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International study on adult crying

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ABSTRACTS

INTERNATIONAL STUDY ON ADULT CRYING: SOME FIRST RESULTS,
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Data on the psychological aspects of adult crying have been collected from 2214 female and 1651 male university students in 29 countries, all over the world. The Adult Crying Inventory consists of 5 parts: (A) a checklist of situations and emotions that may induce crying; (B) the self-perceived functions of crying; (C) moderating factors factors; (D) detailed inventory on the last crying spell; and (E) crying and menstrual cycle and pregnancy. Women report significantly higher crying frequencies than men, although there are significant differences among countries. Men feel more ashamed when crying than women and try more to withhold their tears when feeling upset. Women use crying to feel better when

having problems. Conflict for women and loss or separation and witnessing suffering of others for men are the most frequently mentioned situations illiciting crying. Sadness, powerlessness, anger, and frustration are most frequently reported feelings. Males more often report positive emotions than females. Most crying episodes takes place between 6.00 PM and 12.00 PM (50%), alone or in the company of one other person (66%), and preferably at home (75%) in the privacy of the bedroom (47%). Mood often improves after crying, although this improvement also depends on whether the crying changed the situation or the relationship with others for the better.

HEALTH LOCUS OF CONTROL PREDICTS IMPAIRED PSYCHOLOGICAL WELL BEING AND INCREASED MORTALITY AND MORBIDITY AFTER ELECTIVE REPAIR OF ABDOMINAL AORTIC ANEURYSM. G. Godaert, PhD, J. Brosschot, PhD, E. Hak, MSc, B.C. Eikelboom, MD, G.J.M. Akkersdijk, MD, Y. van der Graaf, PhD., Social Faculty and Medical Faculty, Utrecht University, the Netherlands.

Individual psychological differences have been associated with post operative outcome measures. The contribution of preoperative health locus of control (HLOC) to psychological well being, mortality and cardiovascular morbidity 30 days after elective repair of an abdominal aortic aneurysm (AAA) is investigated.

In patients with high (above median) physician locus of control, psychological well being after the operation decreased while the reverse held for patients with low scores on this subscale of the HLOC (interaction effect group x time $F = 5.88, p = 0.018$). Of 81 patients, 5 died and 9 developed cardiovascular complications after surgery, together called 'negative outcome'. Controlling for biomedical risk factors, multivariate logistic regression showed an increased risk for a negative outcome in patients with a high physician locus of control (OR 3.70, 95 % CI 1.05-13.0), a higher risk than calculated for the biomedical risk factors.

In conclusion, a high physician locus of control seems to be associated with both a decreased psychological well being and an increased risk of mortality and cardiovascular complications after elective AAA repair. Clarification of psychobiological mechanisms involved in these associations is needed to decide whether or how interventions might help reduce the increased risk.