta-analysis on 111 independent studies confirmed higher nightmare frequency in female adolescents, young adults, and middle-aged adults compared to men (effect sizes range was 0.15 - 0.26). In contrast, no gender differences were obtained in children and older persons (Schredl & Reinhard, 2011). These differences proved to be mediated by personality traits, more specifically neuroticism, and overall dream recall frequency (Schredl, 2014), which was connected to gender role orientation (expressivity/femininity) and gender-specific socialization processes (Schredl et al., 2010; Schredl, 2014).

Another line of research links the female gender to nightmare distress (that is, the impact of the nightmare on the individual during the following day). One study on a university student sample (Purvey, 2001) showed that women reported significantly more nightmare distress than men, as well as that correlations

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The Psychological Determinants of Emotional and External Eating Behavior in a University Student Sample from Turkey*

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Psychological factors and adverse childhood events at an early age have been poorly investigated in relation to risky eating behavior and obesity. The importance of this relationship grows as these behaviors are becoming public health problems. The main objective of the present study was to examine the effects of interrelated psychological factors such as childhood negative life events, symptoms of depression and anxiety, and impulsivity on eating behaviors in a university student sample in Turkey. A total of 414 undergraduate students (60.4% women) in Turkey, completed the Turkish versions of the Dutch Eating Behavior Questionnaire (DEBQ) to assess emotional eating and external eating and the CDC-Kaiser Permanent Adverse Childhood Experiences (ACE), Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), and Barratt Impulsivity Scale-11 (BSI-11). Structural equation models (SEM) were used to evaluate whether depressive/anxiety symptoms could be a mediator between impulsivity and emotional eating/external eating. Childhood adverse events were both weakly correlated with eating behavior and impulsivity measures (r = .18, r= .275, p < .001, respectively). Depression and anxiety levels were found to be significantly associated with all variables except for the body mass index (BMI; r = .121-.395, p < .001). Body mass index (BMI) was also significantly correlated with emotional eating (r = .231,p < .001) and restrained eating (r = .226, p < .001). Impulsivity was positively and directly associated with symptoms of anxiety and depression and emotional and external eating (respectively $\beta = .27$, p < .001; $\beta = .31$, p < .001; $\beta = .16$, p = .006; $\beta = .13$, p = .047). The effect of adverse experiences on both emotional eating (β = .147; 95% CI [.087, .247]) and external eating ($\beta = .091$; 95% CI [.032, .168]) was found to be partially mediated by impulsivity and

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symptoms of anxiety and depression. The results supported the proposition that symptoms of depression and anxiety levels are mediators between impulsivity and emotional eating/external eating. This finding suggests that a through psychological assessment should be taken into consideration when evaluating the eating behavior of university students and prevention and treatment strategies applied for disordered eating behaviors in the future.

Keywords: Eating behavior, obesity, childhood adverse events, depression, anxiety, impulsivity

Highlights:

- Adverse childhood events correlated with impulsivity and emotional eating.
- Adverse childhood events had an indirect effect on symptoms of anxiety/depression through impulsivity in our model.
- Impulsivity positively and directly correlated with symptoms of anxiety/depression and emotional/external eating.
- Anxiety symptoms had a direct effect on emotional and external eating.
- Symptoms of anxiety and depression were mediators between impulsivity and emotional / external eating.