

Teaching Current Directions in Psychological Science

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Aimed at integrating cutting-edge psychological science into the classroom, Teaching Current Directions in Psychological Science offers advice and how-to guidance about teaching a particular area of research or topic in psychological science that has been the focus of an article in the APS journal Current Directions in Psychological Science. Current Directions is a peer-reviewed bimonthly journal featuring reviews by leading experts covering all of scientific psychology and its applications and allowing readers to stay apprised of important developments across subfields beyond their areas of expertise. Its articles are written to be accessible to nonexperts, making them ideally suited for use in the classroom.

[Visit the column](#) for supplementary components, including classroom activities and demonstrations.

Visit David G. Myers at his blog [“Talk Psych”](#). Similar to the APS *Observer* column, the mission of his blog is to provide weekly updates on psychological science. Myers and DeWall also coauthor a suite of introductory psychology textbooks, including *Psychology (11th Ed.)*, *Exploring Psychology (10th Ed.)*, and *Psychology in Everyday Life (4th Ed.)*.

[Why Don't Psychologists Know More About Childbirth?](#)

[People Need People: Why Close Relationships Predict Health](#)

Why Don't Psychologists Know More About Childbirth?

By C. Nathan DeWall

Saxbe, D. (in press). Birth of a new perspective? A call for biopsychosocial research on childbirth. *Current Directions in Psychological Science*. doi:10.1177/0963721416677096

Childbirth is one of the most painful experiences for which people repeatedly volunteer. People will go to great lengths to avoid back pain, cancer pain, or a toothache. But childbirth, whose pain outranks each of those other experiences, often leaves people asking for more (Melzack, Taenzer, Feldman, & Kinch, 1981). What makes childbirth so special that people can't keep themselves from repeating their painful pasts?

The answer, according to Darby E. Saxbe (in press), has eluded psychological scientists. Many psychologists have explored how mothers think, feel, and act before and after childbirth. But almost no psychological research has made its way into the delivery room.

To understand childbirth, Saxbe argues, psychologists should use a biopsychosocial approach, which integrates biological, psychological, social, and cultural factors (Suls & Rothman, 2004). In her research, Saxbe focuses on two prominent features of childbirth: pain and social support. Most women use anesthesia, but psychological and social factors also can dull their pain (Holt-Lundstrad, Birmingham, & Light, 2008; Moyer, Rounds, & Hannum, 2004). To manage the pain of childbirth, mothers rely on multiple methods. Thus, researchers can identify which combination of biological, psychological, social, and cultural factors offers the most benefit and why.

Social support plays a prominent role in childbirth. In one study, 99% of mothers reported experiencing social support during labor (Declercq, Sakala, Corry, Applebaum, & Herrlich, 2013). Compare that with the 83% of women who report using some form of anesthesia. Social support pays biological, emotional, and financial dividends. Expectant mothers who report high levels of social support have lower chances of birth complications, need fewer pain medications, and experience greater satisfaction with the birth than those who do not (Hodnett, Gates, & Sakala, 2007; McGrath & Kennel, 2008).

To take this cutting-edge research into the classroom, instructors can have students complete the following activity. The activity teaches students how the biopsychosocial model can aid understanding of the pain mothers experience during childbirth.

Instructors can ask students to imagine that they are, or a female partner is, about to experience childbirth. In the weeks leading up to the baby's birth, the mother is given several options that may reduce the pain and distress of childbirth. She will need to select two of the following four options:

Option 1

Anesthesia: During labor, 83% of women use some form of anesthesia (Declercq et al., 2013). This option would include a standard amount of anesthesia to help keep the mother comfortable during childbirth.

Option 2

Mindfulness-based stress reduction. A mother will complete several training sessions to help her become aware of pain related to childbirth and to accept it in a nonjudgmental manner.

Option 3

Cognitive behavioral therapy. This option would follow Saxbe's (in press) recommendations to use cognitive behavioral therapy to help a mother "reframe the meaning of pain, develop more positive expectations for labor, and challenge cognitive errors (e.g., the belief that labor pain signals something abnormal)."

Option 4

Modifications to a mother's birth plan that increase her feelings of personal control. APS Fellow Ellen J. Langer (1983) famously stated, "Perceived control is basic to human functioning" (p. 291). Numerous studies reveal a direct link between feelings of personal control and lower levels of psychological

distress (Humphrey, Nahrgang, & Morgeson, 2007; Rodin, 1986; Wang, Bowling, & Eschleman, 2010). Giving pregnant mothers a sense of personal control over as many aspects of their birth plans as possible may increase their feelings of comfort.

Ask students to form pairs and discuss which two options they would select. Why did they favor some options over others? When might someone benefit from selecting options that did not include anesthesia? How would students' responses differ if they were members of the other sex?

Most parents will never forget the birth of their children. Amidst the pain, confusion, and positive emotions, parents leave the delivery room forever changed. They deserve attention from psychological scientists, who can help them understand the constellation of biological, psychological, social, and cultural factors that shaped their childbirth experience. And despite the immense physical pain, psychological science may improve parents' next time in the delivery room.

People Need People: Why Close Relationships Predict Health

By David G. Myers

Slatcher, R. B., & Selcuk, E. (in press). A social psychological perspective on the links between close relationships and health. *Current Directions in Psychological Science*. doi:10.1177/0963721416667444

It's no secret: We are social animals. We need to belong. We flourish when connected, affirmed, and supported in enduring close relationships.

Massive epidemiological studies — some following thousands of people across years — have consistently found that close relationships predict better health. One analysis summarized data from 148 studies of 300,000 people. The conclusion: Those with ample social connections had 50% greater survival rates during the study period than those with meager social connections (Holt-Lunstad, Smith, & Layton, 2010). The predictive power of mere connections rivaled that of smoking and alcohol-use disorder and was double that of not exercising or of obesity.

Friends, family, coworkers, faith communities, and support groups all provide meaningful connections. But for most people, the closest and most potent relationship, note Richard B. Slatcher and Emre Selcuk (in press), is marriage or another long-term romantic partnership. In a recent meta-analysis, Theodore F. Robles, Slatcher, Joseph M. Trombello, and Meghan M. McGinn (2014) reported that the associations among marriage quality, health, and mortality, though not huge, were similar to the benefits of health interventions such as increasing healthy eating and exercise.

So, supportive close relationships, including marriage, pay health dividends. But why? And what processes explain the link between marital quality and health?

Before offering answers such as those proposed by Slatcher and Selcuk, instructors might pause to invite students — perhaps in small groups — to brainstorm possible explanations for the marriage–health link. Not only will such discussion engage students in thinking psychologically, it also will drive home the

big lessons: 1) the mind matters — our emotional experiences influence our bodies, and 2) relationships matter — The flourishing life prioritizes not just *me* but also *we*.

Slatcher also suggests asking, “Are there any kinds of marriages that might NOT be good for your health? Can you think of when it might be healthier to be single?” In addition, he invites his students to complete the four-item Couples Satisfaction Index, made freely available for use by Ronald D. Rogge (Funk & Rogge, 2007; Rogge, Fincham, Crasti, & Maniaci, 2016). To experience how relationship quality can be assessed, students can describe a current or past romantic relationship or can imagine what a future such relationship might look like.

1) Please indicate the degree of happiness, all things considered, of your relationship: extremely unhappy (0), fairly unhappy (1), a little unhappy (2), happy (3), very happy (4), extremely happy (5), perfect (6).

2) I have a warm and comfortable relationship with my partner: not at all true (0), a little true (1), somewhat true (2), mostly true (3), almost completely true (4), completely true (5).

3) How rewarding is your relationship with your partner: not at all (0), a little (1), somewhat (2), mostly (3), almost completely (4), completely (5).

4) In general, how satisfied are you with your relationship: not at all (0), a little (1), somewhat (2), mostly (3), almost completely (4), completely (5).

Summed scores can range from 0 to 21. Rogge (www.courses.rochester.edu/surveys/funk/CSI-4.docx) reports that scores below 13.5 “suggest notable relationship dissatisfaction.”

Slatcher and Selcuk classify the possible psychological explanations of marital influence as

Marital strengths: Intimacy and social support buffer the negative effects of work and life stress. Responsive partners care for, understand, and validate their partners. By so doing, they engender a health-promoting attachment security.

Marital strains: Conflict intensifies the toxicity of stresses. Inconsistent partners breed attachment anxiety. Unresponsive partners breed attachment avoidance.

This psychology of marital strengths and strains impacts physical health in several ways:

Stress responses: A strong relationship calms us — reducing stress hormones such as cortisol and lowering blood pressure — while a strained relationship does the opposite. In one study, partner responsiveness predicted lower daytime cortisol a decade later (Slatcher, Selcuk, & Ong, 2015).

Immune functioning: Attachment anxiety predicts a weaker immune system, including lower T-cell counts and exacerbated inflammatory responding. And it’s a cold fact — those with strong social ties are less vulnerable to an administered cold virus (Cohen, Doyle, Turner, Alper, & Skoner, 2003).

Health behaviors: Marriage has been linked with healthier living, including a lower smoking rate (Nielsen, Faergeman, Larsen, & Foldspang, 2006). Moreover, marital responsiveness predicts better sleep and less anxious arousal (Selcuk, Stanton, Slatcher, & Ong, 2016).

Pain management: Having a responsive partner predicted greater endogenous opioids and less pain 3 months after knee surgery (Khan et al., 2009). Even viewing a partner's picture can reduce pain (Master et al., 2009).

Such mechanisms, discerned mostly in research with midlife and older adults, extend what attachment researchers have gleaned from the study of unresponsive caregiving of young children — which similarly “affects developing stress neurobiology and health,” report Slatcher and Selcuk. Moreover, early caregiving affects later romantic attachment; ergo, partner responsiveness is a process that extends across the lifespan.

The marriage–health studies were nearly all conducted during an era of exclusively heterosexual marriage, which raises a final question for student discussion:

What do you think: Does the need to belong, and the health benefits of close relationships and marriage, pertain only to straight people? Or do all humans, regardless of sexual orientation, tend to flourish when connected, affirmed, and supported in enduring close relationships, such as marriage? æ

The articles in this issue will be available in the February 2017 issue of Current Directions in Psychological Science.

References

- Cohen, S., Doyle, W. J., Turner, R., Alper, C. M., & Skoner, D. P. (2003). Sociability and susceptibility to the common cold. *Psychological Science, 14*, 389–395.
- Declercq, E. R., Sakala, C., Corry, M. P., Applebaum, S., & Herrlich, A. (2013). *Listening to mothers III: Pregnancy and birth*. New York, NY: Childbirth Connection.
- Funk, J. L., & Rogge, R. D. (2007). Testing the ruler with item response theory: Increasing precision of measurement for relationship satisfaction with the Couples Satisfaction Index. *Journal of Family Psychology, 21*, 572–583.
- Hodnett, E. D., Gates, S., Hofmeyr, G. J., & Sakala, C. (2005). Continuous support for women during childbirth (Cochrane Review). *Birth, 32*, 72.
- Holt-Lunstad, J., Birmingham, W. A., & Light, K. C. (2008). Influence of a “warm touch” support enhancement intervention among married couples on ambulatory blood pressure, oxytocin, alpha amylase, and cortisol. *Psychosomatic Medicine, 70*, 976–985.
- Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: A meta-analytic review. *PLoS Medicine, 7*, e1000316.

- Humphrey, S. E., Nahrgang, J. D., & Morgeson, F. P. (2007). Integrating motivational, social, and contextual work design features: A meta-analytic summary and theoretical extension of the work design literature. *Journal of Applied Psychology, 92*, 1332–1356.
- Khan, C. M., Iida, M., Stephens, M. A. P., Fekete, E. M., Druley, J. A., & Greene, K. A. (2009). Spousal support following knee surgery: Roles of self-efficacy and perceived emotional responsiveness. *Rehabilitation Psychology, 54*, 28–32.
- Langer, E. J. (1983). *The psychology of control*. Beverly Hills, CA: SAGE Publications.
- Master, S. L., Eisenberger, N. I., Taylor, S. E., Naliboff, B. D., Shirinyan, D., & Lieberman, M. D. (2009). A picture's worth: Partner photographs reduce experimentally induced pain. *Psychological Science, 20*, 1316–1318.
- McGrath, S. K., & Kennell, J. H. (2008). A randomized controlled trial of continuous labor support for middle-class couples: Effect on Cesarean delivery rates. *Birth, 35*, 92–97.
- Melzack, R., Taenzer, P., Feldman, P., & Kinch, R. A. (1981). Labour is still painful after prepared childbirth training. *Canadian Medical Association Journal, 125*, 357–363.
- Moyer, C. A., Rounds, J., & Hannum, J. W. (2004). A meta-analysis of massage therapy research. *Psychological Bulletin, 130*, 3–18.
- Nielsen, K. M., Faergeman, O., Larsen, M. L., & Foldspang, A. (2006). Danish singles have a twofold risk of acute coronary syndrome: Data from a cohort of 138,290 persons. *Journal of Epidemiology and Community Health, 60*, 721–728.
- Robles, T. F., Slatcher, R. B., Trombello, J. M., & McGinn, M. M. (2014). Marital quality and health: A meta-analytic review. *Psychological Bulletin, 140*, 140–187.
- Rogge, R. D., Fincham, F. D., Crasta, D., & Maniaci, M. R. (2016). Positive and negative evaluation of relationships: Development and validation of the Positive–Negative Relationship Quality (PN-RQ) scale. *Psychological Assessment*. Advance online publication. doi:10.1037/pas0000392
- Rodin, J. (1986). Aging and health: Effects of the sense of control. *Science, 233*, 1271–1276.
- Selcuk, E., Stanton, S. C. E., Slatcher, R. B., & Ong, A. D. (2016). Perceived partner responsiveness predicts better sleep quality through lower anxiety. *Social Psychological and Personality Science, 8*, 83–92.
- Slatcher, R. B., Selcuk, E., & Ong, A. D. (2015). Perceived partner responsiveness predicts diurnal cortisol profiles 10 years later. *Psychological Science, 26*, 972–982.
- Suls, J., & Rothman, R., (2004). Evolution of the biopsychosocial model: Prospects and challenges for health psychology. *Health Psychology, 23*, 119–125.

Wang, Q., Bowling, N. A., & Eschleman, K. J. (2010). A meta-analytic examination of work and general locus of control. *Journal of Applied Psychology, 95*, 761–768.